Iranian nongovernmental organizations' initiatives in COVID-19 pandemic

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Abstract:

BACKGROUND: With the outbreak of the COVID-19 virus crisis worldwide, including Iran, the need for corona prevention and treatment has become a national priority. With many businesses closed in the wake of COVID-19 and job losses and declining incomes, vulnerable individuals' and families' access to the minimum wage and healthcare facilities is falling, and their health is exposed to a great risk. In Iran, a significant number of vulnerable groups are supported by nongovernmental organizations (NGOs). This study is designed to understand the performance of NGOs after the onset of the COVID-19 crisis.

MATERIALS AND METHODS: This study was carried out based on qualitative research between June and September 2020 in Tehran. This study was conducted using individual interviews with 33 managers and experts of 24 active NGOs providing services to vulnerable groups and a member of an NGO network. Data were analyzed using content analysis.

RESULTS: Two main themes of service initiatives were extracted: (a) service initiatives to protect the target population against COVID-19 infection and its aftermath and (b) management initiatives to retain staff, finance, and adapt the organization to crisis situations. Service initiatives included five categories of health service initiatives, livelihood, employment, education, and leisure initiatives, while organizational management initiatives include human resource management, financial management, and communication with organizations.

CONCLUSION: The COVID-19 breadth and its special features have set it apart from other crises and have led NGOs to work hard on several fronts to care for the most vulnerable people against the epidemic and its consequences and maintain the performance of their organizations. The unique role of cyberspace has made it one of the definitive pillars of the activities of NGOs, not only during the epidemic but also after its end.

Keywords:
COVID-19, initiatives, Iran, nongovernmental organization, population, vulnerable

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Introduction

Within a few months, the coronavirus disease (COVID-19), which started in the late 2019, turned into a global health problem and also a socioeconomic crisis that had a widespread impact on the daily life of societies.[1] To reduce virus transmission, public activities were discouraged, and other strict emergency measures to prevent the spreading of the infection were taken. Accordingly, lockdown and other restrictions had some specific psychosocial effects on the population and mainly on vulnerable people and organizations.[2] This, however, is a dangerous situation that increases the vulnerability of those people who are socially and economically deprived.[3] Both the disease and the associated psychosocial problems affected the poor, people with disabilities, older people, and children

unfairly.[2,4-6] In addition, public and private service providers who served vulnerable populations attempted to adapt programs and innovations that adequately meet this population's growing needs during the pandemic.

Iran has been among the first countries being affected by the coronavirus disease pandemic since February 2020[7] and is currently among the highest infected countries in the world.[8] During such pandemics which affect communities and especially vulnerable groups, extra capacities are needed to serve the community, especially underprivileged people, effectively.[9] Capacity building is one of the major challenges for the governments to which partnership building and collaboration with nongovernmental organizations (NGOs) seem to be a significant solution. Therefore, in such circumstances, the role of NGOs becomes very important. Immediately after the announcement of the epidemic, NGOs in Iran, as key partners in support of vulnerable groups, began to take effective measures to serve their target clients. Although they had faced numerous challenges, most of them proved their essential role in supporting vulnerable groups within communities.[5,6,10]

The vital role of NGOs in disaster, health crisis response, emergency assistance, and providing social as well as psychological support has been well documented in previous studies.[11,12] During the excessive increase in demand and lack of proper response from governmental organizations, NGOs play an important role in responding to the population who are exposed to risks and also reducing negative impacts.[11,13] This may be because NGOs can be more flexible than governmental organizations, more efficient in utilizing resources and operating logistics.[14,15] Those NGOs that are trusted by local communities can better mobilize community groups and resources.[16]

This qualitative study aimed to explore and highlight the innovations that NGOs, which are at the frontline of response to the basic needs of the population exposed to risks in Iran, have implemented. In the context of this pandemic, exploring the best innovations of NGOs and redefining their relationship with public institutions may provide data-informed recommendations for NGOs and public service providers to respond in similar situations better.

Materials and Methods

Study design and setting
This research is a qualitative and applied study. The study method was performed considering the nature and purpose of the qualitative study and using conventional content analysis. The reason for choosing the qualitative method of content analysis was the ability of this method

to identify the initiatives of organizations and NGOs in providing services in the COVID-19 crisis condition from the perspective of study participants.[17] The study was conducted from June to September 2020 in Tehran (capital of Iran).

Study participants and sampling
The participants of the study included officials and experts from NGOs providing services to six vulnerable groups of people, including people with disabilities, drug users, working children, female-headed households, low-income families, and the elderly, as well as members of NGO networks. The criteria for selecting organizations were to have at least 5 years of activity in the field. To achieve different experiences, it was tried to select a diverse range of organizations based on their field of activity, having or not having activity in other cities, the type of activity of the organization in each field, and different subgroups of the target population. NGOs and individuals were selected purposefully, and one or two people were chosen from each selected NGO, including the director, one of the main officials, or one of the institute experts such as social worker, psychologist, physiotherapist, and other experts with at least 3 years of experience and have enough information about the NGO's activities before and after the start of the COVID-19 pandemic. The number of interviews was determined based on data saturation.

Data collection tool and technique
Semi-structured individual interview method was used to collect data. The reason for choosing this method is to gain experience on the subject under study with appropriate interaction of individuals and its flexibility.[18] Each interview lasted an average of 60–90 min and ended when no new material could be extracted. Before the individual interview, all participants were contacted by telephone and were provided with the general objectives of the study. After obtaining the verbal consent of the participants, they were invited to participate in the individual interview. Due to the outbreak of the coronavirus disease and adherence to health protocols, all interviews were conducted by telephone.

All individual interviews were conducted by three researchers who were experts in the qualitative research method. A guide questionnaire was used in interviews. The semi-structured guide questionnaire was designed by the research team using review studies and group discussions with experts. In each interview, the facilitator first introduced himself/herself and stated the objectives of the study. After reading the consent form and obtaining verbal consent to attend the study and record the interview, the study participants were told that their participation was completely voluntary and allowed to leave the study whenever they want. Appropriate probe

questions or question words and exploratory questions were used during the interview. If necessary, participants were also asked to use concrete examples to illustrate the point and to gain a deeper and richer understanding of the subject. A summary of the topics was presented at the end of each interview to obtain approval from the participants. It should be noted that this study has several sections, which in this article, the initiatives of organizations and NGOs in providing services in the COVID-19 crisis are only expressed.

For a general understanding of the interview, each interview was checked several times and the transcript was read several times. Furthermore, to ensure accuracy and precision, the transcripts were reviewed with the recorded interview. The analysis process was performed simultaneously and continuously with data collection using conventional qualitative content analysis.[18]

To ensure credibility, participants were selected with maximum diversity, and to obtain respondent validation, all findings from each interview were shared with participants at the end and were re-checked. The long-term involvement of the researchers in this study with the research topic to collect data, interact with participants, and repeated data review, as well as data saturation, can be considered as a confirmation of the validity of the data in this study. In this study, all interviews were transcribed and all nonverbal content was added to ensure dependability. All steps of data implementation and analysis were performed by four expert members of the research team.

Ethical consideration
All ethical considerations such as obtaining informed consent, voluntary participation or withdrawal from the study at any time, confidentiality of information and maintaining anonymity have been observed in this study. The protocol of this study has been approved by the ethics committee of the University of Social Welfare and Rehabilitation Sciences with the code IR.USWR. REC.1399.089.

Results

Thirty-three managers and experts working in 24 NGOs have participated in this study which includes NGOs active in providing services to female-headed households, 5 NGOs giving service to drug users, 3 NGOs giving service to the elderly, 3 NGOs active in providing service to low-income families and female-headed households, 4 associations supporting working children, and 4 associations and complexes giving service to people with disabilities and the national network of NGOs. The demographic characteristics of the participants are listed in Table 1.

The NGO Initiatives against coronavirus disease, two main themes, including service targeting initiatives for organizations and organizational management initiatives, eight categories, and 17 subcategories, were extracted as follows:

Service initiatives to target populations
The themes of service initiatives consist of five categories which include initiatives related to health services, education, livelihoods, employment, and leisure. A summary of the categories and subcategories associated with each category is given in Table 2.

Health services
This category has three subthemes as follows:

Coronavirus disease care
This subcategory includes measures and initiatives aimed at protecting the health of employees and the target population of organizations against the coronavirus disease. Most of the study participants mentioned healthcare training tailored to the conditions of the clients and the use of initiatives, such as remote monitoring of the health of the clients while reducing face-to-face communication with the clients. *"...or a person who, if he had a mobility aid such as a wheelchair, we actually tried to give him the advice on how you should take care of and disinfect the wheelchair when you leave the house."* (an NGO's head of educational department).

Many organizations have established telephone and online communications. While monitoring the health status of the target group, these institutes have provided remote care facilities such as providing a list of diagnostic and treatment centers, coordinating with local physicians, following up on symptoms, and referring

Table 1: Demographic characteristics of the study participants attended individual interviews

Variable	Frequency
Gender (*n*)	
Female	22
Male	11
Age (years)	
Maximum	72
Minimum	43
Mean	53.4
Education	
Bachelor	17
Master	11
PhD	5
Working experience (years)	
Maximum	27
Minimum	3
Mean	12.6
Job category	
Expert	17
Managerial	16

Table 2: Categories and subcategories of Tehran nongovernmental organizations initiatives following the coronavirus disease-19 pandemic in 2020

Subcategories	Categories	Themes
Care against coronavirus disease	Health	Service initiatives
Development of mental healthcare		
Remote health services		
virtual teaching	Education	
Careful face-to-face training		
Direct nutritional and financial support	Livelihood	
Active identification of the needy		
Online sales of products	Employment	
Trying to create alternative jobs		
Changing the type of production and sale of safe products		
Providing leisure programs	Leisure time	
Distance employment (telecommuting)	Human resource	Management initiatives
Staff care		
Using the capacity of peers		
Seeking financial support	Financial management	
Develop relationships with other NGOs and civic organizations	Communication with organizations	
Develop relationships with government agencies and public institutions		

NGO=Nongovernmental organizations

suspected cases to treatment centers, and in some cases have provided diagnostic and treatment costs. *"… For example, I support seventy families, and I called seventy families. I followed them and asked them about their current condition. I told them if they have a fever and other symptoms, call me."* (a Child Labor Center Assistant).

With the further spread of the epidemic and the shortage and cost of sanitary ware, and the restriction of leaving the house, many NGOs began to prepare and distribute sanitary ware such as masks, gloves, and all kinds of detergents and disinfectants. The distribution of these appliances is sometimes done in person by keeping social distance in the place of institutions, or at the door of houses, and sometimes in the target group's gathering places. In addition to providing services to their target population, a number of institutions also participated in meeting the needs of hospitals and health centers. The Director of the Women's Harm Reduction Center announced, *"I equipped my mobile patrol with Corona hygiene items. We went to the hangouts about 70–80 times and gave them masks and gloves … We contacted the district municipality and allowed the installation of a water tanker. We installed a water tanker so that they could have access to clean drinking water … But, I spent some of the money that the charities had given me on buying pipes. I bought a new pipe and gave it to my clients."*

Development of mental healthcare

Based on the experiences of the study participants, the onset of the epidemic due to fear of being inflicted by the disease, being in quarantine, and worrying about unemployment and economic conditions, led to the emergence and exacerbation of psychological problems, such as stress and depression and increased tension in families. In response to this situation, one of the

initiatives expressed by most NGOs participating in the study, launching, and development of mental health counseling services has been mainly through telephone calls, cyberspace, and in limited cases in person. In some institutions, such as an outpatient nursing home, help counseling lines have been set up to provide psychological and counseling help.

Organizations dealing with domestic violence under difficult quarantine conditions attempted to carry out the usual processes of intervening in family crises by contacting and referring to support organizations. *"… In this situation, we also had crisis cases… The cases that were involved, had come out of the house, were beaten… We called 123 social health emergency…"* (a Child Labor Center Assistant).

Remote health services

With the decrease in face-to-face activities, counseling, support, treatment, and telemedicine services of NGOs have increased significantly compared to the past. In particular, because it has been more difficult for people with disabilities to leave home and access institutions in the post-COVID-19 situation, institutions providing rehabilitation services to people with disabilities have used cyberspace to provide online rehabilitation counseling and treatment. An executive manager of a disability NGO said, *"… Services like rehabilitation, which included occupational therapy, speech therapy, and physiotherapy, were a little more influenced by this condition. We tried to do video chat; that is, our colleagues were actually video chatting with the kids to do the movements they were taught."*

Education

This category had two subcategories as follows:

Virtual teaching

Training has been an important part of the activities of many of the NGOs studied before and after the start of coronavirus disease. With the outbreak of the epidemic, launching, implementing, and expanding virtual educational activities through social networks and online video soft wares have been one of the main actions of NGOs to continue educational, professional, and health education. Providing facilities for using virtual education such as the cost of the Internet, smartphones, and tablets to access virtual education and providing educational content tailored to the needs and abilities of the target group, in the form of audio, text, and video files such as photographs and videos, were among other activities that have been carried out by NGOs to achieve educational goals. An institution giving service to children with mental disabilities that had no previous history of online activities has been able to continue teaching art to children using cyberspace since the beginning of the epidemic. *"We came to perform their theater and music classes online artistically, and fortunately we got a very good answer, and we were able to keep the children busy for two or three hours a day. for example, those children who were able to play a musical instrument, were taught how to play it."* (an NGO's head of educational department).

Careful face-to-face training

In cases where the target population, especially students from low-income families, needed face-to-face training for various reasons, such as academic backwardness or lack of access to online education, cases have been held in a limited and well-cared manner. An assistant of working children NGO implied, "Since to some extent our children are left behind, not only our children but also many other children, we also support them by assigning teachers to work with them individually."

Livelihood

This category has two subcategories:

Direct nutritional and financial support

Widespread unemployment and declining incomes, on the one hand, and quarantine conditions and the difficulty of leaving home to provide for necessities, on the other hand, led the NGOs, both those that already had the experience of providing nutritional and financial support services and those that only had empowerment activities and had refused direct assistance, actively attempt to provide food needs for individuals and families. *"We never give money to addicts. Never… usually as much as, say, a bath and a hot meal or a place to sleep ... but the story of Corona is a little different, and we continued our meal plan until three days ago."* (An activist of an addiction NGO).

These activities include buying food products and preparing a basket of goods and food baskets and distributing it in person and absentia, launching an online campaign to support affected families, and trying to solve their livelihood problems such as paying a month's salary to the women active in projects of job creation based on staying at home, helping to pay rent, repaying loans, and delaying the payment of organizations to poor people and their families.

Active identification of the needy

One of the initiatives of NGOs during the coronavirus disease epidemic was the active identification of people in need of financial assistance. In addition to the population they cover, they identified low-income families through peddlers and local forces in various cities and identified some people who became unemployed during the epidemic (for example, through home cleaning service sites) to help them.

The head of working children's NGO expressed, *"There were the people who carry goods on their shoulders who also had a lot of problems, and unfortunately, they do not receive any attention. We accessed them through the local forces that we have from the local identification network. We identified seven hundreds of these families."*

Employment

The actions taken in this category include three subcategories:

Online sales of products

After the initial cessation of many jobs and employment-generating activities of organizations, some organizations active in supporting working children and empowering women and families used the capacity of internet marketing and online sales. The use of cyberspace facilities to continue employees' business was one of the initiatives expressed by many participants of the study whose target population had working conditions.

Trying to create alternative jobs

Some NGOs, such as one that provides services to people with mobility disabilities, have offered online job opportunities for the population they cover through cyberspace. Starting home-based businesses for women, holding vocational training classes, and job creation workshops have also been alternative job creation measures.

The person in-charge of training in the Institute of Movement Disabilities mentioned, "We tried to give this training to those who are losing their jobs or looking for a job by introducing the LinkedIn site so that they can look for a better job or a new job for themselves."

Changing the type of products and sales of safe products

Some organizations tried to distribute products that were

safe in the shortest possible time with safe and healthy methods. NGOs have also said that they have tried to maintain their clients' employment capacity by changing the type of product they produce to products such as masks and hospital clothing. *"… We had set up a sweets distribution department by a few of these ladies at the institute. They had a sales unit. I talked to the municipality, and I talked to the health center, I asked them for permission (following health protocols) that they put up for auction within 3 days."* (Director of the Women's Empowerment NGO).

Leisure time

NGOs working to support families, women, and children took leisure program initiatives, given the constant presence of children and women in the home due to quarantine conditions and homestay orders. Purchasing equipment and toys, allocating happy hours to clients, nature tourism while keeping social distance and observing health protocols, purchasing TV sets, providing access to film screening Iranian platforms (such as Filimo), and designing competitions such as photography, cooking, and laughter challenge program have been among the actions of these organizations.

Organizational management initiatives

With the outbreak of the epidemic, NGOs also took the initiative to manage their organizations. The purpose of these measures was to protect employees against the disease while continuing services, providing the necessary financial resources, and developing cooperation with other civil society organizations and public and governmental organizations. These activities are classified into three categories, including human resources management, financial management, and liaison with organizations.

Human resource management

In this category, three subcategories were identified as follows:

Remote employment

With the intensification of the epidemic and the closure of activities, all NGOs that were studied tried to minimize the presence of their forces in the institute to prevent the staff from contracting the disease, and most of them tried to continue their activities by giving leave to employees and provide internet facilities and equipment for employees to perform their activities remotely and from home. For some employees whose presence was necessary, work-shifts were defined in accordance with health protocols and social distancing. In some NGOs, a small number of staff, such as social workers, were present at the center, and in some institutions, such as the NGO for the elderly with cognitive problems, the staff came to the center in shifts. *"They told us that we are present at work if you want you can come, if not, do not come. But, half was teleworking. We were more in executive departments, such as help and health, but, for example, coaches and teachers, and they worked in absentia anyway..."* (Assistant of Working Children NGO).

Insurance protection for employees, even if they are not at work, was among the other initiatives mentioned in the field of human resource management. According to most of the participants of the study, the initiatives implemented in this field were fast and effective.

"What seemed to prevail in human resource management was a quick decision to respond to the current situation, so that we could continue to work as if nothing had happened." (Director of the Women's Empowerment NGO).

The healthcare of the staff

Other management measures of organizations to ensure the health of staff included providing health equipment and costs of diagnosis and treatment of personnel against coronavirus disease, screening and regular examination of staff in staying centers, and the use of a low-risk human resource.

Using the capacity of peers

Due to the declining number of human resource and the difficulty of working with some target population, such as drug users in times of crisis, some organizations tried to use volunteer staff as a substitute for specialized staff to provide a human resource in times of epidemic, if possible. The initiative was reported, in particular, by NGOs providing 24 h care services. Director of the Women's Harm Reduction Center mentioned, *"Our helper and psychologist have not even been trained on how to pull him together in this crisis. So, with the help of recovered individual, I have managed my center during these days. In other words, the motivation and help of the recovered patients were more than the staff of the center."*

Financial management

Most of the participants of the study reported that with the outbreak of the epidemic, public donations to NGOs increased significantly. These donations included health supplies, food packages, and cash donations. Some NGOs have received a lot of help without any announcement due to their social status and trust in the NGO. Moreover, some have started activities such as forming a group in cyberspace and announcements for help, preparing various clips, and launching a campaign in cyberspace to raise funds. *"… In addition to public aid inside the country, some organizations have also attracted good resources through Iranians who live abroad, and in this case, the government has had a good cooperation in transferring this aid."* (CEO of NGO Network).

Communication with organizations

In this category, two subcategories were identified:

Development of relationships with other nongovernmental organizations and civil society organizations

During the epidemic, NGOs expanded their relationship with other NGOs and civic organizations to synergize and facilitate service delivery. Most of the communication between NGOs during the COVID-19 epidemic was the formation of a network of 11 NGOs in various fields called the aid network. The strategy of the network is to help prevent people from getting into coronavirus disease through awareness, advocacy, and support for the vulnerable, and according to one of the network officials, its greatest success has been in the advocacy sector. A member of the aid network expressed, *"… In the awareness section, because it was also very large, for example, about 150. I think virtual work, such as motion graphics, poster infographics, I do not know what, some campaigns, such as the campaign in the Syrian house belonged to the help network."*

One of the topics of concern to the aid network was the issue of combating child garbage and its cessation in the face of the epidemic, which was also reflected in the network's statements. Its plan by the Working Children and Street Children Aid Network, in the meetings of the Aid Network, has led to the formation of a new coalition among working children NGOs to eliminate child garbage collection.

Development of relations with government organizations and public institutions

During the epidemic, there was also cooperation between NGOs and government organizations. For example, some organizations actively provide services to drug users through collaboration with the Welfare Organization, the Anti-Narcotics Headquarters, and the municipality achieved mutual capacities to provide better services during the epidemic. The aid network has also had meetings with some government officials, such as the Head of Tehran's COVID-19 headquarters.

Discussion

NGOs, as important actors in civil society, face high demands for efficiency and limited operating costs during the epidemic.[19] In the context of socioeconomic crises caused by the COVID-19 epidemic, NGOs have proven their essential role in supporting vulnerable groups in society.[20] This study is one of the first studies related to the activities of NGOs during the COVID-19 epidemic in Iran and differs from other studies in terms of the diversity of NGOs. Based on the findings of the interviews, two main themes of service initiatives to target population of organizations and organizational management initiatives were identified. The theme of service initiatives includes five categories of health service initiatives, livelihood, employment, training, and leisure, while organizational management initiatives include three categories of human resource management, financial management, and communication with organizations. The set of NGO initiatives of this study can be summarized in the following topics:

Protecting the target community and responding to needs pattern changing

Despite the difficult situation after the start of the epidemic in the country, all NGOs in this study showed a high level of human and moral commitment in helping their target population, caring for them to the best of their ability, and did not leave them alone against the illness and other consequences of the epidemic. Some NGOs, such as institutions providing residential services to substance abusers and working children, whose target populations have the least government support, have been the only source of support for these populations during the epidemic. During the COVID-19 epidemic, a serious threat to the survival of individuals and families, on the one hand, and the cessation of jobs, home quarantine, and the reduction or cut in income of the target population of NGOs, on the other hand, made the vast majority of NGOs in this crisis believe that their first priority should be providing services to keep the health and livelihood of the target population of their organization, regardless of the type of mission and tasks. The actions of NGOs have been carried out in cyberspace in many cases by changing the method of providing services, considering the risks of providing face-to-face services, and if necessary, face-to-face services such as distributing health items with physical distance have been provided. In addition, in some cases, these measures have been taken with innovative methods in high-risk environments, such as drug hangouts or garages and garbage collection pits. The findings of a recent study, which aimed to make recommendations to service providers to children and vulnerable families during COVID-19, also suggest that NGOs that were able to revise their service delivery strategies, seeing this as an opportunity for innovation, not a barrier, were able to continue to support the target group and identify effective solutions.[21]

Using the capacity of cyberspace

Social distancing, closure of gatherings, and reduction of commuting, which was done as a way to control the epidemic in the country, limit the possibility of direct and face-to-face contact with the employees of NGOs and require using new methods to deal with this crisis. These conditions have made the widespread use of smartphone technology and cyberspace a turning point in the activities of NGOs. Cyberspace, as the main medium of providing various types of health,

education, art, counseling, and treatment, has played an irreplaceable role in the educational activities of institutions. Regardless of education, the facilities of virtual space are regularly used by the target groups in the following cases: monitoring the physical and mental health of people, assessing the problems of families, conducting consultations, searching for groups in need of services, selling products and providing leisure time. Organizations that had a good cyberspace infrastructure before the outbreak of coronavirus disease due to the type of activities or characteristics of their target population, and whose employees and target population had acquired the ability to use the Internet, were also able to use more Internet space to provide higher quality services during the epidemic. This finding is supported by other similar study during the COVID-19 epidemic.[22]

Formation of cooperation and synergy

During this epidemic, the need for services and access to emergency care has led some NGOs to cooperate and increase synergies. The formation of virtual collaboration groups between NGOs, government, public institutions, and in some cases international organizations and, in particular, the formation of a network of NGO networks, means expanding the ability to care for target groups as much as possible. Other studies have shown that since NGOs are limited in their capacity to provide services, the formation of collaboration opportunities, and the development of collaboration networks to respond to the needs of the target community in cases of epidemics are encouraged.[21] Participation with other stakeholders in the community, government, and related public institutions may allow the dissemination of information or services that would not otherwise be possible. Choosing the participation, learning, and trust of community stakeholders can expand the provision of services to at-risk groups.

Limitations and recommendation

The current study has some limitations. Due to the qualitative approach used in the study, the external generalizability of the findings is limited. Although, in this study, an attempt was made to consider a range of NGOs based on the types of target population and the diversity of target populations in a group and also the scope of activities of the organization such as having or not having activity in one or more centers and the diversity of interviewees, these institutions do not represent all NGOs in the country. For example, in this study, the collection of information from institutions that were closed during the epidemic was not intended. In the selection of samples participating in the survey, only institutions that were active during the epidemic were involved. It should also be noted that the selected institutions and participants in the study were limited to the city of Tehran, although institutions that had branches in other cities were included in the study.

Conclusion

The findings of this study show that the COVID-19 epidemic has been a unique experience for NGOs. Although some NGOs have been actively involved in other crises such as floods and earthquakes in different cities of the country and have helped those affected by the crises, the extent of the coronavirus disease epidemic to the whole country and its special features such as the need for social distancing, which has greatly reduced the possibility of face-to-face participation of people and organizations in crisis management, widespread closure of jobs and reduction of people's incomes, widespread closure of educational and public institutions, and the continuation of the epidemic so far, distinguishes it from other crises. Moreover, it has caused NGOs to start working intensively on several fronts at the same time. These measures have made it possible to care for the most vulnerable target populations of institutions. It seems that the unique role of cyberspace in the COVID-19 epidemic has caused cyberspace to be one of the definitive pillars of the activities of NGOs, not only during the epidemic but even after its end.

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There are no conflicts of interest.

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