

THE DISCOURSE



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EDITORIAL

Deepanwita De

Manager, Communications
INDIAdonates

In the first quarter of the year there was a sense of euphoria on overcoming the pandemic as we saw cases recede across the country. However, the last three months has brought the country to its knees, as the second wave created catastrophic damage across the spectrum. The collective losses that we all experienced will be etched in our minds for years, and I share my deepest condolences with each and every one of my colleagues, partners, friends, who lost their loved one's in the pandemic.

Like everyone else around the country, it has not been an easy journey for us at INDIAdonates as we navigated through personal losses, addressed distressing calls from our partner communities and tried our best to rise to the occasion to support 7 rural hospitals in upgrading their medical infrastructure. The need of rural communities far exceeded the requirement in urban areas, as basic access to healthcare was heavily compromised. At INDIAdonates we started our intervention to work with rural hospitals in the third week of April and saw an overwhelming response, as thousands of individuals came forward to support. You will read more about our campaigns in our 'What we did' segment.

Needless to say that a lot more needs to be done to rebuild our societies, but right now our biggest concern is to provide for thousands of communities with wholesome grocery kits to sustain them, and pull them out of the abyss of uncertainty. To provide for the same, we are working with 13 partner organisations across India, and hoping to support at least 30,000 individuals. This is the first step towards meeting their basic survival needs before we leap forward to address the economic situation of multitudes who are living on the fringes. This gigantic task is by no means the responsibility of one, instead requires a consolidated effort across all verticals, from individuals to companies, philanthropists, governments and civil society.

REBUILDING SOCIETIES IN THE WORLD OF COVID-LESSONS ON HEALTH

- Sandeep Sharma
Founder

- Deepanwita De
Manager Communications



If there is one thing that we have all learned in the last one and a half years, it is that health is of utmost importance. COVID-19 will go down in the annals of history for the irrevocable damage that it has caused to society, but also for the transformation that it has brought about in our thinking and attitude towards life, technology, environment, education, health etc. The fad of the new normal is a sour pill, but the more we conform to it, the easier our lives would be. India is still reeling under the weather of the second wave, which was extremely fatal for vast communities in rural and urban areas. Although metropolitan cities had a better resource system to mobilise, the struggle to breathe in rural areas was mostly unrecorded.

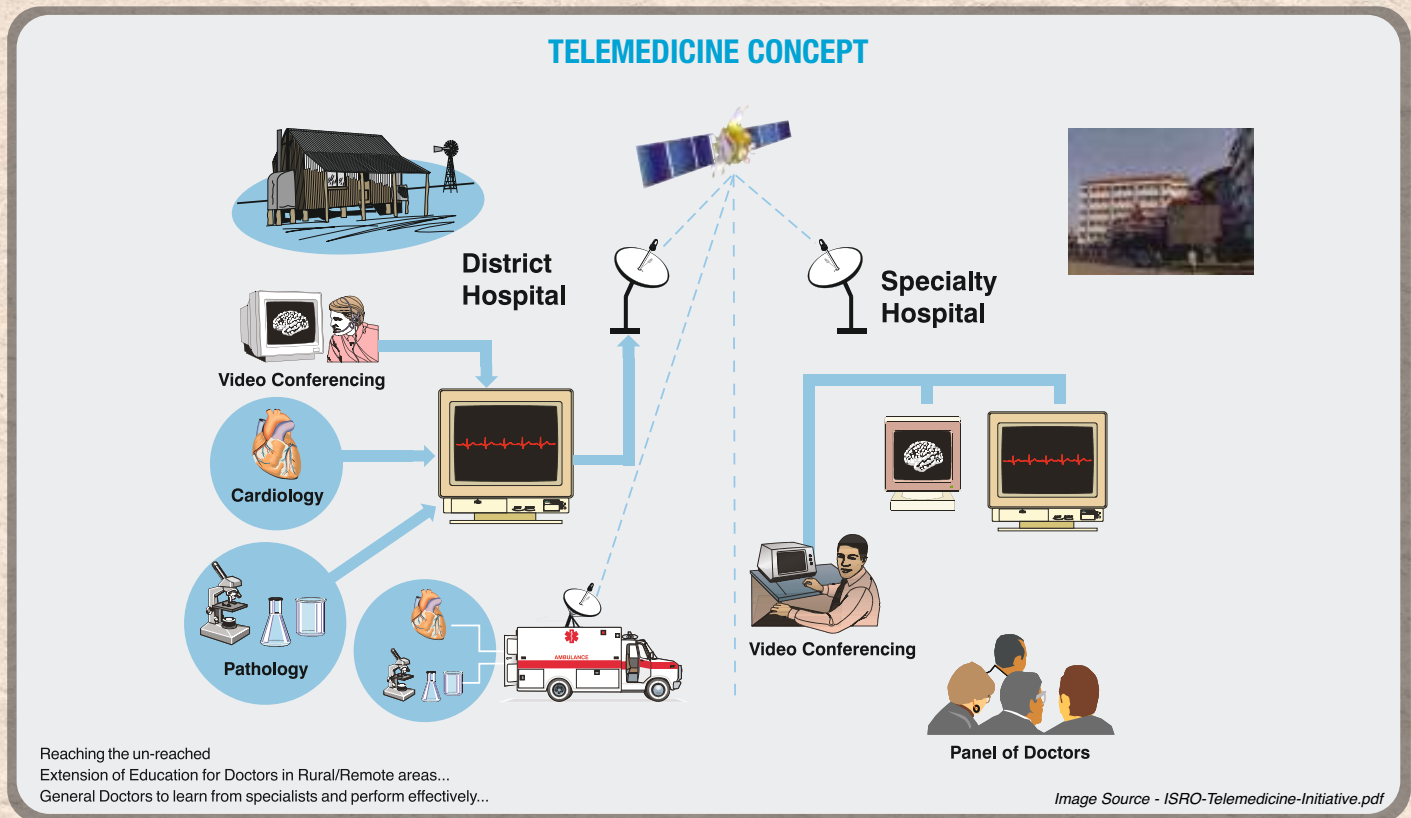


Image Source - DW-TV

We will probably never know the girth of the problem that rural India faced during the second wave, but we can draw numerous inferences from projected death ratio in urban to rural India, (recorded & unrecorded), distressing testimonies from rural doctors, nurses and vulnerable communities, estimated population pushed towards poverty, so on and so forth. And all these parameters project a grim reality. Like the second wave, the penetration of the virus in the rural populace was unanticipated and widely miscalculated. The rural healthcare system which is in general burdened by the lack of infrastructure nearly crumbled to support the epidemiological crisis. However, access to healthcare is not just about infrastructure but also low-cost health insurance, widespread awareness, and even acceptability of services.



We are likely to face these problems in perpetuity if there is not a complete overhaul in our healthcare structures and address the larger problems of adequacy, equality, scalability, admissibility. While working on the COVID-19 response at INDIAdonates with rural hospitals, some poignant issues came to light and we are going to pen them here, for the benefit of the community.



Telehealth – With the first COVID lockdown almost all private healthcare providers moved to telehealth services, but this fascinating transformation couldn't seamlessly make in-roads to the villages in India. Telehealth is not a new concept, in fact, Telemedicine - an offshoot of telehealth has been in India for many years. ISRO made a modest beginning of bringing telemedicine in rural India in 2001 [i].

In the past few years, many private players have entered the telemedicine market like Narayana Hrudalaya, Asia Heart Foundation, Apollo, etc, however, it has not been enough to integrate every village and town so far, which proved a major bottleneck during the ongoing COVID-crisis.

During our intervention with one of the rural hospitals in Lamtaput, Odisha, telehealth proved an effective ammunition to fight symptomatic cases of COVID. The hospital's community outreach arm distributed oximeters, thermometers, masks, IEC materials along with phone numbers in the tribal belts of Southern Odisha. In case of mild symptoms, the community members were given a helpline number as opposed to travelling 60-100kms to the hospital.

Telehealth, in this existing scenario, cannot be treated as a contingency plan, instead, it needs to be wired to increase accessibility and reduce the burden on the physical health care system, as India moves towards digital transformation. While private players have a huge role to play in scaling such an operation across the remotest corners, the community workers at the grassroot level can ensure acceptability within communities, as previously mentioned.

Allocation and creation of resources - In the coming days' health needs has to be prioritized across the spectrum, because unless we ensure healthy living, everything else will take a back seat. And to our mind, the creation and allocation of resources can be divided into long term and short term objectives. Long term objective of the creation of resources can be addressed by looking at the doctor population ratio in India, which is currently at 1:1436 against the WHO recommended 1:1000, according to the Economic Survey 2019-20. This distribution is further skewed with urban to rural doctor density being at 3.8:1. It might take a decade to fill this lacuna but what can be done on an interim basis is to incentivize paramedical education in both urban and rural areas. Educational institutes and NGOs can create synergies to prepare a cadre to address emergencies and long term care.

As a short term objective, we need to revise and re-engage communities on existing schemes and benefits available at our disposal. The Pradhan Mantri Jan Arogya Yojana is an insurance scheme available for secondary and tertiary health services for poor and vulnerable communities.

Since the launch of the scheme, more than 150 million beneficiary cards have been issued and offers coverage of 5,00,000. However, due to its decentralized approach, and lack of awareness, many are still missing out on this opportunity to get affordable & quality health care. NGOs are in a unique position to solve this issue, as they are closer to the community and share a bond, which is otherwise impenetrable to authorities. Even as vaccination drives pick up steam, while NGOs directly cannot implement vaccine drives, they are better placed to mobilise communities than any other private player and move the country closer from Availability, Access to Acceptability.

As we begin our recovery to rebuild lives around the world, we need to recognize the power of communities, individuals and agencies in redesigning our approach towards health. 364 million Indians continue to experience acute deprivations in health, nutrition, schooling and sanitation.[ii] This number might magnify as COVID-19 pushes thousands towards destitution. Hopefully these interventions at a large scale could help us to mitigate the future challenges, but it will also give a much needed breather to the doctors who not only saved millions of lives but continues to hold the fort with determination and courage. On the occasion of Doctor's Day, (1/07/2021) it is important to remember and commemorate the contribution of the Doctors who are fighting effectively against the virus, despite the adversities.



[i] <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6618173/>

[ii] <https://www.in.undp.org/content/india/en/home/sustainable-development/successstories/MultiDimensionalPovertyIndex.html>

What we did?

Upgrading Rural Medical Health Infrastructure



In the wake of the second wave of COVID-19, INDIAdonates began its mission to support hospitals in the third week of April 2021. Anticipating a surge in the hinterlands, INDIAdonates reached out to 26 hospitals, through its vast network of partner NGOs. These hospitals lacked infrastructure and were compounded with the severe shortage of resources, due to broken supply chain and mobility issues. Within 10 days of intense campaigning we were able to mobilise resources for 7 hospitals

through the generous support of donor agency Andheri Hilfe Bonn, Germany, Vibha, United States and over 200 donors (India and abroad) in Bihar, Chhattisgarh, Assam, Andhra Pradesh, Odisha, Jharkhand with life saving equipment. We provided Ventilators, Pulse Oximeters, Oxygen Masks, PPE kits, ICU beds, Bed-Side Monitors, Oxygen Plant, Ultrasound Machine, ABG Machine, Patient Stretcher & other medical equipment for enhancing COVID ward facility.

You can read more about our work [here](#)



Mission #Foodforsurvival - Mega campaign pan-India



As India slowly recovers from the grip of the second wave of COVID-19, the damages caused have had far reaching effects. Intermittent lockdowns, economic downturn, job losses have pushed scores of families across India into poverty. They now stare at a future of abject poverty, hunger and starvation. The global health crisis has created a food emergency, as millions are unable to feed themselves or their families even a single meal. In our efforts to build back from the ravages of the second wave, we at INDIAdonates launched our #Foodforsurvival mission to feed over 30,000 individuals (7,882 families) across 13 states in India by distributing grocery kits containing non-perishable goods like Rice, Wheat, Pulses, oil, sugar, salt etc. So far in our mission, we have been able to help over 3,520 individuals across 4 states in India with the help of Serve All India and Canada India Foundation.

Read more about the mission [here](#)

Mission #Foodforsurvival - Mega campaign pan-India

COVID-19 Response

#Foodforsurvival



Events Hub

National Social Summit with IIT Roorkee

National Social Summit was conducted by IIT Roorkee for Imbibe and Implement event with INDIAdonates. The 2 day event was held on 27-28th March and was attended by over 20 NGOs. The event was conducted and moderated by INDIAdonates Head of Operations Ms. Uttama Pandit & Manager Communication, Ms. Deepanwita De. The first day of the event covered various topics of Digital Fundraising & Communication, and the second day many NGOs across the country participated to give presentation on their outreach and fundraising plans.

The winning NGO Pretty Lil Hearts was awarded a prize money of Rs. 15,000 on April 16th.



Collaborations and Partnerships

We have onboarded 12 NGO partners in the last quarter

**She Hope Society
for Women Entrepreneurs**



State: Jammu & Kashmir
Areas of Intervention: Income Generation
Website: www.hopecentrekashmir.org

**Christian Medical
Association of India**



State: Across India
Areas of Intervention: Health
Website: www.cmai.org

**Lohardaga Gram Swarajya
Sansthan**



State: Jharkhand
Areas of Intervention: Disability, Education,
Health, Income Generation, Water &
Sanitation, COVID-19 Response
Website: www.lgssngo.org

Saath Charitable Trust



State: Gujarat
Areas of Intervention: Education, Health,
Income Generation, COVID-19 Response
Website: www.saath.org

**Anchalik Samrudhi
Sadhana Anusthan (ASSA)**



State: Odisha
Areas of Intervention: Disability
Website: www.assabalangir.com

**Chaupal Gramin Vikas
Prashikshan Evam Shodh
Sansthan**



State: Chhattisgarh
Areas of Intervention: Education,
Environment, Health
Website: www.chaupalcg.in

Rashtriya Jharkhand Seva Sansthan



State: Jharkhand

Areas of Intervention: Disability, Disaster and Response, Education, Environment, Health, Income Generation, Water & Sanitation

Website: Not Available

Community Action for Rural Development (CARD)



State: Tamil Nadu

Areas of Intervention: Disaster and Response, Education, Environment, Health, Income Generation, Water & Sanitation

Website: www.cardta.org.in

Evangelical Fellowship of India



State: Across India

Areas of Intervention: Disaster and Response

Website: www.efionline.org

Mount Valley Development Association



State: Uttarakhand

Areas of Intervention: Education, Income Generation

Website: www.mvda.org.in

BANI MANDIR



State: West Bengal

Areas of Intervention: Education, Income Generation,

Website: Not Available

Samvad Samajik Sansthan



State: Uttar Pradesh

Areas of Intervention: COVID-19 Response, Child Welfare, Solid Waste Management

Website: www.samvad.in.net

Ideas of Change

The Art of Writing Proposals for Online Giving

- Sasha Samuel



The emerging market of online crowdfunding has grown exponentially in the last 10 years, infusing the charity buckets with fresh zest of diversified funding. As this market strengthens and snowballs, the art of writing proposals for charity on crowdfunding platforms have also evolved. Although the basic tenet of the proposal remains the same, the nuances of projecting it online plays a decisive role in the success of the campaign. While the pandemic dissolves the understanding of space, product lines, political campaigns, media, charity, fast-moving consumer goods, are swiftly moving towards virtual space. This virtual world opens up the entire universe for visibility. The same applies for online charity, a boon, most definitely, particularly in such times as COVID. Although, the reluctance to make this transition can be a bane of our times.

Coming back to Proposal Writing for Online Giving or Crowdfunding, in both these cases, the appeal is tailored for the masses. The more they consume, higher the chances of conversion. Of course there are other metrics of Digital Marketing that in turn increases the chances of consumption to create visibility by targeting and retargeting the audience.

But once you have created the needed acceleration for visibility, the second most important thing is to make a lasting impression through your proposal. In our own efforts through trial and error we have come up with a flow-chart that helps simplify the content of the proposal for the audience. And here are a few things that can probably help your organisation as well.

Creating a Peg - An internet user has an attention span of around 8 seconds. So every campaigner, or social media manager gets 8 rough seconds to make the first impression, and this impression could be bold, didactic, emotional, simply anything that you want it to be, as long it serves the purpose. A peg is an admixture of a riveting photo with a 30% content, either populated on social media or it can rest as a banner on the website. It is this peg which will help a visitor decide where to click, Learn More, Donate, or scroll down.

Summary - Once you overcome the first leg of the championship. Here's the second. Now the mic is with you. You have been given the power to influence, educate, empower your audience. But how to do it with subtlety? The summary is the first 2 paragraphs, which you utilize to tell your story and also develop the urgency. The urgency in the summary will make the audience stay on the page. Use these paragraphs to hook them further, to make them one with the campaign, and simultaneously answer the What, When, Why, Where, Who, and How, keeping in mind that it should not over-burden the reader. Whether a person decides to give or not, will lie in these 200 words.

Challenge - This is relatively the easy part. As an NGO, 'challenge' is what motivates and inspires us to address an issue, and given the groundwork that every NGO undertakes, the data set could be formidable. But for an average reader, historic data could be overwhelming. Therefore, it is important to embed the challenges through graphs, infographics, which can be consumed easily. Challenge can also be used to showcase interviews and quotes from direct beneficiaries to humanize the data.

Solution - Once you have established the reason for the existence of a particular campaign, utilize this space to establish yourself, your mission and vision through an actionable plan that can mitigate the issues mentioned above. Please remember that while activities might not be quantifiable but it important to tie the loops to the larger output. While many of us might be aware of what Theory of Change is, it may not be true for your readers. So explain in detail what each activity will address with a clear future projection. The activities should also align with your budget to maintain transparency on fund utilization. Lastly, the solution should also incorporate the role of an individual in making it a success along with a donation ask.

INDIAdonates created this flowchart for online proposal after much deliberation, and while it sets the foundation, organisations should use creative ways to generate content without fabrication. The beauty of this template is the brevity; however other components can easily be accommodated including pictures, videos and graphs.

We would love to know more about how you write your proposals for an online platform, and what more do you think could be incorporated in this template.

Share your comments or write to us at info@indiadonates.org.



Join the movement to change lives!

If you intend to share your Ideas of Change on The Discourse or on our Website do write to us directly at communications@indiadonates.org

Thank You!

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