

“Making Sense of the Second Surge” Workshop: Synthesis of Insights & Reflections

Contents

[Introduction](#)

[Reflections from the Participants on Barriers and Enabling Factors](#)

[Ideas for Future Action](#)

[Summary Table of Proposed Solutions](#)

[Concluding Remarks](#)

[Photographs from the Event](#)

I. Introduction

Rohini Nilekani Philanthropies (RNP) hosted an event in Bangalore on July 29, 2021 at the Bangalore International Centre called “Making Sense of the Second Surge.” Thirteen participants, who worked on COVID relief in a wide range of organizations such as private hospitals, citizen volunteer networks, public health institutes, donor agencies, funding strategy agencies, information technology (IT) and implementing organizations attended the meeting.¹ The purpose of the event was to see what can be learned from the collective experience of managing the COVID 19 second wave - or second surge - particularly, from the lens of improving citizen engagement and exploring how to improve the response of key actors in the “*Samaaj*” (civil society), “*Bazaar*” (private sector) and “*Sarkaar*” (government).

The profiles of the Second Surge work done by each of the participants is outlined below:

Participant Name	Organization	Description of COVID-Related Work
Ujjvala Shetty	Aveksha Hospital	Hospital management, focused on covid critical cases
Vinay CR	Independent	Worked with Telegram volunteer networks on fundraising for covid relief
NS Prashant	Institute of Public Health	Worked in Chamrajnagar belt, with local government agencies at the district level
Nalini Shekar	Hasiru Dala	Provided food grains for their organization membership and did direct fund transfer
Rishabh Lalani	Independent	Fundraising for covid work
Sachin Malhan	Agami	Created index of ground-level rural responses on Covid relief
Pranay Kotasthane	Takshashila	Research on COVID and unlockdowns
Sara Adhikari	Give India	Fundraising for NGOs to get oxygen
Sarayu	Aapti Institute	Research on covid relief efforts
Sameer Shishodia	Rainmatter	Part of citizen volunteer network

¹ Raw notes of the event [available here](#).

	Foundation	
Ashwin Mahesh	Maputiny	Citizen network developed for COVID 19
Bharath Palavalli	Fields of View	Worked with the government and other organizations to improve response
Aarti Mohan	Sattva	Led the ACT Grants efforts from the start-up community to fight COVID19
Natasha Joshi & Sahana Jose	RNP	Worked on managing fund flow to covid relief efforts

II. Reflections from the Participants on Barriers and Enabling Factors

This section provides an overview of the “insights” and “challenges” of the Second Wave that the participants highlighted during the workshop. The insights and challenges are divided into five sections: people & capacity building, information & technology, infrastructure, fund flow and ground-level execution.

1. **People & Capacity Building:** *During the Second Surge, citizen volunteers formed a major base of the COVID response. However, participants observed that volunteers lacked training or skills to properly complement the work of the health sector in combating the case rise.*

Factors that Enabled Success:

- **Leveraging skilled volunteers** with a wide range of backgrounds (logistics & procurement professionals, executives of mid-size companies & their networks, politicians) helped to improve citizen response to COVID relief
- **Empathy and compassion** are essential to responding in crisis times
- **Trust played a huge role** in the ability of politicians, government officials, civil society organizations and private sector actors to work together and collaborate

Barriers or Challenges:

- **Crisis management** was found to be a missing foundational capacity for health system actors, rather than the responsive or haphazard approach that took place during the Second Surge
- **Lack of a strategy or institutional governance** for volunteer groups resulted in ineffective “over-volunteerism” and burn-outs; volunteers who dropped out suddenly left a hole in institutional memory (i.e., what they built, left with them)
- **Sidelining of humanitarian issues:** Only four human rights funders in India and several issues got forgotten in the crisis time

2. **Information & Technology:** *While IT played a huge role in communicating resource requirements across the country, the verification of information was crucial to its use.*

Factors that Enabled Success:

- **Data and verification:**
 - MyGov provided correct data to enable relief work
 - Verification of demand and supply requests was vital to the overall process of covid relief

Barriers or Challenges:

- **Knowledge gap between First and Second Wave** due to failure of ecosystem to reflect & revise approaches

- **Inaccurate Information:** District collectors did not always have the right information from suppliers
- **Repetitive Service Requests:** Different groups often received the same intel on which service providers, local admin to reach out to for support requests, thereby overburdening the providers with requests
- **Terminology Use:** Usage of “war-time” and “peace-time” for COVID19 efforts was also problematic as basic public health infrastructure and processes was being called “war time” effort. ; One participant also mentioned the need for a new term other than “NGO” for the work of non-profits as “non government” includes much more than non-profit organisations - for instance, Civil society organisations, bazaar based organisations, ecosystem organisations etc.

3. **Infrastructure:** *During the Second Wave, organizations worked hard to supplement the health system infrastructure. Two major problems observed were that funding did not match resource requirements on the ground and legal hurdles made it difficult to purchase or procure life-saving equipment at the time required.*

Factors that Enabled Success:

- **Collaborations with Primary Health Centres (PHCs)** were successful for some NGOs, indicating an important avenue and resource for future crises

Barriers or Challenges:

- **Limited Funding** for district quarantine facilities, covid care centres and data entry
- **Moral dilemmas** arose when the law capped the cost of procurement of equipment which actually exceeded this capped cost, resulting in illegal but necessary and life saving transactions.
- **Misalignment in Supply and Demand:** Resource requirements (such as oxygen cylinders) were not met at the time when required, or funds were transferred to impractical efforts such as covid care centres (supply-demand misalignment for medical equipment)
- **Poor Coordination Between Private and Government Actors:** Market actors tended to blame rather than collaborate with the government; participants suggested more collaboration, cooperation required

4. **Flow of Funds:** *A theme that emerged in the workshop was that the terms and conditions around the transferring of funds limited the efficiency of COVID relief work.*

Factors that Enabled Success:

- **Overwhelming Response:** Large sums of money came at once; Local branches of global corporate offices harnessed funds from abroad
- **Funding Organizations is Effective:** One participant noted that rather than funding individuals, or projects, funding organizations should be popularized as an approach

Barriers or Challenges:

- **Legal Regulations:** Private organizations cannot receive funding which poses a problem in their ability to act during crisis times when hospitals are overloaded
- **Compliance hurdles** made it cumbersome and time consuming to transfer money from global corporates to local corporate offices for relief efforts

- **Donor Needs Came First:**

- Donors were not necessarily interested in funding rations and food support at the time of COVID Second Wave, despite it being needed
- At times, NGO leaders had to reject funds from donors due to rigidity around terms and conditions of the usage of the funds, even for short term projects

- **Lack of Trust in Grassroots:** Participants mentioned that donors need to listen to grassroots organizations on funding needs, requirements and that trust is a major missing element in that relationship.

5. **Ground-Level Execution:** *Participants noticed that the efficiency of the ground-level execution had much to do with the network of organizations.*

Factors that Enabled Success:

- **Connections Mattered:**

- Access to politicians significantly improved response time to emergency requests
- Referral systems ensured trusted information coming from the field, improving the direction of investment (Participants mentioned that NGOs with credible presences in a certain geography were able to build better relationships with the local government)

Barriers or Challenges:

- **Small Hurdles Have Big Impact:** One participant observed that Anganwadi workers could not visit villages for covid relief work as they did not have money for petrol
- **Overload on existing healthcare staff:** ASHA workers, frontline workers, even volunteers were often overloaded due to intensity of response and haphazardness of relief efforts (one NGO organization's employees experienced burn-outs and had to arrange for in-house counselling during the Second Wave)

III. Ideas for Future Action

Throughout the discussion, certain solutions came forward that could be addressed immediately or may require further thinking. These are divided into the same five categories, with an additional layer of which stakeholder can "own" that particular solution :

1. Samaaj - Civil society or philanthropies;
2. Bazaar- Private sector actors;
3. Sarkaar- Government actors.

1. People and Capacity Building:

- **Samaaj:**

- Develop trainings to better channel volunteer capacity so as to to reduce exhaustion on frontline workers, particularly in the area of care, empathy and meeting of emotional needs
- Co-create systems and protocols with local government, so that volunteers can be shared and better directed in times of crisis
- Strengthen peer-to-peer relationship formed with the government during Second Surge, build upon it for trust and future accountability

- **Multi-Stakeholder:** Organize multi-stakeholder (Samaaj, Sarkar, Bazaar) workshops to understand best practices to build district and panchayat-level capacities

2. Information & Technology:

- **Bazaar:** Develop and disseminate materials on best practices for hospitalization (when to isolate, when to come to the hospital) for future crises
- **Sarkar:**
 - Improve district infrastructure by developing a stack of health system interventions
 - Public health communication essential for different disasters and crisis; there should be a disaster communication department/ cell that can serve as a single, verified, credible source of information for the country/state
- **Samaaj:** Identify the “unit” level - taluka, district, ULB, state, National - for developing a platform that can communicate requirements in times of crisis (shortages of resources, infrastructure) to improve fund flow and NGO work
- **Multi-Stakeholder:** Invest in the co-creation of open, digital (societal) platforms in partnership with samaaj, sarkaar, bazaar. These platforms will enable actors to access public goods (open data, open resources, open-source technologies), discover solutions & actors, allow for connecting & combining different offerings from different actors through times of crises.

3. Physical Infrastructure

- **Sarkaar:** Develop stronger low-cost health infrastructure in Tier 2, Tier 3 cities

4. Fund Flow:

- **Samaaj:**
 - Draw out narratives of NGO support (efficiency & success) during COVID2 to build public and private trust in NGO capacity
 - Develop stronger relationships with political & government authorities to reduce compliance hurdles for fund flow
- **Samaaj and Bazaar:**
 - Advocate for improved legal structures around compliance for easy fund flow in crisis times
 - Develop stronger relationships with political & government authorities to reduce compliance hurdles for fund flow
 - Improve communication between donors and private hospitals to improve supply-demand of infrastructure requirements
 - At the funder level, reduce fund flow friction as much as possible - speedy, untied grants, reduced reporting/paperwork required from CSOs, and a funder protocol for unlocking a dedicated amount for disasters.
- **Sarkaar:**
 - Enact policies that favor ease of fund flow in times of crisis
 - Support private sector hospitals to receiving funding during emergency situations
 - Communicate with donors, volunteer networks on areas of acute requirement during crisis

IV. Summary Table of Proposed Solutions

Legend
Immediate Solutions
Solutions to be explored further

Summarized: Solutions for Key Stakeholders			
	Samaaj	Sarkar	Bazaar / Multi stakeholder

People Capacity Building and	<ul style="list-style-type: none"> ● Volunteer Trainings ● Volunteer SOPs ● Strengthen relationship built with Sarkar 	<ul style="list-style-type: none"> ● Enable professional counselling for healthcare workers ● Create/ Expand capacity of public health cadres 	<ul style="list-style-type: none"> ● District and panchayat level workshops
Information Technology &	No solutions mentioned in workshop (NA)	<ul style="list-style-type: none"> ● Health system interventions stack 	<ul style="list-style-type: none"> ● Develop and disseminate best practices on hospitalization ● Platform to communicate verified information between stakeholders ● Platform to improve availability of open data to improve responsiveness
Physical Infrastructure	NA	<ul style="list-style-type: none"> ● Develop low cost health infra in Tier 2, Tier 3 cities 	NA
Fund Flow	<ul style="list-style-type: none"> ● Advocate for improved legal structures ● Publicize a narrative of the successes of NGO support ● Develop stronger relationships with Sarkar 	<ul style="list-style-type: none"> ● Policies to ease of fund flow in crisis ● Policy to enable private sector hospitals to receiving funding ● Communicate requirements to donors and volunteers 	<ul style="list-style-type: none"> ● Develop stronger relationships to reduce compliance hurdles for fund flow ● Improve communication to match demand & supply ● Support collaborative rather than individual funding models
Ground-Level Execution	<ul style="list-style-type: none"> ● Holding elected representatives account ● Leverage on ground insights for action 	<ul style="list-style-type: none"> ● Enable ward/ district level officials 	<ul style="list-style-type: none"> ● Focus on end beneficiary needs

V. Concluding Remarks

The workshop participants covered a wide range of barriers and enabling factors during the Second Surge. Perhaps the most critical reflection from the workshop was that the flow of funds from donors and funders tended to be mis-directed or not aligned with on-ground requirements. Other themes that were repeated throughout the session include the need to build trust among stakeholder groups, to integrate empathy and care into the health system and consolidate learnings to institute long-term capabilities in the health system for optimal crisis management. Participants also called out the need to be careful about the usage of “war-time” vs. “peace-time” for COVID19 relief efforts, given the baggage associated with these terms.

Before another crisis arises, the intention of this workshop was to develop workable solutions and share knowledge among the stakeholders. Therefore, it will be useful to reflect upon the solutions themselves and consider which can be acted upon quickly. Building trust, as stated several times, is an issue that affects engagement between beneficiaries and civil society, civil society and the government, civil society and donors as well as the entire ecosystem and requires further thinking. Resolving policy and regulatory hurdles for funding requires advocacy initiatives with multi-stakeholder groups. To reduce the information asymmetry between donors and ground-level implementers will also require trust-building workshops. In order to move forward, swift action and communication will be necessary for the workable solutions going forward.

Photographs from the Event

