REFLECTIONS ON RESILIENCE

What our experience with disasters teaches us about
coping with and surviving a pandemic

In partnership with:
- All India Disaster Mitigation Institute
- Avoidable Deaths Network
- Megh Pyne Abhiyan
- Swayam Shikshan Prayog

PRAJNYA

ALL INDIA DISASTER MITIGATION INSTITUTE
...risk reduction for the poor Avoidable Deaths Network

मेघ पाईन अभियान
Megh Pyne Abhiyan

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MARGIN TO MAINSTREAM

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India has been locked down for a month as I write this. All day, every day, those of us who are lucky enough to have homes and access to the news monitor the virus' toll on our lives and communities. If we have water, we wash our hands and everything else, obsessively. If we can afford food, we wonder about where to source this or that essential item. If we have leisure, we prepare elaborate and fancy recipes based on Internet videos, take courses on new topics and pursue long-forgotten hobbies. Still, life feels more precarious than ever before for even the middle class and elite, everywhere.

This precarity is familiar to most humans. Most people, on an average, just get by. If nothing terrible happens, the middle class can comfortably manage essentials and the occasional treat. Most of us know this comfort is an illusion and we carry with us the anxiety that something will happen, at any time, if we should blink. We live vigilantly. And if we have been fortunate enough to relax that vigil, this pandemic has been a time to remind us that nothing is permanent—in good ways and in bad.

In the face of impermanence, what we can seek is resilience. Traditionally, we anchor our resilience in faith or acceptance. But having done so, we rely on government to build structures and processes that enable our everyday resilience. Those who work in disaster-affected areas and those of us who write about their work have long recognized that this is a delusion: disasters in fact reflect a failure of governance. That is, disasters happen because governments have not built the capacity to withstand natural catastrophes. The accelerating rate at which climate catastrophes happen underscore the relationship between bad government policy, failed governance and the experience of disasters.

Civil society organisations have worked, independently or in partnership with government, to fill this governance gap. Working with communities during and beyond disasters, they have come to understand people's needs and to innovate ways to help them make the changes that will make them resilient. What they have learned in the aftermath of disasters—floods, earthquakes, tsunamis—is useful for coping with and recovering from the COVID-19 pandemic, where preventive measures have also triggered a secondary humanitarian crisis with long-term consequences.

In 2016, Prajnya's first Saakshi Fellow Linda Racioppi and Swarna Rajagopalan published a volume of essays by experienced practitioners and academics, "Women and Disasters in South Asia: Survival, Security and Development" (Routledge). Prajnya invited Indian contributors to the volume to share their insights with us in the context of this pandemic.

- **Mihir Bhatt** is director of the <u>All India Disaster Mitigation Institute</u> (AIDMI), a community-based action planning, action research and policy support organization, working towards bridging the gap between policy, practice and research related to disaster mitigation and climate change adaptation as laid out in National Disaster Management Plan of Government of India of 2016. Mihir Bhatt has published widely on issues of vulnerability and disasters, and has been part of key evaluations of disaster response in Asia. He is a Senior Fellow of the Harvard Humanitarian Initiative since 2007 and was a member of the panel that selects the Humanitarian Coordinators for the United Nations. He advises Climate Development Knowledge Network's work on climate compatible development in nine states of India. He chairs Duryog Nivaran, a South Asian network on alternative thinking on disaster risk reduction.

- **Dr Nibedita S. Ray-Bennett** is an Associate Professor in Risk Management at the University of Leicester's School of Business. She is the founding president of the [Avoidable Deaths Network](#) (ADN). The ADN is a global network dedicated to reducing disaster deaths. The ADN has launched a Repository of COVID-19 Information on ADN's resource page. The Repository Page is available to the public, and provides web links and reports only from reliable sources (e. UNDRR, WHO, UNFPA, John Hopkins University). Dr Ray-Bennett is the author of the book: *Avoidable Deaths*: *A Systems Approach to Disaster Risk Management* (2018, Springer Nature).

- **Eklavya Prasad** is a leader in water management. Through his organisation, Megh Pyne Abhiyan (MPA), he has successfully solved the problem of water scarcity that prevailed in North Bihar, despite the abundance of water resources. The piece in this collection was researched and written in collaboration **with Pradeep Poddar and Kumod Kumar Das**. Megh Pyne Abhiyan (MPA) began as a campaign and an informal functional network in 2005, in a part of rural North Bihar, to identify existing practices for accessing drinking water during floods and to juxtapose it with innovative, appropriate, self-engineered and self-administrated techniques. MPA has evolved over the years. It has broadened its approach from temporary rainwater harvesting during floods to working on people-centric groundwater management system. In addition, it has been promoting flood resilient habitat, with components such as drinking water, ecologically sustainable sanitation technology, housing and local adaptations by people. Presently, MPA's focus has expanded across the water-distress regions in the East Indian states of Bihar, Jharkhand and West Bengal, covering both rural and urban (in Dhanbad, Jharkhand) spaces.

- **Ms. Prema Gopalan** is the Founder and Executive Director of [Swayam Shikshan Prayog](#), a learning and development organization that has empowered over 100,000 women in the last 20 years. SSP stimulates enabling business environments for both rural women and global companies in "Base of the Pyramid" markets. Its bouquet of incubation and business development services aligns networks of women entrepreneurs, village institutions, and corporations to launch profitable enterprises that are governed by a triple bottom line: financial, environmental, social.

In mid-April, I sent each of them a set of questions about the experiences of the people they work with during the pandemic and lockdown, relevant lessons from their previous work and gender concerns they anticipate. This was intended as a quick Q&A mainly to draw

attention to the treasure-house of Disaster Risk Reduction experience we are not drawing on enough now. But each of them turned their attention seriously to the task and what we have is a rich collection of reflections on resilience—where it is absent, how it is being sustained and what it will take—that they have thoughtfully written.

What exacerbates this crisis is that we are not able to predict how long it will continue and while some of our remedies must begin immediately—such as providing food, shelter and primary health care—our ability to plan for the medium-to-long term is limited by the indefinite time-frame. In such circumstances, we postpone gender questions indefinitely as well, and never address them.

The attention drawn to increased domestic violence has kept the spotlight on women's safety. But "gender" is not just women and girls, and women and girls are not just bodies. We are humans with needs and aspirations. In the plans we now draw up, for both relief and reconstruction, we must remember to draw on the resilience-building lessons we have already learnt. Through listening to all sections, opening up training and decision-making to be inclusive and extending credit and skilling opportunities to whoever might seek them, we might emerge from this disaster, with some hope of transforming gender relations and historically unequal social structures.

We at Prajnya are proud to have played a small curatorial role in bringing the experience and wisdom of our friends and colleagues to you.

Thanks to Nandhini Shanmugham for editing this collection and as always, to Eklavya Prasad for allowing me to use one of his beautiful photographs to adorn the project.

Swarna Rajagopalan

"HOW DO YOU LOCK DOWN A FARM FULL OF CUMIN SEEDS?" REFLECTIONS ON REBUILDING LIFE, LIVELIHOODS AND COMMUNITY

Mihir Bhatt, All India Disaster Mitigation Institute

How are the communities you work with coping with the lockdown? What are the communities you work with? What are their main concerns now? Are you/ All India Disaster Mitigation Institute (AIDMI) able to be in contact with them and what are you hearing?

For the first time, AIDMI is not directly working with the communities. Instead, AIDMI decided to work with a relatively under represented group. And that group is the local institutions and organizations. AIDMI also decided not to do outreach or rush to respond. But to wait and address a specific need, in fact a demand. This was a departure from previous trend of responses, a much-needed departure, for AIDMI and the humanitarian sector.

As a result, AIDMI is currently working with two local authorities to help add pandemic response into city disaster management strategy. What can a city do to address global crisis that directly affects its citizens? AIDMI is helping farmers' association come to terms with what is called lockdown. How do you lock down a farm full of cumin seeds? And how do you pack away the farm labour that has come to work and live on your farm for the past two decades? Similarly, AIDMI is addressing a set of demands from local school board with poor digital technology or capability, a district operation of UN officials to find out what are the migrant workers demanding in terms of food and shelter, an inter-agency group struggling to come to terms with very limited civil society space in decision making, and so on.

Institutions and organizations are realizing that deglobalising is the direction—what Elaben has called "hundred miles' communities" in her book titled *Anubandh*. She finds localization overdue. She finds deglobulisation urgent.

AIDMI is in touch with the COVID-19 affected communities (and who can say who is and who is not affected by the virus in a culture like ours?) via these institutions and organizations. And what is coming out is the call for a far more imaginative approach to the lockdown idea. To sum up several voices from the communities, let me say that, "Why did we lockdown? Our cities and cultures are not made to be locked down. They are in fact unlockable. We see the struggle of locking a family in. Because what is in? And what is out? We live most of our lives in between." This is a summation of voices that are reaching AIDMI.

Distancing per se is not a very Indian way of living. We crowd. In our bedrooms, in neighbour's veranda, at the *pan ki dukaan*, in our offices and factories, on bus stations and mall. Even to offer our innermost thoughts to our God, any God, we crowd. In such a cultural context, the paradox of social distancing multiplies. We end up distancing health givers from health support needing citizens, distancing majority from minorities, distancing work from workers, distancing food from farmers, and so on. This is another theme that is coming out from the voices we hear of the local community organizations and institutions.

This is not to say that social distancing as a measure to stop infection is not needed. There are many ways of distancing and we rushed to the one that was in front of us. We rushed to implement the example of lockdown that was in front of us. It is good to learn that after the first lockdown, many and new versions of lockdowns and social distancing are being planned.

What are some lessons from your regular work that would be relevant to this situation?

AIDMI has no "regular" work. That is AIDMI has never repeated what it has done. Be it the nature of response or learning or extent of effort scale or type. Mostly because one or many other humanitarian agencies pick up the idea or approach or experience or the experiment of AIDMI. Upscale it. Widen the scale. Sometimes far better than AIDMI! Meanwhile, AIDMI moves on to the next frontier of knowledge or action.

Having said that it is striking to see that what was true in 1998 in AIDMI's work and ideas is still valid in this most unusual pandemic.

For example, keeping the victim at the centre of almost all decisions. AIDMI may be invited to support a UN agency develop its regional knowledge strategy for COVID-19 or AIDMI may be invited by a district group of teachers to help form a list of key COVID-19 actions for the lockdown school: as soon as the citizen or the school student is put at the centre of the COVID-19 discussion, many unnecessary aspects such as ineffective operating procedures fall behind.

For example, let me add, overlooking the structures in favour of the humanitarian system was a valid way to work back in 1998 for AIDMI and is valid in 2020. Most of our structures, humanitarian or other, are designed with good intentions but in the backdrop of the strong preference for control. Top-down, round the clock, ever expanding control of the citizens. Enabling structures are not common. While the humanitarian system is still emerging, part-formal, part-informal, nimble, in government as well as civil society domains. The system offers more openings to entry or exit, rapidly spread, and is more cost-effective in terms of time and money. As a result, AIDMI addressed the demand for guidance from a "cash transfer" network by placing the cash relief actions to address the humanitarian system as it is. And as a result, ways were planned to reach cash to the poor migrant labourers who had no access to their Jan Dhan bank account in the middle of lockdown.

For example, as a planner in 1998, I found it useful to plan the humanitarian actions so that when the need came, I could change the plan. If there was no plan, there was nothing much to change! And in 2020 in dealing with the institutions and organizations that are locally embedded, whether it be a new foundation in Kashmir or a tsunami vintage local economic enterprise, AIDMI finds that being adaptive about the project plan or program plan is very useful. Pandemic context and content both change so rapidly and in many ways that the best thing a good plan can do is to be ready to be adaptive.

These are some of what I may call " timeless" items on AIDMI's humanitarian action in COVID-19 pandemic. And having said so, let me rush to add that these items are evolving!

Because the time within which COVID-19 pandemic is located is evolving in ever so dumbfounding a fashion.

What could have been planned differently given the knowledge we already have about communities, their needs and capacities? In other words, if the government had consulted you, what would you have asked them to think about?

Hindsight is mischievously misleading. Hindsight gives one a false sense of expertise! So let us avoid thinking what could have been done differently. Let us look ahead. What can be done differently? What could be done differently by the authorities as we move ahead?

One, "flatten the curve" seems to have overtaken our thinking. Yes, the curve of the spread of the virus must be flattened and authorities have made very difficult efforts to do so. And some success is on our way. But we, as humanitarian actors, must be prepared for a very slow tapering of the graph or even a sharp straight upswing from time to time. Pandemic experts can tell us more about the other possibilities as we move ahead.

Two, as we move ahead spending will slow down even more at all levels of our economy and therefore we need to make relief and recovery money available at the lowest level of our economy. Tsunami recovery has shown that when the public expenditure is made at the lowest levels of the economy where large number of poor people make a living the recovery is faster and robust and relatively long lasting.

Three, as we move ahead we should not overlook the sight of opportunities in this terrible pandemic. One such opportunity is to give the majority of the poor migrant labourers and small business widespread access to digital technology and further permanent access to digital economy. Here is our chance to decentralize the digital economy. Here is our chance to democratize the digital economy. Here is our chance to reduce the digital divide between the rich and the poor.

Fourth, as we move ahead we must rebuild trust that has suffered severe loss and damage. To an extent, it is normal for a pandemic to do so. But the loss and damage should not last too long. Let me explain. It is very important that trust between the virus-affected and those unaffected by the virus be made robust. Trust between the formal sector and informal sector must be re-established. Trust between the migrant workers and their "host" cities needs rethinking. These are three immediate areas for trust-building. There are long term areas of trust-building that are important which includes trust in collaborative federalism, that is trust among the states and the centre; trust between majority community and minority communities; trust in our federal financial institutions; and so on.

The above are some of the important actions that we may not take up in a full-fledged way in the rush of addressing some of the more visible and obvious aspects of pandemic management such as investing in the expansion of health infrastructure and support package for air travel and tourism sectors.

What do you think will be the long-term gender impact of this crisis on your communities? On gender relations? On coping? On recovery?

How do we prepare for recovery so that it is also gender-transformational? What are priority areas in your view? What would be your wish-list projects?

COVID-19 will leave a long-term impact on women as women, women as workers and women as victims. This pandemic also offers us an opportunity to make gender relations better, strengthen women's coping capabilities, and make recovery transformative. This is what AIDMI finds in its efforts to support a range of local organizations working with community affected by or in danger of COVID-19.

In fact, AIDMI hopes that this pandemic brings together women across India to rethink health as our most precious wealth of Indian economy. Women help us take the turn towards full and final recognition of health as a pre-condition for economic prosperity. So far, three key action areas have come up in AIDMI's work for and with local institutions and organizations responding to COVID-19 pandemic.

Direct and operational focus on women, in fact youth among the women is a very critical group of citizens to work with. Especially among the low income and poor families. It is these young women, many educated and many not, who will be the health makers as well as wealth makers. May it be as school teachers or health workers or home-based manufacturers in neglected areas of our cities and underserved villages. How promptly these young women made masks for their families! How creatively these young women managed the lockdown induced stress at home! More investment is needed here.

Another critical group of citizens to far better engage with is women in agriculture. These women may be farm labour, owners of family farm, on farm produce processors, or casual labour plucking fruits or tending farm irrigation. This group has suffered the silent loss and damage to their own health and nutrition. This group has absorbed loss of income and savings so far invisible to the economy and in many cases their own families. And it is this group, as we find in AIDMI's work with female farmers in nine districts of Gujarat, who offers the willingness and ability to revive our food supplies to cities and towns. Sustained investment is needed in this group.

A critical group that AIDMI has missed working with so far, in its efforts to support local authorities and organizations addressing COVID-19, is the group of women in science and environment. So much of this pandemic we are able to manage so far because of the scientific and environmental measures. But what will make these measures even more effective and long lasting is more women at many levels of scientific and environmental endeavours addressing this pandemic. Direct investment is needed in making women's active role in science and environment a reality.

There are other groups of women, and men, who are crucial to mitigate the negative impact of COVID-19 on gender relations, recovery, and coping capabilities. We can start with the above three groups.

COVID-19: AN OPPORTUNITY TO LEARN EFFECTIVE DISASTER GOVERNANCE

Nibedita S. Ray-Bennett, Avoidable Deaths Network and University of Leicester

You are the founder of the Avoidable Deaths Network. Would you say this pandemic was an avoidable disaster? How?

The WHO announced the novel coronavirus (alias COVID-19) a pandemic on 11 March 2020. It became a disaster due to the number of deaths, coupled with national and international lockdowns, and the economic fallout thereof. A pandemic is the "worldwide spread of a new disease", according to the WHO. Before COVID-19, the world has experienced other pandemics in the 20th and 21st Centuries, including the influenza (H1N1) of 2009, the Hong Kong Flu of 1968 and the Spanish Flu of 1918-19. Although pandemics are a rarity (as such, their probability is low risk with high impact), their occurrences are entirely unavoidable in the 21st Century. This is due to the movement of people resulting from globalisation (also known as people flows by Richard Freeman), which accelerates human-to-human transmission of viruses or pathogens, coupled with weak health systems and complex interface of humans with nature – among other things. The major impact of the pandemic is human fatalities. The pandemics of the 20th and 21st Centuries have jointly killed more than 30 million people. According to Worldometer, more than 133,359 lives have already been lost due to COVID-19. I believe that the excess deaths from pandemics are avoidable through timely and effective health care, public health interventions, and joined up disaster risk governance.

What are some lessons from your regular work that would be relevant to this situation?

Pandemic and epidemic disasters thrive where institutional cracks and vulnerabilities exist. They thrive in environments that are non-democratic and do not support early warnings. The Chinese Doctor, Li Wenliang, an ophthalmologist at the Wuhan Central Hospital tried to warn fellow medics about the novel coronavirus. Instead, he was reprimanded by security police and forced to sign a letter that accused him of 'making false comments'. Doctor Li contracted COVID-19 and died on 30 January 2020. Reporting culture, safety culture, and transparency (among other things) are cornerstones to save lives and promote disaster preparedness. National and international organisations must invest in promoting cultures that believe in saving lives at any cost, heeding to the voices and early warnings from health workforces, and most importantly investing in developing the capacities of health systems.

Currently, national governments (including India and Bangladesh where I work) allocate less than 3% of their budgets for the health sector. The COVID-19 pandemic must act us a wake-up call for India and other low-and middle-income (including high-income) countries to invest in risk communication, health and health systems – among other things. As evident in the COVID-19 outbreak in Italy, China and the UK, the health workforce bears the burden of mortality and morbidity disproportionality. It is paramount that the lives of health workforces are saved at any cost so that the health services can continue to function with

minimal disruption. Each country should work on emergency capacity for production of personal protective equipment (PPE) to avoid international competition.

I work within the United Nations' disaster risk reduction (DRR) framework, which is currently advocated through the 'Sendai Framework for Disaster Risk Reduction 2015-2030'. The DRR framework will be invaluable for the management and mitigation of pandemics. The operational components of DRR are: disaster risk management and disaster risk governance. Currently, COVID-19 is managed through health care provisions, public health interventions, national lockdowns, contact tracing, individual and mass testing, social distancing, isolation, and quarantines – among other measures. Both disaster risk management and disaster risk governance are currently lacking. Studying the pandemic also through the lens of disaster risk management will enable policymakers and practitioners to conduct pro-active and reflective management, rather than reactionary management. Disaster risk management of pandemics and/or epidemics will also promote the mitigation, preparedness, response and recovery cycle throughout the year, rather than reacting during an outbreak.

Disaster risk governance for epidemics or pandemics will promote coordination, communication, cooperation and collaboration between local, national, regional and international actors and organisations. Disaster risk governance will also highlight that the impact of pandemics is differentially experienced; one in which, pre-existing vulnerabilities, such as underlying health conditions, organisational vulnerabilities, and socio-economic differences (e.g. caste, class, gender, age, race, religion and locations) can potentially exacerbate the impact of pandemics. Therefore, the differential impact of the viruses can underpin disaster risk governance to mobilise finite resources to save lives, promote inter-agency collaboration in governing hazard management in everyday life, and in doing so, share the burden of deaths and disease at a minimal cost.

What could have been planned differently given the knowledge we already have about communities, their needs and capacities? In other words, if the government had consulted you, what would you have asked them to think about?

If the Government of India had consulted me, I would have advised pre-planning for the national lockdown, which would have included: identifying multiple scenarios and outcomes (intended, unintended and desirable) underpinned by the DRR's 'all-of-society approach'. I would have advised them to plan and then assess the plan in terms of its effect on each segment of society with preferably multiple stakeholders. This also means planning early for consultation to avoid reactionary management. The central government was able to assess the impact of the lockdown on the formal sector, but failed to assess the full impact on the informal sector. As such, the global community has watched the harrowing journey of the migrant workers walking home, hungry and dehydrated. There were many deaths amongst migrant workers en route to their villages. These are indirect deaths, and were avoidable.

Currently, many migrant workers are stranded on their way home - uncared and forgotten in their makeshift shelters with minimum or no provision of basic amenities. The Avoidable Deaths Network is in the process of documenting avoidable indirect deaths of migrant workers and other people from the impact of the national lockdown in India. These indirect deaths were and are avoidable through effective disaster governance. This is an opportunity

for the central and state governments to learn and rectify their mistakes now and for future disasters.

Now moving forward, it is commendable that the national and state governments in India have made some food items available to the rural households for free through the public distribution system. Being born and brought up in a rural village of North Bengal, the well-being of rural households is always close to my heart. I would like to advise that both central and state governments conceive social protection and social safety net schemes for the rural populace as soon as possible. These schemes must continue for at least two years so that households can recover from the shock and stress of the pandemic disaster. Without recovery interventions, it will be impossible to address the Sustainable Development Goals, especially Goal 1 (no poverty), Goal 2 (zero hunger), Goal 3 (good health and well-being).

It is never too late, as the adage goes. I would recommend that the central government, in collaboration with state governments, leverages the pre-existing state, district and village level disaster management committees for the governance of COVID-19. In one of the UNDRR's webinars on 'Disaster Expert Shares Lessons from China on How to Contain the Spread of COVID-19', the WHO's representative in China, Dr. Gauden Galea recognised that the: "overall lesson[s] from the experience to date includes improving the awareness and ability of the public and communication in disaster prevention and mitigation and risk communication". The existing disaster management committee in the Indian states can play a pivotal role in raising awareness on COVID-19, communicate public health messages in vernacular languages, and implement public health interventions to contain the virus for the 'last mile'. According to the Global Disaster Preparedness Center, Community Early Warning Systems (CEWS) are often referred to as the "last mile" in an end-to-end early warning system (ESW). "Reaching the last mile" means reaching out to the most vulnerable to disasters so that they can protect themselves and their livelihoods, receive information, understand it and be able to act on the information. Reaching the last mile will be a cornerstone for the COVID-19 response and recovery in India. I believe that the Indian states which have robust disaster management and EWSs will be in a better position to respond to the COVID-19 pandemic. The state of Odisha is one to keep an eye on for their response and recovery implementation plans. I have been studying the disaster management practise of Odisha since 1999. The Government of Odisha has successfully reduced disaster deaths from 10,000 in 1999 to 41 in 2019. My Avoidable Deaths Network-India Hub is located in Odisha and we are closely observing the plans and interventions of the state government for reducing the number of deaths from COVID-19.

Last, but not the least, innovation is urgently wanting in order to promote physical or social distancing in high resource and space-constrained urban slums of Delhi, Mumbai and other major cities in India. Quarantine and social distancing have been found to be effective in the UK, Italy and China in containing the spread of the virus. Urgent attention is wanting on this from the central and state governments to invest in evidence-based research, public-private partnerships, and low-budget innovations that are scalable.

What do you think will be the long-term gender impact of this crisis on communities?

We have evidence from SARS, the influenza, Ebola and HIV viruses that men and women are affected differently by these viruses. According to the Novel Coronavirus Pneumonia Emergency Response Epidemiology Team in Hubei province, the fatality rate for males was 2.8% and for females it was 1.7%. 2,232 men, as of 7 April 2020, have died of COVID-19 in New York City compared to 1,309 women, according to the City's Health Department. According to the BBC, in Italy, 72% of those who died were men. This evidence suggests that more men died (or are still dying) than women in the pandemic. This indicates that it is important that the country-level data has gender breakdowns because it can tell us who is most at risk. Gender-disaggregated data is vital for disaster risk governance because such data has implications for policy and practice. In this context, gender-disaggregated data will have implications for flu vaccinations for men and women, and likewise medical needs for men because they are most at risk for biological reasons. As such, this information needs to be communicated to the public to avoid deaths and the disease amongst the male population. Furthermore, the Ministry of Health and Family Welfare must record not only gender-disaggregated data, but also fatality data of rural and urban population and by age - currently, these variables are lacking in the COVID-19 India Death Data.

FEAR, PANIC, HOPE
LOCKDOWN INSIGHTS FROM THE HINTERLAND

Pradeep Poddar, Kumod Kumar Das and Eklavya Prasad,
Megh Pyne Abhiyan

How are the communities you work with coping with the lockdown? What are their main concerns now? Are you able to be in contact with them and what are you hearing?

We reached out to the communities we work with and inputs have come from diverse social groups residing in the following locations:
1) Kairi village, Domat panchayat, Gaunaha block, Pashchim Champaran district
2) Naya Tola Bhishambharpur, Bhagwanpur panchayat, Nautan block, Pashchim Champaran district
3) Sahorwa, Ghongepur panchayat, Mahishi block, Saharsa district
4) Badi Madarpur, Madarpur panchayat, Gogri block, Khagaria district
5) Govindpur, Madarpur panchayat, Gogri block, Khagaria district
6) Jan Muhammad, Madarpur panchayat, Gogri block, Khagaria district
7) Suryahi, Ramnagar panchayat, Phulpara block, Madhubani

Kairi village
- Migration is one of the key sources of sustained livelihood and that is just not across the country but also across the border. Lockdown has affected the following workforce:
  - Those who are stuck in the village and are unable to travel for work; those who had migrated are presently stuck in their respective locations of work, without any source of livelihood; those who had migrated returned home just prior to the lockdown. This has led to enhanced expenditure at the household level with limited or no inflow of money.
- People are taking up work at lower wages in desperation to earn something.
- Accessing forest area for firewood has been curtailed leading to a household crisis.
- Psycho-social impact because coronavirus is being interpreted as a dangerous epidemic, transmittable disease and causing widespread destruction.
- We have been able to contact them telephonically, though could not reach to all our contacts.

Nayatola Bhishambharpur
- Worried about the family members who are stranded in different parts of the country.
- Household-level conflicts.
- Unavailability of local livelihood opportunities.
- Unable to purchase the basics, for instance, vegetables, lentils, soap, washing powder due to limited financial resources.
- This was the appropriate time for repair of houses in the flood-prone areas, however, due to limited finances, this work has not been undertaken, which is impacting both the houseowner and the skilled and semi-skilled/unskilled workers.
- In a few places, women are being offered Rs. 100 per day, whereas men receive Rs. 250/day.

- Psycho-social impact - people consider coronavirus to be an illness, which is communicated by infected person through talking to others; it is a foreign disease; an illness that causes death and is a transmittable disease; it first impacts the throat and then chokes it; conflict between in-laws and daughters-in-law, as the latter are holding the in-laws responsible for sending their husbands to Gujarat and Punjab to earn, and they are stuck due to the pandemic.

Sahorwa
- Approximately 150 men are stuck in Punjab, leading to a collective stress in the village, which is mostly inhabited by women, children and elders. There are only 10-15 men in the village.
- Problem in running households and accessing food; at times, villagers eat only salt and roti.
- Villagers have not been able to access ration provided by the government.
- Psycho-social impact - extreme stressful conditions due to lack of money and absence of male members in the family; coronavirus is a foreign originated disease, hence, there is no cure for this virus; women are solely responsible for generating financial resources which is anyhow limited and they also have to manage the household; for a half-day of labour, women are paid anything between Rs. 50 and Rs. 60.

Badi Madarpur, Govindpur and Jan Muhammad villages
- Daily casual/informal/unorganized workers (rikshaw owners/ pullers, handcart owners, autorickshaw owners/drivers, ice-cream sellers, tea and pan sellers, roadside small shop owners) are unable to earn because of the lockdown.
- Women have to cook in large proportions, leading to additional work at the household level.
- More food is being consumed as family members are staying at home for longer duration.
- Education has been affected.
- Basic food is being consumed at the household level, without lentils and vegetables.
- Marketing has become difficult due to the lockdown.
- Tension in households whose male members are stuck in different states across the country.
- There is no inflow of money from members who have migrated elsewhere.
- Households, which have their ration cards and Aadhaar linked to their bank accounts, have received money, but for households that haven't, people fear that they will not receive the Rs. 1000/family allocated by the state government.
- Arwa chaawal is being provided, through the Public Distribution System (PDS), whereas the people in the region are accustomed to eating mota chaawal.
- PDS functioning is still not transparent.
- Relationships are getting affected due to the fear of spreading of the virus.
- Limited or no local employment opportunities.

Suryahi
- How to survive this pandemic?
- Fear is prevalent in the village.

- There are no local livelihood opportunities learding to large scale unemployment, hence the future seems to be bleak.
- Total change in eating habits. Children have started eating more, whereas adults have curtailed their food and are seen eating just once a day.
- Fear is restricting people to venture out of the village.

What are some lessons from your regular work that would be relevant to this situation?

1. Drinking water supply through bottled water has completely stopped due to the lockdown, hence MPA's previous work on matka filters will not only provide a way to access safe drinking water, but will also generate livelihood opportunities for the potters.
2. Keeping the social distancing in mind, revival and repair of dug wells can be taken up, which will generate employment opportunities in the villages and develop access to arsenic-free water.
3. Decentralized drinking water testing at the panchayat level can also be taken up by involving volunteers.

What could have been planned differently given the knowledge we already have about communities, their needs and capacities?

1. Demystifying the coronavirus.
2. Decentralized aggressive public awareness about coronavirus and government schemes (specifically for the present times).
3. Decentralized monitoring mechanism.
4. Focus on inaccessible areas and disaster-prone areas.
5. Prepare people for the future.

**RISING UP TO "FLATTEN THE CURVE":
RESILIENT WOMEN, RESILIENT COMMUNITIES**

Prema Gopalan, Swayam Shikshan Prayog

How are the communities you work with coping with the lockdown? What are the communities you work with? What are their main concerns now?

"COVID and Rural India" Women and communities in rural India are not isolated from the impact of #COVID19. While a nationwide lockdown is very much needed to stop the spread of the deadly virus, its impact on rural communities is invisible and not in the headlines.

Swayam Shikshan Prayog (SSP) is working closely with grassroots women and communities in Maharashtra, Kerala, Odisha, Bihar and other States. There is a high level of awareness of coronavirus and communities have started isolating themselves to the extent possible. However, there is a lot of fear. Communities are not sure how they will be impacted and for how long they will be able to deal with the fallout of this crisis.

Social Impact:

Rumours and misinformation are causing fear! Village communities are in a dilemma. Many family members are returning home and there is apprehension about them spreading the virus. At the same time, there is a strong sense of family and the need to help "our people". Returning migrants are indirectly adding to the pressure on an already strained system.

Health Impact:

Rural India is not at all equipped to deal with a public health crisis. The coverage of Primary Health Centres is low and they lack the personnel, medicines and equipment despite all the efforts. Health and ASHA (Accredited Social Health Activist) workers are conducting door-to-door visits to spread awareness of hygiene and preventive practices, but they do not have any safety or protective equipment.

Agricultural Impact:

Agriculture hit during harvesting season! #Social Distancing for agriculture means farmers are reeling under the pressures of the harvest and labourers have no work! *Agricultural labour* who are usually daily/weekly wage earners, have been hit hard. Those farmers, who toil on their farms, have no way to sell their produce, due to the broken supply chain between farmers and markets. On the other hand, harvesting is considered as a woman's job and so women have to be in their fields for much longer, and attend to their families, neglecting their own health. *No cash in hand means- no food to eat*. Further, it's a hand-to-mouth existence for many women headed households, widows, landless and daily wage workers who have little or no savings.

<u>Economic Impact:</u>

Micro-enterprises and small businesses facing closure; no income alternatives! #WorkFromHome not an option for rural women and communities! Many of the women entrepreneurs who run their own small businesses are facing the risk of business closure due to the lockdown. Only businesses dealing with food – flour mills, milk delivery and grocery stores - are open. Women entrepreneurs, who have taken microfinance loans to set up their enterprises, are being pushed into debt.

Are you able to be in contact with them and what are you hearing?

We have been in contact with them since March 17th 2020, when SSP closed its offices and reached out through phone calls, WhatsApp to SSP's Sakhi network in the villages.

As in every crisis, we have experienced, empowered women are taking on roles as interlocutors between people and local governments. Leaders and their self-help groups are acting first as educators and connectors to health services, ration shops and as micro planners with Gram Panchayats to manage this crisis. Our women leaders have identified 6,000 families across Osmanabad, Latur, Nanded of Marathwada region and Solapur in Maharashtra, Kerala and Bihar. They are the most vulnerable and those who need rations to survive - daily wage labourers, widows/single headed households, SC/ST families and landless households.

It's a month after lockdown and every day, I hear stories of how SSP teams and women's networks have risen to the challenge and are doing whatever it takes to help their communities. I would like to share a few inspiring stories with you.

Usha Gurav, Boramani village, Solapur

The lockdown has hit the poor and among them, hit the widows of Marathwada the most. They have lost their daily jobs and their small businesses face closure. When people do not have enough, who is there to look out for widows and their children?

Seeing the plight of twenty widows, in her village, Usha Gurav urged her group that "mutual aid and helping each other was the reason they had started this work". All of them dug into their precious savings and made a plan to first support the widows and then others. In the presence of their Panchayat, they procured and distributed fifty grocery kits enough to feed well over 200 people helped by Swayam Shikshan Prayog's efforts.

Unstoppable, Usha and her group with the Panchayat looked after migrants who had travelled with little or nothing with them. "They are not outsiders, they are after all, our people" Usha's selflessness has inspired her village to look after all those affected by the crisis.

Mangal Palekar, Wadgaon village, Osmanabad

Mangal leads the Gandoba Women Farmers group. She realized many poor families were suffering as they weren't able to earn to sustain their families. "It's disturbing to see people live without work, food or money. I visited them to assess the situation and what I saw compelled me to take immediate action. I started distributing 10-12 litres of milk daily from my home especially to families with children and pregnant mothers."

Mangal *tai* has a daily distribution plan, so more people benefit. Every alternate day she visits different streets. "In all, I cover 25 families daily, and take precautions to wear a mask. As I meet women, I guide them on hand washing, hygiene and physical distancing." Mangal *tai* has risen above her group efforts to mobilize food distribution to ensure no one in her village - goes hungry!

SSP had trained Arogya Sakhis who actually took last-mile health care into the community. Had this been replicated more widely, it may have helped prevention measures tremendously, but what are you hearing back from the women who trained in this project? Are they feeling empowered/ sidelined/ vulnerable?

SSP works with over 700 Sakhis/Community Resource Persons who work to popularise sustainable agriculture, to seed entrepreneurship, promote safe hygiene, water and sanitation with improved access to health and nutrition services aligned with the Government. We are hearing that without exception, all our Sakhis are very active, they are mobilising resources for relief and being recognised by their local Panchayats.

In the midst of all this anxiety on the COVID crisis, a few of SSP's initiatives are showing what's possible when years of working together has created a strong network of confident, resilient women who are empowered and ready to face any crisis head-on.

Initiative 1: Across drought-hit Latur and Osmanabad districts of Maharashtra, for the last two years, supported by UNICEF, SSP's women-led water, sanitation and nutrition initiative had resulted in enough water availability through the last year. Due to astute water budgeting and savings at household level, these communities and women are leading the way.

Initiative 2: SSP's four-year-old climate resilient farming model adopted by over 60,000 marginal farmer families is even more important today. It is helping small farmers and the entire village to not go hungry. Families continue to eat healthy meals with vegetables grown in their own home-gardens or small farms. They do not need to step out of their homes to purchase essentials. #WorkFromHome assumes a completely different meaning…. #FarmFromHome!

Initiative 3: SSP has activated its trusted over 3000 women leaders to form Sakhi Task Force to work hand in hand with front line workers the district /local governments. They assist in response and coordinate need based relief. Task force members spread to corners of the

village to identify needy families and mobilize relief resources while tirelessly spreading awareness.

What are some lessons from your regular work that would be relevant to this situation?

Swayam Shikshan Prayog was formally launched in 1998 but its birth was linked to the community-led reconstruction it pioneered after the Latur earthquake in 1993. Over the last two decades, SSP has had repeat experiences in turning crises into opportunities for development. One of the lessons that stand out - if women are supported as part of response and recovery, then they "give back "to create resilient families and communities.

Using disaster as an opportunity to build women's leadership: using the repeat opportunities of major crises, earthquakes, tsunami, floods and long drawn-out droughts, SSP has shown how disasters fast-track development, as people are forced to think on their feet. Using crisis as an opportunity, SSP encouraged women to step out of their homes, build their economic base, create new livelihood opportunities that can increase household assets and incomes.

Learning to Lead through problem solving: SSP has preached and practiced self-learning through doing! Women solved everyday problems around water, improving health services etc. It is these ordinary experiences that have built resilient practices and empowered women to face any crises head on and take leadership!

Women's collectives viewed as Collaborators: it's important, women work in collectives lobby for the poor, bring accountability and work with local governments.

What could have been planned differently given the knowledge we already have about communities, their needs and capacities? In other words, if the government had consulted you, what would you have asked them to think about?

We look at the lessons that *we have learnt or have not learnt* even with repeat experiences of disasters.

- The government needs to rely on *affected communities as a local resource not treat them as victims.* Two-way communication, timely alerts and support goes a long way in getting communities to be more prepared.
- Local governments need to treat organised *community level youth and women groups as partners* so they can be more socially inclusive, focus on poor and deserving beneficiaries, ensure women and girls benefit from health and nutrition services and so on.
- *Platforms for cooperation*: District committees of government and CSO representatives must be formed for understanding local needs, using capacities optimally and for effective coordination of resources and volunteers.
- *Economic and financial support*: credit, subsidy and stimulus support is essential to revive livelihoods and agriculture.
- *Investment in skilling para-professionals*, especially in the health sector and better health services is imperative as this will be the best defence.

What do you think will be the long-term gender impact of this crisis on your communities? On gender relations? On access to resources and livelihoods?

At a household level, women would be forced further to take up economic/income earning activities, with likely loss of jobs for men. Meeting emergency food and daily needs, means erosion of their savings and this could negatively impact spending for health. Health and economic conditions could get worse in the short term for women and girls due to tripling of work and scarce resources. In the medium and long term, with emergence of new markets and supply chains, women may be able to plan for livelihoods alternatives to form collectives, aggregate produce to start cluster enterprises and become job creators through new business models.

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