BODIES
AT RISK

Frontline Field Work & Field Workers during Covid 19 & the Lockdown

A Rapid Assessment Report

(👾) (T★RA)

how frontline NGO workers in 3 states in India are coping with the pandemic & the lockdown

'A heartfelt thank you to the 42 respondents who not just gave us the time of the day and the grace of their patience but were positively enthusiastic when we pitched them the idea of an assessment. This report would not that have been possible without their verve & support.'

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A. Brief Background

'Essential services' is the term being used for systems that continued to function even as everything else was locked down. Your access to these 'services' would have played a sizable role in determining your journey to the other side of the present global crises. Even as they were qualified as 'essential', not everybody got access to these services. And despite being in shared crises, privilege continued to determine access.

So, it bears questioning- if not 'access', what exactly was 'essential' about services so deemed?

To ensure that systems were live and continued to deliver, it was deemed 'essential' that millions of Indians continue to go to work every day. At times there was an expectation that these essential workers would put in more work and more hours than usual while functioning in an environment of fear, confusion and imminent mortality. Their safety and security was also 'essential' but again this largely fell in the realm of access and therefore, privilege.

Even as those of us who could, went into the safety of seclusion, 'essential service' workers on field duty were at times denied the ability to make the choice to remain safe. The first level of the workforce- frontline workers working on the field - are most exposed to the hazards of the work and workplaces. Under the pandemic, they found themselves more vulnerable than before.

'Essential services' as a term seems to blur the humanity, the stories and true costs involved in keeping systems running in a global crisis. It must always be remembered, that at the frontlines, 'essential services' are, as some evocatively frame it - 'bodies at risk'.

Against the background of an inconsistent and inadequate government response to basic survival needs like food, water, shelter, transport and aid for marginalized and underprivileged populations, Civil Society Organizations (CSOs) and Non-Governmental Organizations (NGOs) have had to respond and attend to the immediate needs of many of the most affected populations. And the frontline workers – the karyakartas or the field worker – found themselves returning to the field in the midst of a pandemic to facilitate a range of complex interventions – from providing first aid and relief to distressed children and families to rescuing a child laborer to stopping a child marriage. They had to cope with changes in the nature

of their work, constantly evolving obstacles and challenges and larger confusions in the field and in the systems. All the while attempting to ensure that they themselves and their loved ones back home remained safe.

In many organizations, field workers feature in the lower pay ranges. They are susceptible to changes in organizational mandates and funding. They have legitimate worries around their skillsets, capacities and career progression becoming static. They are always directly exposed to challenges in the field. Currently, they are 'bodies at risk'.

The following rapid assessment was made with the intention of understanding how frontline field workers, particularly those outside of major metros, are navigating professional and personal challenges in the anxious time of the ongoing Covid -19 pandemic. And it also attempts to highlight the amazing work that they put in order to ensure that access itself becomes essential.

B. Objectives

The objectives of this assessment were to:

-   Understand the current realities of frontline workers working at the grassroots in NGOs across India.
-   Identify their needs, challenges and support available during the lockdown
-   Understand their perceptions on key issues during COVID 19 and their predictions for the future of the communities they work with.

C. Profile of the Respondents

We telephonically interviewed 42 front line workers from across the 3 States of Tripura, Odisha and Jharkhand. They collectively represent 27 Civil Society Organizations (CSOs) and Non-Governmental Organizations (NGOs) that work across 23 districts in the above-mentioned states. Since 2017, the Aarambh India Initiative has been directly working with the front-line workers and their organizations as a part of our TARA initiative (Annexure 1).

For the purpose of this assessment the term "frontline workers" collectively represents–outreach workers, coordinators and people in mid – level leadership roles in CSOs and NGOs. It is to be noted that all the respondents were actively involved in the on-ground implementation of programs. Regular visit to the field areas was a part of their job profile.

48% of the respondents we interviewed were women and 52% were men. The average age of a respondent was 36 years – the youngest participant was 24 years of age and the oldest was 60 years of age.

The organizations they represent work on various issues related to Child Rights in their respective States – this includes education, child labour, child marriages, trafficking of minors, child sexual abuse, working with street children, missing children, working on adoption, adolescent sexuality, running a child care institutions etc. Only one out of the 27 organizations directly work with children and adolescents with disabilities.

Most of the organizations also focus on holistic community development and their work addresses various issues of gender justice, financial independence for women, health, livelihoods, strengthening Panchayati raj institutions, sustainable livelihoods etc.

a. Current Roles in their Organizations

43% of the respondents were outreach workers, this includes community mobilisers and on ground Childline team members who mainly conduct community outreach and case work. Within their organizational structure, they report to the coordinators.

38% were coordinators (district coordinator, project coordinator, program coordinator, center coordinator, child line coordinator etc.) They handle on ground case work, supervise the formation of groups and committees in the community and undertake community visits. They were also responsible for conducting outreach activities and training programs at the community level. They also had the additional responsibility of documentation and recording of activities. They report to the Program Managers. The Childline coordinators do all of the above and had the additional responsibility of attending to emergency calls received on the Childline helpline.

Currentl Role in their organisation

- Coordinators
- Outreach Workers
- Teacher
- Counsellor
- Senior Management

3%
2%
14%
38%
43%
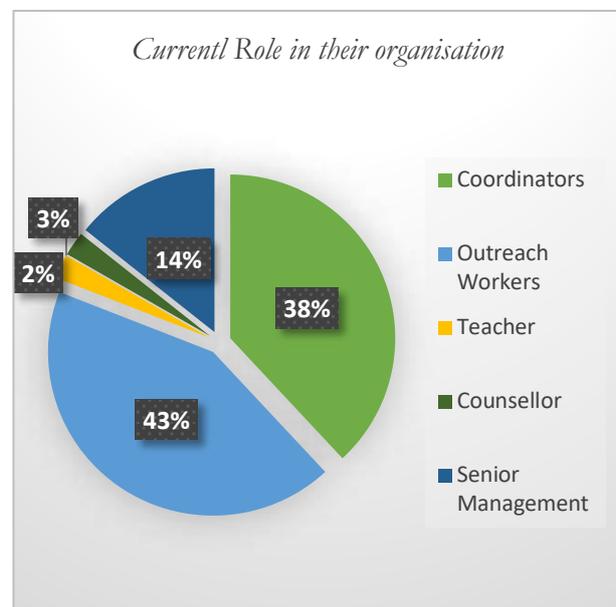
14% were in mid-level leadership roles (secretary, general secretary, center in-charge, chairman, adoption in-charge etc.) Their jobs mainly involved working with the government stakeholders, fund raising and day-to-day management of the organization. It is to be noted that field work was a part of their job profile and all the respondents mentioned that they regularly visited the field areas.

Out of the 6 people in mid-level leadership roles only 1 was a woman and out of the 16 coordinators 6 were women.

b. Years of Experience

Majority of the respondents (64%) had spent a minimum of 3 to maximum of 5 years in their current organizations in the current role.

62% of the respondents mentioned that they had spent between 6 to 15 years in the development sector.
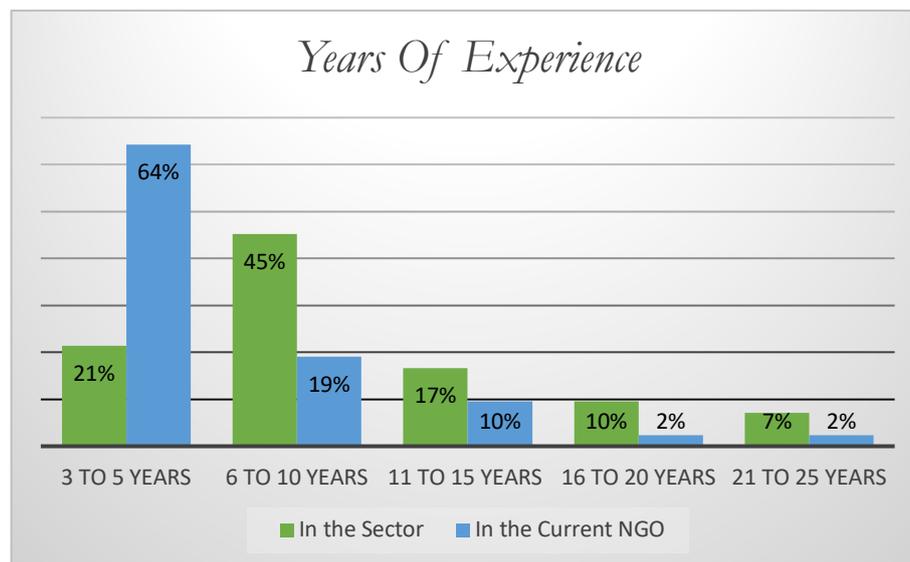
D. Limitations of the Assessment

Data collated was both quantitative and qualitative in nature. Most of the data collected during our interviews with the frontline workers gave us anecdotal evidence of several issues that are unfolding at the grassroots. This assessment is a quick glimpse at the ground as perceived by the frontline workers. It is important to mention that in the given circumstances, the duration of the conversation with the respondents varied on the basis on the availability of their time and access to uninterrupted phone network. Due to paucity of time and resources we were unable to dive deep into many of the issues highlighted in this report. However, we do hope that this assessment can guide and inform some of the future in-depth researches to understand the on-ground situation better.

E. Front-Line Field Work and Field Workers During COVID 19 And The Lockdown

a. Working in the Field Areas

An outreach worker and coordinator are typically assigned villages, blocks or districts[1] to be covered while implementing various programs. They are expected to reach out to a set number of villages in the assigned field areas.

Majority of the respondents (79%) mentioned that they continued visiting their field areas in spite of the pandemic and the lockdown. Although the frequency of field visits had reduced for many, 45% still visit their field areas thrice in a week. 10% visit the field areas four times a week and 7% go to the field every day in a week.

Percentages of karyakartas still going for field-work during the COVID-19 pandemic

21%

79%

Yes

No

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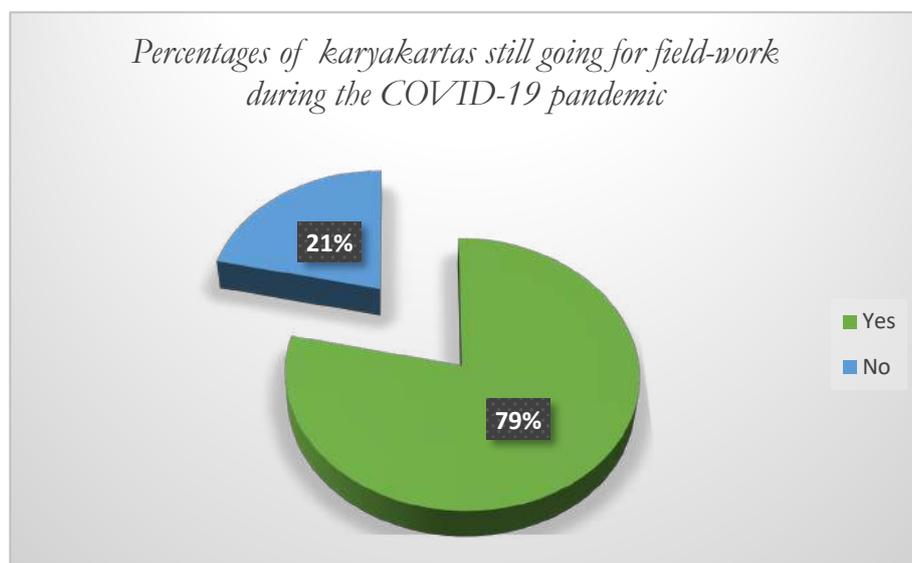
[1] For administrative purposes, Indian states are divided into districts and blocks. On an average one district, usually has around 12 blocks and a block consists of 10 to 20 villages.

The field areas assigned to the respondents did not have uniformity across the states.

- 55% respondents mentioned that their field area ranged from covering 1 to 5 districts.
- 40% respondents mentioned that they had to visit anywhere between 6 to 10 districts.
- 5% respondents mentioned that they had to visit more than 20 districts in a State.

b. Status of COVID 19 in the Field Areas

Based on the incidence of reported cases of COVID -19, doubling rate, rate of testing, transmission etc. the Union Health Ministry in India classified all districts across the country into red, orange and green zones. The classification mentions that green zones are districts that haven't reported a fresh case in 21 days. The orange zones are those with a few cases, and the red zones have a large number of cases.[2]

47% of the respondents mentioned that the field areas they were visiting were classified as Orange and Red zones. 41% of the respondents mentioned that their field areas were classified as Green Zones at the time of the interview. 12 % respondents mentioned that they were confused with the classification and did not know the status of the areas they were working in.

Status of the field areas they are working in

- 12%
- 14%
- 33%
- 41%

Red Zone
Orange Zone
Green Zone
Don't Know

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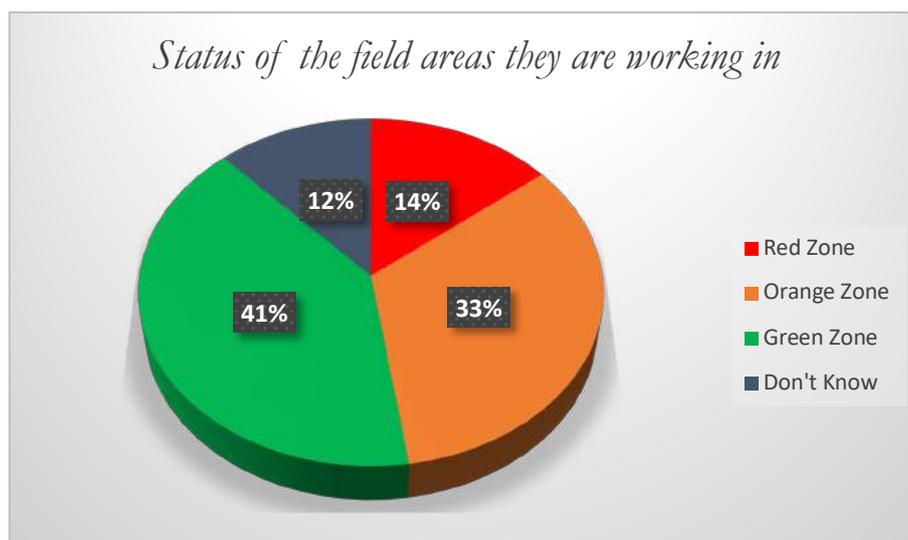
2 Covid-19 lockdown: Centre identifies red, orange, green zones for week after May 3:
https://indianexpress.com/article/india/covid-19-lockdown-centre-identifies-red-green-orange-zones-for-week-after-may-3-check-full-list-here-6388654/

c. Changed Scope of Work

93% of the respondents mentioned that there has been a major shift in the scope of their work.

Prior to the lockdown, their on-ground interventions consisted of conducting awareness sessions with adolescent groups, training programs on various issues with community members, group meetings with Women's Self-Help Groups, school outreach, parental awareness etc. All these activities have ceased in the field areas. The respondents mentioned that for majority of the organizations the work is now completely focused on COVID 19 related awareness and relief distribution.

In the light of the above, 41% of the respondents mentioned that they have been given revised monthly targets to be met during COVID 19. 21% reported having weekly targets, and 21% reported no targets assigned by their organizations.

Timeframe of Targets given by the organizations

- Daily
- Weekly
- Fornightly
- Monthly
- None given so far
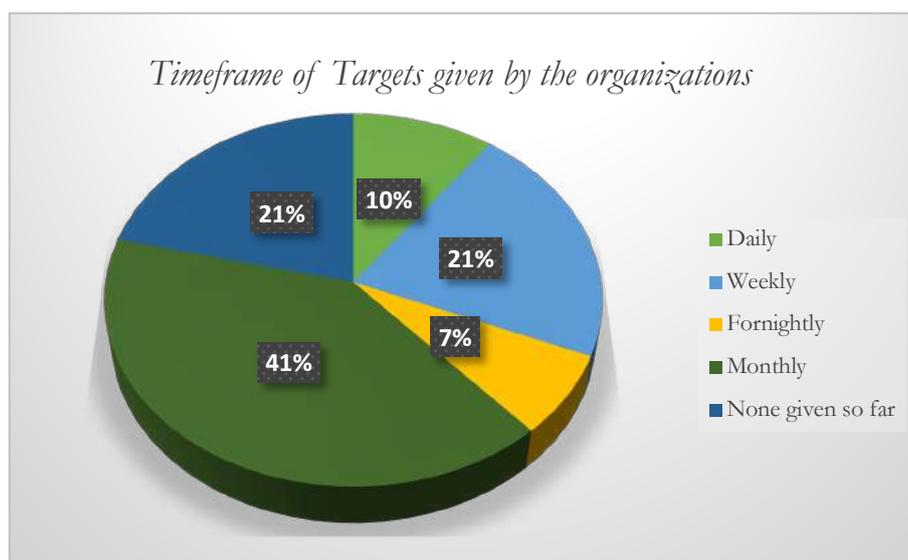
62% respondents confirmed that they were given some form of orientation and training before they were asked to execute their current responsibilities in outreach, relief distribution and awareness on COVID 19.

However, 38% mentioned that they did not receive any training from their organization and they have been updating their knowledge through various online resources.

Percentage of respondents who received training before the outreach during COVID-19
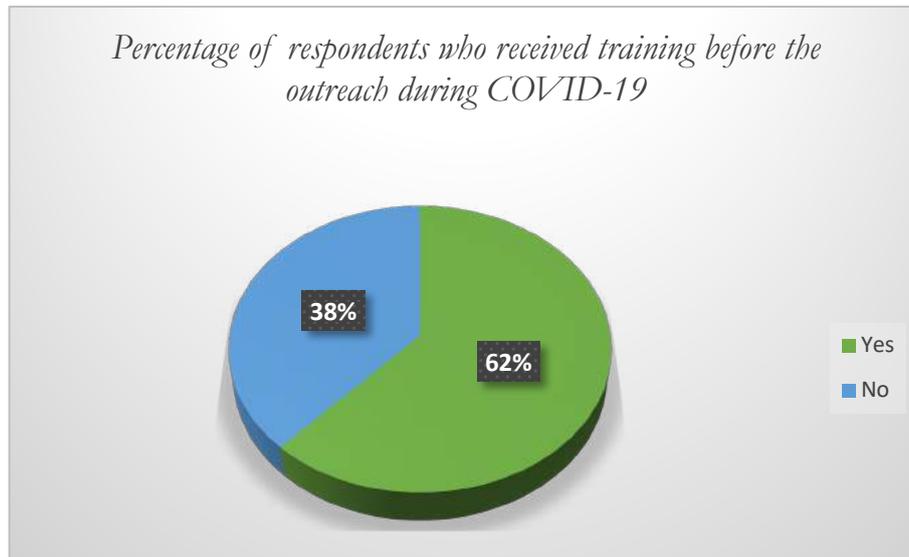
d. Ongoing Case Work and Response to Emergency Cases

Majority respondents confirmed that ongoing case work (under POCSO Act and JJ Act) through outreach had completely stopped and they were only conducting phone follow ups with their beneficiaries. Although some respondents mentioned that they have been trying to follow up with all their beneficiaries via the phone, they are worried about the effectiveness of their interventions.

What worried most of the respondents is that they have lacked interface with the children they work with and have been unable to meet any of them in person since the lockdown. Children who live in particularly remote and secluded areas have also been unreachable. The respondents mentioned that not all children and their families have phones and the respondents have been unable to travel far during the lockdown.

With regards to new cases, 76% of the respondents mentioned that they were receiving reports of new cases of child rights violations during the lockdown. The cases that are being reported to them are of Child Marriages, Sexual Abuse of Children, Domestic Violence of Women, Theft by Children, Missing Children, Child Labour and cases where children need food and medical attention.

They also mentioned that the organizations had not introduced any new protocols on how to respond to the cases during COVID19. Many of them confessed that they were unsure of how to handle these cases in the absence of adequate support from the other child protection systems. Nevertheless, they mentioned that they have been responding to all the calls.
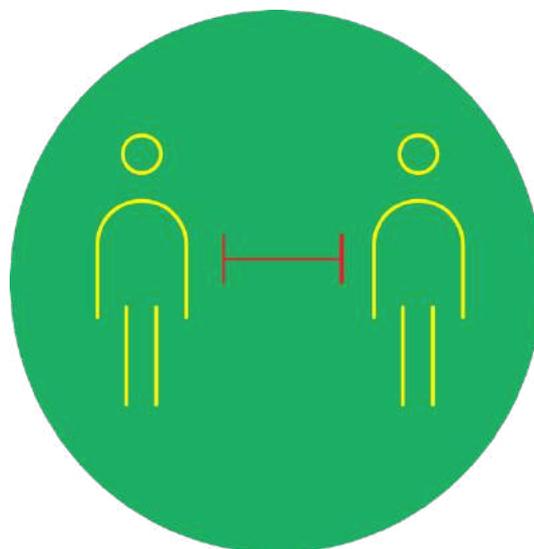
e. Safety of the Front-Line Workers

93% respondents confirmed that their organizations had taken adequate safety measures to safeguard all the front-line workers before asking them go out into the field areas. Providing the staff with sanitizers, masks, hand wash, gloves and guidelines for social distancing were reported as the top safety measures taken by the organizations.

7% respondents mentioned that their organizations had not done enough and only provided them with a cloth mask and sanitizer.
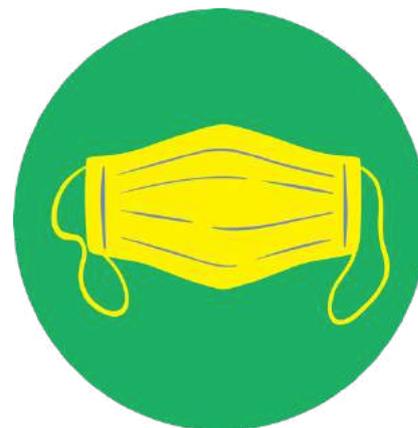
f. Salary Status and Support from their own families

88% respondents mentioned that they were the sole earning members in their family. The average family size was 3 members per household. The family size of the respondents ranged from minimum 2 people to maximum 7 people per household.

33% respondents had not received their salaries since the lockdown of this 23% have not received their salaries for the month of April and 10% have not received their salaries since March.

It is crucial to note that only 47% had received their full salary on time. 17% mentioned that they had received their salaries with some delays and one respondent mentioned that they had been getting only half their salary post the lockdown.
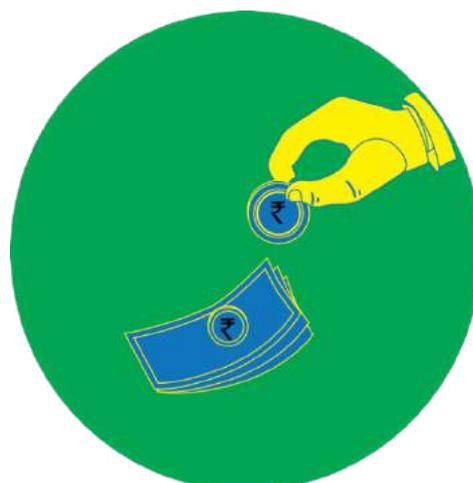
A Field Coordinator who has not received any pay since the lockdown said,

"Work has been a pressurizing since April. I have to be on ground responding to cases reported under ChildLine and send a weekly report to my officer. Additionally, I am also in charge of making a list of people who need ration supplies and coordinate with the DWCD and District Collectors office to ensure they get ration. I am also given the responsibility of raising awareness among the community members on COVID -19."

It is important to note that the above-mentioned coordinator was perturbed since he has been asked to go to the field areas 4 times in a week and more if there is a case reported under ChildLine. The person has not been given any adequate training or orientation by the organization. However, there are weekly targets that are expected to be met. In the initial periods they were provided with only a cloth mask by the organization. However just before the interview the person was provided with a proper N95 mask, gloves and sanitizer before they venture out to the field.

On being asked how their families were reacting to the situation where the frontline workers were asked to go out in the field areas during this pandemic, 43% respondents mentioned that their families were angry, disturbed and tense. Some respondents mentioned that nonpayment of salaries has resulted in a precarious financial situation for the families and thus it had been difficult for the family members to be supportive of the respondents.

55% respondents mentioned that the families were not only supportive but also proud that the respondents were helping the most vulnerable.

F. Challenges Faced During Field Work

a. Transport

On an average, the minimum travel time from the residence of the respondents to the nearest field area was reported to be 1 hour.

Majority of the respondents (91%) used their personal motorbikes or scooters to visit the field areas. It was mentioned that only Childline workers had special passes to travel during the lockdown. The other respondents did not have special passes and faced trouble reaching their field locations (especially in the red and orange zones). They had to show the identity cards issued by their organizations to the police at different points and had to request them for permission to travel.

Usually, as a best practice, frontline workers, especially case workers travel in pairs so as to ensure personal safety and a support system in case of emergencies or while working in challenging circumstances. The changed travel rules under the lockdown (such as only one person on one motorbike) has led to a situation where majority frontline workers are travelling alone to field areas. This was reported to be a major challenge especially for female frontline workers.

It was also mentioned that in emergency cases when two frontline workers were needed to travel together, the only way they could do so was by arranging a car for the visit. This was almost impossible to manage for majority of the organisations. Only 9% of the respondents mentioned that their NGO was able to arrange for a car to visit field areas during emergencies. Also unavailability of public transport has led to complete disconnect with the remotely located field areas. These areas have been inaccessible and the situation on ground is unknown to the frontline workers.

All the frontline workers mentioned that their organization pays them a travel allowance which was sufficient to visit the field areas.

'Agar kuch ho gaya toh' (What if Something Happens?...)

A very important part of our work is with children, men and women who have mental illnesses. They live with their families but are under regular medication. After the lockdown it became very difficult for many of them to go out and get medicines for themselves. So our team had to go to the field to help them with medicines.

We got special permissions from the local administration and got ourselves 'Covid response passes' for community outreach. This helped us to distribute essential food and medicines by conducting door to door visits. We also conducted therapy sessions in some cases which were extremely necessary but we made sure that we followed all protocols of safety and physical distancing.

On field work days, we have to carry food and ample amounts of water because there are no shops from where we can purchase. Before the pandemic, villagers and our beneficiaries used to offer us water or *cha*. However, due to protocols of distancing and also because the villagers are scared of contracting the virus this does not happen anymore. Now we make do with whatever we have.

The travel has also become riskier especially when one has to travel to the field alone. There are neither vehicles on the road nor any shops or people. For e.g. if our motor bike gets punctured, we have to contact the office and wait for someone from office to come and help us. To say the least, if anything happens to us on the road, there is no one to help us.

b. Dealing with Stigma, Islamophobia & Social Distancing

"People who live around me have been suspicious about my health, they taunt me when I go out to the field. Especially since I do hospital visits there is a heightened level of fear in my community that I might be COVID positive."

Many respondents mentioned that they were facing stigma in their own neighborhoods and also in the field areas they visit.

One Muslim respondent specifically mentioned that people were looking at her differently since a communal angle to the outbreak was highlighted and publicized through government press conferences and news media. She reported that a few policemen have stopped her and questioned her on her way to the field areas and that this was particularly because she was identified as a Muslim. She did not have a special pass to travel.

"How do I practice Social Distancing as a Social Worker? I get confused. There is always a fear that I might be infected, the number of people I come in contact with on a daily basis is a big number. But this is my community and I have to work with them."

Conducting sessions in the field areas was hard for many of the respondents. They mentioned that COVID 19 related awareness sessions were being conducted in really small groups while maintaining social distancing measures. The sessions were reported to be extremely time consuming and required a lot of effort from one person to conduct.

"People are not habituated to things such as constantly washing your hands. It took us 8 days and continuous sessions in a village to convince them and help them inculcate the habit of hand washing."

They also mentioned that they wear masks and gloves when they visit any community. However, the community members don't have masks and gloves. This made the respondents feel that they are not on the same page as the communities they work with. Some organizations reported that there were not enough resources to provide masks and gloves for everyone.

c. Inadequate Response to Children in Need of Care and Protection

- *Systemic Response:* Across the three states, the respondents mentioned that the police have not been adequately responding to emergency calls made for cases of children in need of care and protection especially in cases of child marriages. The respondents mentioned that the police have been stating reasons such as lack of staff and vehicles to go out in the field area.

While majority of them mentioned that the Child Welfare Committees were accessible, some of them did say that the responses were slow in emergency matters. In one district, the CWC was completely inaccessible to the respondents.

"Some of the CWC members pass oral orders to conduct the COVID19 test for children before sending them to the child care institution. They ask us to accompany the child to the hospital but there are absolutely no safety measures in place to ensure the child's safety and our safety. They should at least pass an order to ensure that both the social workers and children are safely taken to the hospital and brought back."

They shared that sometimes the CWCs ask case workers to present the child through video calls. This had been a challenge in cases where children were not very comfortable appearing in front of a screen and also when there were connectivity issues.

- *Testing:* Once the respondents had reached out to a child in need of care and protection, they mentioned encountering a host of challenges during the medical examination, particularly related to getting the child tested for COVID 19. They report a hostile ambience rife with stigma and suspicion in the hospital, Children found it difficult to comprehend as to why they were being treated in such a hostile and discriminatory manner.

- *Placement of Children in Need of Care and Protection in Institutions:* Another major challenge the respondents reported was placing children in institutions during the lockdown. Several institutions had locked down and were refusing to take in new children due to the fear of COVID 19.

d. Relentless demand for Ration

"I work with daily wage earners and people have been coming to me with all kinds of problems, I feel incapable of giving them a solution, I have been unable to meet their demands for ration."

Most of the respondents report a relentless demand for ration from the ground. While they visit communities to spread awareness on COVID, general health, hygiene and social distancing, the people gather and start demanding for ration. Managing their expectations and ensuring that no voice is unheard has been the biggest challenge on the ground for many.

"Anywhere we go for relief distribution, the number of people who turn up is huge compared to the actual relief materials we have. Managing the crowds, taking necessary precautions, maintaining physical distance and also being sympathetic to their needs has been the biggest challenge. We are just not in a position to meet this kind of a demand from the ground."

e. Access to internet and Adapting to the new normal

Many respondents mentioned that majority of the communities they work in have limited access to the internet and data. Thus, reaching children through remote means has been a challenge. They also mentioned that teaching children or spreading awareness through online means has been a challenge.

"Parents are uneducated, they don't have unlimited access to the internet. How can we expect them to conduct online sessions with their children? Many parents cannot pay additional tuition fees. And education cannot be dependent on the availability of internet to these parents because they don't have access."

"Adapting to the new normal"

I work as a school in-charge in Tripura which has students from Junior KG to Class 5. After the lockdown, the classrooms have migrated to the virtual platform. When lockdown eventually extended longer than we thought, we struggled to put together a functioning virtual classroom.

We created separate WhatsApp groups for each class and added parents as the students are too young to have their own phones. For younger children, we even made videos of some lessons and forwarded them in the specific groups. For others, we sent PDFs and photographs of lessons and homework. Many parents aren't capable of navigating through a smartphone. Even accessing WhatsApp groups, following up on the conversation and downloading the material is inconvenient for them. We decided to provide our personal phone numbers to the parents so they can reach out and clear any doubts about the homework, lesson plans or even how they can help their children in studying.

I am busier than before the lockdown. People call all the time with their concerns. The other day my daughter said "it is better if the electricity doesn't work for some time so that you cannot charge your phone and then, you will get some free time, at least."

Even after multiple phone calls with the well-intentioned parents, many still struggle with the new medium. Recently as the lockdown got a little lenient I started going to school again- twice a week to collect the fees as we still don't have any virtual payment system in place. My family and friends are completely against this as going out isn't still a viable option as there have been a lot of positive cases in Tripura. Also, the school is far from my house. I have to change three tuk-tuks. As the fare has also increased now, I end up paying about a total of 120 rupees every time I go to the school.

When I meet the parents face-to-face I take the opportunity to explain the functioning of WhatsApp groups to them. For many of us, this might seem simple but trust me, many of them aren't habituated to such things. And most children are very young to even help them. I remember one day, a parent was accusing us of having no activity or engagement with the students and they said that they were receiving no material from the school. I helped him to find the WhatsApp group and open the PDF files that we sent over the last month. All of this is new for us. We are still in the process of learning and adapting to this new normal. If the lockdown doesn't end soon we don't know how to continue with this or even conduct exams.

f. Working with special groups like disabled children and adults

One of the organizations works with disabled children and adults and there is three step therapy process which they regularly administer to the physically disabled. Before the lockdown, the outreach workers would visit their homes to conduct these sessions that are essential for the well-being of their beneficiaries.

During the lockdown, they have had to switch to video calls or phone calls with the relatives of the beneficiaries. They were trying to teach them the basics of how they can conduct the therapy. They initially attempt a video call. If that does not work out, they would try phone calls and explain to the relatives as to how they could administer basic therapy. However, if both options don't work out, they physically visit that home.

The respondents mentioned that explaining the therapy and exercises over the phone has been challenge for them.

g. Working in Quarantine Centers:

'Chua choot ki bimari' (The Disease of Touch)

I work as an outreach worker in Jharkhand. After the lock down, we have been facing a lot of reverse migration. The administration has set up separate quarantine centres for the migrants coming from different zones. My work involves monitoring of quarantine centres where people have been admitted from both red and green zones. In initial phases of the lock down they were being given food and other essentials by the government but as time passed this has stopped. Now their families bring food and drinking water for the migrants.

When we go to the communities we have noticed that everyone is very scared of COVID-19. They think that it spreads with touch- *'sabh isko chua chooth ki bimaari samajte hai.'* So when the family members come to the quarantine centres to give food to the migrants, they just throw polythene bags of food and water at them from a distance and leave. The villagers do not allow us or anyone else touch the hand pump which is used by the migrant workers fearing spread.

Even the government officials who come to visit the quarantine centres do not bother to get down from their cars. Even if we are standing at 6 ft. distance from them they say *'aapko jo bhi bolna hai aap thodi doori se boliye'* (say whatever you have to say from a distance) because I work at the quarantine center.

My husband is no more. I and my son live with my maternal family. After the lock down began I went to meet my family. Before entering my house, I made sure that I washed myself and took a bath properly in the bathroom that is outside the house. My 20 year old son helped me with all this. Then he went to the kitchen to get *chai* for me. My older brother stopped him and said that since you were talking to your mother you are also infected and so you are also not allowed inside the house. My brother did not allow my bag to be brought into the house because he thought that it was infected. No one in my family was ready to even talk to me fearing infection. They said that if I wanted to live in the house I would have to isolate myself from the family members for 14 days and after that never go back to my job. They asked me to choose between my family and the job. I chose my job and came back. Now I live alone in a small apartment near my office.

In some cases, the respondents mentioned that key government officers were missing from the quarantine centers and the officers who were present did not have a complete knowledge of the procedures to be followed.

The respondents also mentioned that people in the quarantine centers were finding it difficult to accept and deal with their situation. They were extremely disturbed and were not sure of what was happening to them at the center. They felt like they were being treated like untouchables and their dignity wasn't even taken into consideration in the quarantine camps. This has had an emotional effect on them and some of them refused to eat the food that was being distributed.

h. Working in Child Care Institutions

Respondents working in child care institutions mentioned extreme burn out as a challenge. They mentioned being short-staffed and an increase in their work load during the lockdown. With limited manpower, maintaining and managing every single child's health and emotional well-being, additionally procuring supplies and all this with all the social distancing measures in place has been a herculean task.

"In our shelter home, some of our existing staff has also been asked to contribute to the relief work because of which we have staff shortage. I am doing all market work, taking care of children and also going for hospital visits in case of health emergencies"

The shelter home staff also mentioned that they were not very well versed with technology. Thus, coordinating with child protection functionaries and resource persons through video conferencing and other modes online was a challenge. They also felt that phone follow ups in existing cases were inadequate to understand the situation on the ground.

Making sure that children under their care don't get anxious or too worried about their future, while balancing their own mental health, emotions and fatigue was reported to be a challenge.

i. Mitigation of Challenges

> I work as a community mobiliser in Jharkhand. Since the beginning of the lockdown I along with my colleagues have been going to the community to distribute dry rations and also for distribution of sanitary napkins to women in the community as there was a serious scarcity in supply. Since there was no public transport available we had to take special passes and travel by our own vehicle. During these visits we made sure that we repeatedly informed them of all the precautionary measures that they can take to be safe from the virus. We mandatorily wore masks and gloves while maintaining the required distancing protocols while speaking to them.
>
> On one such visit, one of the woman beneficiaries with whom I was interacting remarked *'yeh jo jholaran (muslims) log hai wahi phaila rahe hai'* (these Muslims are spreading the virus). I had been going to that community for a long time and never had I felt or been treated differently or been so aware of my religious identity. But this time I was taken aback and I felt really bad. Yeh jo covid-19, *hai yeh bahut hi ganda covid-19 hai, jo humko odd feel karwya.*
>
> I tried to reason with her by giving my own example. I told her that judging the entire community for the faults of some is not right. Media never highlights the good work that Muslims do and only highlights the negatives. She understood and the other people around me also supported me.

It is important to note that majority of respondents gave us a sense that they were still trying to figure out how to overcome many of the challenges mentioned above.

On being specifically asked how they were able to overcome some of the above-mentioned challenges, 20%people said that they have not been able to come up with immediate solutions.

The others mentioned some of the below mentioned strategies they used to mitigate some of the challenges:

- Walking to the field areas when there was no transport
- Making a detailed list with names and contacts of everyone who needs ration and submitting it to the collector's office. They made sure that they communicate the needs from the ground to the district authorities especially to the senior officers. Some of them have also used their personal contacts and raised additional funds to support ration.
- A few mentioned that *Aanganwadi* Workers have been a great ally and support in creating awareness in communities on social distancing measures.
- Working through a support network of ward members, SHG leaders and other NGOs has been a strategy for a few.

G. Motivation and Self Care

Motivation

On being asked what keeps them motivated while working in such tough and unforeseen conditions, 28% of the respondents mentioned that their relationship with their teams and organization helped them keep their spirits high. They mentioned that their fellow team members have been their biggest support system.

16% of the respondents mentioned that the suffering they are currently seeing on ground helps them gain some perspective. They said that when they look around, they see the plight of migrants and children coming back to the villages, they feel compelled to keep their own issues aside and reach out and help others.

14% respondents mentioned that watching motivational videos (motivational speakers such as Jay Shetty, Sandeep Maheshwari) and jokes have been helpful. Being a part of various WhatsApp groups and Facebook Groups has also helped them feel that they are a part of a larger community and has reduced the loneliness that they feel.

Rest of the respondents mentioned pursing hobbies such as reading books, gardening, cooking, meditation etc. has helped them stay motivated. Playing with their children and using some of the techniques on providing Psychological First Aid to themselves has helped them during stressful times.

Self-Care

The follow techniques emerged as the most significant ways of practicing self-care:

- 38% respondents mentioned that following a routine, exercising, following a proper diet, yoga and meditation helped them take care of themselves.
- 19% respondents mentioned watching movies, videos on TikTok, YouTube videos on craft and cooking, watching television as a means of self-care.
- 12% respondents mentioned that praying and being spiritually inclined helped them.
- 12% respondents mentioned that speaking to their loved ones and spending time with their children was their means of self-care.
- Online Ludo seemed to be popular game for passing time and self-care.
- One person mentioned that she cries out loud after she comes back from the field when she gets too overwhelmed.

It is to be noted that, 12% of the respondents mentioned that they have no time to take care of themselves. Work and taking care of their families has been a nonstop routine and they have no time left to care for themselves.

Organizational Support in Self Care

74% mentioned that the organizations have been supportive of the teams and their self-care needs. Accessibility to seniors, autonomy in decision making, seniors calling in to check on them, ensuring there is no work pressure, being considerate on timings etc. were mentioned by the respondents as things which helped them during this period. 26% respondents mentioned that they did not feel supported by the organization.

It was good to note that majority of the respondents (81%) felt supported by their organizations and also mentioned that they had access to seniors in case they needed any advice. However, 19% respondents expressed that their organization did not provide them with any special assistance for the work during this period.

H. Predictions of a Post Covid World from the Frontline

"People are not really scared of getting infected with the virus. The real fear is around the current social and economic crisis in the country. Questions like ...what will happen if the situation continues to be like this?

What if the disease never ends?

Will masks have to be made part of our lives?

What if things never go back to normal?

What if we are never able to travel again for work? ...haunt them."

We asked the respondents on what they feel could be the changes they predict in their field areas. The responses were extremely insightful but also worrying in terms of the scope of the work that needs to be done and how NGOs on ground may have to pivot and re-strategize to ensure that the progress made in crucial areas of child rights and community development does not regress.

a. Hunger and Unemployment

"We are still not thinking about the magnitude of what is about to hit us. Odisha could see more than 5 lakhs of migrant labourers returning to the State. These migrants will be unemployed, one doesn't know how long they will get free ration, there will be hunger and so far, the Government has been unable to handle the situation well."

Kickstarting financial activities and making sure that the migrants have employment will emerge as a huge challenge. The financial distress will put tremendous pressure on families and children will have to also bear the brunt of it. In some areas, the respondents fear that there is a chance of increase in communal violence since some people might get jobs and others might not and inequality will increase. The respondents predict a social, economic and emotional crisis once the lockdown is lifted and feel that this will affect almost all the target groups that they work with.

b. Out of School Children and Increased cases of Child Labour

Majority of the respondents predicted that the number of out of school children will see an exponential increase post the lockdown. The parents and guardians might pull their children out of school for various reasons – the fear of the spread of the virus and inability to pay school fees could be some reasons to do so.

"If children are hungry, how will they study? We have to ensure that children don't go hungry and if children come to schools only for food and not for education there have to be alternative models to ensure we focus on their learning. Tuitions should be given and there shouldn't be a dearth of teachers."

The respondents fear that many children and families will simply have no means to sustain themselves once the lockdown is lifted. They predict that education will not be a priority for them. They also mentioned that online education seems a far-fetched reality for many parents in the areas they work in.

The lockdown and unemployment might lead to an increase in the cases of child labour. Few of the respondents mentioned that since parents won't have jobs, they would find odd jobs and also might make their children work to earn extra and sustain the family. There could also be migration of children from the districts to the cities where they could be employed as child laborers.

c. Possible Increase in Crime Rates, Thefts and Cases of Violence Against Children

Many respondents felt that unemployment and hunger might contribute to increase in crime rates across the States. There is a high possibility of children and young adolescents being involved in petty crimes and theft so as to be able to sustain themselves and their families. Many of the respondents' fear that in the light of starvation and poverty with little or no support from external sources the number of cases of theft might see an exponential rise post the lockdown.

Many of them predict that the cases of violence against children might see an increase post the lockdown. The child rights crisis might worsen. There is a high possibility of increase in child marriages since parents would want to get rid of their girl children. There is also a possibility of increase in cases of sexual abuse of children.

Considering that many children who have access to technology have been spending a lot of time on the internet there could be an increase in online abuse of children and addiction is bound to increase. There is a chance that children might find it difficult to maintain social relationships.

Some of the respondents were also worried about the mental health and well-being of children who have experienced domestic violence and financial distress during the lockdown. They wonder what could be the psychological effects on children, and how NGOs need to step up and support them.

d. Social Distancing Might Not Be Feasible for the Poor

"They will have many other things to worry about, social distancing will be the least of their worries."

When basic survival is at stake, social distancing will be impossible for most of the families felt most of the respondents. They also mentioned that it would be impossible for the communities to continue with social distancing and maintain all the hygienic practices that they are expected to follow. There will be a need to constantly educate the communities in this regard and probably support them with hygiene kits on a regular basis.

"The stigma due to COVID 19 could affect some of our beneficiaries throughout their life"

Some respondents feel that the stigma as a result of this pandemic could have damaging effects on the most vulnerable groups in the field areas. There could be increased incidences of discrimination and ostracization of the historically excluded communities. This could lead to further marginalization.
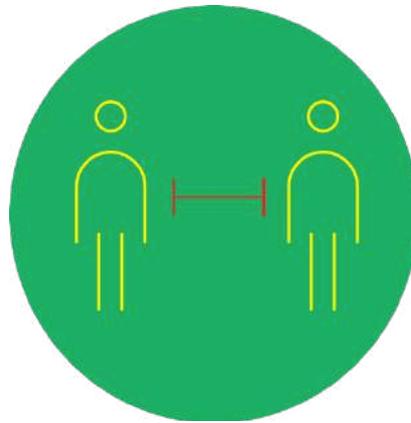
e. Pandemic in Rural Areas and Issues with Access to Healthcare:

With migrants coming back to the villages, the respondents feel that the number of cases could see an exponential rise in some areas once the lockdown is lifted.

The respondents also mentioned that people might continue to be scared to access health services due to the fear being of isolated and quarantined. There could be instances where people might not go to the government hospitals out of fear and try to hide their illness due to the fear of social isolation. They might also resort to alternate methods of healthcare which could be detrimental to their general health and well-being.

f. Increased Pressure on Local NGOs to Provide Support and Rethink their Strategies

"In case we stop supporting them with ration, there is a possibility that they might lose faith and trust in us as well".

In the light of no Governmental support and dwindling NGO funds, where will the people find support? How long can NGOs support ration for the communities? - asked a few respondents. There is also a fear among the respondents that the communities might lose faith and hope in the ability of the NGOs to support them on a sustained basis.

Due to social distancing measures, large group meetings and gatherings will be impossible in the near future. This will have a direct impact on all their outreach activities. The respondents feel that they might not get permissions to conduct group activities and also there could be an atmosphere of fear among the communities to attend any large gatherings.

The staff members employed in Child Care Institutions might see a high level of burn out. They have been swamped with several responsibilities during this lockdown and the amount of work could take a toll on many people who have been working and living in these institutions with children during the lockdown period.

g. Increased Workload, No Job Security in NGOs and Fear of getting infected

"There is an increased pressure with regards to my job security. How will I work without pay is my biggest fear? If the number of cases increase and there is a need to respond to the situation, how can I do that without proper pay?"

Majority of the respondents seemed worried about losing their jobs post the lockdown. Their worries range from being infected, losing their jobs, government projects shutting down to their NGOs running out of funding. They mentioned that they feel immense pressure when they think of their future and worry as to how will they be able to provide financial security and stability to their own families. Respondents who had children were extremely worried about the education of their own children. Some of the female respondents fear that they might be pressurized to get married once the lockdown is lifted and they might have to lose their job.

The inability to enter crowded places, mobilize communities and the fear of spread of the disease also seemed to worry many of those who conduct outreach activities. They seemed concerned about the mortality rates in the communities if COVID 19 spreads. Majority of them were worried for vulnerable groups of children, missing children and children whose families were tested positive for COVID 19.

I. Way Forward

It is clear that the frontline workers are prone to putting their bodies at risk. The work that they are doing is the one that is making a critical difference on ground. The framework of relief is too narrow to capture the work they have achieved. During the pandemic and the lockdown, the institutions of justice such as the police & the courts, that are supposed to safeguard the vulnerable not only failed to uphold their rights but were found to be actively hostile towards them. In such times the work of the frontline workers take on a significance beyond just "providing relief". It has to be viewed as broader acts of humanity and justice. Their work is quite literally immeasurable.

If the reported on ground scenarios are anything to go by, there will be a massive need for field interventions with the opening of the lockdown and once we begin reckoning with its aftermath. It is more essential than ever that top-level management of organizations and funders further center & strengthen the needs & requirements of front line workers.

- **Healthcare, Insurance, Pensions**
  As workers who are exposed to the on-ground risks of the issues that they work on, there needs to be robust investments in healthcare, insurance and pensions that stand to benefit and support frontline workers and make them feel secure.

- **More Paid Medical Leaves for Frontline Workers**
  Considering the risks, they have to face, frontline workers must be allotted a greater proportion of paid medical leaves.

- **Salaries and Job Security**
  Payments of pending salaries for all the frontline workers must be done on priority basis. Salary scales may be relooked at in terms of the value of labour they put in. Immediately or abrupt layoffs must be avoided. Pay cuts must be applicable last to those who are at the first-levels.

- **Additional Financial Support**
  Interest free small loans should be made available to staff members to ensure they can see through phases of uncertainty

- **Giving Voice to the Frontline Workers**
  Creating a structure within organizations where the frontline workers can voice their concerns would be of importance so there is a platform where they can put forth their grievances for discussion and redressal. Creation of a larger sectoral platform must also be considered.

- **Planning for the Future**
  NGOs need to ensure that the anxieties & predictions of frontline workers that emerging from their on-ground experience especially around challenges in outreach and implementation must be heard and addressed strategically. The strategy devised must be communicated to everyone involved.

- **Adapting to Changing Nature of Work**
  If their nature of work undergoes a change, frontline workers have to be given adequate time and training to adapt.

- **Ensure no burn out and Prioritize Self Care**
  The onus of self-care must not be passed on to the frontline worker. Instead, the organizations must make active efforts to engage workers in self-care. Allowances for self-care in terms of money, resources and time, shift systems for field work can be some of the methods can be introduced. Regular staff training programs that focus on self-care should be included in the training calendars.

- **Investing in training, capacity building and team building**
  Organizations must invest in team building activities to ensure the frontline workers feel supported. There has to be a continuous education program instituted within organizations to ensure skill building of the frontline workers. Organizations must also consider assistance for workers who wish to pursue higher education

- **Helping Frontline Workers maintain Healthy Work-Life Balance**
  The organizations have to actively help the frontline worker manage a healthy work life balance. Once again, this is not the onus of the worker but rather the organization. Systems for Childcare support and flexi-timings can be put in place.

ANNEXURE

- About The Aarambh India Regional Alliance (TARA)
  In 2017, the Aarambh India Initiative attempted a scale up of the work on protection of children from sexual offences through a partnership and network building model with NGOs across different states of India. The idea was to partner with civil society organizations and existing networks that work in states and regions which are under-resourced on issues related to child protection. The intervention aimed at building capacities of existing of civil society organisations in the States through structured engagement that supplemented local knowledge, skill and resource capital with national and international best practices on child protection. The Aarambh India Regional Alliance (TARA) was commenced in the three states of Tripura, Odisha and Telangana. In 2018, we extended our intervention to the state of Jharkhand.
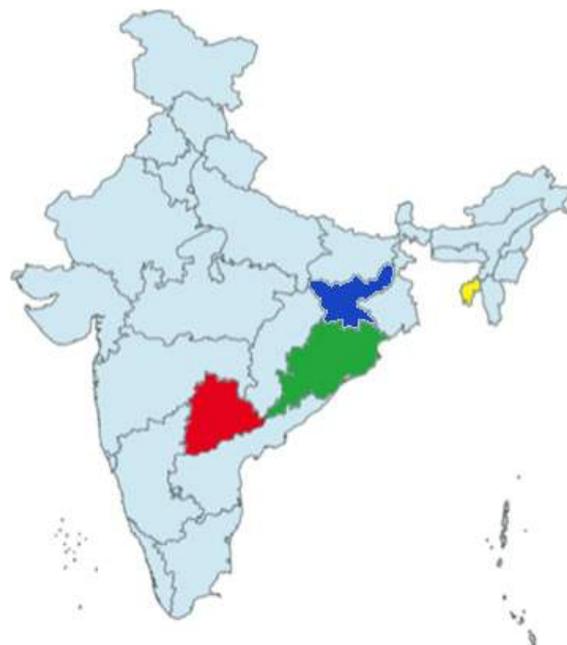
Since inception more than 79 Civil Society Organizations spread across 67 districts in the country have been active members in the TARA network. 201 representatives from the partner organizations have been trained on various modules wherein, components of capacity building range from creation of local master trainers, to train on prevention of sexual abuse, to strengthening capabilities of social workers, to handle cases of sexual offences against children, to implementation of case management protocols, to spreading of awareness within communities, to advocacy towards strengthening of local child protection systems.

Post the training in each state participants were encouraged to come up with simple, doable action plans that included conducting awareness sessions with key functionaries, advocating with the local child protection systems for sensitive handling of cases and working with actual cases of sexual violence against children.

By the beginning of 2019, collectively the partners had reached out to more than 18000 stakeholders across these districts. In November 2019, the initiative organised a first national level meet of the respondents to ensure continued skill building and capacity development in different areas of child protection and community development