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Role of Ngos during COVID-19 Pandemic in Tribal Areas

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A B S T R A C T
The COVID-19 pandemic, also known as the corona virus pandemic, is an ongoing global pandemic caused by severe acute respiratory syndrome corona virus. The novel virus was first identified from an outbreak in Wuhan china in December 2019.The world health organization declared a public health emergency of international concern on 30 January 2020 and a pandemic on 11 march 2020 .as of 2022 pandemic had caused more than 509 million cases and 6.21 million deaths, making it one of the deadliest in history. Lives of tribal are closely associated with forest resources which is their dwelling place. This pandemic has been impacting on all aspects of their lives i.e. their health, livelihood, economic and socio-cultural life. Many other factors such as the lack of access to effective monitoring and early-warning systems, and adequate health and social services are helping to degrade their lives further. Different restriction, lockdown to curb this infection has a significant impact on the above said aspects of Tribal lives unless they are not educated properly on how to manage with restrictions. Although many government bodies try to alleviate the livelihood of Tribal during COVID-19, the impact is not long sustained, effective and deep penetrated. COVID-19 took away the precious lives, devastating the livelihood and deteriorating the crumbling healthcare further of tribal. This paper focuses on the impact of COVID-19 on the tribal and the role of NGOs.

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Introduction

As per 2011 Census, the population of Scheduled Tribe is 104,281,034 accounting for 8.6 percent of the total population of India. Odisha occupies a special position in the tribal map of India. The total population of the state is 41,947,358 out of which the Scheduled Tribe population is **95, 90,756** which is 22.85 percent. Again the tribal population of Odisha is 9.17 percent of the total tribal population of the country. In this state Scheduled Tribes are distributed in almost all the districts including even the coastal belt. There are 62 tribal communities in the state of Odisha.

Most of the tribal are seen to be isolated, economically backward. They also experience poor infrastructure, and bad healthcare system. It is seen that scheduled tribe (ST) was 45.3% (rural) and 24.1% (urban) are poor as compared to the national average of 25.7% in rural and 13.7% in urban areas (2011–12, Data. Odisha has the third highest percentage of tribal population of the country standing at 9590756. All the 62 different tribal communities spread over 30 districts and 314 Blocks in Odisha. They constitute 22.85% of the total population of the state and contribute 9.17% to the total tribal population of the country (2011 Census data). . Lives of tribal are closely associated with forest resources which is their dwelling place. This pandemic has been impacting on all aspects of their lives i.e. their health, livelihood, economic and socio-cultural life. Many other factors such as the lack of access to effective monitoring and early-warning systems, and adequate health and social services are helping to degrade their lives

further. Different restriction, lockdown to curb this infection has a significant impact on the above said aspects of Tribal lives unless they are not educated properly on how to manage with restrictions.

Objectives of the Study

- To understand the Impact of COVID- 19 pandemic on tribal in the study area
- To evaluate how the NGOs played their role during Covid 19 pandemic in the tribal area.

Methodology

Generally Methodology means the Study of method. Selection of proper research methodology for topical issues is always important while conducting the research. For the purpose of the study following methods, tools and techniques has been used.

At the time of Research the researcher follows some parts of Methodology those are:-

- Study are
- Sampling
- Sample Size
- Tolls and Techniques
- Source Of data

Study area

The present study conducted in 5 rural tribal villages from jeypore blocks of Koraput District, of Odisha.

Sampling:

Sampling is a pattern of population drawn from larger population. It is a representation of the large section of population only. It has basic characteristics of the population what is drawn. Thus, our concern in sampling is about what types of units (Person) will be interviewed/ Observed with how many units of what particular description and by what method should be chosen. For the purpose of the study purposive sampling from Non Probability sampling and Simple Random sampling method from Probability sampling has been used.

Purposive Sampling

It is something in which the researcher purposely chooses persons who, in his judgment about some appropriate characteristic required of the sample members. For the purpose of the study the researcher chose some selected NGOs who worked for tribal issues during Covid – 19.

Simple Random Sampling

Random Sampling is a part of the sampling technique in which each sample has an equal probability of being chosen. A sample chosen randomly is meant to be an unbiased representation of the total population. 80 respondents from 5 villages randomly selected for data collection.

Sample Size:-

Sample is the small representation of larger whole. For the proposed study 80 tribal individual respondents from 5 selected tribal villages of jeypore blocks of Koraput has been interviewed.

Tools and Techniques

An interview guide is prepared for the collection of data. With the help of this interview guide, a set of questions will be prepared to collect data from selected samples with the techniques like interview, observation, interview guide etc.

Interview guide

An interview guide is a research instrument consisting if a series of questions and other prompts for the purpose of gathering information from respondents. The interview guide has been used for the purpose of data collection.

Interview

An interview is a conversation between two people (the Interviewer and the Interviewee) where questions are asked by the interviewer to obtain information from the interviewer. In these study 80 respondents from 5 tribal villages has been interviewed for the purpose of data collection.

Sources of Collection (Primary & Secondary)

Collection of data is the first basic step towards the statistical analysis of any research problem. In finding result and collection of resources data play important role. Data collection is depending upon the quality of questionnaire and researchers communication skills as well presence of mind. The present research work has been based on both primary and secondary sources of data. The primary and primary sources of data have been collected by the investigator through field survey. Such data are in raw form and refined before using it for the purpose of the study and the primary source of data has been collected through interview, observation etc. On the other hand, secondary data has been extracted from the existing published or unpublished sources that are from the data already collected by others.

COVID-19 challenges and tribal of Odisha

The international labour organization (ILO) in its report entitled "ILO Monitor 2nd edition: COVID-19 and the World of Work" describes the corona virus pandemic as "the worst global crisis since World War II". The world of work has been profoundly affected by the global virus pandemic. In addition to the threat to public health, the economic and social disruption threatens the long-term livelihoods and wellbeing of millions. The whole world and all the countries around the globe came to a standstill since the outbreak of the pandemic (COVID-19) in early 2020. It has created havoc since its inception from the Wuhan city of China Province in December 2019. Gradually the COVID-19 virus entered India on 30th January 2020.

The situation got aggravated when the deadly virus started spreading rapidly across territories. Likewise, Odisha reported its first COVID-19 case on March 15, 2020 when a 33-year-old researcher who had returned from Italy tested positive. Indian Prime Minister Narendra Modi declared a nation wise complete lockdown on 24th March 2020 from 25th March 2020 to 31st May 2020 and partial lockdown from 1st June 2020 which continues till date. Just prior to that announcement by the Prime Minister, the Chief Minister of Odisha Naveen Pattnaik had already imposed early lockdown in the entire state from 16th March 2020 (one day after first COVID-19 case diagnosed in Odisha). On 13th March 2020, Odisha became the very first state to declare the virus attack as a "state disaster". Subsequently the state Government imposed restrictions and first phase lockdown started from 23rd March in order to take necessary precautions against the spread of the COVID-19. Moreover, Odisha was again the first state to extend the first phase lockdown (15th April to 30th April) which was ending on 14th April.

Health care challenges for tribal in particular

Lack of awareness among the tribal communities is another challenge. Without having knowledge and awareness it is very difficult to tackle the diseases among tribal. The low literacy among tribal accelerates it. Since tribes are living into far-flung areas lack of proper transportation facilities in case of emergency results in increased deaths which is recorded. The deep-rooted cultural difference between tribal and nontribal affects the entire health care system. One of the major issues of the tribal communities in accessing health care is their poor economic conditions. The tribal in Odisha live below the poverty lines which makes them more vulnerable to the diseases. Low income and financial constraints influence their health systems. Resultantly, making them unattended and in a constant state of illness and more deaths are recorded.

Mainly, the impact of COVID-19 in society is on ruination of life and livelihood of human being. Since, Tribal dwells in forests and remote places, the intensity of impact on them is high. We have studied in details the above impacts. Few propositions have been suggested to overcome the above impediments. Modern health care facility is very much essential for human being as social animal. In India, our health care facility needs improvement as compared to developed countries. And particularly, in Odisha, healthcare facility is not at par even with country level. Again, health care facility for tribal is much below as compared to urban level of Odisha. COVID-19 requires a massive health care facility for human

being. So, the people who live in distant area require similar facilities. For tribal, this health care facility needs greater improvement because of their living style and requirement.

Lack of quarantine facility centres in tribal belts

During the COVID-19 pandemic, isolation is paramount importance to break the spread of virus. To achieve this, quarantine centres are not only required in urban areas, but it is also essential to have it in rural areas. In case of tribal areas, this facility is extremely poor. As per the data one in 20 villages it is there. Also, the same centre does not have proper facilities.

Lack of proper health infrastructure to treat COVID

Proper health infrastructure is very much essential for human being. Because of lack of health infrastructure in tribal areas, the situation has worsened and controlling the spread of this pandemic has become a daunting task. The state of health of tribal further complicated because of their remoteness of the areas, inaccessibility to urban health infrastructure. Most of the tribes in Odisha live in hilly terrain and forests and hence the health care facility becomes further difficult. The health care facilities of any communities can be recognized by the availability of it within the border of their reach. From different studies it is evident that the tribal's health care system is largely dependent on the traditional health care practice, i.e., magic-religious. Based on the local practice and traditional habits, tribal people have their own system of medicine for diagnosing the diseases and treatment of the same. The knowledge of herbs and medicinal plants is getting transferred from generations through an oral culture.

It is evident that dependency only on the herbal treatment is due to unavailability of health care services in their villages and nearby areas. There are large number of ethno-medicine studies describing the tribal people's dependency and relationship with the natural medicinal plants used for the treatment of many health ailments starting from cold to malaria also. The modern health care system in the tribal areas is in complete negligence state and getting ignored from time to time. Though Govt. Initiatives of National Rural Health Mission was able to establish the health fracture into the most of the remote areas including the tribal population, but lack of medical personnel has restricted this. Many studies state that there is a shortage of medical staff in the tribal areas in Odisha. So, the traditional medicines have become only the way among the tribal population which is still strong in the tribal universe. Government has provided for the establishment of primary health centres for every 20,000 population and sub-centres for every 3000 population in tribal areas (National average), In spite of that health care is not available to the majority of the tribal. Lots of factors are responsible for the inaccessible health care system and hence the traditional practices and superstition and beliefs stay among the tribals. In the present scenario, pandemic like COVID-19 tumbles the modern health care system in most urban metro areas. With the above said tribal healthcare system is not capable of tackling the health of tribal. Hence the precious lives need to be protected by establishing modern healthcare system in their reach.

Lack of information and proper testing

Proper testing is very much essential to tackle the COVID-19 pandemic. Testing facilities are below state average for different tribal in Odisha because of the remoteness. Lack of information and awareness is most common for COVID-19 spread among tribal. Tribal live in remote places like hill and forest areas and hence it is difficult to spread the information among them unless special effort is not given. The poor healthcare facilities, lack of testing facilities severely limits the capacity to deal with COVID-19 outbreak in tribal areas, posing a serious threat to the tribal population. Major challenge in tribal area is the allocation and monitoring of testing equipment because of the limited testing facilities in those areas.

Impact of COVID-19:-

This time last year, terms like "lockdowns," "masking mandates," and "social distancing" were unfamiliar to most of us. Today, they are part of our everyday language as the COVID-19 pandemic continues to affect all aspects of our lives.

Shortcomings related to the COVID-19 pandemic:-

Shortages of medical materials, manufacturing and consumer goods caused by the COVID-19 pandemic have quickly become a major concern worldwide, as has the disruption of the global supply chain,

challenging the resilience of supply chains around the world. Shortages of personal protective equipment such as medical masks and gloves, face shields and disinfectants were reported in most countries, along with hospital beds, ICU beds, oxygen therapy equipment, ventilators and ECMO machines.

The New Poor:-

The latest analysis warns that COVID-19 has pushed an additional 88 million people into extreme poverty this year. In the worst case, it could be up to 115 million. The World Bank Group predicts that the largest share of the "new poor" will be in South Asia, closely followed by sub-Saharan Africa. According to the latest report on Poverty and Shared Prosperity, “many of the new poor are likely to be involved in informal services, construction and manufacturing in sectors where economic activity is most affected by lockdowns and other restrictions on mobility.

Accelerated economic decline:-

These restrictions, enacted to control the spread of the virus and thereby ease pressure on strained and vulnerable health systems, have had a huge impact on economic growth. The June edition of the Global Economic Outlook makes it clear: “Covid 19 has unleashed a global crisis like no other – a global health crisis that, in addition to the enormous human toll, is leading to the deepest global recession since World War II. ". It predicts that the world economy and per capita income will shrink this year, pushing millions of people into extreme poverty.

Impact on businesses and jobs:-

The pandemic slowdown has hit businesses and jobs deeply. All over the world, companies – especially micro, small and medium-sized enterprises in the developing world – are under intense pressure. To understand the pressure that COVID 19 is having on business performance, as well as the adjustments they need to make, the World Bank and its partners, working with client governments, conducted rapid surveys of business pulses of COVID 19. These offer a glimmer of good news. More than a third of companies have increased their use of digital technologies to adapt to the crisis.

Will reduced family income – whether due to job loss, suspension of remittance payments or a host of other factors related to COVID 19 – continue to threaten human capital? With less money, families will be forced to make compromises and sacrifices that could harm health and learning outcomes for an entire generation.

National Response:-

National responses have ranged from strict bans to public education. WHO recommended that curfews and lockdowns be short-term measures to reorganize, realign, rebalance resources, and protect the health care system? Vaccines against COVID-19 are approved and widely distributed in various countries as of December 2020. Other recommended precautions include social distancing, masking, improved ventilation and air filtration, and quarantine of those who have been exposed or have symptoms. Treatment includes monoclonal antibodies, new antiviral drugs, and symptom control. Government interventions include travel restrictions, lockdowns, business restrictions and closures, workplace risk controls, quarantines, testing systems and contact tracing of those infected.

NGOS and its Possibilities

In the very first week of the March 2020 lockdown in India, Prime Minister Narendra Modi called on NGOs to help the government deal with the pandemic. He called on them to provide basic needs for the underprivileged such as medical and protective equipment and more importantly to spread awareness campaigns such as washing hands, wearing masks and maintaining social distance. NITI Aayog also reached out to more than 92,000 NGOs in the first few months of the pandemic to "enhance cross-sectoral collaboration" and leverage the NGO network to ensure effective distribution of essentials. More importantly, they needed help spreading awareness among the rural population to educate them about Covid-19, the techniques to identify the virus, the precautions that should be taken and when to seek medical attention. In a similar vein, the Supreme Court appreciated the contribution and role played by NGOs in coming to the aid of migrant workers by providing food, water and transport during difficult times.

Development experts believe it is crucial to understand that it would be impossible for the government alone to be able to comprehensively address the pandemic – to develop, implement and ensure that measures reach the people in need at the last mile.

António Guterres, Secretary-General of the United Nations, also praised civil society and local organizations for the vital role they played in the fight against COVID-19 at the local level, as highlighted in a recent report on the socio-economic impacts of COVID-19. According to him, NGOs bring economic and livelihood opportunities and can tailor responses to the community context.

Voluntary Action Network India (VANI) in its recently released "Study Report on National Policy in the Voluntary Sector" noted:

"In a country like India, the voluntary sector bridges the gap between the government and the people of the country. It identifies community needs and provides community support and services, even in the most untouched and marginalized areas where government is unable to reach."

The scientific community has agreed on four ways to reduce the impact and spread of any pandemic—vaccination, antiviral use, medical care, and public health systems. Here, NGOs can directly contribute to both prevention and preparedness through information dissemination, education and community health care. At the policy level, they can inform decisions through surveillance and the identification and reporting of potential 'hotspots' such as slums, high-density residential colonies or poorly ventilated areas. They can also bridge the gap between governments and international bodies, such as the WHO, that typically monitor pandemics. More importantly, they can bridge the gap between governments and citizens and are better positioned to identify community needs, including those that are hard to reach. Finally, NGOs can use their networks to share and disseminate information.

During the Covid-19 pandemic, many NGOs have used social media platforms such as Instagram, Facebook and Twitter to share and disseminate information regarding vaccination centers, vaccine availability, vaccine safety and assistance to individuals in need of oxygen, blood or a hospital bed. NGOs have also used their network to pool doctors on online platforms to provide free medical advice to people affected by Covid-19.

Examples of Contribution of NGOs in India

NITI Aayog has contacted more than 90,000 NGOs to help the government deal with the Covid-19 pandemic. Every NGO contribution is significant, no matter how big or small. It is beyond the scope of this post to examine the contribution of each NGO. Therefore, a select few are seen as examples of the role of NGOs and their contribution during the pandemic through activities such as distribution of food and essential supplies, blood and plasma donation, support groups and awareness raising.

Rashtriya Sewa Bharati

Rashtriya Sewa Bharati has undertaken several large-scale nationwide activities to support communities during Covid-19. Inspired by the acts of humanity of social reformers like Swami Vivekananda, the organization has been carrying out Covid-19 relief efforts under various state units. It mobilized over half a million volunteers and served in 92,656 cities across India. Among its various activities, it has distributed food and food supplies to more than seven million families and food parcels to 45 million people. This is perhaps the largest outreach program conducted during the pandemic in India. In addition to food, volunteers also distributed over nine million masks and donated more than 60,000 units of blood. Volunteers have even helped more than 44 million migrant workers, an often forgotten, underrepresented and vulnerable group, since India's first lockdown in March 2020. These migrants come from all over the country, and many are stranded or left with little opportunity to return to their homes. hometowns. Rashtriya Sewa Bharati has set up over 400 health centers across the country for migrants. In addition, they have set up more than 900 relief centers at bus and railway stations in India to help migrants return to their hometowns. They also actively helped secure jobs for migrant workers after the lockdown was lifted.

CRY

Child Rights and You (CRY) is another NGO that has done extensive work during the pandemic.

Founded in 1979 in Delhi, this NGO focuses its attention on an often neglected group – young children. The organization works with other local NGOs to provide its services, from basic health and hygiene kits for children to cooked meals every day. They paid special attention to abandoned children and those left as orphans due to the deadly pandemic. To raise awareness of Covid-19, they made home visits to those without phones, followed all social distancing protocols and released campaigns through phone calls and WhatsApp including videos on how to wash hands. These campaigns revolved around public health and hygiene and behavior change, sanitation and proper use of face masks. Since the closure of government schools and subsequently the midday meal program, many children have not been able to receive proper nutrition and timely vaccinations. The organization raised money for children's nutrition and also created programs aimed at the psychological well-being of children, especially for those who did not attend school due to the pandemic. In 2020-21, CRY was able to impact more than six million children through various programmes. By focusing its attention on vulnerable children, the organization has helped ensure that the pandemic does not leave a trail of children's rights crises in the long term.

ISKCON

Founded in 1966 in New York, the International Society for Krishna Consciousness (ISKCON) has spread throughout the world. Through their network of temples and rural communities, hundreds of affiliated vegetarian restaurants, and thousands of local group meetings, they were able to do impressive work during the pandemic. During the ongoing "second wave" of the pandemic in India, ISKCON set up a fully functional, free facility with 200 beds, ten doctors and 18 nurses in Dwarka, Delhi. Temporary facilities included ICU and ventilator equipment, and nutritious meals were served to patients. In addition to the hospital facility, ISKCON was already engaged in delivering free, safe and hygienic food to COVID patients right at their doorsteps under the "ISKCON Food Relief Initiative". During the pandemic, 140 million plates of food were served in 77 kitchens spread across the country – perhaps one of the largest such initiatives in the country. These meals were served to those stuck at home without support, those forced to maintain social distancing in their homes, entire families affected by the corona virus, daily wage workers, low-income families and migrant workers. ISKCON's vision during the pandemic was that "no one within 10 miles of its centre should go hungry, which is even more true in today's context". Food shortages are an even bigger problem during a pandemic, especially for those who can't afford to "stock up." To meet this challenge, every day of the pandemic, hundreds of monks and volunteers prepared fresh food and delivered it to the doorsteps of those in need, in addition to setting up temporary food camps across cities in India. By partnering with government agencies, ISKCON was able to identify areas most in need of such food camps.

Role of NGOS in Koraput

SOVA'S ENGAGEMENT DURING COVID 19 PANDEMIC – 2020

South Orissa Voluntary Action (SOVA) has been working for holistic development of the marginalized and tribal people in the district of Koraput by strengthening community action for better health, education, livelihood, governance and child rights and child protection. The outbreak of COVID in 2020 and subsequent lockdown in stages in order to contain the pandemic has created uncertainty and fear among the people. During this critical period SOVA has extended numerous supports in the form of awareness generation, distribution of sanitary kit, voluntary support to block and Panchayat administration, relief aid to the marginalized community and nutritious food for children to ensure their wellbeing.

As a strategy, SOVA intervened to provide interim relief measures to the vulnerable ones with coordination of Panchayat, Block and District administration and utilized its village level volunteers for undisrupted support during the pandemic. The details of daily support were shared with the district administration through the authorized mail id provided by the district administration.

The various activities undertaken by the organisation are as follows:

1. Awareness generation:

The Community radio of SOVA was an effective tool in disseminating information on different government advisories during the time of pandemic in 2020. As community radio disseminate messages

in local tribal language, its outreach and acceptance in 25 km radii covering a population about 1.25 lac rural and urban communities has proven to be indispensible. Looking at the low awareness level among the rural tribal mass, mobile awareness campaign in the villages by public announcement in tribal language focusing on the guideline of the government were conducted. Public announcement were done in Koraput municipality area, neighboring blocks, NACs and rural villages where the messages of COVID were announced. Along will announcement through mike; demonstrative model were enacted by the volunteers on the five steps of safe hand wash, mask use and social distancing. Focus was given to strengthen disinfection of the mask or clothes used for covering the mouth and nose.

Relief measures for the Vulnerable Community:

During the period of lockdown it was found that there were many vulnerable people who either depended on daily wage or were out of work. Apart from them, a few vulnerable group like the PLHIV (person living with HIV & AIDS), people living with disability, people suffering from Leprosy, migrant workers and female headed family who are burdened with the livelihood of their entire family. SOVA supported these people with dry ration so that they meet their daily essential need and have a minimum food security for another thirty days. Dry ration was provided to 4278 vulnerable families to support their food security.

Safety Kit for FLWs, Police, Traffic Personals and Quarantine Centers:

During the pandemic, the frontline workers, police, traffic personals were engaged in providing services to the community at different vulnerable points. These functionaries needed special protection and safety. SOVA, in consultation with the ICDS and NHM office, provided safety kit (containing mask, soap, sanitizer and glove) to the FLWs service providers. Apart from the frontline workers, SOVA felt it necessary to support the traffic Police engaged in their daily routine. The Jail authority of Koraput and Jeypore sub division also requested SOVA to support the prison inmates for better hygiene and sanitation to which the organization responded in time. SOVA staffs disseminated awareness program in the jail to sensitize them on frequent hand wash, use of mask, Social distancing and avoid spitting everywhere. They were also suggested to maintain distance from those inmates placed under quarantine within the premises. Safety Sanitary kits were provided to 4279 FLWs, Police, traffic personal and Zail inmates.

The organisation also provided Sanitary Pad to the adolescent girls in the rural areas so as to ensure that they do not deviate from their sanitary practices. Sanitary pad was provided to 3208 adolescent girls from rural areas and migrant families to ensure that they continue with the safe sanitary practices.

SPREAD Intervention

The Novel Corona virus outbreak and subsequent lockdown from 24th night in India have direct impact on life and livelihood of vulnerable groups like tribals & dalits of south Odisha. Though Central Government & Government of Odisha have declared 16 types of relief packages but few households are still deprived of these packages due to various administrative &procedural reasons like lack of Aadhar card for PDS, left out from the NFSA (National Food security Act), and left out monthly pension. With this backdrop SPREAD initiated the humanitarian support of dry ration & hygiene kits to the needy vulnerable groups in 717 villages in Koraput and Nabarangpur Districts during Covid 19 Outbreak covering 3326 households from 66-Grampanchayats, 5 blocks of Koraput, Nabarangpur districts. Most of the villages are inaccessible pockets of the districts. At the same time SPREAD organised hand washing campaign and social distancing practices in 717 villages through the village volunteers. Koraput & Nabarangpur district administration issued lock down pass to all of the 150 volunteers of SPREAD that made easy them to move around the villages for the support to most vulnerable groups. From the first week of the April SPREAD volunteers initiated awareness on covid-19 &hand washing demonstration & social distancing.

ASHA KIRAN SOCIETY

Public Awareness Drive

Public awareness drives in market places and other publicly accessible villages were conducted. The rickshaw had COVID-19 prevention banners on it and a staff member who would play a short audio clip

of COVID-19 prevention which was recorded in the local Desia language (the most common local dialect). They were able to send out the loudspeaker- equipped rickshaw on 14 different days to do the public awareness drive.

Masks for all Vulnerables

To this end, Asha Kiran Society began the "Masks for all Vulnerables" approach where they went to every household in the village "vulnerable person" is given a face-mask, soap and COVID-19 prevention education inputs. A form with basic information was filled up for each person and since each home had already been geo-tagged, this information forms a basis for future follow-up and care. This includes the potential to do focussed vaccine coverage and also help guide long-term care for vulnerable populations.

Patient Identification through regular Doctor visits to Bonda & Dasoput areas

Patients who were suspected of needing long-term care were visited in their homes and by an experienced doctor, a palliative care nurse and trainee nursing assistants. If on assessment the patient was found to be 'dependent on others,' in need of long-term care (including mental health care), and if the family members agreed for home-visits, the patient was enrolled into the programme. The Asha Kiran Society was able to increase the frequency of doctor visits to the Dumripada Health Outpost in the Bonda Hills (Khairput block of Malkangiri dist.).

Since August 2020, the Family Medicine consultant has conducted 2-day visits on a fortnightly basis to the Bonda Hills. This has allowed her and the team to spend at least 1 day each visit to meet patients and families with the idea of gradually covering all the 24 'upper Bonda' villages.

Conclusion

The importance of NGOs cannot be underestimated for five main reasons. First, they intimately understand the needs of the community and are better positioned to help during a pandemic. NGOs work with a range of vulnerable populations, have a deep understanding of their needs, have relationships with communities for years, and are better suited as the first point of contact and assistance during a pandemic. Second, NGOs have the ability to adapt to pandemic restrictions, allowing them to continue supporting vulnerable populations. They can also adapt their existing programs to meet the needs of the pandemic and the community context. Third, NGOs play a key role in raising awareness and educating the public about Covid-19, as they can use the networks of trust they have built within the communities they work with. They can do this through effective programs on the ground, text messages, WhatsApp and social media. This is especially useful in raising awareness of the importance of vaccination. Fourth, NGOs can tailor their outreach programs to meet the needs of the local communities they serve. This puts NGOs in a unique position as opposed to government programs that take a "one size fits all" approach. Fifth, NGOs can step in when governments cannot and provide services that governments do not. In the case of Covid-19 and the current pandemic, masks, soap, water and disinfectants are essential. Most of these 'necessities' cannot be afforded by many sections of the population. Although government recommendations require wearing masks, how many can afford them? In cases like this, NGOs can step in and distribute masks for free to those who cannot afford them. The above examples illuminate how NGOs have done this. Finally, the biggest constraint that every NGO faces is raising money to carry out its activities. This is where the public and donations from large organizations come in handy. During this pandemic, we have seen large and real outreach programs to raise funds for Covid-19 relief that NGOs of all scales and sizes have been able to channel into relief programs.

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