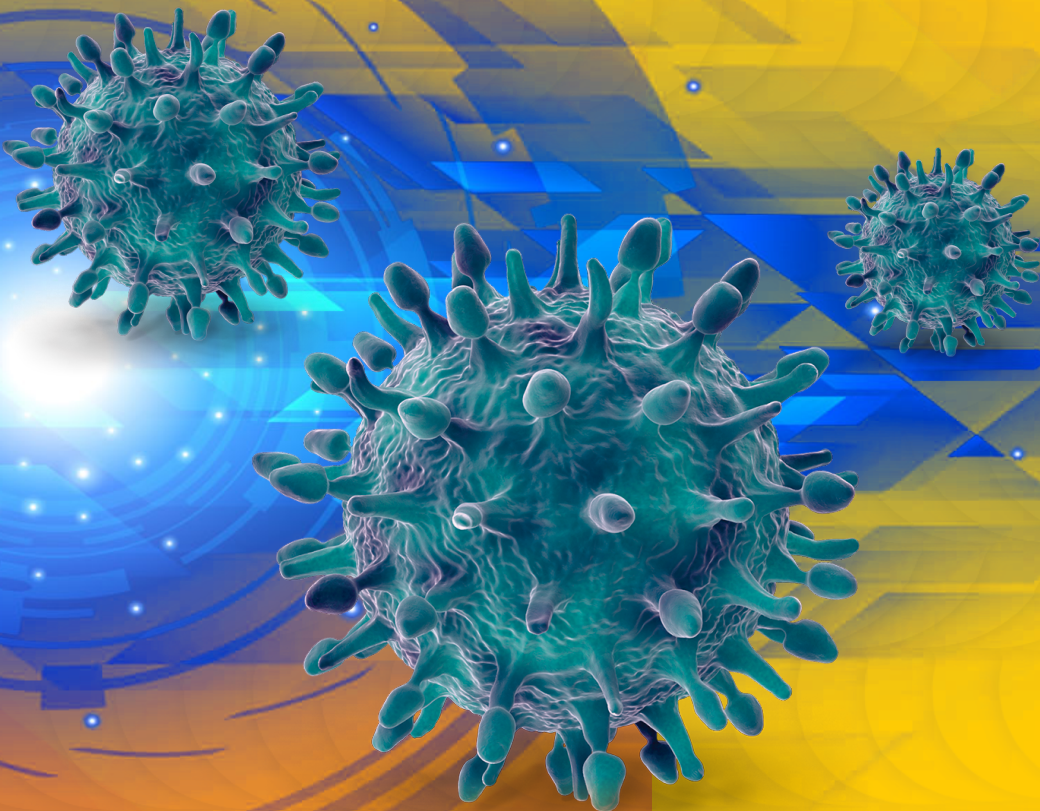


Professional Social Work Response to COVID-19 Affected Families In India

Facilitating Services and
Building Awareness during
the Second Wave



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**FACILITATING SERVICES AND BUILDING
AWARENESS DURING THE SECOND WAVE**

*B Devi Prasad
Ankit Kumar Keshri
Shivangi Deshwal*



**National Association of
Professional Social
Workers in India (NAPSWI)**

AlterNotes Press 

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*We dedicate this Study Report
to the memory of*

*Late **Prof Vimla Nadkarni,**
a pioneer in social work education in India*

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Foreword

COVID-19 pandemic has transformed the health crisis into a socio-economic disaster of unprecedented scale. It has paralysed many social institutions across the globe and a large number of countries were devastated by its impact. As the spread of the pandemic is so widespread that its consequences touched every one of us with varying degrees of harm. However, in response, institutions, communities, and people from the different walks of life came forward to deal with the aftermaths created by the pandemic. In this historic fight against the deadly coronavirus, thousands of people from different professions and occupations joined hands and relentlessly worked as Corona Warriors. The community of professional social workers is no exception.

During the nationwide advocacy campaign for the establishment of National Council for Social Work Education, the social work community have organised a number of awareness and advocacy webinars through virtual platform. In one of the webinars, the need to document the professional social work response to COVID-19 was felt. It was thought that as a professional community we need to document the interventions taken up by us not only for our own understanding but also to inform other stakeholders about our methods of working with people during disaster situations such as this. Subsequently, the proposal to study the professional social work response to the COVID-19 pandemic, especially during its second wave in India, received support from different quarters.

Since the study of this nature was a gigantic task, National Association of Professional Social Workers in India (NAPSWI) was asked to support this exercise. Prof R P Dwivedi, President NAPSWI has been kind enough to agree to the proposal. I am thankful to him

Prof Ankur Saxena, Secretary & entire Executive Committee deserve all appreciation for their support.

Prof B Devi Prasad, a senior social work educator and researcher has volunteered to take up the study. He and his team completed this study within six months. The study is first of its own kind in capturing the social work response to COVID-19. Its key findings throw light on the competencies of social work community to work with peoples and systems in emergent pandemic situations and their ability to effectively channel community resources to help the distressed families. I congratulate Prof Devi Prasad and his team – Ankit Kumar Keshri and Shivangi Deshwal, for their systematic and commendable effort in bringing out this study on time. I appreciate NAPSWI for supporting this study.

I am confident that the study will be useful in highlighting the support and contribution of the professional social work community both as an academic discipline and a practicing profession in responding to the needs of affected families and communities during pandemic situations.

Sanjai Bhatt

Professor of Social Work, University of Delhi
Immediate Past President, NAPSWI
National Convenor, National Campaign Committee,
National Council for Social Work Education

31st December 2021

Acknowledgements

THIS NATIONWIDE on-line survey to capture the professional social work's response to the COVID-19 pandemic received participation from all states and UTs and has revealed important insights into the wide spread role played by social work organisations and individuals during the second wave in India.

Support and cooperation from several people made this survey possible. Important among them are Prof Armaity Desai, and the Advisory committee members for this study – Late Prof Vimla Nadkarni, Prof Ghandi Doss and Prof Sanjai Bhatt. They have extended their support in many ways. Our sincere thanks to all of them. In the untimely demise of Prof Vimla, I (first author) lost a good friend. She encouraged the idea of studying social work's response and has been keenly following the updates about the study's progress. We miss her and her mature presence. Prof Sanjai Bhatt and Prof Ghandi Doss went a step further in writing and encouraging the social work community to participate in the survey. The team is thankful to them. In addition, we extend our sincere gratitude to all the zonal convenors and co-convenors who have taken the trouble of not only compiling the lists of the participants comprising of social work faculty, practitioners, students and scholars, but also followed up with them about the completion of the survey.

Senior social work educators, namely, late Vimla Nadkarni, Ghandi Doss, Sanjai Bhatt, R.P. Dwivedi, Ipe Varughese and Archana Dassi have reviewed the online google survey forms of the three categories of respondents and offered their remarks on the ethical and content validity aspects. We greatly appreciate their support. We are grateful to Dr. Rekha Mammen, Assistant Professor, School of

Social Work, Tata Institute of Social Sciences, Mumbai for her valuable feedback on the report. Dr. A. Eswara Rao assisted us in preparing tables, charts and other data displays. We are very much thankful to him for his assistance.

We are grateful to all the respondents who have enthusiastically participated in this survey.

Finally, our sincere thanks are due to the NAPSWI and its office bearers for agreeing to publish this report.

B Devi Prasad
Ankit Kumar Keshri
Shivangi Deshwal
Visakhapatnam

December 2021

EXECUTIVE SUMMARY

COVID-19 second wave played unprecedented havoc in our lives. Most of the nations were surprised and unprepared for the pandemic's devastating hit in 2021. India faced the worst second wave of the Delta virus resulting in high infection rates and immense loss of human life. According to UNICEF India COVID-19 Pandemic Situation Report (May 2021), the month of May in 2021 saw more than 3 cases per second and nearly 3 deaths per minute at the height of the surge of the virus. In response to the pandemic, the civil society sector and professional social work have provided critical support and relief to families and communities affected by the pandemic, particularly during the months between March and May 2021, when it reached its peak. Professional social workers, not only in India but also worldwide as heads of organisations and in their individual capacity extended their services alongside the doctors, the health staff, the police and other frontline workers. While globally professional social work's response to the COVID-19 pandemic has been adequately documented, little information is available about the interventions, resources mobilised, challenges faced, and the overall impact created by professional social workers in Indian context.

The present nation-wide online survey fills this gap by capturing the interventions of professional social workers in India during the second wave of the pandemic, more specifically during the months of March-June 2021.

The final study sample came to 340 respondents comprising of three categories of respondents i.e., Depts./schools of social work= 68; CSOs and others = 130, and individual social workers = 142. Two

sources have been used to generate the purposive sample – i) lists of social work educators and practitioners who participated in the webinars organised country-wide by the six zonal coordinators of the National Campaign Committee (a voluntary working group of senior social work educators formed in July 2020 to mobilise social work community for the establishment of the National Council for Social Work Education (NCSWE) in India), and ii) lists of educational institutions and CSOs headed by professional social workers available with senior social work educators and professional bodies such as INPSWA, KAPS, and NAPSWI. The data collection took place between 12 July 2021 and 24 September 2021.

The Departments of social work, and the CSOs/Units headed by professional social workers are represented from all over the country. A majority of the organisations are 10 years and older. Under the category of professional social workers who rendered notable service during the pandemic on their own, a majority are affiliated to some organisation in such capacities such as government officials, academicians, research scholars and some current and past students of social work. Most of these social workers rendered relief activities in collaboration with either volunteers or their colleagues. More than two thirds of the CSOs/units and about one third of the sample departments/schools reported full participation in the relief activities.

The nature of social work response to the pandemic second wave can be grouped under 10 interventions namely i) Building awareness about COVID-19 appropriate behaviour, ii) Providing personal hygiene material, food, and other relief materials to the affected families, iii) Extending psychosocial counselling support, iv) Providing key information about COVID-19 tests, vaccines, helpdesks, quarantine centres, oxygen supplies, and entitlement documents, v) Managing help desks/sahayata kendras, quarantines centres, and assisting in contact tracing, organising COVID-19 test camps, etc., vi) Networking and collaborating with governmental and non-governmental agencies, CSR programmes, and with individual initiatives at local level, vii) Channeling local philanthropy, and own resources to help meet the needs of distressed families, viii) Reaching out for the invisible and difficult to reach populations, ix) Recruiting, training and supplying volunteers and social workers to COVID-19

war rooms in the fight against the pandemic, and x) starting new initiatives and assisting government, and other implementing bodies in systematically responding to the relief activities.

In the process of rendering these services, professional social workers faced a number of challenges such as restrictions on the mobility due to lockdowns and curfews, lack of financial support and information, and non-availability of relief materials in the market. Around 20 per cent of the sample respondents of the three categories reported death of a family member or relative or colleague in their circle because of the corona virus infection. This is considered a high incidence. In conclusion, the pandemic has touched all our lives in different ways. Social work educators, students and practitioners not only responded appropriately to this historical moment but were also keen to learn important lessons from the experiences. Therefore, it is important on the part of the government and other important stakeholders to see and not to mix up with other responses, the immediate and direct relief activities and interventions provided by social work profession in a systematic manner during the pandemic.

KEY FINDINGS AT A GLANCE

	Depts. / Schools	CSOs / Units	Individual social workers
Supports activities	Personal hygiene materials (42%)	Personal hygiene materials (85%)	Psycho-social counselling (66%)
Information about the pandemic and connected services	COVID-19 appropriate behaviour (66%)	COVID-19 appropriate behaviour (94%)	COVID-19 appropriate behaviour (83%)
Methods adopted to provide information	Telephone calls (82%)	Social media, Telephone calls (70%)	Telephone calls (82%)
Partnership with other stakeholders	Alumni associations (45%)	Established networks of organisations (60%)	Volunteers (69%)
Internal Challenges faced	Lack of financial resources (80%)	Restricted mobility of staff (70%)	Fear of infection (9%)
External Challenges faced	Lack of appropriate information (41%)	Lack of donor support/ flexibility (61%)	Lack of funding and Government support (51%)

SECTION – I

BACKGROUND OF THE STUDY

THE COVID-19 second wave played unprecedented havoc in our lives. Most of the nations were surprised and unprepared for the pandemic's devastating hit in 2021. India faced the worst second wave of the Delta virus resulting high infection rates and in immense loss of human life. According to the *UNICEF India COVID-19 Pandemic Situation Report* (May 2021), the month of May in 2021 saw more than 3 cases per second and nearly 3 deaths per minute at the height of the surge of the virus. In response to the pandemic, several voluntary initiatives emerged to provide critical support and relief to families and communities affected by the pandemic, particularly during the months between March and May 2021 when it reached its peak. It was also a period during which social gatherings, travel, people's mobility, and all non-essential activities were restricted to prevent the spread of the infection.

Despite these restrictions on mobility, many civil society organisations, grassroots community groups, and even thousands of individual householders came forward to render different kinds of support and relief activities not only to the marginalised, but also to the frontline workers fighting the pandemic. Many of these efforts were captured widely in the print and electronic media. During these difficult times, professional social workers worldwide as heads of organisations and in their individual capacity have provided their

services alongside the doctors, the health staff, the police and other frontline workers, in assisting the disadvantaged. In India too, we witnessed a similar response from social workers.

Social work is a unique humanitarian profession with a focus on helping individuals, groups, and communities to enhance or restore their capacity for social functioning and thereby creating favourable social conditions to achieve common social good. Its fundamental mission is to directly serve people, and at the same time, making social institutions responsive to people. Its values are rooted in the core principles of service, social justice, community embeddedness, integrity, and the dignity and worth of an individual. Social work is known to respond in the past to large scale crises such as tsunami and other disasters by helping families and communities in a planned manner.

Globally professional social work's response to the COVID-19 pandemic has been documented in various reports. The report of the *Global Social Service Workforce Alliance*, for example, outlined the essential roles played by social

work in response to the pandemic, under three functions. They are summarised hereunder.

It is in this scenario, that the following question prompted the research team to take up the study:

What is the response of professional social work in India during the COVID-19 pandemic, especially during its second wave ?

In India, a series of lockdowns were imposed since 24 March 2020 in both first and second waves to break the spread of the virus. More specifically, with the emergence of second wave in February 2021, there was a rapid surge in infected cases and deaths reaching the peak in May 2021¹. According to the statistics of Corona Virus Resource Centre of Johns Hopkins University, the record high of the 7-day average of new cases in the month of May was 27.4 lakhs whereas the same statistic for deaths was 29.3 thousand. The first wave was characterised by high levels of stigma towards COVID-19 positive individuals and frontline workers such as doctors, extremely high hospital expenses, and more importantly the massive exodus of informal workers to their native places. The second wave was

¹ <https://coronavirus.jhu.edu/region/india>

Promotive	Preventive	Responsive
Built awareness about COVID-19 protocols to keep families and communities safe.	Identified vulnerable individuals affected by COVID-19 including those at higher risk such as the elderly, children, PWDs, transgressors etc.	Provided protection and support to vulnerable members affected by COVID-19.
Coordinated with partners and networks, and managed services aimed at pandemic affected families.	Worked with community leaders in the fight against the pandemic.	Provided material support, food, medicines and other needed service to the affected families.
Trained social work, civil society functionaries and volunteers to work as frontline workers during the pandemic.	Undertook contact tracing.	Carried out research, planning, and delivery of the services; Provided psycho-social support.
<p>Source: Global Social Service Workforce Alliance (2021), <i>The State of the Social Service Workforce 2020: Responding, adapting and innovating during COVID-19, and beyond.</i></p>		

marked by a high level of infection and death toll associated with scarcity of oxygen supply, hospital beds and the huge medical expenses.

Especially during the second wave, as a result of a high level of surge in infections all over the country in both rural and urban areas, several states and UTs imposed a series of lockdowns. People were ordered to stay at home. Major restrictions were imposed on travel, food supply chains, educational institutions and other services. As a result, schools, colleges, religious institutions, offices, public transportations remained closed. The gross domestic product of the country plummeted, associated with huge losses of jobs and livelihoods affecting the poor and marginalised. The Indian government organised relief measures to address food shortages, and job losses. Arrangements such as quarantine centres, supply of oxygen cylinders, materials such as masks, medicines and other commodities assumed great importance due to their short supply in the market. The police, doctors, and health care workers worked tirelessly during this period. The public and the government appreciated their efforts.

At the same time, professional social workers have also rendered their services in terms of building awareness among people about COVID-19 protocols, worked with community leaders, provided food, medicines, cash support and other support activities. In the process, they worked with state, district and local level administrations by assisting them with research, planning and management of services during the second wave. They did it as social work departments along with their fleet of students based in a university, as representatives of CSOs and other organisations, and also in their individual capacity. They worked tirelessly in the field and sometimes virtually. They reached out to the unreachable and invisible population groups such as children, PWDs, the elderly, and even tribals in remote areas and islands. However, little information is available about social workers' interventions with pandemic affected communities, challenges faced, and the overall impact created by professional social workers in the Indian context.

In May 2021, as part of a quick online pilot survey to get a preliminary idea of the picture on the ground, the first author requested social work colleagues

(n=31) across the country to indicate the role played by professional social work during the pandemic in India. The pilot survey yielded interesting information. The predominant feedback was that – as there was no data on what professional social workers were doing on the ground, their work remained invisible. The next highlight was the role of social work students in assisting with counselling, admission into quarantine centres, and mobilisation of financial resources. During the period of online instruction, the social work students of most of the schools of social work reported doing their fieldwork with the pandemic affected families and communities in their native places.

Need to capture social work profession's response to the pandemic

Organisations such as VANI, PRIA, and NITI Aayog have been making efforts since the first wave to gather information on the activities taken up by the civil society groups in the country during the pandemic. At the height of the second wave of coronavirus

infections in India, Prime Minister Modi asked his officials about “how volunteers from civil society can be utilised to lessen the pressures on the healthcare sector”, during a review meeting held on April 30, 2021. He further suggested that CSOs can help communicate with affected patients and their families during this crisis. As there was no specific record of the role played by professional social workers during the pandemic, there is an urgent need to document their interventions for posterity.

Keeping this in view, we wanted to map the services rendered by the professional social workers to the COVID-19 affected families and communities in the country particularly during the months of March-June 2021. Thus, a short and rapid online survey was undertaken to gather information from schools of social work, CSOs/units of organisations headed by professional social workers, and individual social workers about the support and intervention activities that they have organised during the above period.

SECTION – II

METHODOLOGY

THE PRESENT nation-wide online study was taken up to map the nature of the response of professional social work to the pandemic second wave in India. More specifically, the objective of the survey was to map the interventions/support activities taken up by i) the departments/schools of social work, ii) CSOs/units of organisations headed by professional social workers, and iii) professional social workers who supported in their individual capacity during the COVID-19 second wave in the country. It was decided to triangulate the data collected from the three categories of respondents to obtain a comprehensive picture of the interventions taken up, and the impact created by social work profession.

An advisory committee was formed with Prof Vimla Nadkarni (now deceased), Prof Ghandi Doss

and Prof Sanjai Bhatt. The survey team comprised of Prof B. Devi Prasad, principal investigator, and research associates namely, i) Mr. Ankit Kumar Keshri, Senior Research Fellow and PhD Scholar, School of Social Work, Tata Institute of Social Sciences, Mumbai, and ii) Ms. Shivangi Deshwal, PhD student/Graduate Research Assistant, University of Maryland School of Social Work, University of Maryland, Baltimore. A separate Gmail ID was created for the study and its access was limited to the survey team only.

Operationalisation of Categories of Support Services Used in the Study

For this purpose, we used the categories of services evolved in our preliminary survey and more or less similar categories of services and challenges used in the previous studies covering civil society sector.

The Survey Forms

Google (online) survey forms for the three categories of respondents were prepared. Six senior social work educators were consulted for their remarks on the ethical and content validity aspects. Similarly, a pilot test was carried out in the first week of July 2021 on a sample of 20 respondents drawn from the three categories. Feedback received from both sources was incorporated. The final forms are titled as:

- i. Support Provided by Departments/Schools of Social Work to COVID-19 affected families and communities during the second wave.
- ii. Support Provided by CSOs/units headed by Professional Social Workers to COVID-19 affected families and communities during the second wave.
- iii. Support Provided by Professional Social Worker in his/her individual capacity to COVID-19 affected Families and Communities during the Second Wave.

The data collection commenced by sending a letter with

embedded google links of the three forms to the sample respondents. In all the schedules, it was clearly stated that the data would be kept confidential and that the participation in the survey was voluntary. The survey took about 20-30 minutes to complete. Shorter versions of the three survey forms are attached as Appendix-1. Abbreviations used in the report are also placed under Appendix-2.

Sample for the Study

The study sample is purposive and covers respondents from the three categories from across the country. Two sources have been used to identify the sample for the study. i) lists of social work education programmes and practitioners participated in the webinars organised country-wide by the six zonal coordinators of the National Campaign Committee ², and ii) lists of educational institutions and CSOs headed by professional social workers available with senior social work educators and professional bodies such as KAPS, OPSWA and NAPSWI. Besides, respondents were also requested to refer the

² The NCC is a voluntary working group of senior social work educators formed in July 2020 to mobilise social work community for the establishment of the National Council for Social Work Education (NCSWE) in India. As a part of this effort, six zones led by zonal coordinators were constituted.

survey to social work professionals they know have done notable work during the pandemic.

The data collection took place between 12 July 2021 and 24 September 2021. As a follow-up, they were sent two reminders. In total, 389 respondents from across the country completed the form (Depts/schools of social work=107; CSOs and others = 138, and individual social workers = 144).

The final study sample came to 340 respondents (Depts/schools of social work = 68; CSOs and others=130 and individual social workers = 142) after removing incomplete questionnaires. The information collected was cleaned, and data displays were prepared mostly in the form of charts and frequency tables. The main idea behind the preparation of the report was to make it short and reader friendly.

There has also been considerably high incidence of reporting about sickness and death due to COVID-19 by the sample respondents of the study. In view of this, we wish to say that all the authors of the investigation except one, were also tested positive for COVID-19 either in the first or in the second wave. Further, all authors have experienced the loss of close relatives, friends and professional colleagues.

Limitations of the Study

The study covered all states and UTs in the country. However, in terms of the sample respondents, some states received more participation than others. Similarly, it was possible to reach only 68 depts/schools despite the efforts made by the research team to reach as many numbers of them as possible. This is a low response rate, compared to the estimates of the UGC, New Delhi which place the number of institutions offering social work education programmes in the country as on 2021 at 181. There are even informal estimates which place the number of depts/schools at approximately 500. Likewise, no formal data is available about the other categories of respondents, that is, the CSOs/Units and the professional social workers. Therefore, it is not possible for arriving at the representativeness of these categories in the current sample. In the light of these limitations, no attempt is made to generalize the findings of the study. The results however are useful in capturing the broad and significant trends in the support services rendered by professional social workers in their various capacities, a useful contribution of the study.

SECTION – III

PROFILE OF THE RESEARCH PARTICIPANTS

IN THIS SECTION, we shall present the profile of the respondents of the three categories one by one. Details pertaining to their geographical location, programmes and activities, duration of their existence, nature of participation in the COVID-19 related relief activities, reasons for non-participation and lastly about how they were impacted personally and professionally by the pandemic shall be presented. The relief and support activities taken up by the three categories of respondents will be presented later in the next section.

Departments/Schools of Social Work

Sixty-eight Depts./schools of social work responded to the

survey in which we were able to cover all states in the country.

While most are from southern states such as Karnataka (10), Telangana (10), Kerala (6) and Andhra Pradesh (5), a few depts./schools are from northern India such as for example Uttar Pradesh (7), Delhi (4) and Uttarakhand (3). The rest are from other states represented either by 2 departments (3 per cent) or by a single (1 per cent) department (See Figure 1). A majority (72 per cent) of the social work programmes are more than 10 years old of which 41 per cent are in existence for more than 15 years. Even new programmes which are 5 years or less (12 per cent) responded. The rest (16 per cent) are about a decade old. (See Figure 2).

Figure 1: Distribution of Respondent Departments/Schools of Social Work by State / UT (N = 68)

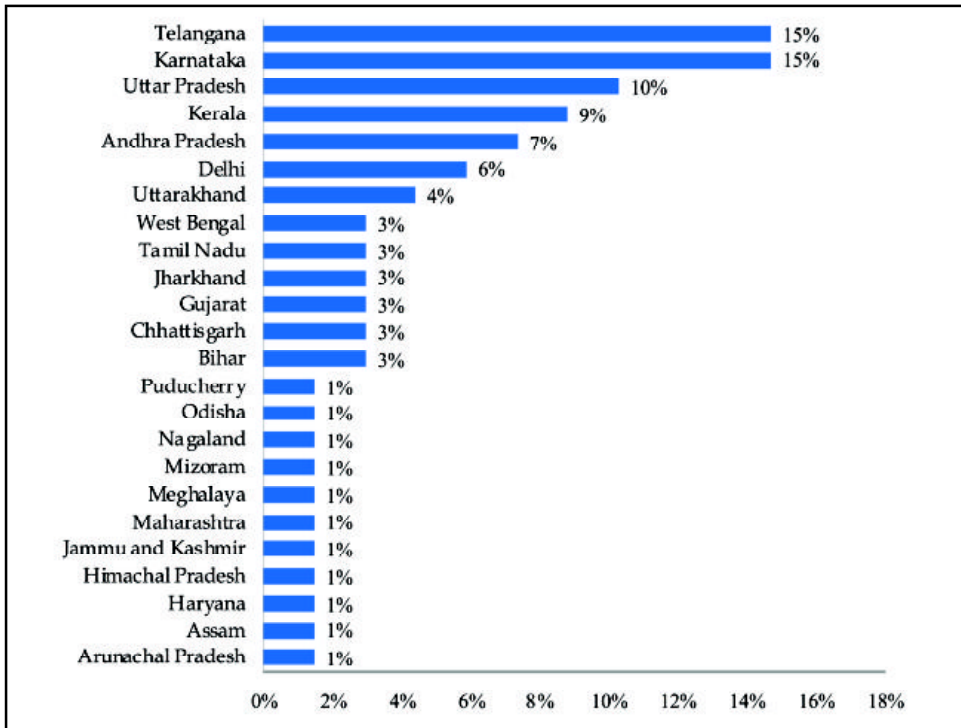
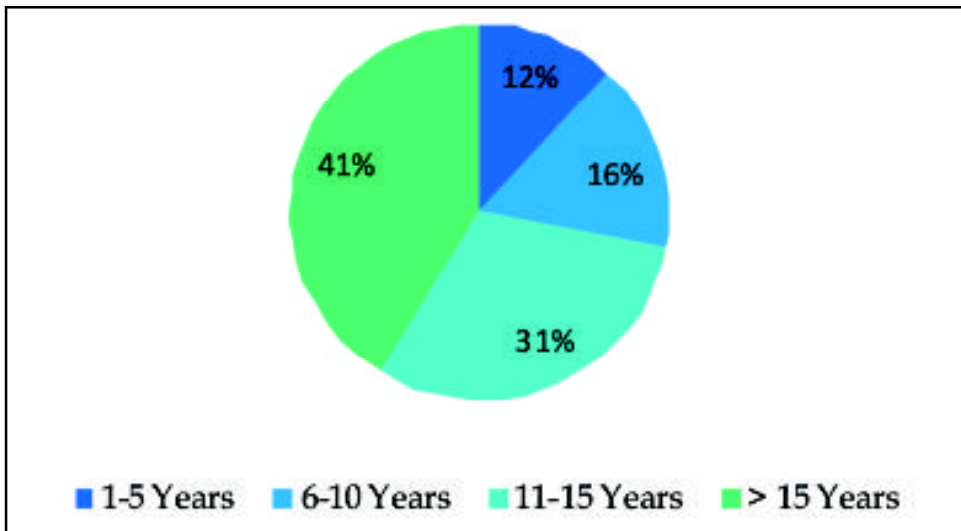


Figure 2: How old is the Dept./ School of Social Work ? (N=68)



Of the total, 99 percent of the depts./Schools offer post graduate (MA/MSW) programmes and 56 per cent PhD programmes. Only a quarter of the sample depts./schools (21 per cent) mentioned that they offer BA/BSW programmes. During the second wave, many colleges and universities remained physically closed while they continued their academic instruction in an online mode. In many instances, social work programmes seemed to have followed suit. However, fieldwork was continued in quite a few depts./schools by permitting the students to work from wherever they are located and support the pandemic affected families and communities. Though new admissions took place during the second wave, the students remained in their native places

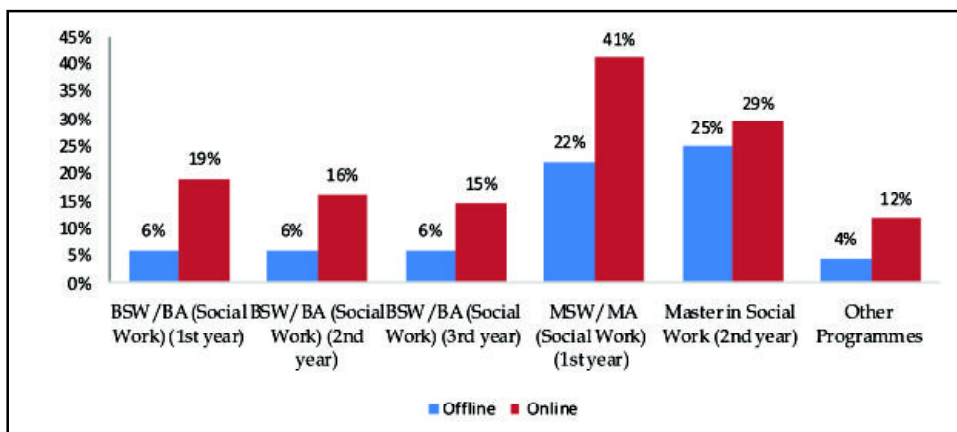
and the academic instruction continued in an online mode. As a result, some departments/schools reworked the fieldwork undertaken by the students under the supervision of the faculty to suit the field realities during the pandemic.

Figure 3 shows the distribution of depts./schools by the mode of instruction adapted by them during the period from March 2021 to June 2021. Most of the field practicums of both 1st year and 2nd year students fell in this duration.

Impact of COVID-19

During the second wave of the pandemic, besides its higher rate of infection and the uncertainty about the treatment procedures, the inadequate health infrastructure resulted in the scarcity

Figure 3: Mode of Fieldwork Opted during the Pandemic by Respondent Depts./Schools (between March and June 2021 (N = 68))



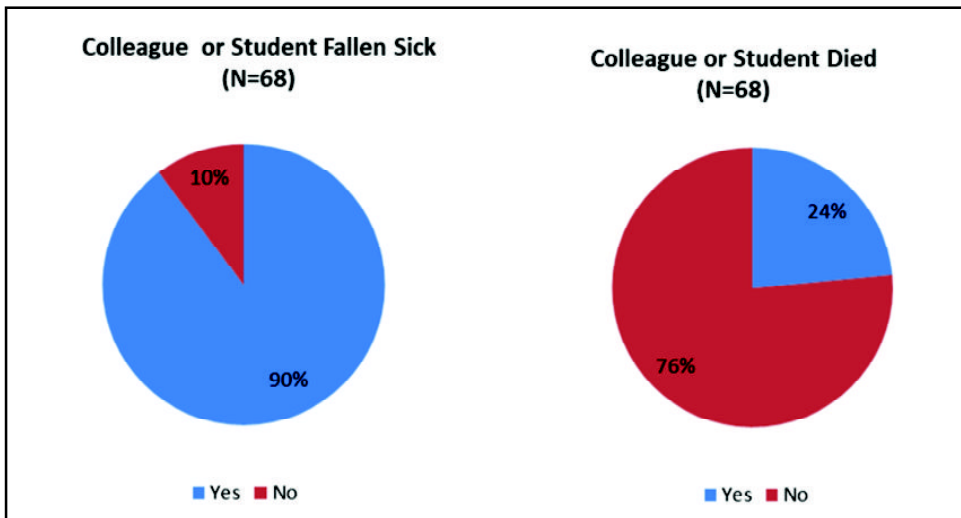
of oxygen, hospital beds and availability of vaccine. It created scare in people’s minds. The fear of infection and death was looming large in the minds of all affecting the wellbeing of many. In this light, the respondents were asked about the possible sickness and death occurred among their close circles during the second wave. Of the total sample (N = 68), 90 per cent said that their students or colleagues had fallen sick because of COVID-19 and a quarter of the sample acknowledged death of a colleague or student within their circles (See Figure 4).

Organisations / Units Headed by Professional Social Workers

The next category of respondents

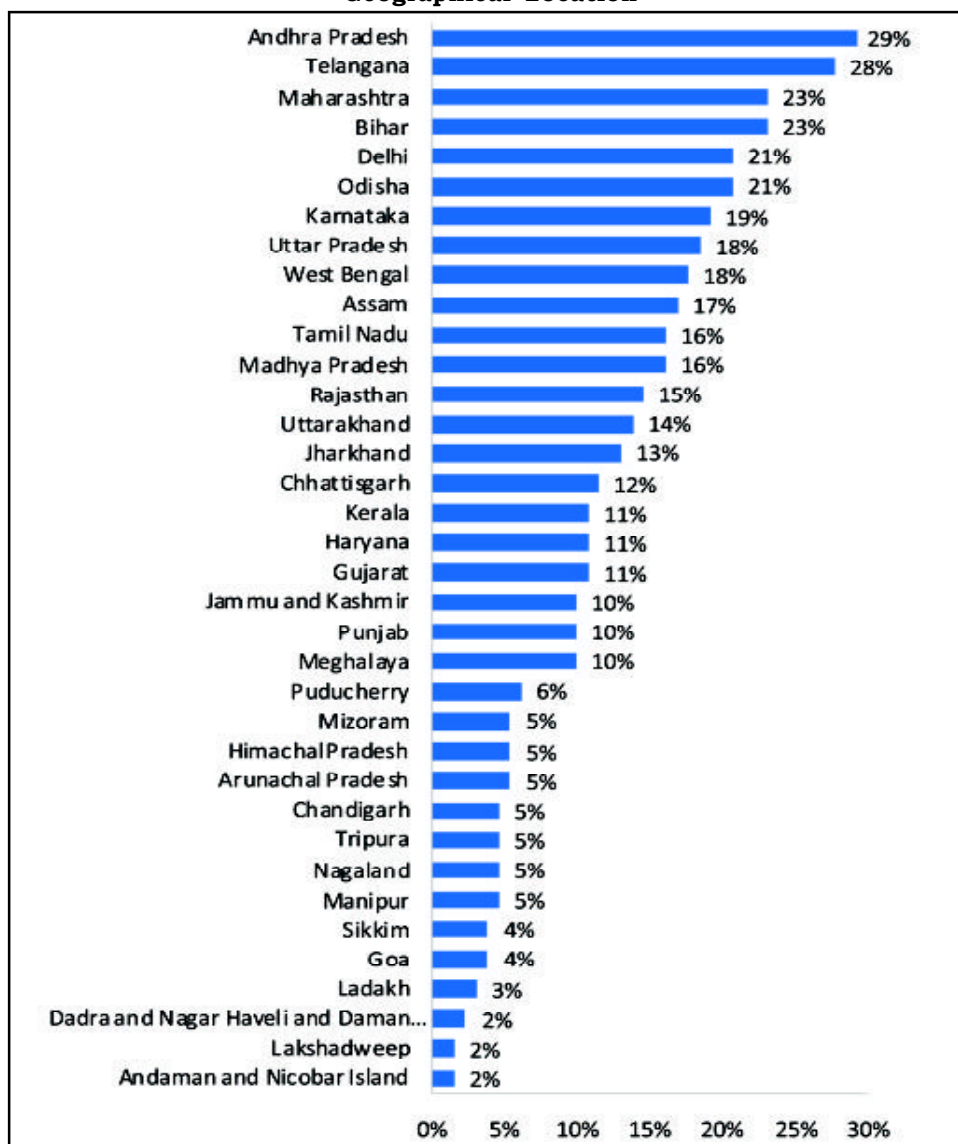
is civil society organisations (CSOs) or units of CSOs/Government or quasi-government organisations headed by professional social workers. Of the 130 organisations/units responded, 42 per cent each mentioned that they are heading the organisations or in charge of the units, respectively. Designation-wise, there are founders, CEOs, Directors, project managers, state advocacy officers, unit heads of government or quasi-government bodies, hospitals, and CSR programmes. Some social work educators who are in charge of programmes such as NSS, Childline, and Counselling Centres have also figured. The rest (16 per cent), did not provide information about their position.

Figure 4 : Impact of COVID-19



In terms of their spread, a as Delhi, Andaman & Nicobar majority are from the states of Nor- Islands, Lakshadweep, Chandi- thern, Central, Western, and North garh, Ladakh, Jammu and Eastern regions. Organisations Kashmir are also represented (See from major union territories such Figure 5). Obviously, it is a wider

Figure 5: Distribution of Respondent CSOs/ Units by Geographical Location



spread compared to that of Depts./ Schools of social work presented in the previous section.

The question of how old is the organisation/unit headed by social workers was answered by 126 respondents of which about 56 per cent were in existence for more than a decade and half. A quarter of the sample organisations (25 per cent) are small and younger, which came up as recently as 5 years and below. The rest of the sample (19 per cent) fell within the duration of 6–10 years (Figure 6).

Impact of COVID-19

Many of the heads of CSOs and social workers in charge of units of governmental and non-governmental organisations participated fully in the fight against COVID-19 pandemic. The reasons being either they faced the incidence of the pandemic in their constituencies or they were directly kept in charge of COVID-19 related relief work. Therefore, it is pertinent to ascertain how they were impacted by the disease. As can be seen from Figure 7, of the 126 who responded to the

Figure 6: How Old is the CSO or Unit ? (n=126)

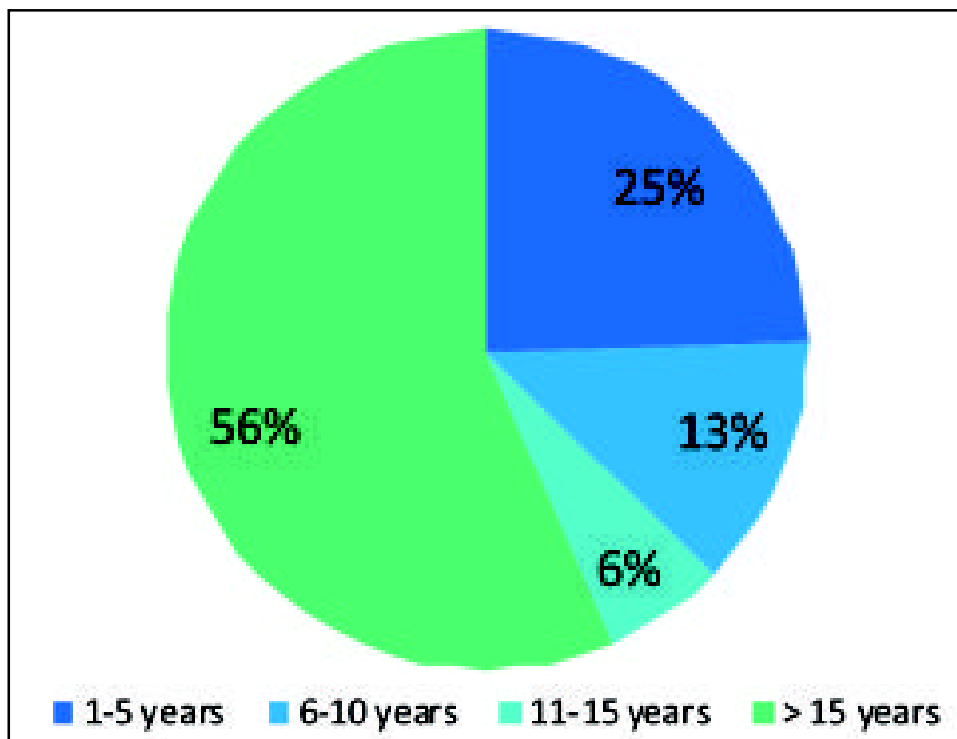
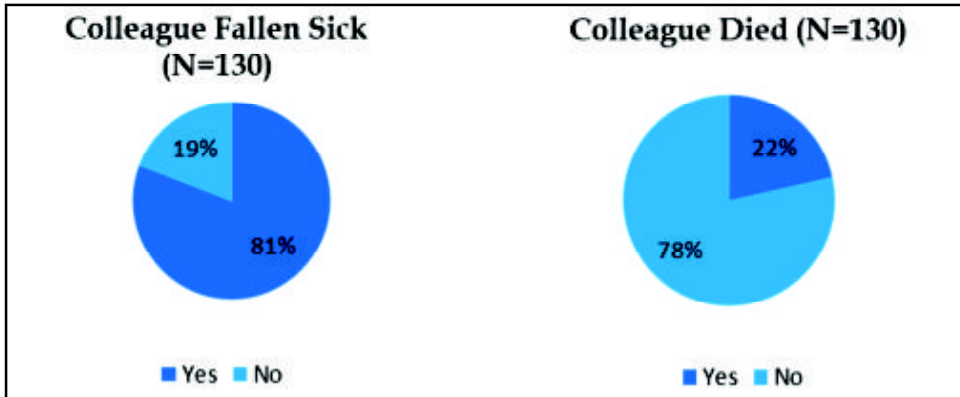


Figure 7: Impact of COVID-19



questions enquiring about the sickness and death in their professional circles, 81 per cent confirmed that one or more of their colleagues have fallen sick. Whereas, 22 per cent confirmed the death of one of their colleagues due to COVID-19.

Individual Professional Social Workers

The last category of respondents consulted are professional social workers who have rendered support to families and communities in distress during the second wave. Of the total 142 social workers who completed the survey, around 55 per cent are men, and 44 per cent are women. One respondent preferred not to answer the question. Around three quarters of them (74 per cent) reported affiliation with some organisation while the rest (26 per cent) did not give any information. Of those (n = 105)

who mentioned about their organisational affiliation, they indicated diverse positions such as teachers of social work (professors, assistant and associate professors, heads of departments and deans), students, and research scholars. There are government officials such as District Development Officer, Rural Development Officer and so on. Some are counselors, project managers of CSOs, and a few positions from CSR were also mentioned. There are also retired social worker educators and practitioners. In terms of educational qualifications, 74 per cent mentioned MA (social work)/MSW, 38 per cent are additionally doctorates and only a few (11 per cent) reported having a degree or diploma equivalent to social work.

Next, they provided the support activities either alone or in collaboration with others.

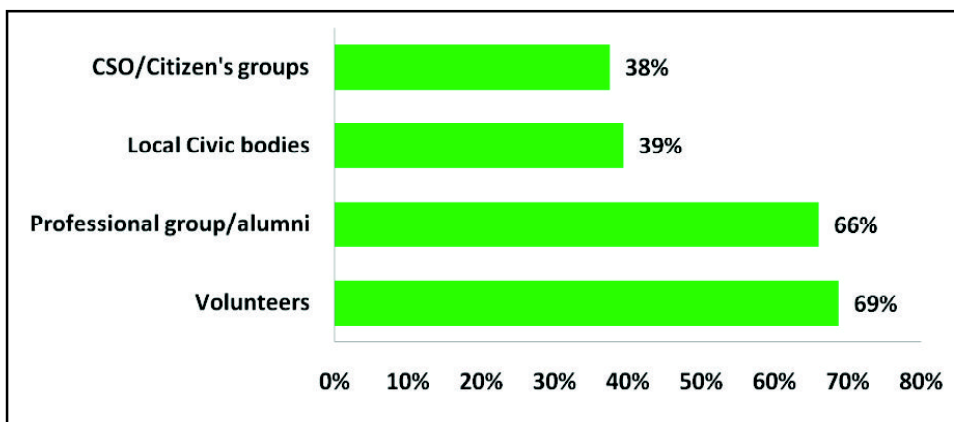
Interestingly, a majority, that is, 77 per cent (n = 109) extended the support activities in collaboration with others – either organisations or volunteers – whereas the remaining 23 per cent undertook these activities, in their individual capacity. **Figure 8** shows the types of collaborations used by social workers to provide services to the families and communities affected during the second wave. Their most frequent collaboration is with volunteers (69 per cent) and with their alumni or professional groups (66 per cent). They have also rendered the support services in association with local civic bodies (39 per cent) and with other CSOs / Citizens’ groups (38 per cent).

Impact of COVID-19

The nature of engagement of professional social workers with the delivery of services during the pandemic was varied. They reported that they worked at the field level, participated in rallies, provided tele-counselling and coordination through social media. Therefore, they are susceptible for infection.

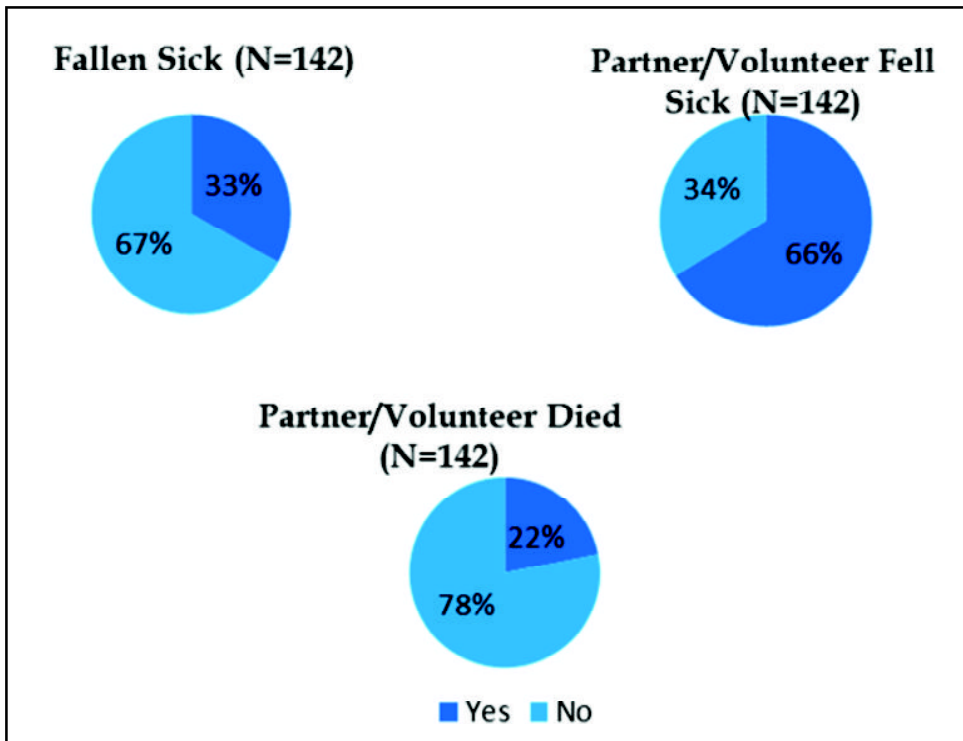
So, around 33 per cent of the sample respondents reported having fallen sick because of COVID-19, and 66 per cent reported that some of their colleagues or volunteers who worked with them have fallen sick. Of the total sample, 22 per cent reported death of a colleague or volunteer due to corona virus. **(Figure 9)**

Figure 8: Sample Professional Social Workers by Type of Collaborations (n = 109 *)



** Percentages do not add to 100 because of multiple responses*

Figure 9 : Impact of COVID-19



SECTION – IV

FINDINGS

THIS SECTION deals with the description of the support services provided by the profession in response to the pandemic, in its different contexts. Thus, the services rendered by the departments/schools of social work, CSOs and units headed by professional social workers, and the professional social workers in their individual capacity will be presented here under broad headings namely, type of participation, support services provided, and challenges faced while delivering these services to the COVID-19 affected families and communities in the country. While narrating these activities, we shall also present some of the unique interventions and best approaches taken up by select organisations or social workers.

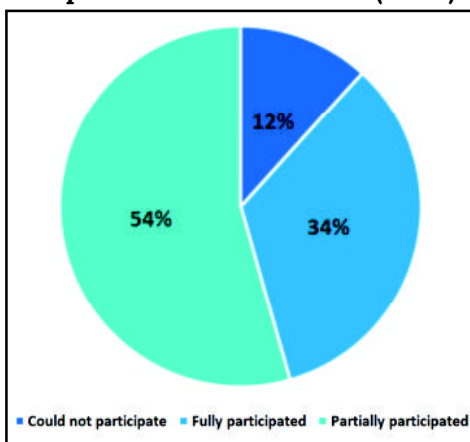
Departments/Schools of Social Work

Participation

More than half (54 per cent) of the total sample depts./schools reported that they could only partially participate in the activities in response to the pandemic and another 34 per cent said they fully participated. Eight depts. / schools reported that they could not participate **(Figure 10)**.

So, around 88 per cent responded to the pandemic second wave in some manner or other. Reasons for non-participation by the few are: restrictions on mobility due to the stay-at-home orders, fear of infection, and lack of permission from the university.

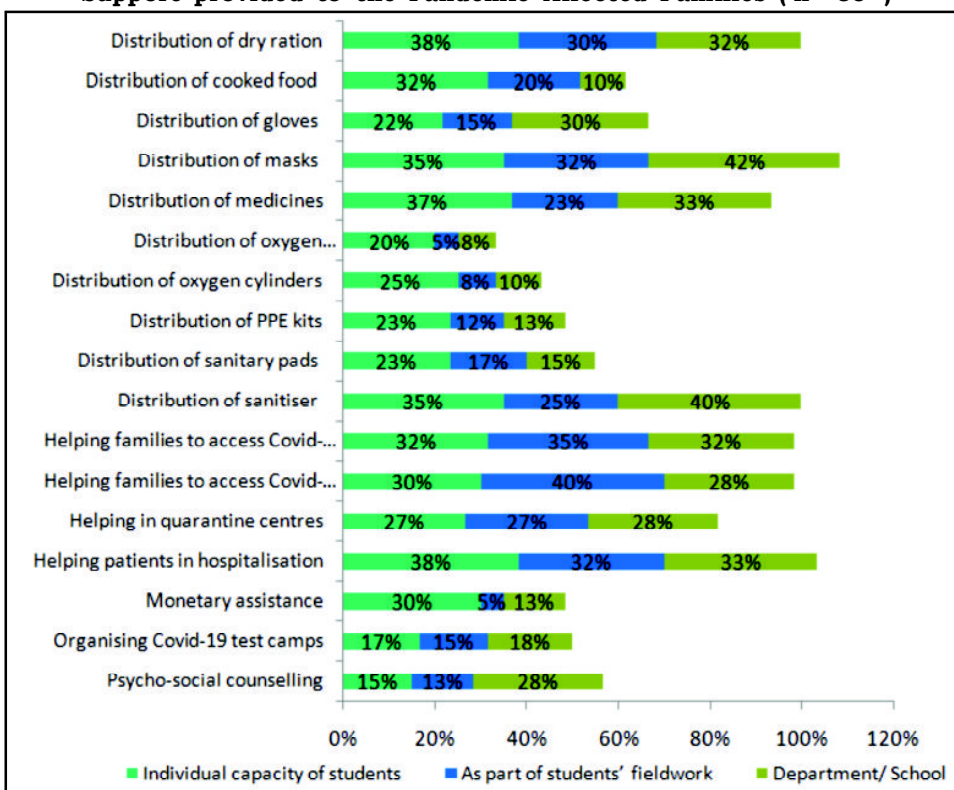
Figure 10: Type of Participation of the Respondent Depts./Schools in Response to the Pandemic (N=68)



Support Services

The support provided by the depts./schools of social work to the affected families are presented under three forms of engagement. First, support provided by the depts./schools of social work in their institutional capacity; second, support provided as part of students' fieldwork; and third, support rendered by students currently in the programmes of social work. **Figure 11** shows information given by 60 depts./schools about the specific

Figure 11: Respondent Depts./Schools of Social Work by type of Support provided to the Pandemic Affected Families (n = 60*)



support activities provided by them under the three forms.

For the better comprehension of the reader, the support activities are grouped under 5 types such as *food, personal hygiene materials, medical supplies and other support, access to COVID-19 services, psychosocial counselling* and lastly, *monetary assistance to the affected families or individuals*. Let us look at the details of the work carried out by them.

As can be seen from Figure 11, the depts./Schools reported the distribution of masks and sanitisers to the affected families as the most frequent activity taken up by them followed by provision of such support as medicines, and facilitating patients' access to hospital beds, quarantine centres and COVID-19 vaccination. Anywhere between 33 per cent to 42 per cent of the depts./schools participated in these activities either partially or fully. Psycho-social counselling is another big support extended by the Depts./Schools (28 per cent). They have also undertaken several initiatives. A few are mentioned below :

Faculty of Social Work, M.S. University of Baroda mentioned about its initiative :

SETU — The COVID-19 Response Field Action Project is

a virtual help desk initiated to combat the second wave of the pandemic. Through this, student volunteers facilitated access to medical and counselling services to COVID-19 affected families. The desk also disseminated information on COVID-19 related government schemes, hospital beds, vaccination registration etc.

Department of Psychiatric Social Work, NIMHANS, Bangalore:

Helped in the capacity building for social workers and tele-counselling services to combat COVID-19 second wave.

School of Social Work, Roshni Nilaya, Mangalore reported :

Offered premises for COVID-19 War room of the district administration. Our students volunteered at COVID-19 help Desk of the district administration.

Next, as part of fieldwork engagement, students from a little less than half of the depts./Schools were working with affected families during the epidemic. Because of COVID-19 lockdowns, colleges and university campuses were closed and the academic instruction shifted to online mode. Therefore, as part of their fieldwork, students located in their own villages or wards, were encouraged to work with families and communities in their localities. Thus, they were facilitating access to COVID-19 vaccination, hospital beds, RT-PCR

tests or assisting patients to get admission in the quarantine centres. They were also actively distributing dry ration, masks and sanitiser to the needy families.

Lastly, it is heartening to see that students have done good work in their individual capacity. Both the newly admitted and current students, and the research scholars of social work departments actively engaged themselves in the relief activities. It is found that, they extended their services by way of distributing food items, personal hygiene materials, and medical supplies. They were also actively helping patients get beds in hospitals, assisting in the distribution of oxygen cylinders, oxygen concentrators and even extended monetary assistance to the affected families (See Figure 11). Slightly higher than a quarter of the depts./schools reported that these activities were taken up by their students in their locations, be it a village or a ward.

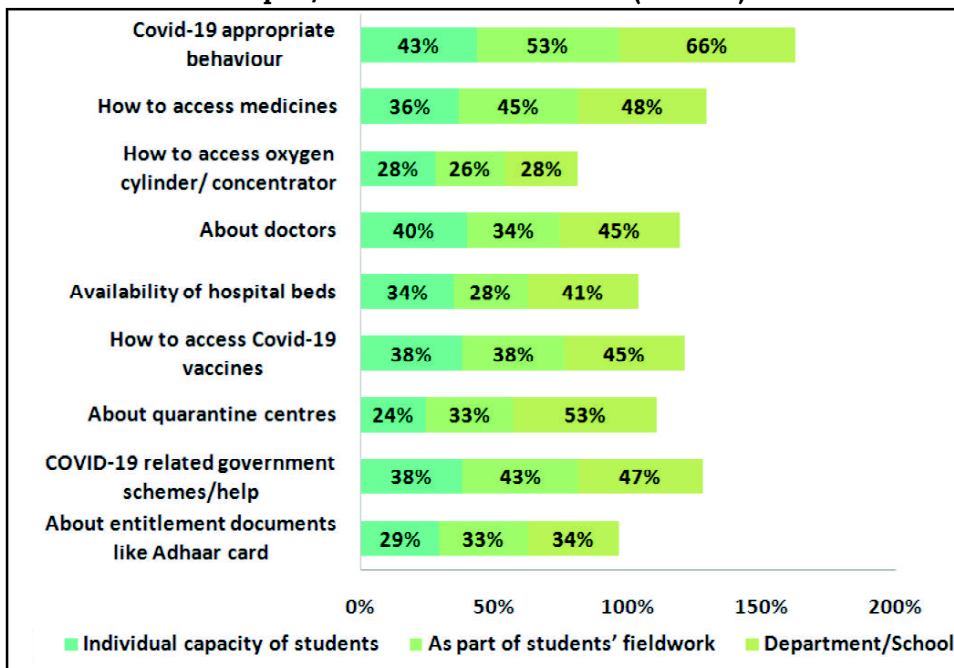
Information dissemination

The next important service provided by the depts./schools is disseminating different types of information about the pandemic and its related aspects. Fifty-eight depts./schools responded to this

question. At one time, dissemination of correct information assumed great importance. For example, information about the COVID-19 appropriate behaviour such as wearing a mask properly, maintaining social distance, and washing hands regularly, was essential to break the chain of infection. Similarly, information about hospital bed availability, oxygen cylinders, vaccination, doctors was also in much demand. Lot of misinformation about the virus and its treatment was in circulation though social media and WhatsApp messaging (See Figure 12). Therefore, there was a need for authentic information on these aspects.

It can be seen that the Depts./schools are in the forefront in disseminating information of many types. Around 66 per cent of the total sample depts./schools disseminated information about COVID-19 appropriate behavior among the public through various modes. Information about quarantine centres (53 per cent), medicines (48 per cent), and about doctors and vaccine centres (45 per cent each) are the other types mentioned frequently. Around 34 per cent of the respondent institutions mentioned about providing clarifications about documents such as Adhaar

Figure 12: Types of Information Disseminated by Respondent Depts./Schools of Social Work (n = 58*)



* Percentages do not add to 100 because of multiple responses

card, voter registration card, and ration card often needed to access COVID-19 related support services.

Students of the respondent depts./Schools, either as part of their fieldwork (53 per cent) or on their own (43 per cent) did excellent work in disseminating information relating to the COVID-19 appropriate behaviour more than any other information. Students were also reported to be providing information to families about medicines (45 per cent), COVID-19 linked government schemes (43 per cent), infor-

mation about vaccine centres, quarantine centres, and about Adhaar and ration cards for purposes of residence proof.

The focus of students who participated on their own, besides providing information on COVID-19 appropriate behaviour, is on giving information about doctors, availability of vaccines, government schemes, hospital beds, and medicines in that order. In fact, the information dissemination can be seen as a supplemental activity to support services rendered by them as discussed earlier.

Methods used for information dissemination

The most frequently used methods to pass on information to people were use of telephone calls (82 per cent) and social media (75 per cent). Social work Alumni groups are another source used through which information was disseminated. Door to door campaign (42 per cent) and distribution of posters and pamphlets (38 per cent) was also mentioned (See Figure 13).

Types of challenges faced

The Depts./schools faced several challenges in the field while working with the affected families. The two major challenges mentioned were – lack of financial resources (80 per cent) and restrictions placed on the

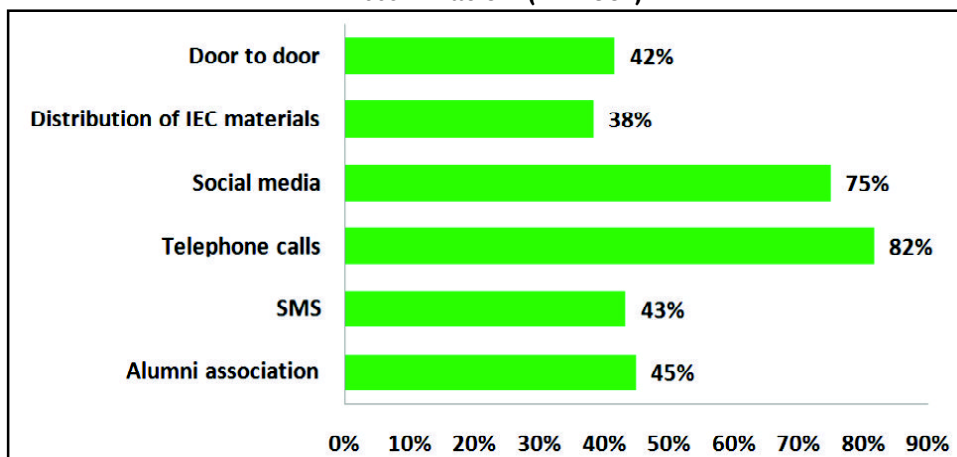
mobility of students and staff (75 per cent). The other frequently figured challenges were: students and staff tested positive for COVID-19 and lack of safety gear to protect them from infection when working with the families in the community. (See Figure 14)

One faculty member from the Department of Social Work, Sambalpur University, Odisha noted :

Restricted mobility, strict guidelines of authorities (both District and University), misleading information about the virus... stigma of fellow members affected the work process.

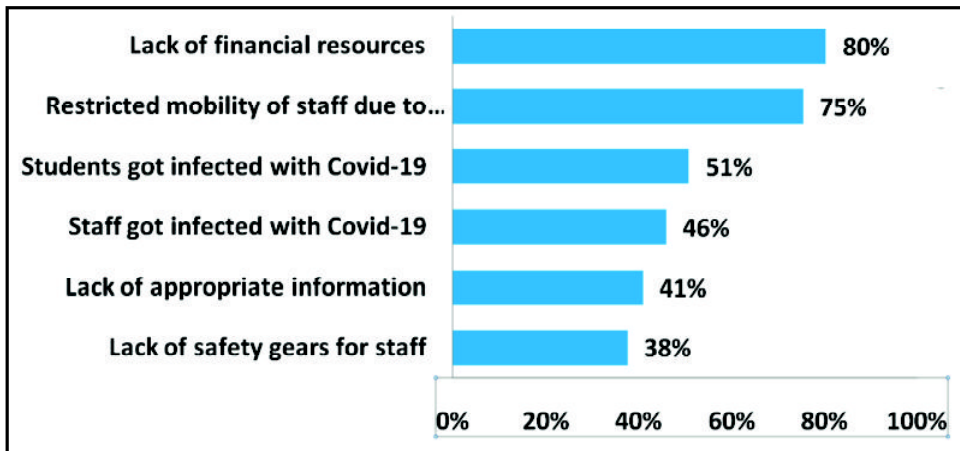
In summary, the depts./schools of social work, despite lockdowns and self-imposed quarantines, worked in the field through their faculty and students by coordinating support

Figure 13: Methods Used by Respondent Depts./Schools for Information Dissemination (n = 60*)



* Percentages do not add to 100 because of multiple responses

Figure 14: Types of Challenges faced (n = 61*)



* Percentages do not add to 100 because of multiple responses

services and building awareness about COVID-19 protocols. They innovated new systems, managed help desks and tele-counselling, and facilitated access to essential services to the families affected by the pandemic. True to their choice of social work to study, both the current and newly admitted students did excellent work in their own locations by assisting the families and communities during the pandemic.

Organisations/Units Headed by Professional Social Workers Participation

The CSOs reported more active participation than non-participation. Of the 130 respondents, nearly 72 per cent reported that they participated fully in the provision of the support activities. Twenty-six per cent said that they could participate partially. Only 3

organisations (2 per cent) stated that they could not participate because of restrictions on mobility due to lockdowns.

Support Services

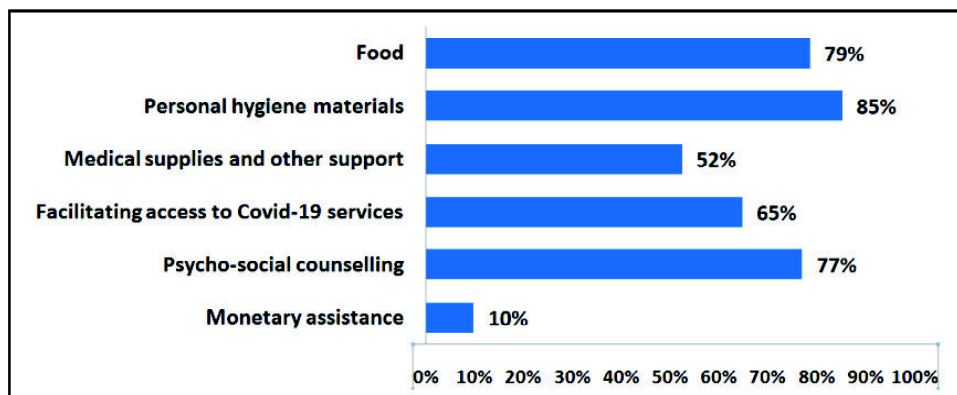
Of the total sample, 122 organisations gave information about the types of support activities provided by them during the pandemic. As shown in Figure 15, more than three fourths of the organisations (between 85 per cent and 77 per cent) have provided the most needed services during the pandemic such as personal hygiene materials, food (dry ration or cooked), and psycho-social counselling to the families. Even restricted and special populations were reached out with personal hygiene materials. (See Figure 15)

Around 65 per cent of them mentioned that they facilitated

access to certain crucial COVID-19 related services to affected families such as obtaining hospital beds, conducting covid test camps, helping them access oxygen cylinders or to quarantine centres.

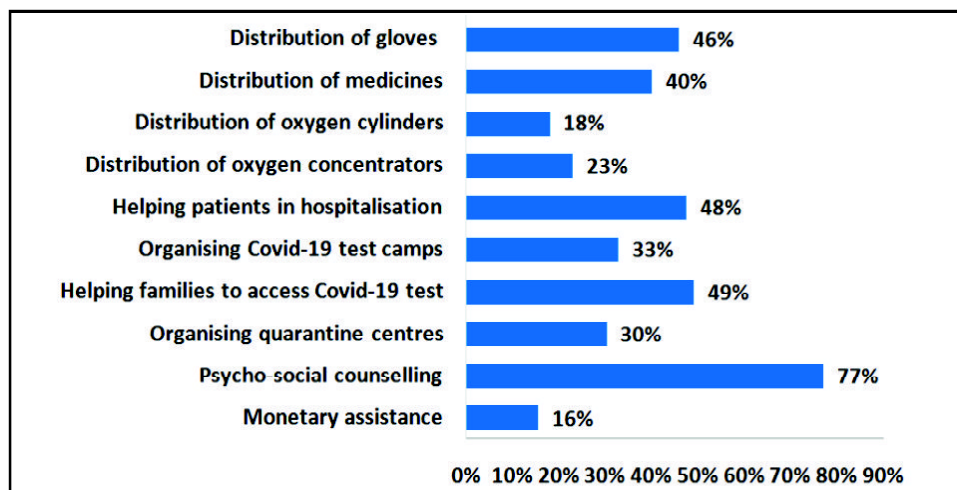
A look at the break up of services (See Figure 16) provides a better picture of the specific help provided by the respondent organisations. While distribution of masks, sanitisers and dry ration appear to be the most

Figure 15: Broad Types of Support Provided by Respondent CSOs/Units Headed by Professional Social Workers (n = 122*)



* Percentages do not add to 100 because of multiple responses

Figure 16: Types of Support provided by Respondent CSOs / Units Headed by Professional Social Workers (n = 122*)



* Percentages do not add to 100 because of multiple responses

frequently rendered services, the next frequently figured (77 per cent) service was offering psychosocial counselling to the affected families. Professional associations such as the Association of Psychiatric Social Work Professionals (APSWP) provided contact details and availability of experienced members to provide online psychosocial support and mental health services during the COVID-19 pandemic second wave.

Secretary, AAINA, Orissa Psychiatric Social Workers Association (OPSWA), Bhubaneswar, Odisha reported :

In the urban Bhubaneswar Municipal Corporation, (we) distributed dry ration and medicines to families of patients who tested positive for COVID-19. Thermal scanner guns and oximeter were provided to ASHA workers.

Director, Prayas, Tata Institute of Social Sciences, Mumbai reported that they provided masks, sanitisers, hand wash, sanitary napkins, gloves, and other personal hygiene materials to inmates in prisons, and children's institutions.

Founder Director, Butterflies, New Delhi stated :

We facilitated COVID-19 tests for children separated from families...

Securing a bed in the hospital

or obtaining an oxygen cylinder/ concentrator have been some of the most difficult situations that arose during the second wave causing great suffering and anxiety not only to the patients but also to the members of patients' families. Therefore, these services mattered most for the affected families. For this purpose, some CSOs organised help desks and others partnered or co-ordinated with government departments, hospitals, and CSR programmes.

Started CINI-COVID-19 *Sahayata Kendra* (Help Desk) in collaboration with the Medical College and Hospitals, Sub-divisional Hospitals, Primary Health Centres, Urban Primary Health Centres of our constituency.

- Programme manager, CINI, Kolkata, West Bengal.

Collaborated with the Department of Labour to provide dry ration kits for footloose migrant labourers, and with National Health Mission to help migrant workers get vaccinated.

- Centre for Migration and Inclusive Development, Sree Sankaracharya University of Sanskrit, Kalady, Kerala

In Pondicherry we worked closely with the Dept. of Family and Health in combating COVID-19 in the union territory.

- Programme Officer, FXB India Suraksha

The other important support services mentioned were – organising COVID-19 test camps (33 per cent) and helping families access COVID-19 tests (49 per cent). Quite a few CSOs worked with local bodies and district administration to reach out to families and communities during the pandemic with relevant services.

We could connect and engage with the panchayat members; Lobbied with the district officials for support.

- Director, Bhumika Women’s Collective, Andhra Pradesh

Social workers in charge of COVID-19 prevention programmes in government settings assisted in their implementation.

Conducted primary and secondary contacts tracing and mobilised COVID-19 tests for the needy; Assisted in the distribution of cash relief (Rs.1000/-) provided by Govt. of Andhra Pradesh for the white ration card holder families at their doorsteps during the lockdown.

- Ward Welfare & Development Secretary, Urban Community Development, Greater Visakhapatnam Municipal Corporation, Visakhapatnam.

At a time when there was scarcity of volunteers to work in the field,

they trained and supplied volunteers to COVID-19 war rooms.

We recruited, trained and deployed volunteers needed during the pandemic. We trained college students, nursing and pharmacy students, NCC and NSS volunteers. Initially, there was some resistance from their parents for their children to work in the field. Later on, the parents supported the cause. Though some of the volunteers got infected, their enthusiasm remained high.

- Executive Director, Utthan Institute of Development & Studies, Yamuna Nagar, Haryana

The coordinator (Quality and Learning), Save the Children stated that she provided research support to government and other implementing agencies to assess food security, awareness about COVID-19 protocols, problems of refugees and migrant workers.

Information Dissemination

In addition to taking up different types of support activities for the affected families, the respondent organisations have simultaneously provided information to facilitate better access to services such as hospital beds, doctors, oxygen cylinders/concentrators etc. The most essential activity under taken by them (94 per cent) under the dissemination of information had been building

awareness about COVID-19 appropriate behaviour. Aan Charitable Trust, Uttarakhand implemented Niti Aayog's – *Surakshit hum and surakshit tum* Campaign in the aspirational Districts of Uttarakhand to assist the administration in providing home care support to COVID-19 patients, who are either a symptomatic or have mild symptoms.

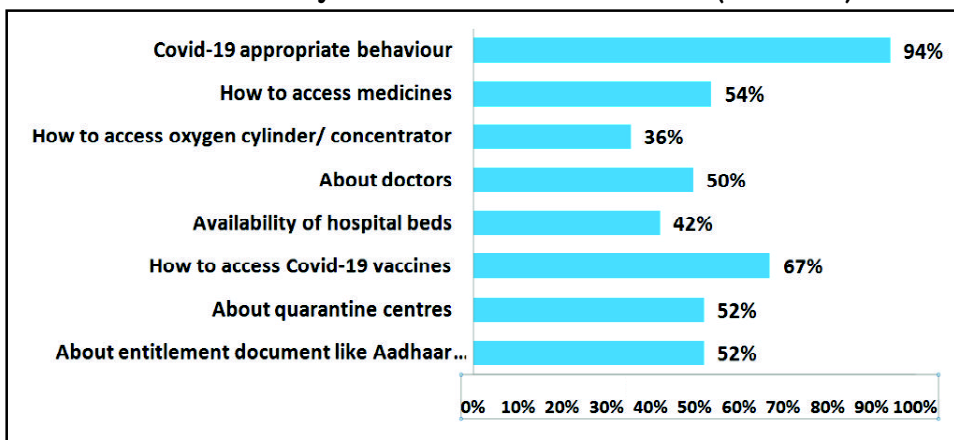
The next frequently mentioned services in that order are information about how to access COVID-19 vaccination (67 per cent), medicines (54 per cent), quarantine centres (52 per cent) and doctors (50 per cent). For this purpose, a few organisations reported establishing Help Desks. They have also performed another important service i.e., providing information and help regarding

the documents required for residence proof to enable needy families to access services provided by the government in connection with the pandemic (Figure 17).

Methods Used for Information Dissemination

Regarding methods used to disseminate information, telephone calls and social media including WhatsApp groups were the most frequently mentioned (70 per cent each) methods reported by the respondent organisations. As CSOs work at the grassroots level, a majority of them i.e., 60 per cent reported having rapport with the local bodies, district and block administration, and community leaders. This has come handy for the respondent organisations to disseminate COVID-19

Figure 17: Types of of Information Disseminated by Respondent CSOs/ Units Headed by Professional Social Workers (n = 121 *)



* Percentages do not add to 100 because of multiple responses.

related information faster and deeper (Figure 18). Some even developed apps to make information available to the affected families.

Our network with panchayats and district administration helped us in coordinating support services for the needy villages. Similarly, government requested our technical help in conducting screening for COVID-19 cases at the village level where they did not have adequate staff.

– Programme manager, Aarohi, Uttarakhand.

For information dissemination, we created a telephone directory and converted it into an app with the help of Akshara organisation.

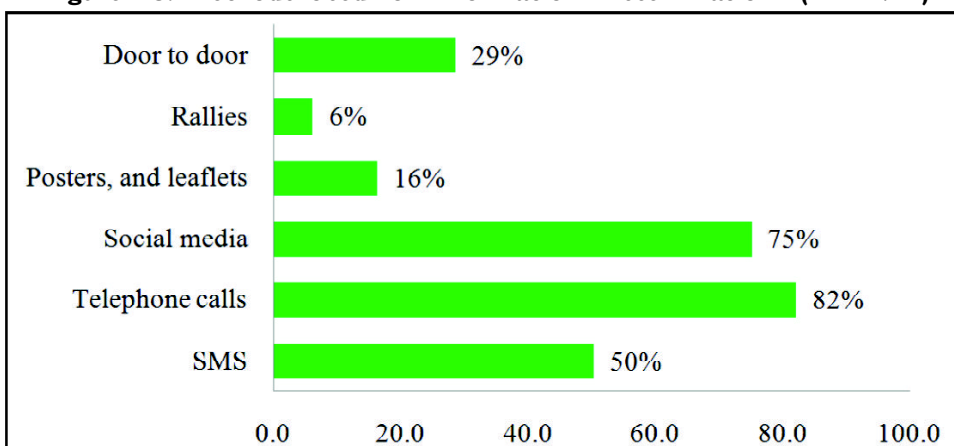
– Project Leader, Resource Centre for Interventions on Violence Against Women / Special Cell, TISS, Mumbai.

Methods such as door to door campaign, rallies, street theatre, puppet shows, short message service, distribution of leaflets were also used as effective methods of information dissemination.

Types of Challenges Faced

Challenges faced by the respondent organisations can be seen under two categories – internal and external. Of the 113 respondent organisations, the most frequently mentioned internal challenges were restrictions on staff mobility due to COVID-19 related lockdowns (70 per cent) and lack of funding (61 per cent). Social workers are not declared as frontline workers, and therefore they had to abide by the restrictions unless the district administration permits them such movement. The other internal challenges figured are the sick-

Figure 18: Methods Used for Information Dissemination (n = 121*)



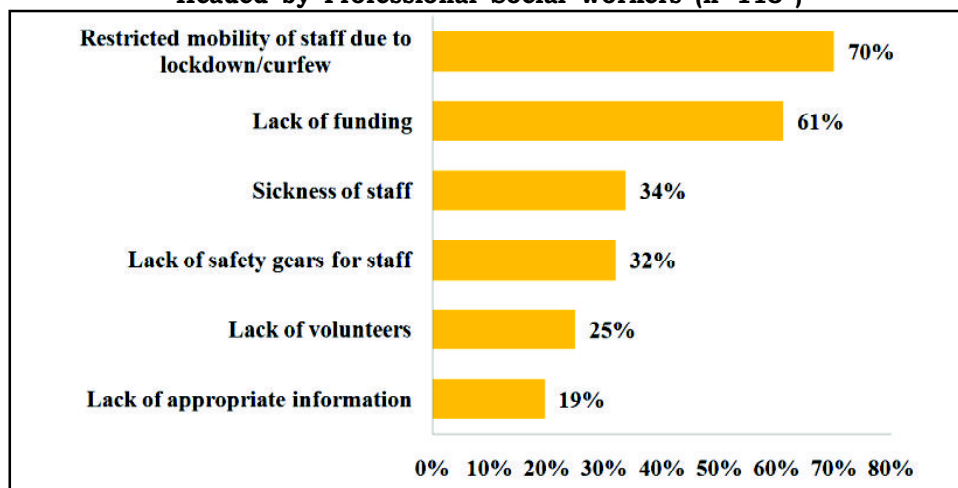
* Percentages do not add to 100 because of multiple responses

ness of staff (34 per cent) and lack of safety gears such as PPE kits (32 per cent). Lack of volunteers is another difficulty faced at the field level. Lack of correct information was also mentioned as one of the impediments in providing services to the families.

As regards the external challenges faced, around 61 per cent mentioned lack of donor support or flexibility. The next frequently mentioned (52 per cent) difficulty was the scarcity of relief materials such as dry ration, oxygen concentrators, or PPE kits in the market. Poor cooperation from the district and local administrations figured in some of the organisations' responses. However, it is only less than a quarter of organisations reported such difficulty (Figures 19 & 20).

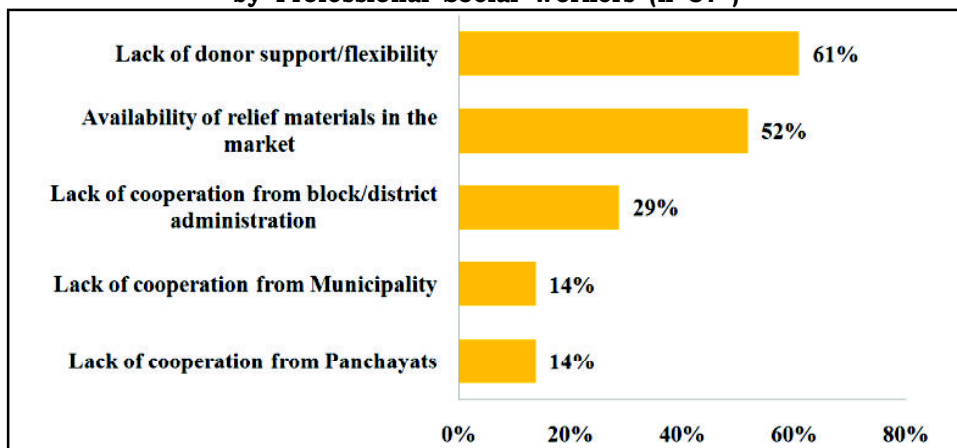
It is impressive to note that around 62 per cent of the respondent organisations stated that the support activities provided during the pandemic were from their own organisation's resources. The next most frequently mentioned source of support was from the local community donors (41 per cent). Under this category, different sources were mentioned such as local donations, self-contribution, contribution from CBOs, local council and local stakeholders. This reflects the local philanthropy mobilised by the respondent organisations as one of the sources of funding to support these activities. The other two sources figured were – support from the CSR of Indian industries (31 per cent) and the Indian diaspora (23 per cent). Foreign

Figure 19: Internal Challenges Faced by Respondent CSOs/units Headed by Professional Social Workers (n=113*)



* Percentages do not add to 100 because of multiple responses

Figure 20: External Challenges Faced by espondent CSOs/Units Headed by Professional Social Workers (n=87*)



* Percentages do not add to 100 because of multiple responses

sources such as foreign donors (organisations) (22 per cent only) and foreign donors (individuals) (12 per cent) figured less frequently.

In retrospect, it can be said that the CSOs and Units of governmental and non-governmental organisations under the leadership of professional social workers actively participated in providing relief activities to the affected families and communities. Despite the challenges of the threat of infection, lack of monetary support and not infrequently poor co-operation from local administration, they were able to do good work at the grassroots level. They came up with innovative practices, reached out to invisible and remote populations with support services in the context of the pandemic second wave in the country.

Professional Social Workers in their Individual Capacity Participation

As presented in the profile section, a majority of the professional social workers rendered the support activities during the pandemic in collaboration with others, be they volunteers, their social work alumni, professional bodies, citizen groups or other CSOs. The rest, that is, a quarter of the total 142 sample respondents, undertook the relief activities in their individual capacity. In a way, this reflects the networking capabilities, and personal tenacity of social work professionals.

Support Services

When asked about the support services provided by them, of the 139 professional social workers

responded, a majority i.e., 66 per cent mentioned their involvement with the provision of psychosocial counselling. Helping families access COVID-19 services such as securing hospital admissions or COVID-19 tests was mentioned by 55 per cent, and the same proportion of respondents mentioned about distribution of food (55 per cent) such as dry ration or cooked food. They were also busy distributing personal hygiene materials (51.8 per cent) such as masks and sanitisers mostly and medicines (29 per cent). More than a quarter (32 per cent) of them reported that they provided monetary assistance to affected families (Figure 21).

A close look at the specific details of the services reveals (See Figure 22) that besides offering counselling, they were also involved in the distribution of such

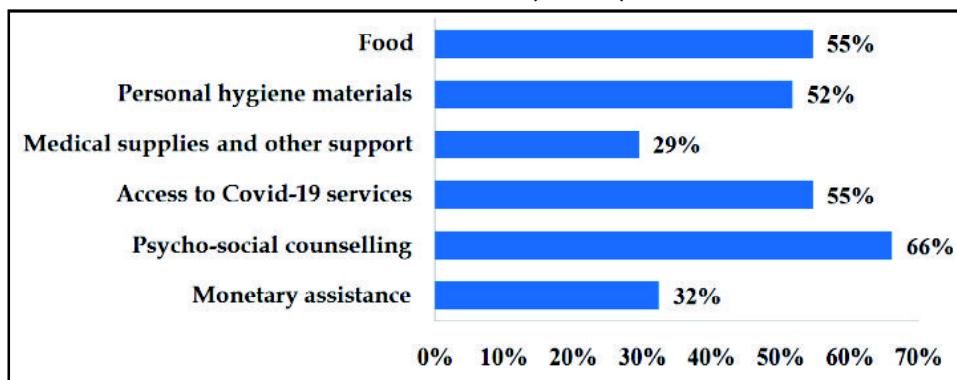
materials as dry ration, masks, sanitisers, gloves, sanitary pads and medicines. They also attempted some of the most difficult tasks of the time such as helping patients in hospitalization (32 per cent), securing oxygen cylinders (8 per cent), and concentrators (5 per cent). Even personal ‘*jugads*’ (contacts) of rich and influential played no role in securing these services. Every one faced the scarcity of these services equally.

They have reported about networking with ASHA workers and gram sevaks (village secretaries) in the villages.

Other support services worth mentioning are:

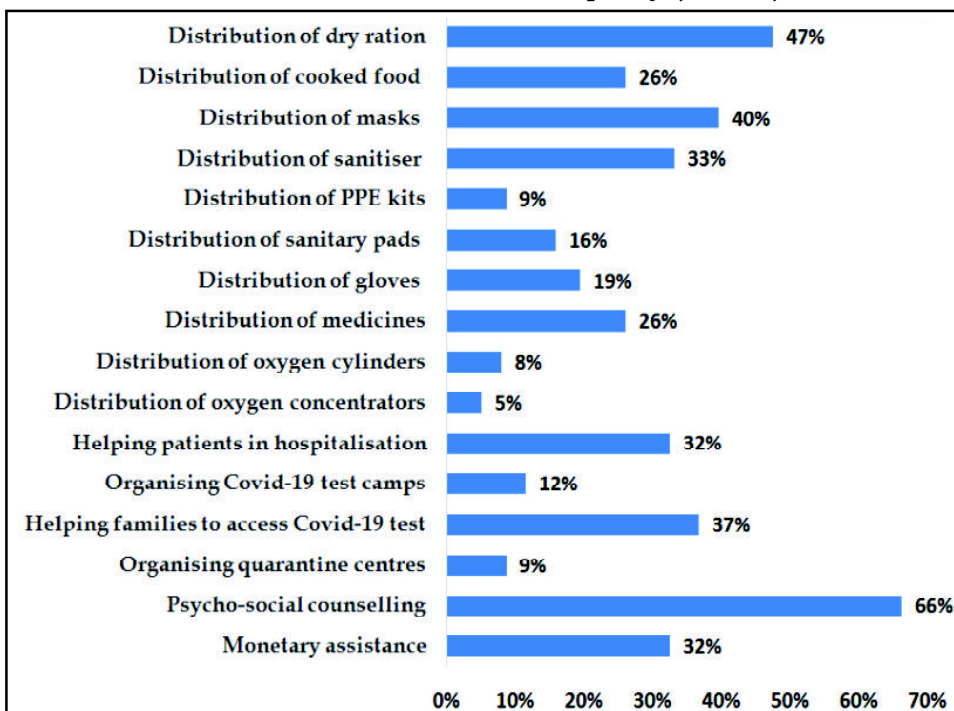
One senior social work educator from Nagpur, Maharashtra reported facilitating organisation of a community kitchen to serve more than fifty thousand people for a

Figure 21: Distribution of sample professional social workers by type of support services they provided to the pandemic affected families and communities (n=139)



* Percentages do not add to 100 because of multiple responses

Figure 22: Types of Support Provided by sample Professional Social Workers in their Individual Capacity (n=139*)



* Percentages do not add to 100 due to multiple responses

period of forty days at the rate of 1300 packets of cooked food per day to the needy families. Using their professional contacts, they have also helped in setting up of helplines for COVID-19.

One professional social worker with UNICEF as a consultant mentioned about his successful advocacy to have a separate facility for the Covid and Non-Covid mothers for the delivery and newly born care in district hospitals.

Information Dissemination

When it comes to disseminating information, the most frequent

activity (83 per cent) reported by the respondents was creating awareness about COVID-19 appropriate behaviour. Social workers also helped families with information about medicines, doctors and where to access COVID-19 vaccines.

Methods Used for Information Dissemination

The most frequent methods professional social workers (n = 129) used to disseminate the various kinds of information were telephone calls (82 per cent), social media (75 per cent) and

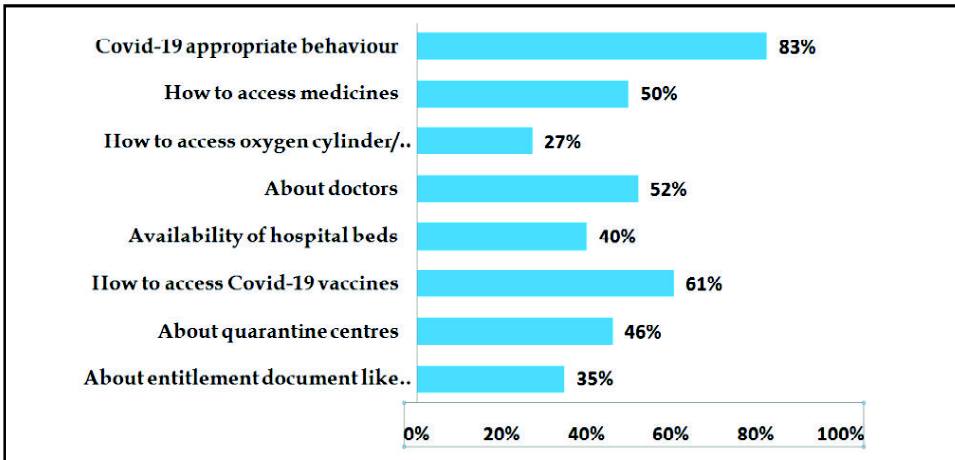
short message service (50 per cent) (Figure 23). WhatsApp, video calls and video conferencing were also mentioned often. Some social workers were actually in the field and went door to door, distributed posters and leaflets. A few men-

tioned participation in rallies to create awareness about the pandemic and relief activities (Figure 24).

Types of Challenges Faced

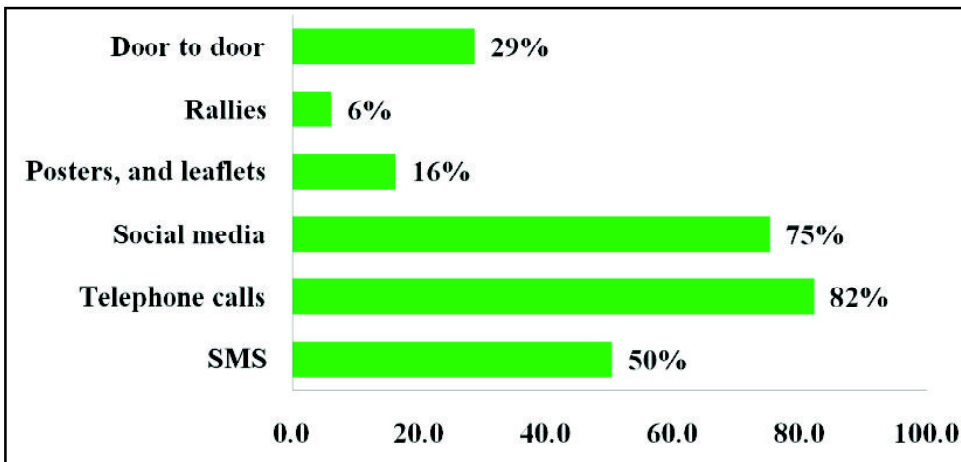
In the course of their work with

Figure 23: Types of Information Disseminated by Sample Professional Social Workers in their Individual Capacity (n = 132*)



* Percentages do not add to 100 because of multiple responses

Figure 24: Methods Used by Sample Professional Social Workers for Information Dissemination (n = 129*)



* Percentages do not add to 100 because of multiple responses

trends seen in the thematic content of the answers received from the respondents about the difficulties faced by the groups they worked within the context of the pandemic.

As can be seen, loss of livelihoods and decline in wages figured as the major themes. In view of the lockdowns and major restrictions placed on several industries and other work opportunities, people lost their earning opportunities fully or partially thus eroding their incomes. This is one of the major shocks experienced by a majority of the families belonging to either lower-income or middle-income groups. The next dominant theme is lack of access mostly associated with information about basic health services, vaccines and about daily essential groceries or commodities for households. Disruptions to regular health services, especially routine immunisation and delivery care had devastating consequences for maternal and child care services. The next most important theme is about the children's education, problems faced with online learning due to irregular access to internet and smart phones for the children. The recent *Annual Status of Education Report (ASER) 2021* has

clearly highlighted the digital divide in learning with the worst hit children from poor states and government schools during the pandemic. The report indicated that while around two-thirds of households are with smartphones, only one third of the children from public schools have access to smartphones.

Besides the frequent mention of fear of infection, helplessness, and depression, quite a few respondents made a special mention of the impact of the pandemic situation on their mental health. This was mainly due to sickness because of COVID-19, and loss of close relatives, friends and professional colleagues to the pandemic. There were incomplete farewells, unattended funerals of family members and the constant fear of huge and irrational hospital expenses should the virus hit your families or friends.

As one professional social worker from Hyderabad has put it:

I personally lost three close members in the family. I understand the pain what every family goes through. Sometimes the medical institutions are not courteous and quite a few violated ethics to make money out of the vulnerability of patients.

SECTION – V

SUMMARY AND REFLECTIONS

THE OUTBREAK of the COVID-19 pandemic in India, with the consequent lockdowns, has resulted in unprecedented changes in the lives and livelihoods of the people. During the initial stages of the lockdown, most of India's 1.3 billion residents went into a national house arrest by staying indoors. The country came to a grinding halt with the closure of non-essential services, public transportation, offices, schools and outside markets. Then, the country was taken unawares by the second wave of the pandemic. It exposed the vulnerabilities of India's health care infrastructure by taking away thousands of lives with failures in the oxygen and medical supplies, and the hospital bed scarcity caused by money hungry private hospitals. Though the pandemic hit without discrimination, the outcomes of its impact varied depending on where one is located in social and economic order. Thus, it exacerbated the inequities in the access to relief, basic health services, education, testing and vaccination, and access to authentic information about the disease. We witnessed devastation not only on health but also on the economic front on a large scale as the second wave spread to rural areas.

In this scenario, the present survey attempted to map the diverse responses of professional social work, at its different levels, to the pandemic. The final sample comprised 340 respondents under three category levels, that is, Depts./schools – 68; CSOs/units – 130 and Individual social workers – 142. In terms of profile, more than three quarters of the sample organisations were in existence for 10 years and above.

Similarly, most of the individual professional social workers (74 per cent) reported affiliation with some organisation, whether a university, CSO, government organisation or a CSR programme. Regarding their response to the pandemic, about one third of the sample depts./schools of social work reported full participation in the relief activities, while another half said they participated only partially. As for CSOs/units headed by professional social workers, 72 per cent reported full participation in the activities. In the case of professional social workers in their individual capacity, 77 per cent said they collaborated with others such as volunteers, citizen's groups and alumni in providing support to the affected families.

Now, what is the nature of professional social work's response to the COVID-19 second wave in India? We shall briefly state the trends that emerged from the data under specific roles played by social workers at the three levels studied. Let us discuss it one by one.

1. Building awareness about COVID-19 appropriate behaviour:

Inculcating COVID-19 appro-

priate behaviour through behavioural change among the public is seen as one of the effective public health actions to break the chain of virus' transmission⁴. Thus, building awareness about COVID-19 appropriate behaviour through information dissemination has figured as the most frequently engaged response by all the sample respondents. As the educational institutions functioned only in online mode during the pandemic, departments/schools of social work reorganised students' fieldwork so as to allow them to work, from their own locations, with the affected communities. Students took this as an opportunity to build awareness about COVID-19 appropriate behaviour among the families they worked with. Similarly, 94 per cent of the organisations/ units headed by social workers and 83 per cent of the professional social workers in their individual capacity were involved in awareness building. They used a variety of media such as Facebook, twitter, WhatsApp, telephone, posters and leaflets, door to door and even participated in rallies to spread the message.

⁴ As the coronavirus spreads through the air and contaminated surfaces, its prevention lies in creating awareness among the public about the three COVID-19 protocols i.e wearing a mask, hand and face hygiene, and maintaining social distance.

2. Distributing personal hygiene material, food, and other relief materials to the affected families :

The next most frequently mentioned support was distribution of food, masks, sanitisers, relief materials and providing crucial services such as supply of oxygen cylinders, securing hospital beds for affected patients and so on. More than 80 per cent of the CSOs/Units, and around half of the social workers in their individual capacity provided these services, often sponsoring them from their own funds.

3. Extending psychosocial counselling support :

Providing psychosocial counselling services to the affected patients and families has figured as the next highest service category. A quarter of the sample depts./schools, and students reported taking up counseling the affected families. The departments of psychiatric social work from Bangalore and Ranchi figured prominently in rendering this service. One department organised COVID-19 response field action project to facilitate medical and counselling services to the affected families. Similarly, around 77 per cent of the CSOs/units and a little less than 70 per cent of the individual social

workers reported arranging free counselling service. One psychiatric social workers' association from Odisha circulated a list of mental health experts and counsellors who volunteered to provide counselling to the patients and families.

4. Providing key information about COVID-19 tests, vaccines, helpdesks, quarantine centres, oxygen supplies, and entitlement documents :

During the second wave, all kinds of misinformation about the virus and its cure was in circulation especially through social media, WhatsApp, and sometimes even print media. Therefore, dissemination of right kind of information about the virus, its testing, and about doctors and basic health services, was seen as the most important service. A majority of the depts./schools (66 per cent) and their students put in their best efforts in this public health action. As CSOs work at grassroots level, they could take the information about services, testing, and vaccination faster and deeper. Many social workers helped the needy with information about hospital beds, quarantine centres and assisted them to secure documents of proof required for accessing government welfare schemes provided for the affected families.

5. Managing help desks/sahayata kendras, quarantines centres, assisted in contact tracing, organised COVID-19 test camps, etc :

The next most important activity reported by the respondent organisations was managing help desks/sahayata kendras, telephone helplines and other services. While depts./schools of social work encouraged their students, as part of fieldwork, to manage the helpdesks, some CSOs employed their staff and volunteers to manage them full-time. One college of social work offered space to the government to set up help-desks in their campus to be operated from. We may mention here that one fourth of the sample depts./schools of post graduate social work programmes continued their fieldwork in offline mode. True to their choice of social work to study, both the current and newly admitted students of these programmes did excellent work in their own locations by assisting the affected families and communities. A few CSOs working in the field of health have assisted in the management of quarantine centres, contact tracing, COVID-19 test camps, and vaccination queues. Some professional social workers have mentioned about performing the most difficult tasks of the pandemic times such as

helping deserving patients secure beds in hospitals or oxygen cylinders. One social worker organised a community kitchen to provide food to the needy families during the peak of the second wave.

6. Networking and collaboration with governmental and non-governmental agencies, CSR programmes, and with individual initiatives at local level.

One of the important functions discharged by the respondent organisations was networking and partnering with public and private agencies to facilitate support to the affected individuals and families. A few CSOs mentioned that they participated in the implementation of Niti Aayog's *Surakshit Hum and Surakshit Tum* campaign in selected aspirational districts. Some closely worked with ASHA workers and ICDS staff in the field. Despite the lack of recognition and sometimes needed support for their work, a majority of the sample CSOs'/units collaborated with other agencies in mitigating the devastating circumstances that the COVID-19 has created.

7. Channeling local philanthropy, and their own resources to help meet the needs of distressed families.

During the pandemic, strong local philanthropical initiatives

emerged in many communities throughout the country. Under this category, different types of local initiatives figured in the data. To mention a few, they are – local donations, self-contributions, contributions from CBOs, local councils, local CSR programmes, and even donations from Indian diaspora. There were also local stake holders such as community leaders, housewives, women’s self-help groups’ (SHG) leaders who came forward to help the frontline workers and needy families.

A considerable number of CSOs/units and depts./schools effectively mobilised and channeled the local philanthropy as one of the sources for funding their relief activities. In addition to mobilising local philanthropy, it is heartening to note that around 62 per cent of the sample CSOs/units reported that they met the cost of most of the support activities from their organisation’s resources. This is in the light of lack of financial support to the services as expressed by 80 per cent and 60 per cent of the sample depts./schools, and CSOs/units, respectively.

8. Reaching the invisible and difficult to reach populations

Because of their presence at the grassroots level and networks

with agencies, communities, and local bodies, nearly 60 per cent of the CSOs/units mentioned that they could reach out to invisible and unreachable population groups with services and information. The groups mentioned were: the elderly, children separated from parents, inmates of custodial institutions (prisons, observation and special homes, children’s homes etc.), orphans, young care leavers, tribal groups, PWDs, LGBTQ groups and so on. Similarly, at a time when the incidence of the virus in rural areas of the country was reported to have reached more than 60 per cent of the population, one-fourth of the sample depts./schools mentioned that social work students located in the villages (due to shift to online mode of instruction) could work with the needy families in rural communities.

9. Recruiting, training and supplying volunteers and social workers to COVID-19 war rooms in the fight against the pandemic.

Scarcity of trained volunteers (25 per cent) coupled with sickness of staff (34 per cent) were mentioned as two major challenges impacting the work process by the sample CSOs/units. One practitioner mentioned about the need

for more medical social workers in the field. Therefore, both the depts./schools and the CSOs mentioned that they recruited, trained and supplied volunteers to work during the pandemic. They trained college students, nursing and pharmacy students, NCC and NSS volunteers for this purpose. It was reported that though some of the volunteers got infected despite precautions taken, their enthusiasm remained high.

10. Starting new initiatives and assisting government, and other implementing bodies in the assessment and planning the relief activities.

Lastly but importantly, a few depts./schools and CSOs reported introducing innovative practices to provide support services and information. Some helped the government and other partners through research to assess, plan and deliver the COVID-19 related relief activities.

In the process of rendering these services, professional social

workers faced a number of challenges such as restrictions on the mobility due to lockdowns and curfews, lack of financial support and information, and non-availability of relief materials in the market. Around more than 20 per cent of the sample respondents from each of the three categories reported death of a family member, relative or colleague in their circle because of the virus infection. This is considered a high incidence. In conclusion, the pandemic has touched all our lives in different ways. Social work educators, students and practitioners not only responded appropriately to this historical moment but were also keen to learn important lessons from the experiences. Therefore, it is important on the part of the government and other important stakeholders to see and not to mix up the immediate and direct relief activities and interventions provided by social work profession in a systematic manner during the pandemic, with other responses.

APPENDICES

Appendix - 1

(Brief forms of the Questionnaires used in the study)

Support Provided by Departments/Schools of Social Work to COVID-19 Affected Families and Communities During the Second Wave

1. Name of the respondent:
2. Sex:
3. Educational qualifications:
(MSW/PhD/Diploma equivalent to Social Work):
4. Designation:
5. Full Name of the Department/School:
6. Affiliated to University :
7. What are your educational programmes in Social Work ?
8. How old is your Department/School ?
9. In which State/UT is your Department/School (main campus) is located ?
10. For the last four months, what was the mode of field work the department/school opted for the offered programmes ?
11. Period during which the fieldwork was scheduled for the programmes offered in the department/school :
12. Could your Department/School participate in the response to the pandemic ?

13. Reasons for not participating in the response to the pandemic:
14. What support your department/school has provided to families affected by the second wave of Covid-19 ?
15. What kind of information your department/school has disseminated to the community and Covid-19 affected families ?
16. What methods and tools your Department/Shool has used for information dissemination ?
17. Please describe your experiences if you have worked collaboratively with the Panchayat, District Admini-stration and/ or Municipalities ?
18. What challenges you have faced in while working with the affected families ?
19. How has your Department/School mobilised any resource to support Covid-19 related work since January 2021 ?
20. Has any of your colleague or student fallen sick due to Covid-19 infection ?
21. Has any of your colleague or student died due to Covid-19 ?
22. Would you like your Department/School's name to be acknowledged in the final report ?

Support Provided by Organisations Headed by Professional Social Workers to COVID-19 Affected Families and Communities During the Second Wave

1. Name :
2. Sex :
3. For how many years your organisation has been working ?
4. Name of the state where the organisation is located:
5. Could your organisation participate in the response to the pandemic ?
6. Describe other reasons why your organisation could not participate :
7. What support your organisation has provided to families affected by the second wave of COVID-19 ?
8. What kind of information your organisation has disseminated to the community and Covid-19 affected families ?
9. Could you please tell us the methods and tools your organisation has used for information dissemination ?
10. How many families have been supported by your organisation during the second wave of Covid-19 ?
11. What challenges the affected communities have faced in your working areas ?
12. Please describe how have you worked collaboratively with the Panchayats, District Administration and/or Municipalities:
13. What organisational (internal) challenges you have faced in working with the affected families ?
14. Please specify any other external challenges faced related work since March 2021 ?
15. Has any of your colleague fallen sick due to Covid-19 infection ?
16. Has any of your colleague died due to Covid-19 ?
17. Would you like your organisation's name to be acknowledged in the final report ?

Support Provided by Professional Social Worker in his / her individual capacity to COVID-19 Affected Families and Communities During the Second Wave

1. Name :
2. Sex :
3. Degree (BSW/MSW) :
4. Name of the University :
5. Are you affiliated to any organisation ?
6. What support have you provided to families affected by the second wave of COVID-19 ?
7. What kind of information you have disseminated to the Covid-19 affected families or to the community ?
8. Could you please tell us the methods and tools you used for information dissemination ?
9. What Challenges the Affected Communities have Faced in Your Working Area :
(Please provide specific answers for each group : Women, men, children and PWD)
10. In these activities, have you worked alone or collaborated with others ?
11. If you have collaborated with others, then who are they ?
12. What challenges you have faced in working with these groups/ organisations/ civic bodies ?
13. Have you fallen sick due to Covid-19 infection during the second wave ?
14. Has any of your partners/volunteers fallen sick due to Covid-19 infection during the second wave ?
15. Has any of your partners/volunteers died due to Covid-19 ?
16. Would you like to mention any additional information ?
17. Would you like us to acknowledge your initiative in the final report ?

Appendix – 2

ABBREVIATIONS

ASHA	Accredited Social Health Activist
CINI	Child in In Need Institute
COVID-19	Corona-virus-disease 2019
CSO	Civil Society Organisation
CSR	Corporate Social Responsibility
INPSWA	India Network of Professional Social Workers' Associations
KAPS	Kerala Association of Professional Workers
LGBTQ	Lesbian, gay, bisexual, transgender and queer.
NAPSWI	National Association of professional Social Workers in India
NCSWE	National Council for Social Work Education
Niti Aayog	National Institution for Transforming India
OPSWA	Odisha Psychiatric Social Workers Association
PRIA	Society for Participatory Research in Asia
PWD	Person With Disability
RT-PCR Test	Reverse Transcription Polymerase Chain Reaction Test
UGC	University Grants Commission of India
UNICEF	United Nations Children's Fund
VANI	Voluntary Action Network India

About the report

The report *Professional Social Work Response to COVID-19 Affected Families in India: Facilitating Services and Building Awareness during the Second Wave*, is the outcome of a nationwide online survey carried out between July and September 2021 to capture the professional social work's response to the second wave of the COVID-19 pandemic in India. It comprises of the analysis of responses received from Depts./schools of social work, Civil society organisations (CSOs)/units of CSOs or government organisations headed by professional social workers, and individual social workers representing all the states and the Union Territories. Findings revealed the widespread role social work organisations and individual social workers played in supporting the affected families and communities during the second wave. The Report highlights the strengths of social work profession in helping and empowering vulnerable and marginalised individuals, groups and communities in the society.

About NAPSWI

The National Association of Professional Social Workers in India (NAPSWI) is a non-profit, non-political, national level organisation, dedicated to the promotion of standards and enhancement of the status of social work profession. It is one of the largest associations of social work professionals in India, which has received a special consultative status with United Nations Economic and Social Council

About Researchers

B Devi Prasad is a former Professor, at the Centre for Equity and Justice for Children and Families, School of Social Work, Tata Institute of Social Sciences, Mumbai.

Ankit Kumar Keshri is a PhD scholar and Senior Research Fellow at the School of Social Work, Tata Institute of Social Sciences, Mumbai.

Shivangi Deshwal, PhD Student/Graduate Research Assistant, University of Maryland School of Social Work, University of Maryland, Baltimore.



National Association of Professional Social Workers in India (NAPSWI)
Secretariate: Faculty of Social Work, M S University of Baroda, Vadodara

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