

Coping With COVID-19 Pandemic: Role of Civil Society Organization in Nepal

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Abstract

The World Health Organization (WHO) declared COVID-19 outbreak a pandemic on 11 March 2020. The escalation of COVID-19 around the world has been adversely affecting the globe. COVID-19 has impacted almost all sectors in Nepal as well. The Government of Nepal (GoN) has been taking various actions to respond to the health crisis created by COVID-19. The GoN announced a lockdown and invited civil society organizations (CSOs) to support the government to COVID-19 response. Since inception CSOs have been playing a role of watchdog during the crisis in Nepal. They have been working in the frontline in providing essential services, documenting human right violation incidents, or advocating for policy change among others. The GoN has urged CSOs to divert funds and provide support to COVID-19 response. As a result, various humanitarian supports have been provided by CSOs to the needy people. This study has tried to analyze the good practices and interventions by CSOs during COVID-19 pandemic. The study finds out that the CSOs have been contributing to the society during the COVID-19 crisis in two ways. The first one is the direct support towards affected people and the second one is strengthening the Government institutions and mechanism to respond effectively. CSOs are also supported to improve the community engagement, promoting equality and governance and humanitarian support.

Key Words: Civil Society Organization, Pandemic, Crisis, COVID-19.

Introduction

The world-wide spread of COVID-19 has emerged significant public issues. World Health Organization (WHO) announced the COVID-19 as a public health emergency of international concern on January 30, 2020. It declared COVID-19 as pandemic on March 11, 2020. The escalation of COVID-19 around the world has been adversely affecting the globe. As of the 7th July 2022, there has been 550,218,992 confirmed cases of COVID-19 worldwide, including 6,343,783 deaths, reported to WHO. As of the 3rd July 2022, a total of 12,037,259,035 vaccine doses have been administered (WHO, 2022). COVID-19 impacted almost all sectors in Nepal. As of 8th July 2022, over 980,141 cases including 11952 deaths have been reported due to COVID 19 in Nepal (MoHP, 2022).

The Government of Nepal (GoN) has been taking actions to respond to the health crisis created by COVID-19. The GoN announced a lockdown, for the first time, from 24 March 2020 and announced restriction in various places over the country from 29 April 2021.

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The government invited the Civil Society Organizations (CSOs) as well for the support to COVID-19 response. On 10th May 2021, the GoN appealed with a list of major 40 medical essentials to all the humanitarian organizations to support for the response against COVID-19. During the pandemic, CSOs have been working on the frontline in providing essential services, documenting human right violation incidents, advocating for policy change, playing the role of watchdog and so on. The GoN have urged CSOs to divert funds and support to COVID 19 response. As a result, various humanitarian supports have been provided by CSOs to the needy people. During the lockdown, the CSOs have been facing various problems as well. CSOs physical mobility was restricted by the government enforced nationwide lockdown and restriction.

In this backdrop, this paper has analyzed and accessed the role of CSOs during the COVID-19 pandemic. The major objective of the study was to assess and identify the best practices of CSOs during the humanitarian crisis in general and COVID-19 pandemic in specific in Nepal. Similarly, it also finds out the major contributions of the CSOS in COVID-19 response in Nepal.

Methodology of the Study

In this study, the qualitative methodology was chosen as the research method to collect primary and secondary data from the sources as well as for data analysis. As the secondary data, information from the laws, plans, policies about CSOs, and other relevant sources were collected. Primary data were collected from in-depth interview with experts, and related stakeholders. For that, semi-structured interviews with experts were conducted. Three specific data collection tools were applied to conduct the research.

The first one is the content analysis. Under the content analysis, laws, and policies about CSOs and other, related document were reviewed and analyzed. Similarly, books, journals, research works, articles, notes, newspapers, magazines, online information, country report, newsletters, and newspaper reports related to CSOs were reviewed and analyzed. Second method is the key informants' interview. Under this, checklist-based interviews were conducted. A total of 12 persons including government officials, researchers, people representatives and experts were interviewed. Third is the collection of CSOs experiences. An information collection checklist was prepared for collecting the experiences of CSOs. The checklists were administered through email to one representative of CSOs from each province and one representative of CSOs from the Kathmandu Valley. There was a total of 16 representatives from CSOs who shared their experiences.

Before the analysis, interviews and experiences were transcribed into words in Nepali language and it is also translated into English. After that the data were categorized for the preparation of themes. After that the data were presented in descriptive and analytical methods. For presentation of data, table, case study, and descriptive method were used. For analysis, descriptive and analytical methods were used. The CSOs are during COVID-19 Pandemic in Nepal.

The CSOs During COVID-19 Pandemic in Nepal

There are various definitions of CSOs. The World Bank Group (2009) has exclusively defined it as non-governmental and not for profit organizations that have a presence in public life, express the interests and values of their members and others based on ethical, cultural, political, scientific, religious, or philanthropic considerations. OECD defines the CSOs differently. According to (OECD, 2006) the multitude of associations around which society voluntarily organizes itself and which represent a wide range of interests and ties. These can include community-based organizations, indigenous peoples' organizations, and non-government organizations. Furthermore, according to UN (n.d.) a CSO or non-governmental organization (NGO) is any non-profit, voluntary citizens' group which is organized on a local, national, or international level.

On the basis of above definitions, CSO can be called as the organizations formed or organized from civic level for solving the group problems without any profit-making expectations or capturing governance power. These organizations can be organized formally, informally, or both.

The GoN had adopted a policy of mobilizing CSOs for humanitarian services at the time of COVID-19. The cabinet meeting on 6 April 2020 instructed the minister for women, children, and senior citizens for mobilizing the CSOs to act in response to the COVID-19 pandemic and prepare a detailed action plan in protecting vulnerable people like senior citizens, women, and children during the pandemic. After this, the Ministry of Women, Children and Senior Citizen (MoWCSC) announced a directive and gave a mandate to the CSOs to coordinate with the Local Governments (LGs) in distributing relief and providing essential services to the most vulnerable citizen like children, women, and senior citizens (MoFAGA, 2020). The provisions in the directives are encouraging to the CSOs to repurpose their existing programs to fight against COVID-19 in consultation with development partners.

With the directives of MoWCSC, Social Welfare Council (SWC) also published a series of directives, guidelines, and announcements for CSOs in response to COVID-19 pandemic. These announcements encouraged CSOs to raise funds. Similarly, the MoWCSC issued a direction on 1 April 2021 that the CSOs were required to allocate up to 20 percent of their SWC approved budget of the running fiscal year (2020/021) towards COVID-19 response. The SWC circulated the notice to all the CSOs on 2 April 2021 for allocating up to 20 percent of their budget to the COVID-19 response works (SWC, 2021). The appropriated funds were to be used towards procuring health equipment and providing relief packages to the needy people in coordination with the LG following the standards issued by the Ministry of Finance (MoF).

The emergency support from CSOs during COVID-19 was in line with local needs and priorities, humanitarian activities and accountability, cost-effectiveness and appropriateness of timing based on local needs and priorities. State responses to the COVID-19 pandemic are disturbing CSOs activities globally. Often CSOs are at the front of crisis as the first responders; however, due to lockdowns and restrictions during

COVID 19, they are not fully able to fulfill that role. Many CSOs are escalating their activities to the pandemic challenges in myriad, small and large ways. They are filling in gaps left by governments.

While analyzing the available facts and information, the CSOs are found to have worked in COVID-19 pandemic respond in two major ways. First is the direct support to the affected people and second one is strengthening the government and other institutions to respond effectively.

Direct Support Towards Affected People

CSOs are frontrunners amid crisis to providing immediate support to poor, marginalized people, and migrant workers. During the nationwide lockdown in 2020 and 2021, CSOs directly supported the affected people and community. SWC issued direction to more than 51,500 NGOs and 230 INGOs affiliated with it to be focused to COVID 19 crisis response and to assist the government in deputing volunteers and network members to deliver service to the vulnerable groups (The activities conducted by CSOs that directly benefited the people for crisis management are given below:

Humanitarian Support to the Needy People

The CSOs distributed relief packages to poor and target group communities during the COVID-19 crisis. CSOs have followed and promoted the culture of support during the humanitarian crisis in Nepal. The support included basic needs like food and medicines. During COVID 19, the CSOs, in close coordination with LGs, mainly provided personal hygiene materials, health and medical supplies such as oxygen cylinder, oximeter, sanitizers, soaps, masks, Water, Sanitation and Hygienematerials, food items to the community people and isolation and quarantine centers. Most of the CSOs mutually made a significant outreach across the country. They focused on marginalized communities, female headed household, children, people with disability (PWD), senior citizens, Dalit, and other marginalized people who were hit hardest. A respondent from IHRC Banke said.

During the crisis of Covid-19, civil society organizations directly provided humanitarian assistance to citizens in crisis management. During this period, we worked directly in providing necessary humanitarian assistance to the needy poor, marginalized, people with disability, senior citizens, Dalits, women, pregnant women, etc. Civil society organizations were conducting the work of directly providing support to such at-risk groups and communities, especially in remote rural areas.

Similarly, they established medical camps and supported pregnant and lactating mothers with nutritional supplies during pandemic. CSOs have provided support to people with illness and medical conditions such as institutional delivery, dialysis, etc. They have delivered medicines to chronically ill patients and elderly people and they also focused daily wage and informal sector workers who lost jobs during lockdown. They were provided with food and non-food items medical and hygiene kits and other essential things.

Support for Livelihood

Crisis has direct effect on the livelihood of vulnerable people. During the disasters like earthquake and landslides, people are not able to take out the stored food from inside their houses. Likewise, the working class is restricted inside the houses during lockdown due to COVID-19. During these crises, the backward and marginalized groups get affected mostly. In this situation, most of the civil society organizations across the country provided direct assistance in the work related to the livelihood of the common citizens. A representative from HURADEC, Dolakha said

Due to covid-19, most of the poor, backward class and community citizens had to face difficulties in terms of fulfilling their basic needs. CSO has made a significant contribution to the livelihood of citizens of such marginalized and low-income peoples. Many CSOs mobilized resources for food, health, hygiene, and other essential materials support to the people who lost jobs due to COVID-19 pandemic. CSOs supported the target people including domestic workers, potters, drivers, and contributed to sustaining the livelihood to them.

Emotional Support and Psychosocial Counseling

A worrying, terrible, and fearful situation during COVID-19 pandemic led to deteriorating mental health status. Many people lost their family members while many people were evicted from their job. Students are concerned about their academic future. People who lost their jobs were not able to run their families during lockdown. The situation of uncertainty brought about various mental issues. The situation gave rise to anxiety and panic in people. According to the Nepal Police, 1343 people in Nepal committed suicide during the three-month long lockdown from 24 March 2020 to 25 July 2020 (Nepal Police, 2021).

For managing mental chaos led by COVID-19 pandemic, CSOs have been working for emotional support and psychosocial counseling to the needy people. Interventions from the responsive CSOs have addressed the needs of survivors by providing psycho-social counseling that would prove to cure the mental stress. The CSOs' target groups also included students, teens, and other vulnerable groups. The counseling during COVID-19 pandemic was done through online platforms. The hotline services were provided by the CSOs. Furthermore, CSOs were repurposing their resources towards COVID-19 response, and they used those resources for community radio, mass media and social media for psycho-social counseling campaign. The hotline services proved to be effective during COVID-19 pandemic. CSOs from Dolakha and Banke district reported providing psychosocial counseling to the needy people.

Community Kitchen

During crisis, CSOs and volunteers conducted community kitchen in various places on their own effort to help poor and migrant workers during pandemic. The lockdown had direct adverse effect on the migrant workers in the city areas. The CSOs made special program to meet the nutritional requirements of pregnant and lactating mothers. CSOs

also provided shelter to homeless and provided food to the daily wage workers and poor families along with setting up community kitchen for urban poor and migrant workers.

Many CSOs were engaged in distribution of ration through own resources and networks. Civil society leaders operated community kitchen to provide cooked meals for migrant workers, shelter homes, old age homes, orphanages, ultra-poor, and urban poor people. Few CSOs urged their volunteers to operate community kitchen at the isolation and quarantine centers. They have been distributing cooked meal packets to patients at the community level and public health centers.

Effective Information Dissemination and Ensured Right to Information

The GoN have issued protocols and directives for minimizing the effect of COVID-19 pandemic and providing relief to the people in need. A budget was allocated for relief packages. The people were, however, unaware of this budget. Focusing on the issue, CSOs supported to an effective information dissemination through mass media, mobile SMS, social network, and door to door campaign to the most vulnerable people in pre, during and post crisis period. They communicated with people on precaution measures of disaster and other messages. One of the means to communication was community radios. Equal Access Nepal had prepared and disseminated PSA messages through community FM radio and social media. The media had covered positive news of CSOs works at national and local levels. A Kathmandu based CSO, Freedom Forum led RTI campaign and filed RTI application to obtain COVID-19 related information from the local, province and federal level governments. Freedom Forum asked for more than 300 applications from different public institutions from 34 districts of Nepal. Furthermore, the organization was involved in publishing and disseminating the information through mass media and social media.

Access to authentic and reliable information is a critical need of community during the crisis including COVID-19. The CSOs have shared audio/visual materials through email and are using zoom, Google meet to capacitate staffs and volunteers. Many CSOs have been disseminating information through a direct community engagement. The engagement includes a direct visit by volunteers, using IEC materials, training, display boards, mike announcements, hoarding board, medical camps and help desk.

During the crisis CSOs worked in collecting information from reliable sources and disseminating to the community people. For example, Accountability Lab has started an open forum that connects citizens leaders and institutions to exchange authentic information for tackling misinformation and myths about COVID 19 in Nepal. The Accountability Lab has been publishing bulletin named Fair Facts being published regularly in Nepali, English, and Maithili languages. This has helped disseminate reliable and authentic, scientific, and fair information about health, livelihoods, and social issues on ongoing crisis of COVID-19 rapidly. Kathmandu based CSO, Samudayik Sarathi has been delivering the protocols and provisions of the government through social media, telephone calls, SMS, use of mass media like community FM and door-to-door service for reaching out to community among other activities. In the meantime, many CSOs also distributed and disseminated the information through their networks, social media like

WhatsApp, viber group, Facebook, SMS. They also provided updated information in regular basis.

Awareness Campaign

The CSOs have actively engaged in increasing awareness to the community people. During pandemic, they informed people about infection prevention and control strategy such as physical distancing and work from home. During COVID-19, the CSOs conducted awareness programs on spread of 'fake' news and messages, identifying fake news, and online safety. CSOs also seem to have worked for awareness in isolation centers and quarantine. Visiting to isolation centers and quarantines, IRDC in Kapilvastu helped in creating awareness among people on control and prevention against COVID 19, precautions such as washing hands, using face masks and so on. FMDC in Kailali conducted awareness campaign focused to the poor, disadvantaged, marginalized communities and returnee migrants from India and third world countries. Furthermore, CSOs have been raising awareness on control and prevention against COVID-19 through community FM around the country and through social media.

CSOs are working actively in providing appropriate information like wearing mask, washing hands, using sanitizers, maintaining social distance to the needy people during COVID-19 pandemic. They also circulated information about the availability of doctors, isolation centers, quarantine, hospital beds, and other health materials such as oxygen cylinders, lifesaving medicine along with interviews with doctors through radio, television, online portals, and social media as well.

Regional and local level CSOs created awareness to the community people through local languages. Similarly, social media, SMS and door to door campaign were used to awareness targeted people about hand washing approaches, frequency, and the physical distancing. CSOs worked to disseminate the proper information and understanding of the virus to the community people during the lockdown. CSOs also developed localized, contextual, and relevant IEC materials for public education and awareness driving.

Strengthening the Government and Other Institutions to Respond Effectively

The CSOs have played an important role to strengthening to all three tiers of governments and community level organizations including networks of youth, children, and women during the COVID-19 pandemic. Some of the CSOs showed their presence at the federal, provincial, and local level by actively involving in various policy and decision-making bodies. CSOs have collaborated with communities for effective service delivery. During the pandemic CSOs supplemented government agencies by organizing and mobilizing communities. CSOs have worked for strengthening the LGs and CSOs have provided awareness raising training to people and capacity development training to the local level institutions. CSOs have shown a good approach for engagement with local, provincial, and federal government machinery. The CSOs' role and their engagement can be grouped as follows:

Support to the Government

Federal, provincial, and local governments have mobilized huge resources to alleviate the effect of pandemic on the lives of poor, marginalized people of the country. But reach of the government mechanism is limited owing to protocols. Government does not have enough human resource to reach to the needy people. In this situation, CSOs have played a crucial role in facilitating the government departments to fight pandemic by supporting relief package and health materials. The CSOs provided their support in mass level through the volunteers, CBOs like *Tole Bikash Sastha*, community leaders and networks. CSOs are following the guidelines and protocols issued by the GoN and working closely with LGs. For instance, HURADEC in Dolakha had engaged in monitoring of isolation centers to see if these were following government protocols. Discussions were held by CSOs on rescue, relief, rehabilitation, reconstruction, quarantine and isolation facilities for poor and marginalized people.

The MoHP issued a letter on 15 March 2020 to the LGs for early preparation and response to COVID-19. According to the provision issued by the MoHP through the letter, each LG was to establish a local coordination committee. Similarly, each ward was to establish at least one ward level coordination committee to work in observation of suspicious infected people and plan for prevention of transmission and treatment. The coordination committees were to raise awareness about COVID-19 through mobilization of local volunteers and Women Community Health Workers (WCHW). Similarly, the committees were responsible for informing about the infection to hotline number 1115. In the same way, federal COVID-19 Crisis Management Center (CCMC) and District Level Crisis Management Center (DCMC) were established based on Disaster Risk and Management Act 2017. CSOs have worked for capacity building of these committees.

Engaging with Government Mechanism

CSOs were engaged in assisting the efforts and initiatives of several public service providers in local, provincial, and federal level government. Many CSOs involved in knowledge creation through webinars and research surveys. This involvement has contributed to policy making process in upper levels and decision makers in the federal, provincial, and local government. The CSOs have raised the issues that helped federal government in development of protocols and guidelines. In the province level, Ministry of Social Development (MoSD) coordinated with the CSOs to solve issues emerging from the ground while leveraging their resources and networks. CSOs were also encouraged by the provincial government to distribute relief and essential materials.

CSOs also engaged with the District Administration Office (DAO) to work against COVID-19 pandemic together. CSOs have important contribution in supporting the DCMCs and delivering their decisions to the communities. DAOs are responsible for issuing the restriction order and maintaining peace and security in the district during crisis. Majority of CSOs working in district level were working closely with DAOs. The CSOs were involved with DAO in providing emergency medical transportation services like ambulances for those who needed immediate medical care in hospital.

Promote Transparency of Accountability

All three levels of government spent huge amount during COVID-19 pandemic for rescue, relief, and rehabilitation. The CSOs have important contributions in promoting accountability and transparency in government activities. Due to COVID-19, there have been adverse effects on various aspects such as education, health, employment, gender equality, agriculture, business, industry, livelihood, good governance and so on. The CSOs have been aiding in promoting accountability in government activities for minimizing the adverse effects in these aspects through policy advocacy. IHRC Banke had filed three Public Interest Litigation (PIL) in the Supreme Court for making government more accountable and ensuring health of people during the second wave of COVID-19.

Samudayik Sarathi, Kathmandu has been asking for information on expenditure of the government for COVID-19 and publishing the information. The institution has published a report through virtual discussion on the transparency of expenditure by the LGs during COVID-19. HURADEC in Dolakha worked for making the government activities transparent and accountable using social accountability tools such as public expenditure tracking (PETs). Similarly, IHRICON, Lalitpur published a report on the expenditure of LGs for COVID-19 response. It had examined the materials provided to the people with price details, quality tags, expiry date and descriptions and advocated for ensuring the details if those were missing or flawed. Despite the restriction in mobility and lockdown, the CSOs worked for investigating and publishing the Omni scandal, corruption in purchasing health equipment, irregularities in establishing and managing quarantines and isolation centers by the LGs. This created pressure to the government for assuring accountability in its activities. The campaigner of campaign “Enough is Enough” did hunger strike on 26 June 2020 with demands for government to increase number of tests with proper management of quarantines and isolation centers. After this, the government was compelled to sign a 12-point agreement on 23 July 2021 (Annapurna Post, 2077) which created pressure to government to become responsible and accountable.

Playing the Role of Watchdog

The CSOs track and monitor the activities of LGs and provincial governments to ensure their services to be effectively delivered in the communities. Accountability Lab and Freedom Forum published e-newsletters and did other online communication campaign to document three tires of government’s response to the pandemic and made the information available online. The CSOs are playing role of watchdog for making the government responsible, accountable, and transparent in its activities such as implementing its protocols and distributing relief to the affected people. Many CSOs including HURADEC, Dolakha, IHRICON, Lalitpur and IHRC, Banke carried out monitoring of relief distribution, isolation centers and quarantines to stimulate up government for maintaining accountability and transparency.

Human Right Monitoring

With the leadership of National Human Right Commission (NHRC), the CSOs including Nepal Bar Association (NBA), NGO Federation Nepal (NFN), and Federation of Nepalese

Journalist (FNJ) have been involving in monitoring of human rights and instigating the stakeholders as well as assuring accountability of the government. Many holding centers, quarantines and isolation centers were established with the support and initiation of these CSOs. The returning migrants, infected people, as well as CSOs' members themselves were benefited with the quarantines and isolation centers facilitated with required health equipment and oxygen. Similarly, the CSOs have been contributing to human rights protection by identifying infected people from poor and disadvantaged groups, delivering the health services and equipment, and distributing relief packages to the needy people. Several CSOs continued hotline telephone services to report issues of domestic violence, violence over the children and gender-based violence. They provided free legal services as well to the needy people. HURADEC Dolakha had established informal network in the district to work in protection of human rights during crisis. Similarly, IHRC Banke contributed to human right protection of the people by providing free legal services to those who were deprived of legal services or those who could not afford them.

Update and Adaptation with Change in Policy of the Government

The GoN has developed the minimum standard guidelines for response to the crisis. SWC issued the direction for the CSOs to allot up to 20 percent of their budget for COVID-19 crisis response. The CSOs remained updated with the government policies and guidelines and internalized the changed policies during the crisis response and support. CSOs shortly adjusted to the minimum standard and guidelines from the SWC, MoWCSC, MoHP, MoHA, provincial government and LGs and assured the quality standard as prescribed by the government. Similarly, the CSOs adjusted their policy, rules, standards, plans and strategies in a line with the government protocols and guidelines. The adjustment played an important role in the crisis management.

Promote Coordination and Collaborative Culture with Stakeholders

During COVID-19 crisis, the CSOs, mass media, peoples' representatives, campaigners, and primary health workers held sectoral meetings, discussions, and interactions virtually in a regular basis. The CSO is promoting the culture of coordination and partnership for crisis management and minimizing loss during COVID-19. HRPLSC Rolpa and IRDC Kapilbastu have been playing leadership role of bringing all the stakeholders in a common platform and discussing for crisis management. CSOs in other districts as well are playing leadership role through coordination and partnership with various stakeholders. The coordination from CSOs with the GoN specially with MoWCSC, MoHA, MoHP, SWC and local and provincial government help in handling the crisis management very effectively. Most of the CSOs worked systematically and in a planned way.

Similarly, there has been good coordination and collaboration between the CSOs and media. The mass media published the works of CSOs during COVID-19 crisis management. Likewise, the problems on control and prevention of COVID-19 and related issues which were published by the media were addressed by the CSOs. Majority of CSOs' representatives included in this study told that they have been doing coordination and collaboration with the media.

Support to the Government for Crisis Management

The participation of CSOs in government bodies increased during the crisis. They worked in coordination with the government and its institutions in relief distribution, primary health care, mental counselling and temporary infrastructure development during earthquake, flood, and landslides. During COVID-19, the CSOs have worked in partnership with the government bodies in handing over PPE sets, oxygen cylinders, concentrators including other essential health equipment. This has increased interest of governments to collaborate with CSOs in future as well as promote their participation in the works of CSOs.

According to the data published by the SWC, as of July 23, 2021, CSOs have handed over 153776 PPEs, 82,450 isolation kits, 8 oxygen plants, 813 oxygen concentrators, 3,258 oxygen cylinders, and 1,036,138 health and hygiene kits to the GoN. The INGOs and NGOs have approved a budget of 15,46,588,490 and 10,58,682,795 respectively for COVID 19 crisis management and have been working (SWC, 2021).

Likewise, the unorganized CSOs which have not been registered, loose forums, networks and individual social workers have provided humanitarian support during crisis. Many of them have given financial contributions for this. Similarly, during the COVID-19 crisis as well, they have provided support to the poor, socially backward people, and families.

CSOs are working with the governments for the welfare of people with obliged emphasis to the women, children, PWD and poor and marginalized community. Samudayik Sarathi advocated for safeguarding the PWD issues in the annual budget of local level to ensure whether rights of PWD are addressed. For this, the discussion was held in two stages. CSOs have increased their participation with all levels of governments for proper coordination and partnership and support. The practices of working in close coordination with all three tiers of governments enabled CSOs for an effective COVID-19 response in Nepal.

Strengthening the Government Institutional Networks

CSOs have strengthened various institutional networks in the government machinery. The networks Community Disaster Management Committees (CDMCs), District Disaster Management Committees (DDMC), National Disaster Risk Reduction and Management Authority (NDRRMA), COVID-19 Crisis Management Center (CCMC), and District Level Crisis Management Center (DCMC) at the local level worked in partnership with the CSOs. CSOs have mobilized their resources through these networks and in turn, the local partners have enabled CSOs for effective crisis response. Good relationship and coordination with local, provincial, and federal governments enabled CSOs for a successful relief supports to affected community through government units at different levels.

Conclusion

The COVID-19 pandemic has a devastating impact on the individual and community level. This study shows that the CSOs are playing a crucial role in supporting the communities affected by the COVID-19 pandemic and the lockdown of the country.

CSOs' support ranges from distributing food packages, PPE, health, and hygiene materials, disseminating the authentic proper useful information, health, and hygiene rules regulations of lockdown government programs to creating opportunities for marginalized and poor communities. During this time, CSOs staffs, community animators, citizen leaders, resource persons, and their family members have also got infected and unfortunately dozens died. Though, CSOs continued the awareness generation, distributing health and sanitation related materials like mask, hand sanitizers, oximeters, and thermometers to frontline workers as well as to the poor and marginalized people. Most of the CSOs ran out of resources during the time. They faced several challenges during their humanitarian support in the time of crisis.

CSOs acted well in response to the emerging needs of the community. The CSOs provided basic materials like personal hygiene, foods, and medical supplies and emotional support to the people affected by pandemic. The crisis is a long-drawn and CSOs have been working to actively take on the different needs of the individuals. The CSOs have been working on mobilizing more resources and engaging volunteers towards ensuring relief operation is carried out unhindered.

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