

FUNDING DURING A DISASTER

*Lessons from the COVID-19
pandemic in India*

MARIWALA HEALTH INITIATIVE

AUTHORS:

Priti Sridhar
Raj Mariwala
Hamsini Ravi

PROOFREADING:

Olimpika Oja

DESIGN:

Ara Johannes

ILLUSTRATIONS:

Ara Johannes

TYPEFACES:

Playfair Display
by Claus Eggers Sørensen

Roboto

PUBLICATION DATE:

June 2021

SUGGESTED CITATION:

Ravi, H., & Mariwala, R. (2021, June).
Funding During A Disaster. Mariwala
Health Initiative.
<https://mhi.org.in/resources>

LICENSE:

Attribution-NonCommercial-NoDerivs
CC BY-NC-ND

Mariwala Health Initiative

Mariwala Health Initiative (MHI) is a funding and advocacy agency for innovative mental health initiatives, with a particular focus on making mental health accessible to marginalized persons and communities.

MHI provides grants and strategic support to organizations and collectives working within communities to provide greater access to mental health services for all.

MHI partners with projects that together constitute a multi-pronged approach, through intervention programs as well as advocacy in the areas of law and policy.

We align with a rights-based, psychosocial approach that considers mental health concerns in the context of disability rights. We expand on the narrow medical understandings of mental health and illness and look at

these through a systemic lens. We understand oppressions based on caste, gender, religion, region, ability, and sexuality based oppression as major contributors to mental health distress. We encourage community-based interventions, and actively promote the deinstitutionalization of mental health services.

OUR JOURNEY

2015

- ▶ **January:** Talking to stakeholders such as mental health professionals, users, service providers – to glean insights about mental health, and existing need gaps.
- ▶ **April:** Began partnerships with implementing organizations.

2017

- ▶ **October:** Launched MHI website - a site built by centering accessibility. Web accessibility refers to the inclusive practice of removing barriers that prevent interaction with websites by people with disabilities.

- ▶ **February:** Launched Queer-Affirmative Counselling Practice Course as a six-day in-person course for Mental Health Practitioners across India.
- ▶ **September:** Launched Peer Support Practice for LGBTQ+ individuals.

2019

- ▶ **November:** Released a study on Mental Health of Entrepreneurs, in partnership with Ascent Foundation. Received the Hurun Award for outstanding work in philanthropy in Mental Health.

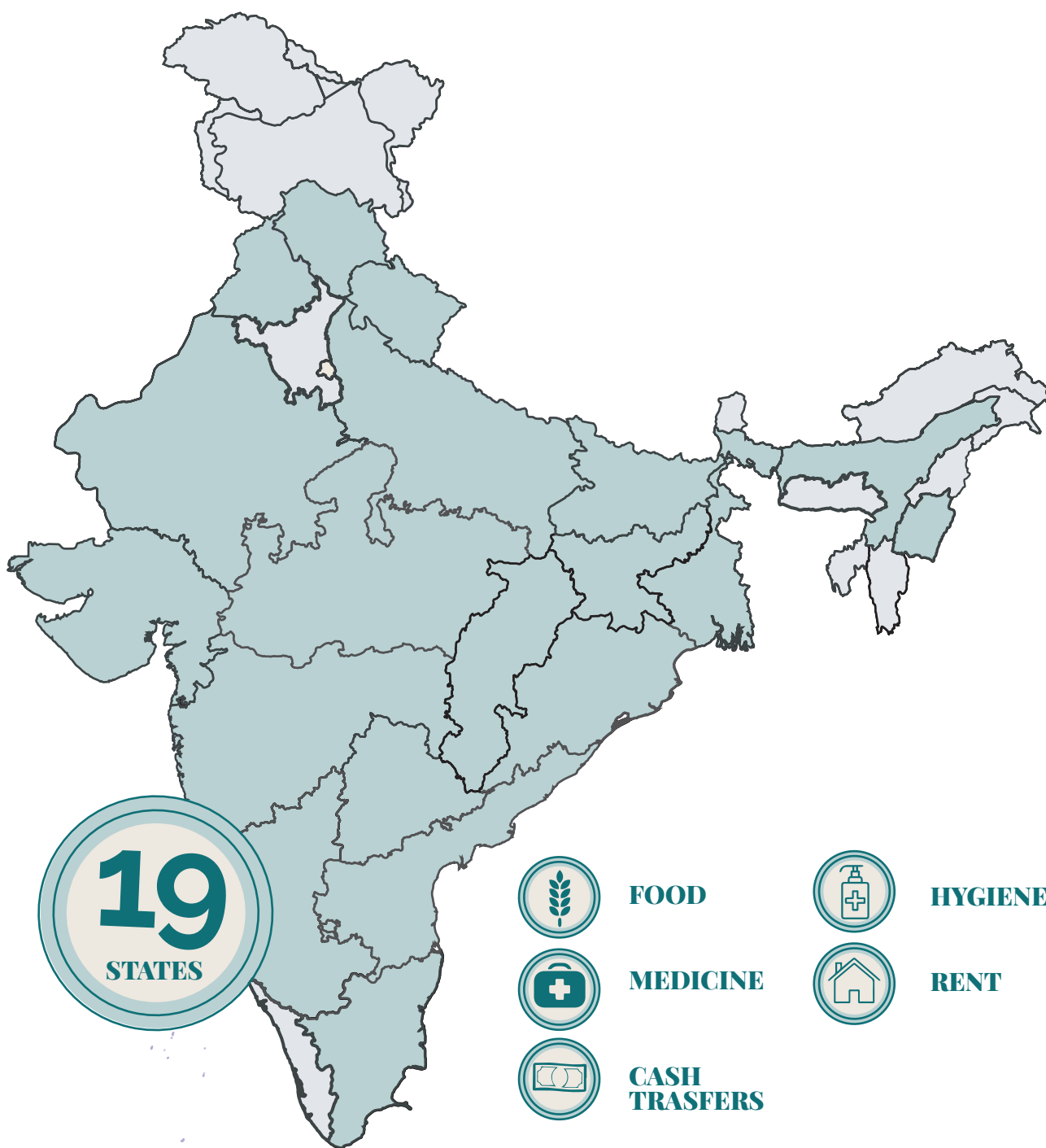
2020

- ▶ **January:** Initiated a Community of Practice for Mental Health frontline workers in partnership with the University of Edinburgh.
- ▶ **March:** Signed an MoU with the Bihar State Government to build capacity and implement the Mental Healthcare Act 2017.

- ▶ **April:** COVID-relief in partnership with 23 community-based organizations and collectives across 18 states.
- ▶ **December:** Launched Gender, Sexuality and Mental Health from the Margins- an introductory workshop-style session for college students.

2021

- ▶ **January:** Launched Youth Care Network in partnership with The YP Foundation to train youth leaders, on mental health. These leaders would, in turn, be able to provide peer-counselling services and referrals in their community and sphere of work.



OUR COVID-19 RESPONSE

The COVID-pandemic has been raging for over a year now and while the situation continues to unfold every few weeks and differently across parts of the country, the COVID-19 pandemic and subsequent lockdowns have pushed some 230 million Indians into poverty and is a humanitarian disaster.

In this scenario, how do philanthropy, CSR and donors do right and fulfill their responsibilities towards the organizations, people, and communities they engage with? How does funding need

to adapt to chronic crises or perhaps recurring disasters? For example, the Sundarbans region or parts of Kerala are more prone to floods.

Even as large swathes of population may experience disasters, those on the margins are always disproportionately affected. ***As funders, do we ask ourselves whether we are being effective at our work in such situations? Are we able to adapt practices to address needs at hand?***

For MHI, a funding and advocacy organization with a focus on mental health, we realised we would need to modify some practices if we were to fulfill our mandate of making mental health accessible to marginalised communities.

Even as we examine our responsiveness to a crisis, there are two points to consider: ***what do we need to do to support existing partners but also whether and how one's relief response should extend beyond existing work.***

As a funding organisation, it is important to communicate support for measures taken for safety and well-being of partner staff - even if it means temporary shut-downs of programs. Partner organisations may feel pressure to continue even in light of such support, so it is important to commit that partners may re-purpose funds for time being as they see fit. While this turned out to be critical for a quick response to the distress of COVID, some partners may need quick approvals on additional funding.

MHI did a fast technology funding and implementation to keep our partner iCall, a national helpline, running through the pandemic as well as added funding to build service capacity.

As organizations in India are constrained by limitations on foreign contributions and centralized funds, such as the PM Cares Fund were being promoted, we formally continued some partnerships that were to cease, as obtaining new funding would be hard.

At such times, it's important to relax or postpone any requirements of documentation of work.

It is most telling that ***in order to work on mental health during COVID***, while our partners were able to offer mental health support in light of COVID, ***the response had to go beyond traditional service provision as MHI approaches mental health as a development issue.***



identifying those that were most impacted by the pandemic and that have historically not had access to the public distribution system or government welfare schemes.

This means that psychosocial distress is related to structural exclusion- so a COVID response related to food, shelter, medicine & survival for marginalised communities also fell within our ambit. We identified various groups that were most impacted by the pandemic and that have historically not had access to the public distribution system or government welfare schemes: Sex workers, queer-trans folx, Persons with Disabilities, HIV positive persons, People living on the

streets, persons incarcerated (Mental hospitals/jails), Notified Tribes/Denotified Tribes, Dalits, Adivasi communities, migrants, daily wage earners, domestic workers, marginalised religious communities and those who are geographically inaccessible.

Many persons from the above communities did not have identity proofs that would enable them to access the benefits announced by the government or relief support provided by CSR and philanthropists. This focus on

its own is not sufficient, so, we've outlined four other steps and considerations we took at MHI.

1. ***Actioning the focus on marginalized groups***
2. ***Flexible processes for smaller and community-based organizations***
3. ***Flexibility in relief funding***
4. ***Engaging with organizations on Mental Health agenda beyond COVID relief***

1. *Actioning the focus on marginalised groups*



Leverage a Small Team

Assign a small team to support relief funding, this will reduce turnaround time and also help consolidate information quickly.

For example, MHI relief funds went to many organisations who did not have a mental health background.



Use Partner Recommendations

Reach out to your existing partners for recommendations of organizations and collectives in marginalized geographies and community groups.



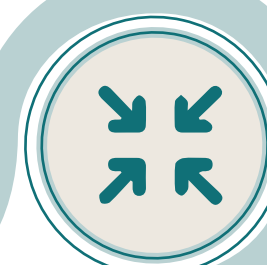
Revisit previous Concept Notes

Revisit concept notes you may have rejected in the past working with marginalized groups who may have urgent needs in the present. Look at organisations beyond the sector(s) you fund.



Support Smaller Organisations

Support multiple smaller organisations that institutional funders don't support rather than national level organisations who may not have reach beyond cities and towns.



Direct Outreach

Directly contact community-based organizations working with the specific marginalized groups you have identified.



Go Hyperlocal

Go hyperlocal and small - community based organisations are best placed to address ground realities and have deep insights versus national or even state-wide organisations.

2.

Flexible processes for smaller & community-based organizations

To fund smaller organisations and collectives who'd be quickest on the ground, **dispense with the requirement of documentation and certifications**, eg: 12AA/ 80G etc.

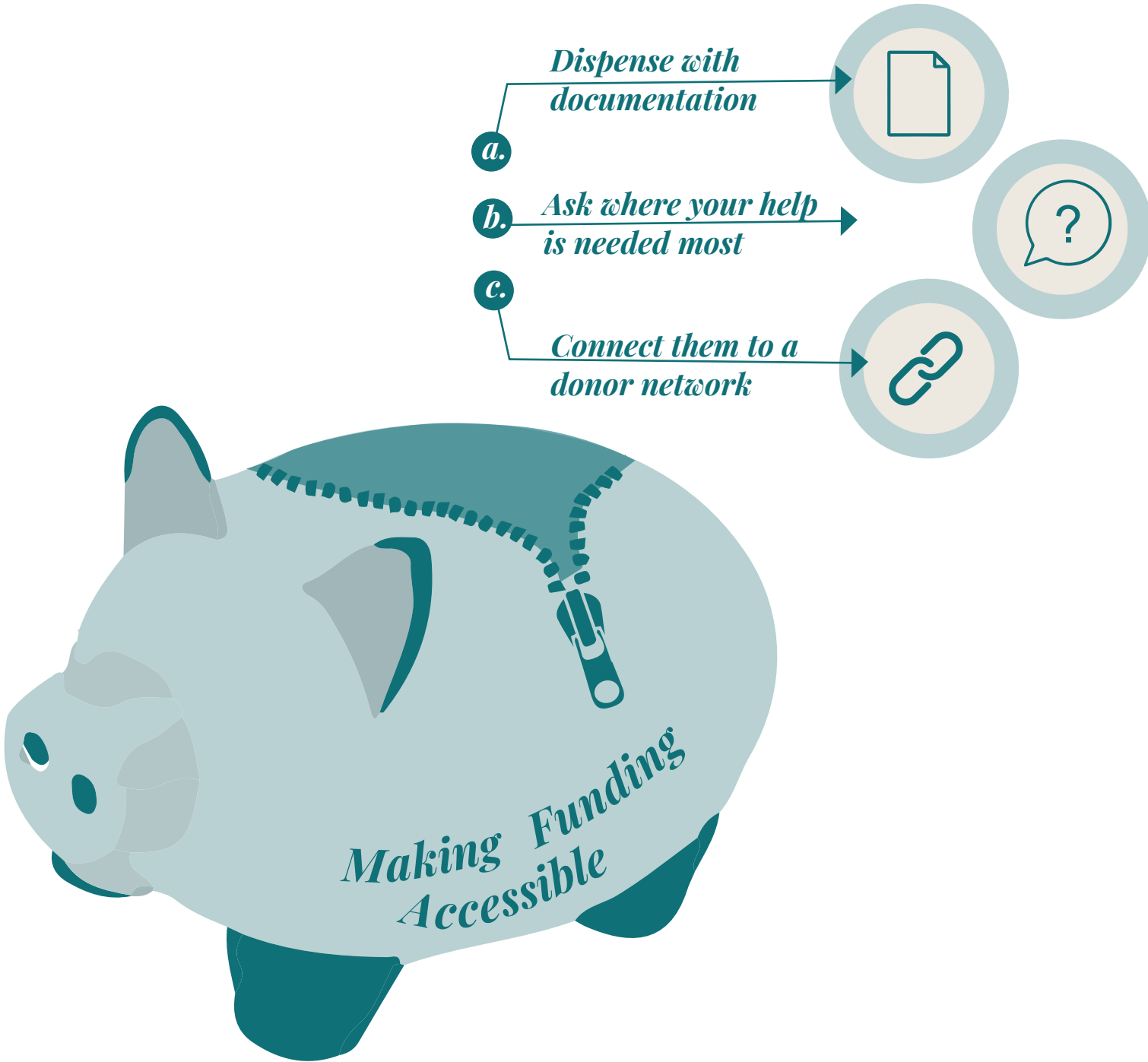
We also undertook direct bank transfers to individual beneficiaries as many of the organizations we wanted to support did not have bank

accounts in the names of the collectives / trusts.

Ask the organization where your support would be most required. For instance, through a conversation with an organization, we realized that they wanted to support the needs for rent for sex workers and for salary of a nurse to visit the people living with HIV-AIDs so that their health checkup could be undertaken, their

questions about impact of COVID on their health could be answered, and they can be provided medicines at their doorstep.

Further, **support organizations by connecting them to a network of donors** and sharing tips on fundraising.



3.

Flexibility in relief funding



Unlearn the notion that disaster relief is only about immediate support for a period of one week to ten days. Relief support needs to go on for much longer than that, **addressing psychosocial challenges in the affected communities.**



Speak to the organization and understand what **kind of documentation** they can provide. For grassroots entities, even writing proposals or filling grant applications would not be possible because of limited team capacity and other barriers.

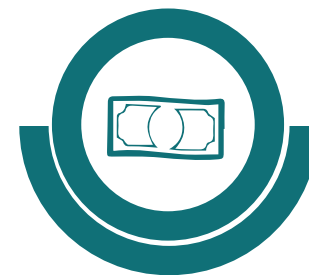


Approve grants with minimal requirements, for instance, no lengthy narrative reports or beneficiary lists, or photographs. In case of informal and voluntary collectives, they may not have letterheads and official stationary. A confirmation email should suffice in such cases.

While MHI does not ask for expense reports or grant narratives from any of its partners, some submit of their own accord.



Respect the dignity and privacy of users of the relief - **don't ask for photographs or AADHAR card numbers.**



In case of individual cash transfers, don't ask for ID proof, for, if you want to reach the last mile, you will need to **support those who don't have access to AADHAR enrollment and other identity cards.'**



Approvals for funding should be confirmed in 1-2 days to meet the critical on-ground needs.

4.

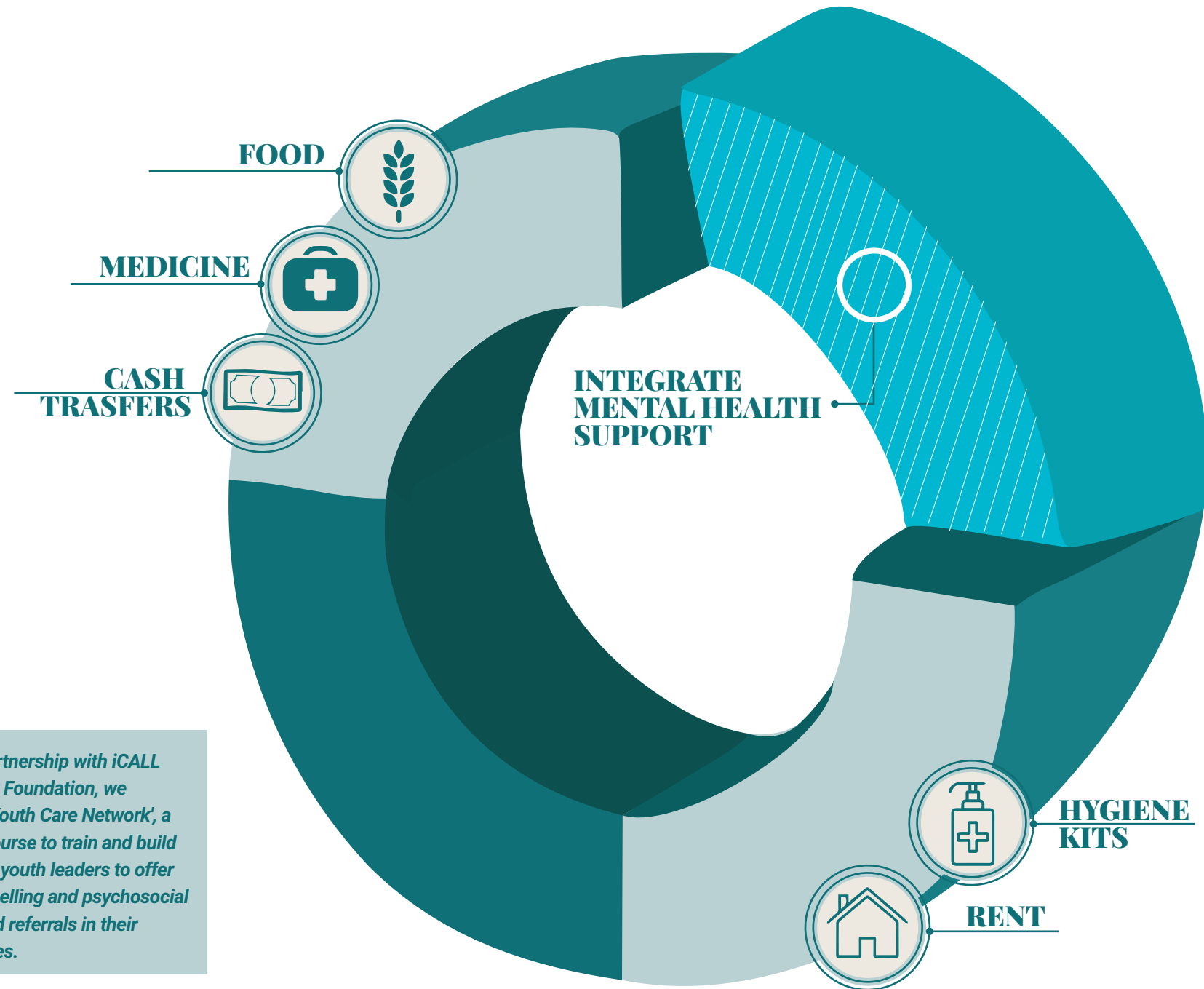
Engaging with organizations on Mental Health agenda beyond COVID relief

Support the safety and well-being of your own ground partners - physically and mentally. With the COVID-19 outbreaks in India being severe and traumatic across the country, causing ripple effects in livelihoods and food security, many frontline organizations are experiencing compassion fatigue and mental health breakdowns. **Make mental health support part of your funding package.**

For MHI we provided self-care webinars, addressed burn-out and also taught psychosocial first-aid so that in the course of delivering relief - mental health support could be offered as well.

Part of our responsibility as a mental health organisation was also to **look at ways of supporting community based leadership.**

Thus, in partnership with iCALL and The YP Foundation, we launched 'Youth Care Network', a 4-month course to train and build capacity of youth leaders to offer peer-counselling and psychosocial support and referrals in their communities.



ENGAGING BEYOND COVID-19 RELIEF

Respect organizational communication preferences, working hours, and holidays while corresponding with staff and leaders.

Identify opportunities for building the capacity of local communities in peer counselling and barefoot mental health support

Assure them of continued salary payouts through organizational well-being leave or suspension of work.

Check-in on partners and see if you can support non-relief needs through monetary and non-monetary support

Don't repurpose planned programmatic funding into relief funding - using networks of privilege or band together with donors to make additional commitments to both program and relief funding for the year.

Offer virtual sessions and support their leadership in these challenging times.



- 1** *Nothing about us without us.*
- 2** *Expert intervention should be situated alongside peer groups, networks, and allying communities.*
- 3** *Widening our ambit as funders or advocates and breaking the silo of working on services and policy to support people's and collective movements, demand freedom from violence, from food insecurity to the provision of social safety nets, labour rights, LGBTIQ rights and human rights.*

FUNDING DURING A DISASTER

*Lessons from the COVID-19
pandemic in India*

Learn more about our funding practices:



www.mhi.org.in



contact@mariwalahealthinitiative.org



[@MariwalaHealth](https://twitter.com/MariwalaHealth)



 mariwala
health
initiative