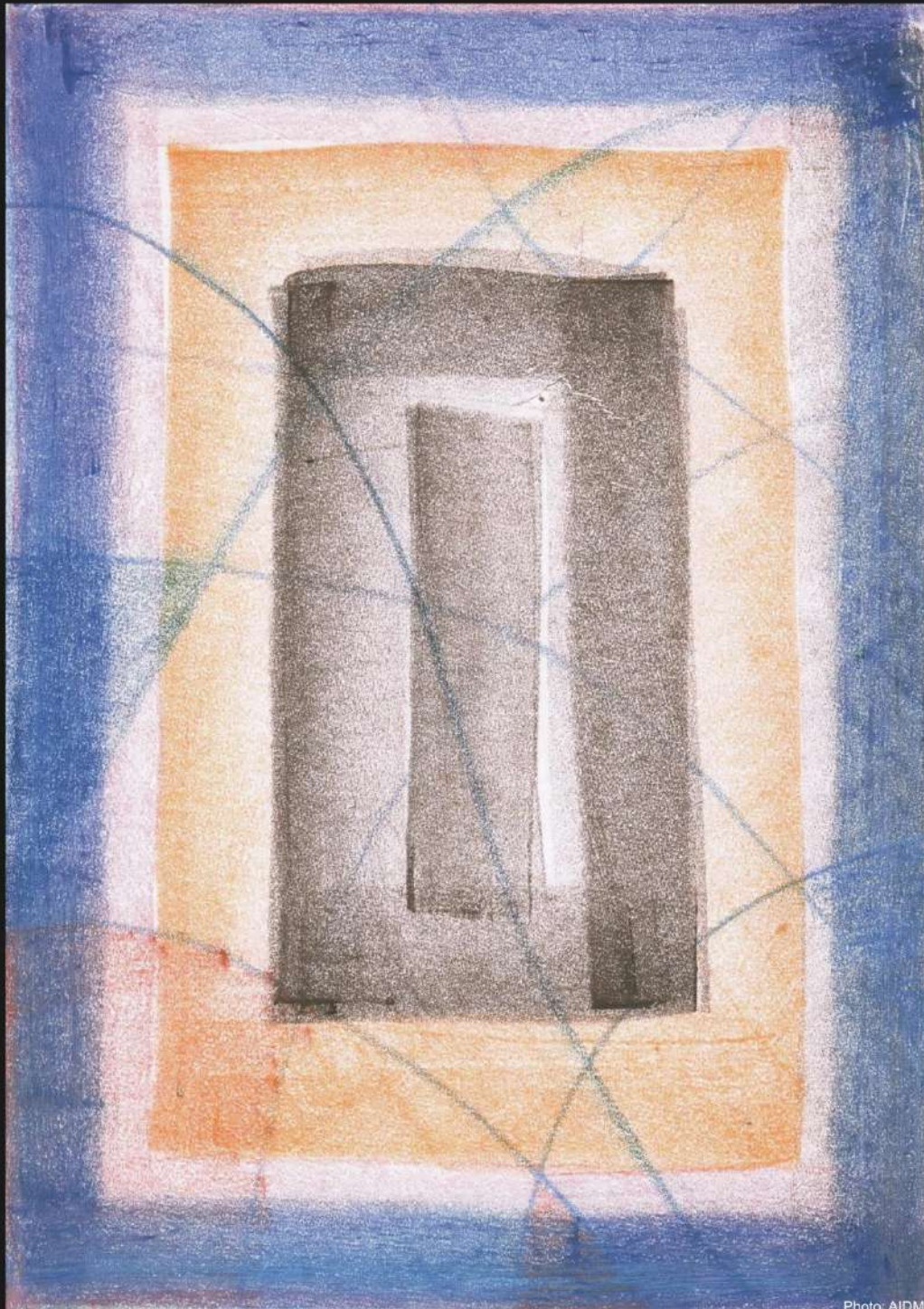# COVID-19 Impact in India

Photo: AIDMI

The lockdown of India locked up the most microscopic structural and functional units of the urban society, including the capillaries of human connections. Our fear became our nephrons, it filtered our urge to remain free, and removed any energy to think on our own. Our locked up lives became winding tubules, representing infinite expanse of our inner landscape of fear of spaces that do not resonate hope. Walls within walls.

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ABOUT THIS ISSUE

The COVID-19 pandemic has had large scale ramifications for India. The strict lockdown enforced by the government to curb the spread of the virus in India precipitated a humanitarian and economic crisis. As the pandemic spreads across the country, greater challenges in terms of human and economic costs need to be tackled.

This issue of *Southasiadisasters.net* is titled 'COVID-19 Impact in India' and offers a detailed overview of the various direct and indirect impacts of the COVID-19 pandemic in the country. India now holds the dubious distinction of having the second highest number of COVID-19 cases trailing only to the United States of America. As India settles to live with the 'new normal' of rising COVID-19 cases and deaths, it is important to assess its impacts to plan for better recovery.

The themes highlighted in this issue include, the impact of the pandemic on humanitarian action in India, implications for data gathering, impact on policy and regulatory mechanisms of the state; impact on environmental conservation; the impact on collaboration between the government and civil society actors. Stellar responses to the pandemic by reputed civil society actors and humanitarian agencies have also been added.

Most importantly, by taking a systems approach to analysing the impacts of the pandemic, this issue also nudges us towards thinking of comprehensive and system wide response and recovery strategies. ■

HUMANITARIAN ACTIONS

Impact of COVID-19 on Humanitarian Actions in India

*By **Mihir R. Bhatt**, All India Disaster Mitigation Institute, India*

As the COVID-19 pandemic continues to unfold in India—in cities and towns—what are the key impacts that are visible as of now?

A rapid interview of key individuals across India—mainly involved in ongoing humanitarian action or related aspects—came up with the following insights: one, lockdown was accepted as a top-down process and flow in decisions and commands are awaited by the humanitarian actors. Similarly unlocking has also been accepted as a top-down and command process and the objectives and needs do not come out of consultations. Social distancing has come to be defined narrowly in terms of physical distancing which has prompted fears that it may soon degenerate into the untouchability in India. Similarly, not enough efforts have been taken to humanize social distancing better. For example, social distancing could've been re-imagined using concepts such as "solidarity for immunity" or "togetherness for protection". Moreover, the COVID-19 pandemic has been principally viewed as a public health crisis instead of a humanitarian crisis that has been precipitated by the protracted lockdowns. And, in this narrow conception of COVID-19 pandemic, concepts like testing, quarantine, medicare, hospitalization and ventilators have dominated the narrative and matching expenditure instead of community health, occupational health or public health approach.

Some of these ideas are explained in detail below:

- **Acceptance of lockdown.**
  India became known for imposing one of the most sudden and strictest lockdowns in the world. Never before so many millions in such a large area have accepted to remain whom and give up all economic and social activities. As cases surged across the world, the Prime Minister of India appeared on national television on 24th March, 2020 to announce a complete three-week lockdown to curb the spread of the virus. War against virus was declared. This lockdown was later extended till the first week of June 2020. One of the most distinct features of this lockdown was that it was an entirely top-down exercise where the executive used the special provisions of the Disaster Management Act, 2005 to order the complete lockdown of the country. Legal scrutiny of this use of the Act is yet open for debate. Another striking feature was the lack of a will to engage with different stakeholders before announcing the lockdown. The lockdown led to a humanitarian crisis—mass migration by the millions; lack of food, water and daily items; loss of income; damage to produce; and shrinking of the economic markets—in the country. And all this was willingly accepted by the poor citizens as well as the rich and powerful members of the India.

- **Acceptance of unlock**
  The unlocking process in India was dictated by the exigencies of economic revival. Suspense continued about the next day. The lockdown had decimated the economy and brought the country to a virtual standstill. As a result, India's GDP contracted by 23.9% in the first quarter of 2020. The impact on businesses

and salaried class as well as the informal workers was huge. To boost the faltering economy, the government had decided to initiate the unlocking process in a wait-and-watch manner. It is ironical that this unlocking process is coinciding with the highest daily increase in the number of new cases in India. Like the lockdown, the unlocking has also been a top-down decision which has been accepted by the other actors and stakeholders. Application of local context, community needs, employment challenges faced by the poor, and the missed opportunities to link up with the market have marked the unlocking process.

- **Acceptance of social distancing**
  In the absence of a cure or vaccine, social distancing has emerged as one of the most potent methods of curbing the spread of pandemic. It is not clear where this idea came from. Social distancing and protection from infection are not same. While social distancing is an important part of prevention of the virus, it should not be used as an excuse to distance onself from low income workers or any community deemed as the 'other'. In its current avatar, social distancing has brought forth old fissures in Indian society such as untouchability, religious narrow-mindedness and the fear of the 'other'. It is important to practice social distancing (that is physical distancing) with concern and not disgust for the "other" in one's heart. In fact, "solidarity for immunity" or similar ideas were not explored or innovated along with social distancing as one more way for Indians to unite in fraternity.

- **Acceptance of medicare as health**
  Another ramification of the COVID-19 crisis has been the re-conceptualization of medicare as health. As is well known by now, a pandemic is much larger than a public health crisis as it derails the economy, disrupts livelihoods and impedes physical and social mobility. However, during the early days of the response to COVID-19, there was an inordinate focus on medicare as health even at the cost of ignoring community health.

- **Plight of the informal sector workers**
  Perhaps the greatest causality of state initiated formal planning during the COVID-19 crisis have been the informal sector workers in cities. They are not recognised in India's economy though they are 80% of the labour force and their contribution is over 70% to India's economy. The lockdown led to the loss of livelihood for millions of informal sector workers and labourers. This spurred a mass exodus of these workers, who packing all their essentials took an arduous journey back home sometimes on foot, sometimes on bicycles and sometimes packed inside trucks. They walked across cities, states, and over 1000 kilometres on foot.

- **Acceptance of migrants as second class victims**
  Yet another unfortunate trend that has emerged in this lockdown and its aftermath has been relegation of 'migrants' to second class citizens. Many people have used the metaphor of 'inequality marching on the streets' to highlight the trauma and distress of these workers making their way home. It is also a searing criticism of the development that India's cities have come to represent. The same cities which prospered greatly from the hard-work and cheap labour supplied by these informal sector workers, could not find place for these workers in their hour of greatest need. Such cruel and non-inclusive trajectories of urban development need to be revisited and revised. A long-term approach and with more inclusive alternatives should be the way forward.

- **Putting aside accountability to affected people**
  In terms of accountability to affected populations (AAP), the government of India's performance has been less than satisfactory. As the exodus of migrants was unfolding in front of everyone's eyes, the Hon. Supreme Court of India was hearing a petition seeking relief for thousands of migrants left without jobs and shelter during the 21-day lockdown. The Centre simply told the court that 'No migrant workers were on roads as of 11 am'. Similarly, during the recent Monsoon Session of the Indian Parliament, when questions were raised about the impact of the lockdown on migrant workers, the government responded by saying that no data was available on the assistance provided to migrants workers or the number of migrant workers that had died during the exodus.

- **Zooming as humanitarian action**
  A positive trend in humanitarianism has been the rise of communication technology during this pandemic. Zoom has emerged as one of the most significant technological innovations of these times which has been leveraged by the humanitarian sector actors to improve their outreach and impact. Zoom meetings and zoom based webinars have helped in connecting people during this era of restricted mobility.

Overall the above mentioned trends and impacts have been observed in humanitarian action in India during the COVID-19 crisis. ■

Humanitarian Systemwide Changes in Data Gathering: How Virtual Evidence is Unfolding?

*By **Mihir R. Bhatt**, All India Disaster Mitigation Institute, India*

One of the most ubiquitous terms to be used during this pandemic is the 'new normal', meant to describe how social distancing, wearing masks, supply chain disruptions, public health and economic crisis will all be a part of routine life due to this pandemic. While the new normal may or may not be here to stay, there are other more significant trends that have emerged due to the pandemic. One such trend is the great push for gathering data by individuals, institutions and policy makers for restarting and running the humanitarian system. And in at least one major way the system is moving closer to virtual data gathering, either through surveys or interviews or group calls or any other important items of collecting evidence from the project cycle and project stakeholders to move ahead towards desired results.

The humanitarian system will increasingly depend on gathering data from virtual sources. May it be immediate rescue of an old lady from the rubbles of an earthquake affected building in Kathmandu or may it be a young girl on her way to school in the flood affected *char* lands of Meghna river calling for help. From rescue to recovery, individual to communities, need for data will be more and more dependent on virtual collection.

During May to July 2020 AIDMI received data gathering reports – qualitative to quantitative – in the across performance of social protection in COVID-19 impacted communities; utilisation of risk communication massages from pandemic managing agencies; social-economic hardship faced by the migrant labour and displaced population; and various aspects of

human rights of pandemic response stakeholders.

This need for virtual data gathering is not new. In May 2015 as a team leader I was able to look at the growing need, innovative applications, and possible utilization of geospatial data collection in costal Asia Pacific. The Typhoon committee had played initial role in using GIS and remote sensing technology in over 14 countries.

"Using Virtual Surveys to Gather Project Data in the New Normal" is an example of how important and urgent this matter is for those who finance risk reduction in and around the humanitarian system (click here).

Virtual data gathering will be more common, and acceptable. More refined ways will be found to make data more authentic and credible. And more skills and leadership will be needed to manage and use such virtual data. AIDMI has observed the need for such virtual data gathering in low-emission development projects; collaborative green growth research; NDC sectoral planning and training; and green city planning and managing processes.

What is needed is a way to pilot, innovate, shape, share, and reflect on such initiatives across the systems. Who will have a reflective look at the unfolding data gathering system? How? When? And with what intention? ■

Social and gender assessments

Household surveys

Public consultation

Monitoring during implementation

Tracking project indicators

Post project evaluation

What are the uses and types of virtual surveys? Source: https://development.asia/explainer/using-virtual-surveys-gather-project-data-new-normal

Pandemic Response: Policy Review

*By **Md. Altamash Khan,** M.Sc. (Disaster Management & Climate Sustainability), JMI, New Delhi; and **Anil Kumar Sinha,** IAS (Retd.), Founding Vice Chairman, BSDMA, Govt. of Bihar, India*

M ami Mizutori, the Special Representative of the United Nations Secretary-General (SRSG) for Disaster Risk Reduction, announced disaster risk governance as the theme for this year's International Day for Disaster Risk Reduction on October 13. She says, "If we do not act now on reducing disaster risk, we are accelerating the willful destruction of our planet".

As the world transitions into the next stage of the global pandemic, now is the time to reflect on how efficient and successful our policies have been in dealing with pandemic.

Governments around the world are acting decisively to protect their businesses and people from the economic disruption being caused by the COVID-19 pandemic. A wide range of tax, financial, business, and social measures have been launched to help organizations respond to and recover from the economic impacts of the global pandemic.

Policy changes across the globe are being proposed and implemented on a daily basis.

The first case of COVID-19 in India was reported on 30th January 2020 and the number of cases continue to rise and set new global records of 100,000 cases in a day. India has surpassed Brazil to become the country with the second highest number of coronavirus cases (as in October 2020).

In March, India imposed one of the strictest lockdowns in the world, but over the past few months has gradually reopened after the lockdown took a heavy economic and humanitarian toll.

By early weeks of September, state borders opened up, domestic flights resumed and restaurants and bars opened their doors. Even the metro system in Delhi resumed service after being closed for over five months. Only schools remain closed and international travel is still restricted.

However, for an inclusive and resilient Post pandemic recovery

> *"If we do not act now on reducing disaster risk, we are accelerating the willful destruction of our planet."*

following 6-actions may be considered for discussion:

Evidence based policy making – This is a pre cursor to any response mechanism. Whatever policies have been there, it cannot be disconnected with ground realities and the prevalent issues. Several policies and guidelines from national, state and district authorities were seen to be unaware of the situation at ground zero.

Strategic communication – A very important part of the overall post pandemic recovery. "Good national and local strategies for disaster risk reduction must be multi-sectoral linking policies in areas such as land use, building codes, public health, education, agriculture, environmental protection, energy, water resources, poverty reduction and climate change adaptation.

Institutional arrangements – Epidemic Diseases Act 1897; Disaster Management Act 2005; Indian Penal Code, 1860; National Security Act, 1980; Information Technology Act, 2000 are some of the major legal tools that have immensely helped the Indian government in tackling the ongoing crisis.

The Union government, in the absence of a National Plan to deal with COVID-19, seems to have delegated its responsibilities under the Disaster Management Act, 2005 to state governments. Without the necessary infrastructure, both human and physical, and adequate financial resources, state governments are not in a position to effectively deal with this pandemic.

Apart from a few exceptions, with available yet depleting resources, they are doing a commendable job.

Now, along with policy, their *Regulatory instruments* are another important necessity i.e. how we regulate the policies.

We have seen policy is there, but regulatory instruments would become law since any policy is a huge enunciation of intentions, direction, and broad region.

We regulate through law, we monitor through law, and we impose through law. Whatever has

happened in recent past is under law along with its monitoring.

For ex. People not following norms, we take actions through law; Government issuing guidelines of unlock 4 etc. Although guideline is not a law but it carries the course of law since it has been issued with the force of law. It also has the sanction of law. So if the guidelines are not followed, then punitive actions under the law can be invited

Economic Measures – The COVID-19 pandemic and subsequent lockdown have added to the woes of the crisis-ridden global and Indian economy. Indian economic output shrank by 23.9 per cent.

Whether through tax cuts, investment incentives or changes to filing deadlines, tax systems will play a significant part in helping to alleviate the financial and economic turmoil that is now occurring.

Cooperation – Global Cooperation is the only way to combat the Pandemic. Along with global

cooperation, regional cooperation is of equal importance viz. Indo-U.S, Indo-Europe, Indo-Arab, and Indo-China, SAARC region, Indo-Kush Himalayan region.

We have seen such cooperation in the past as well so it's nothing new. Apart from it, cooperation of community, the building of the social capital, community based organizations have been of great help during the ongoing crisis. It was a common sight particularly during laborers' interstate migration.

The crisis has called for significant spike in women's leadership i.e. Kudumbshree in Kerala; Jeevika women in Bihar and similar Self-Help Groups networks in other states. They took special care of children and the elderly, since during the current pandemic the elderly and people with comorbidities are particularly vulnerable. Also, they were instrumental in reaching door to door for migrant's survey, managing community kitchens or stitching masks on a large scale. ■

COVID-19 Care in India: The Course to Self-Reliance

By Satchit Balsari, Mansoor Sange, and Zarir Udwadia*

The public health response to COVID-19 in India has been highly centralised, resulting in a homogenous strategy applied across a sixth of the world's population. India was placed in a nationwide lockdown on March 24, 2020, with restrictions being relaxed in three phases since June. In May 2020, the prime minister called upon the Indian people to be self-reliant. We discuss here opportunities to modify several aspects of the medical response to echo this sentiment.

Until April 27, 2020, national guidelines required that all symptomatic patients and families be transferred to health-care facilities and isolated away from their homes, and entire neighbourhoods be declared containment zones.[1] This

strategy overwhelmed the health-care system in India's most populous cities, including Mumbai and Delhi, and precluded access for non-COVID care.[2] The resultant fear and stigmatisation has resulted in delays in seeking timely care, and violations of privacy.

There was an initial rush to build new COVID-19 hospitals and secure ventilators. The government feared that by not doing this they would be criticised, given the low number of intensive care unit beds per capita. However, intensive care entails not just equipment, but systems in critical care and trained personnel, of which India has few.[3]

Despite ample scientific evidence against the efficacy of

hydroxychloroquine, health departments and physicians continued to promote its use both prophylactically and therapeutically.[4] State agencies have undertaken population-wide distribution of unproven homeopathic and Ayurvedic medicines and herbal tea mixes (ukalo), claiming they boost immunity and prevent quarantined individuals from getting infected.[5] Practitioners are also prescribing various other medications, including the anti-parasitic drug ivermectin.

The attention on wonder drugs and claims about imminent vaccine availability continue to distract from gaps in testing, contact tracing, and safe work environments. For months, physicians were barred from testing asymptomatic patients.

Although India's daily test count has grown exponentially, it remains low, at around 0·35 per 1000 people, as of Aug 5, 2020.[6] To date, publicly shared data are not disaggregated enough to shed light on local incidence, or on the demographic determinants that might explain the low reported infection fatality rate.

Anecdotes and personal testimony should be an impetus for rigorous trials, not a license to promote unproven interventions. A flood of articles, models, and mobile device applications (apps) driven by technocrats and consulting companies has resulted in a high noise-to-signal ratio globally. Policy makers must resist the temptation of quick action, and instead rely on those trained to interpret scientific evidence.

Most people with COVID-19 can be cared for at home, and there is no justification for institutionalising those with mild or no symptoms. Where isolation is essential but impossible, dignified quarantine facilities could be constructed in the community, as was done in the densely populated slums of Dharavi in Mumbai, in the absence of which, mandatory use of facial coverings (which could be inexpensively provided), would also play a substantial mitigating role.[7] India's general practitioners and community health workers, can effectively monitor a patient's vital signs at home via in-person visits or telemedicine, distribute and encourage the use of masks and soap for handwashing, advise self-pronation, and, when possible, use adjuncts like pulse oximeters.[8] Providing oxygen therapy (and pronation) in lower tiers of care could avert the need for subsequent ventilation in many patients and help reduce the pressure on hospital bed capacity.[9] Some patients might benefit from steroids, and the small minority of people who clinically deteriorate will need intensive care.[10] To meet this demand, existing technicians and nurses must be upskilled and general practitioners recruited to learn the

basics of intensive care on the job. Liberal use of antivirals should be discouraged, as their benefit is marginal and limited to severe cases, and is cost prohibitive.

There is first-hand evidence to show how the Indian people have risen to the occasion in helping older neighbours quarantine, sharing chores, and stepping in to feed and assist the millions of migrants stranded by the lockdown. The directive for self-reliance must leverage India's societal fabric and collective sense of purpose to empower communities to say where they would like to quarantine and isolate. Local jurisdictions should be provided with more data, as disaster responses are most effective when locally contextualised. Community-centred guidelines for people to self-organise and self-care must be vigorously disseminated. Health agencies should work with civil society organisations to regain trust. Women's empowerment groups in Kerala, for example, were marshalled to map where older people live to ensure they had access to medicine and food while self-quarantining—an acceptable, workable, and scalable solution in the Indian context. Symptomatic patients must be treated at home to the extent possible, and in-patient protocols must only use evidence-based interventions; most patients might only require oxygen and pronation.

In summary, what is needed is a plethora of low-tech solutions (especially facial coverings), adherence to science, and societal participation in caring for vulnerable people. There is not always an app for that. But there are the people of India. ∎

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1 PTI. Coronavirus: New guidelines for home isolation of people with very mild symptoms of COVID-19. The Hindu. April 28, 2020. https://www. thehindu.com/news/national/corona virus-new-guidelines-for-homeisolation-of-people-with-very-mild-symptoms-of-covid-19/article31454541.ece (accessed Aug 5, 2020).
2 Singh P, Ravi S, Chakraborty S. COVID-19: Is India's health infrastructure equipped to handle an epidemic? Brookings. March 24, 2020. https://www.brookings.edu/blog/up-front/2020/03/24/is-indias-health-infrastructureequipped-to-handle-an-epidemic/ (accessed Aug 5, 2020).
3 Roy R, Agarwal V. Covid-19 overwhelms New Delhi's hospitals. The Wall Street Journal. June 25, 2020. https://www.wsj.com/articles/covid -19- overwhelms-new-delhis-hospitals-11593082801 (accessed Aug 5, 2020).
4 Rathi S, Ish P, Kalantri A, Kalantri S. Hydroxychloroquine prophylaxis for COVID-19 contacts in India. Lancet Infect Dis 2020; published online April 17. https://doi.org/10.1016/S1473-3099(20)30313-3.
5 PTI. Gujarat govt to try Ayurvedic drugs on 75 Covid-19 patients to gauge recovery time. Livemint. April 27, 2020. https://www.livemint.com/news/india/gujarat-govt-to-try-ayurvedic-drugs-on-75-covid-19-patients-togauge-recovery-time-11587990097985.html (accessed Aug 5, 2020).
6 Our World in Data. Coronavirus (COVID-19) testing. Statistics and research. https://ourworldindata.org/coronavirus-testing (accessed Aug 5, 2020).
7 Hendrix MJ, Walde C, Findley K, Trotman R. Absence of apparent transmission of SARS-CoV-2 from two stylists after exposure at a hair salon with a universal face covering policy—Springfield, Missouri, May 2020. MMWR Morb Mortal Wkly Rep 2020; 69: 930–32.
8 Simon S. The role of home pulse oximeters in treating COVID-19. npr. May 2, 2020. https://www.npr.org/2020/05/02/849535986/the-role-ofhome-pulse-oximeters-in-treating-covid-19 (accessed Aug 5, 2020).
9 Dondorp AM, Hayat M, Aryal D, Beane A, Schultz MJ. Respiratory support in COVID-19 patients, with a focus on resource-limited settings. Am J Trop Med Hyg 2020; 102: 1191–97.
10 Horby P, Lim WS, Emberson JR, et al. Dexamethasone in hospitalized patients with Covid-19—preliminary report. N Engl J Med 2020; published online July 17. https://doi.org/10.1056/NEJMoa2021436.

Role of Communications in COVID-19 Response

*By **Anthony Lopez**, Founder and Chief Creative Director at [Lopez Design](#), Haryana, India*

Despite many advances in science and technology, mankind has still not been able to control the COVID-19 virus, nor human behaviour. Even while we place our hopes firmly on science for a vaccine that will resist the virus, behaviour change requires a radical new approach.

The first lockdown in India began with a bang when PM Modi asked citizens for a show of support by clanging bells and vessels at a designated hour. His directive was followed perhaps too passionately — when everyone came out on the streets, putting each other at considerable risk. With the highly contagious novel Coronavirus in the air, it is clear one rotten apple is all that it takes for the spread to spiral beyond control.

The alarm was raised and got several of us thinking — what happens when the lockdown ends and cities open up? It's a story we all now know too well by now. While the

> **At the crux of the issues surrounding the COVID pandemic is an instrumental rudder that can steer the way ahead — human behaviour.**

rational mind clearly understands all instructions, often our instinct supersedes intelligence. We let our guard down unthinkingly. Fear is replaced by complacency even as the invisible danger lurks in our near circle. And this is why we need radical behaviour change. This is an enormous challenge in India where basic habits of hygiene, such as washing hands, are not followed.

India is a vast country with great diversity across society, economy, culture and geography. Every community's traditions, culture, nuances of body language, idiomatic expressions, puns, native stories and sense of humour are unique. Very simply, one size does not fit all. Still,

experts plan unilateral campaigns with the aim to induce behavioural change in all by one overwhelming message. Communication must be made relevant to people as well as contextual to their culture, and most importantly to their specific problems. (For example, hand wash does not make sense where there is little or no water.)

Here is an alternative proposal — what if we have custom-made communications for each of our communities? Can creative people within every regional area create communications, which not only makes perfect sense but touches local people deeply? There are a thousand ways to explain why physical distancing is important and how to manage it given your situation. Why not leave it to creative individuals from a community to communicate this in an innovative way that addresses indigenous aspects?

Authorities and institutions *can create systems which enable and empower*

One size does not fit all

Communication must be made relevant to people as well as contextual to their culture, and most importantly to their specific problems. Authorities and institutions can create systems which enable and empower communities to manage themselves instead of attempting to control the behaviour of people through uniform communication programmes.

LOPEZ DESIGN

communities to manage themselves instead of attempting to control the behaviour of people through uniform communication programmes. Programmes need to be created that can:

- Create diverse communications across various platforms by communicators for their communities.
- Target messaging specific to diverse audiences and languages.
- Bring unity within the diversity through strong common messages.
- Respect every Indian by creating inclusive policies and content.

- Ensure every citizen and their community takes ownership for mitigating risks.
- Enthuse every Indian to contribute as a responsible citizen. ■

Edited by: Sujatha Shankar Kumar, Lopez Design; Illustration by: Saumya Mittal, Lopez Design

Impact of COVID-19 on Environment Conservation in India

*By **Kanika Ahuja** and **Anita Ahuja**, Conserve India, Haryana, India*

Versatile, affordable and omnipresent, plastics have been essential to keeping hospitals running and protecting our frontline workers during the COVID-19 pandemic. They're the bedrock of medical equipment and protective gear. They're even at the heart of innovative cross-industry collaborations to combat the virus for example established brands like Apple, switching to make plastic face shields and Louis Vuitton owner LVMH using its perfume production lines to start making hand sanitiser bottles in plastic.

In India, plastic usage has also increased with the millions of disposable masks being worn across the country. According to the Association of Indian Medical Device Industry, India has a production capacity of 1.5 billion three-layer masks out of which only 5% are reusable/washable masks. Biomedical waste like gowns, gloves and other PPEs have posed a severe threat. The biomedical waste from some hospitals is being treated with some efficacy but there is no telling of how many masks have been discarded in household waste systems. Compounding the problem, many waste-management services and municipal corporations have not been operating at full capacity, owing to social-distancing rules and stay-at-home orders.

Online ordering of products, groceries and food deliveries is booming as citizens choose no-contact deliveries of items. The convenience and protection offered by these measures is high but it has led to a massive increase in plastic waste generation. With the recycling industry also on a low from lockdown and social-distancing in place, this will lead to a major setback in India achieving the ambitious targets as per the National Resource Efficiency Policy (NERP), 2019 to recycle 75% of plastic waste by 2025.

Informal sector waste pickers have long worked on the frontlines of efforts to keep cities and villages free from waste and litter. In India, the informal sector is the backbone of plastic waste management. India recycles as much as 80.28% of

recyclable plastic waste, thanks to an army of rag pickers, who collect and segregate the waste. However, out of the non-recyclable waste, merely 28.4% could be treated before being disposed off, leaving the rest to pollute landfills or rivers, and seas, according to TERI. Yet with a general lack of job security or health benefits, waste pickers, frontliners in the Covid19 pandemic, are facing unprecedented threats to their safety and their livelihoods.

Moving forward, the Government, for their part, must recognize the crucial role of waste-management services and their workers in the transition to a sustainable future, and allocate COVID-19 spending accordingly. Such efforts would advance multiple Sustainable Development Goals, including SDG 11 (which calls for cities to ensure effective waste management), SDG 12 (reduce waste generation through prevention, reduction, recycling, and

reuse), and SDG 14 (reduce marine pollution of all kinds).Businesses in the waste value chain need investments in innovation and business models to support Circular Economy through COVID-19. Government spendings should take this into account and support businesses to devise systems for Covid-related waste management and infrastructure.

As the global economy restarts, aid agencies, development banks, and NGOs should invest in building effective waste-management systems. Beyond helping to keep plastic waste out of our oceans, such systems can provide decent jobs and improved livelihoods, resulting in stronger, more sustainable economies in the long term for developing countries. Looking at the bigger picture, it's clear that governments and businesses must explicitly and thoughtfully build support for waste pickers into their

COVID-19 responses, by supplying them with personal protective equipment, connecting them with food and community resources and ensuring access to formal healthcare systems.

COVID-19 has illuminated a host of structural issues, including plastic pollution which has been left simmering on the back burner for decades. During the COVID-19 crisis, it is essential to protect the vulnerable, ensure that health workers have the tools and support they need to do their jobs safely, prevent health-care systems from becoming overwhelmed, and avoid additional waves of infection. But, in meeting these imperatives, we cannot lose sight of the other – perhaps greater – long-term challenges facing humanity, including the environmental and public-health risks generated by excessive plastic waste. ■

CASE STUDY

Oxfam India's COVID-19 Response

*By **Anjela Taneja** and **Laressa Antonette Gomez**, Oxfam India*

Oxfam India (OIN) has been responding to the most marginalised and vulnerable communities in 16 states and has been undertaking rapid surveys and advocacy on issues affecting women and marginalized communities.

The Humanitarian Response
OIN has been on the ground for over five months and responding to the needs of migrant workers returning home—on foot, on trucks and on cycles—and other marginalized communities including tribal forest dwellers, *dalit* fisherfolk, tiger widows of Sunderbans, leprosy, cancer and HIV Positive patients, commercial sex workers, members of the transgender community, sanitation workers, members from the nomadic community, tea garden workers, people with disabilities, the elderly, brick kiln workers, rag pickers, beggars and the homeless.

Oxfam India's Project PSP, Jorhat, Assam - Distribution of dry ration.

Since March 2020, OIN has brought food and safety kits to the most affected in 16 states. Cooked meals were distributed along National Highways in Delhi, UP, Maharashtra, Karnataka, Bihar and Odisha-AP border. Hot cooked meals were served to stranded migrant workers, informal sector

workers who lost their jobs, beggars and the homeless.

43,839 safety kits were distributed in nine states for frontline workers including doctors, nurses, hospital staff, police stations and other support staff. 5,926 PPE kits were handed over to government hospitals

and state health departments in Bihar, Uttar Pradesh, Maharashtra, Haryana, Delhi, Kerala and Karnataka. Of these 700 PPE kits were handed over to the Indian Army deployed in the Northeast. 200 PPE kits were provided to the Rajiv Gandhi Institute of Chest Diseases in Bangalore. Two portable, hands-free, handwashing stations were installed for a 100-bed quarantine facility in Pune. 300 hygiene kits were distributed among women across riparian communities in Gorakhpur (UP).

Unconditional Cash Transfers (UCTs) of INR 5,000 were made to 3,244 households in Bihar, Assam, Odisha and Tamil Nadu; INR 162.20 lakh were distributed. The beneficiaries include single women, women led households, and persons with disabilities. In Tamil Nadu, UCTs were made to families of 62 sanitation workers in Chennai.

Over 5 million people were reached through awareness messages on COVID-19 by using various innovative communication mediums like use of mobile vans and mics from public places such as temples and mosques. 12,085 volunteers and 22 CSOs were added to a WG-CAN platform for the dissemination of COVID-19 related information and 1,31,643 messages were sent out using the same. Oxfam India's new Wall of Hope initiative was launched in Solapur district of Maharashtra. This is a Community Service Messaging initiative that focusses on spreading awareness on hygiene practices, health, protection and countering rumours in the ongoing COVID-19 context. IEC material was designed by OIN and its partners for dissemination via multiple available platforms—online and offline, in Kerala, Maharashtra, UP, Assam and West Bengal.

OIN and partners deployed 260 volunteers and 65 staff who were orientated on COVID-19 focusing on protection of self and others. State-wise online training was delivered to 2,500 staff, volunteers, partners staff in 10 states.

Advocacy and working with Government and other NGOs

OIN developed a coherent policy response on the pandemic including development of policy notes, policy submissions and collection of evidence of impact of the pandemic on the lives of poor people. Some of the areas of work included addressing violence against women during the pandemic; regulation of private schools and hospitals; regularization of midday meals; ensuring quarantine facilities suitable for women, disabled and the transgenders; addressing the educational digital divide; linking tea plantation workers to government schemes; minimizing the impact of COVID-19 on forest dwellers and ensuring entitlements like access to MNREGS and PDS among others. To make the work evidence based, OIN undertook rapid assessments of implementation of a range of public policies in five states. In UP, OIN has been nominated to the State Disaster Management Authority's Task Force on COVID-19. It chairs Sphere India's (apex network of humanitarian agencies) working group to coordinate with inter-agency groups in the states working to ensure stronger coordination with all leaders in the Inter-agency groups.

A series of submissions were made to the PM, Chief Minister, concerned line departments to ensure an inclusive COVID-19 government response. Thus, a submission was made to the National Commission for Women on issues of stranded

> 69,208 households were supported with dry food ration in 14 states taking care of the food requirement of nearly 3,46,040 people. A further 60,080 packets of ready to eat cooked meals were distributed in another 4 states including 7,725 meals to migrant workers.

woman migrant workers and it also participated in the consultations on their labour rights. Submissions were also made to the National Human Rights Commission on the impact on COVID-19 in the pandemic on health and education. OIN campaigned to publicize available helplines on VAW and girls in 6 states and on regulation of private health and education sectors in five states. Webinars of COVID crisis impact on VAW, issues of education and health to take the message to wider range of stakeholders. Across the response, OIN worked individually and with our network allies to maximize the impact of the advocacy.

Letters of appreciation were received from the Delhi, Chhattisgarh, Uttar Pradesh and Bihar governments for OIN response. It signed an MOU with the Jharkhand government to track migrants and link them with support systems. It is also working with the state to create a dashboard to track migrant workers. Government orders were issued to regularize Midday Meal distribution during the pandemic in UP, Odisha and Jharkhand. Appropriate orders were given to ensure uninterrupted distribution of textbooks in Odisha. Orders were issues to cap costs of COVID treatment in UP and a toll free number created in Odisha to address overcharging and denial of care in private hospitals. OIN is in talks with the Uttar Pradesh's Health department to develop IEC material for mass awareness. Bihar too worked closely with the State Health Society for the distribution of PPE kits. Advocacy was done to make quarantine centres women friendly in Bihar and Odisha.

Conclusion

OIN's COVID response was awarded with Gold Award in the NGOs category in the CSR Health Impact awards of the Integrated Health and Wellbeing Council in 2020. The response is still ongoing and it is the change achieved in peoples' lives is the true testimony of the success of the initiative. ∎

Challenges and Opportunities in Government-Civil Society Organisations Collaboration in COVID-19 Pandemic Response

*By **Rajan Samuel**, Managing Director, Habitat for Humanity India*

Habitat India responded to COVID-19 pandemic in March 2020 and has since touched the lives of more than 8,70,000 individuals across India. Our work with urban informal settlements, migrant workers and rural communities has included immediate relief consisting of family essentials, hygiene kits and awareness on prevention. 29 Government Departments including Municipal Corporations, District Administrations, Village Level Panchayats, 57 partners at the grassroots and 1381 volunteers helped us serve vulnerable communities. We have developed the Pathways to Permanence Strategy to guide us from short to medium to long term response and resilience building.

Public-Private-People's Partnerships have always been at the core of our work. Strengthening our communities at one end and being the bridge between the communities and the governments, is a crucial gap we look at filling. Our partners range from Civil Society Organisations (CSOs) to Corporates and governments. We see merit in multi stakeholder engagements towards establishing impact and scale and sustainability of intervention. The Pathways to Permanence Strategy encourages us to forge strategic networks and coalitions to facilitate and aggregate stakeholders and sectors. We look to, in phase 2 and 3 of COVID-19 response, strengthen our involvement with the government departments in the implementation of government schemes. Habitat India is empanelled as one of 6 NGOs with the NITI Aayog in deliberating the role of CSOs in reaching the marginalized.

Over the past few months we have:

1. Conducted **Behaviour Change Communication (BCC)** training for government sanitation workers through formal partnerships at city administration levels. We intend to expand the definition and scope of BCC to take financial literacy to the grassroots and build financial resilience amongst our target groups.

2. **Housing Support Services (HSS)** on Wheels is one of a kind innovation launched in Kerela. A mobile van that is taking technical and construction assistance, do-it-yourself tool kit and materials bank, legal advice, government access and health awareness to

Housing Support Services.

A family is Jharkhand uses the hygiene kit given by Habitat India.

Distribution of Family Essential Kit in Kolkata, West Bengal.

Habitat India follows a strict safety protocol during the distribution of family essential kits as seen in this photo in Odisha.

A Habitat Care Centre setup in Delhi.

Visually impaired Chillai Pillai feels his Habitat home is the first protection shield against COVID-19.

the doorstep of at least 3 lakh people. The HSS on Wheels is a joint collaboration of Habitat India with Punarjani and KIDS (Kottapuram Integrated Development Society).

3. The Centre for Sustainability at Anant National University (ANU), Gujarat has partnered with Habitat India to install **COVID-19 Care Centres.** This has received extensive government support as well especially from Municipal Corporation of Greater Mumbai, Delhi local Government and parliamentarians. These centres are the first line of treatment for people affected by COVID-19. Till date Habitat India has set up COVID-19 Care Centres in Mumbai (Maharashtra), Thiruvananthapuram (Kerala) and New Delhi with a combined capacity of 925 beds. After setting up, the Care Centres are handed over to the local urban bodies who look after the centres and the patients.

Challenges make the path difficult, however, we are determined to overcome. Resources are scarce and becoming more and more unreachable. Yet, the need for housing is pertinent now more than ever and Habitat aims to address that. People's homes are frontline defence systems against COVID-19 and we need partnerships to address the growing housing need.

Habitat India recommends partnerships that are longer, upto at least 3 years in a given area and issue. With housing, issues of women's empowerment, land and property ownership, livelihood and financial inclusion are some of the areas we turn to, to ensure that the families we build homes with, can live lives with safety, security and dignity.

Favourable policies, policy implementation environments, responsive governments and local bodies as well as improvements in civil society engagements and budgeting can be critical to multiply impact. ■

Use of Wisdom in Pandemic Responses

By **Mihir R. Bhatt**, *All India Disaster Mitigation Institute, India*

For some unknown reasons wisdom, individual or collective, finds no place in the discussions and debates that shape COVID-19 response by policy makers, individual citizens, or institutions. And this is odd because it is the wisdom that in the end combines experience with expertise, perspectives with particulars, and steers plans into performance results. Wisdom comes from knowing one's own self, one's work, and one's world. It is individual in source but universal in application. It is captured in an unguarded instance but has timeless value. It is hard to pin down but harder to wish away. This is a gist of my discussions on development results in Indonesia civil society organisations in 2009. I was on number of the UNDP evaluation team the assessing development results for UNDP.

So why wisdom of individuals with long and diverse experience is often left out in the policies of representation; credentials; and merit? Wisdom has played a major role in human history, including in major health crisis in the history, local or not local. And yet wisdom is hardly in demand in the humanitarian system.

"Applying Ancient Wisdom to Disaster Risk Mitigation" is a useful example of the use of wisdom that harnesses power of nature to irrigate farms and protect them from floods (click here). This is only one example. There are many that have come across AIDMI work over past three decades.

Areas where wisdom is in need include ways to plan for resilient pandemic recovery; ways of dealing with multiple or cascading disasters;

challenges of civil liberties; and supporting business resilience to pandemic impact.

AIDMI has found in its work that wisdom is overlooked or neglected by various stakeholders for many reasons: fear of memories; remembering means acknowledging; unpopular imagination and low levels of optimism about what this pandemic will unfold.

What is missing is the use of wisdom in individual hazards or events as well as its use in overall system that manages humanitarian and risk reduction actions.

So the above leads us to the next question, where do we locate wisdom in humanitarian system? In risk reduction measures? ■

Lessons from the Pandemic for Building a Sustainable and Resilient Future

By **Dr. Manu Gupta**, *Co-Founder, SEEDS India*

India has a staggering 139 million internal migrants on a decadal average that are moving between cities and between States in search of jobs, escaping from extreme poverty, disasters and other such causes. These migrant workers cross administrative boundaries and in the process they often lose benefits of access to social safety nets that cover food, education, health and livelihood programmes offered by the state not to mention, the disruption of their own community systems.

This year the Covid-19 pandemic has had a huge impact on the lives and livelihoods of migrant workers. With a nation-wide lockdown announced in the last week of March, which included suspension of all services, business, public transport, and other non-essential services; although genuinely essential, unfortunately also triggered a massive reverse migration. And so, in the first few days following the announcement of lock down, more than half a million people, out of desperation because of lack of jobs and food, walked hundreds of kilometres to reach their homes.

And for those who stayed back, every day was a question of survival. We came across people from specific profession or skill that couldn't adapt to anything else. Those who continued to live in densely populated neighbourhoods faced the fear of being infected by the corona virus. SEEDS volunteers working with such groups, reported lack of awareness about simple measures that could prevent community spread of the pandemic. The problem was compounded due to structural challenges in accessing health care services like testing, quarantine and isolation facilities.

While formal public institutions geared themselves to meet these unexpected challenges, civil society organizations were able to reach such groups better and faster as they leveraged their flexibility in designing tailor-made approaches, tap into the vast network of community volunteers, mobilise local resources, understand and meet specific needs. To a vast number of families affected by the pandemic, psychosocial support has been critical. Voluntary counsellors, neighbours reaching out to each other in solidarity, and timely support like nutritional and health care support have been examples of robust local action.

The strong presence and networks of civil society organizations in the country with their comparative advantages in reaching out to the large, hitherto undefined, groups of migrant workers and their families has been a saving grace and complemented well the efforts of the Government to curtail the spread of disease.

For humanitarian actors, this has been a new challenge of nature unprecedented in almost 100 years. The expectation, for example, required humanitarian action that included mitigation, response, recovery action carried out spontaneously, with all this managed remotely. It required the system to rely on local actors and leaders as movement of people and supply chains remained highly constrained. Safety of the humanitarian workers remained a worry as needs were highest in areas declared as 'containment zones'. Mitigating the spread of the pandemic through knowledge dissemination in local vernacular languages and reaching out to all, along with making available systems and procedures for testing and quarantine, required tapping into networks and alliances with public health professionals.

SEEDS along with hundreds of volunteers has been able to serve over half a million meals across eleven states in the country. We have worked with local governments, in augmenting health care, particularly difficult areas such as mental health care. In hospitals and health care centres we have distributed 7000 personal protective equipment kits and given basic hygiene supplies to over 23,000 families in high risk zones.

This year, India also experienced summer cyclones on both the Western and Eastern coasts of the country. In recent weeks, the north-eastern states are facing their worst floods in a decade with over 5.5 million people affected. It has been a daunting challenge for SEEDS to navigate through complexities of needs on the ground. While on one hand there was widespread fear of the pandemic, the needs for shelter, nutritional support and basic health care due to the cyclone and floods were equally acute. We have struggled to mobilise local volunteers, relying heavily on village level leadership to source and manage supplies and focused on extending supply lines from bigger cities into small remote settlements.

This has been a new humanitarian challenge, requiring highly localised actions in preparedness and response. In evacuation centres set up after the Amphan Cyclone, social distancing measures were hard to apply and often people who had to be quarantined due to early symptoms could not be given alternate spaces. The team has developed modified standards for post-disaster relief. With the social distancing norms in place, the team has also been sharing advisories for re-inhabiting relief shelters keeping 5 sqm per person norms, instead of the SPHERE standard which prescribes 3.5 sqm per person.

As society re-adjusts itself to the new normal, the challenges of recovery and resilience will be of utmost importance. Studies have indicated that almost a fourth of small businesses will never be able to revive. Migrant workers who had since returned to their homes may

not find jobs when they come back to the cities. Recovery programmes need to provide resources to give a head-start to closed business enterprises, while ensuring they remain protected to future shocks. SEEDS has initiated a guided cash assistance programme carefully targeting micro enterprises mostly in the informal sector. From small

tailoring shops, to roadside restaurants, mobile repair shops – re-starting business will require re-purposing, re-skilling and flexible capital to adapt to changed needs.

In future, lessons learnt from this challenge would be critical for agencies and governments to re-calibrate future course of action

especially in preparedness towards large scale complex humanitarian response. The pandemic may hopefully subside, but the opportunity to address the huge vulnerabilities in our society that lie exposed in this rare black swan event cannot be left unaddressed. The future would lie in building sustainable and resilient societies. ∎

Capacity Gaps to Pandemic Response in Villages and Cities

*By **Dr. B. Rajeshwari**, Assistant Professor, GD Goenka University, Haryana, India*

Any understanding of capacity gaps to pandemic response in villages and cities in India needs to be contextualised within the existing diversities of caste, class and gender. Pandemics impact each of these social groups differently. Similarly, capacity gaps that exist to pandemic response in villages need to take into account the challenges of a rural economic and social structure. Consequently, to suggest gaps in

capacity similar for villages and cities across India will be myopic and not encompass a comprehensive picture of how capacities can be developed in response to a pandemic.

Capacity gap towards gender sensitive pandemic response: India went for a complete lockdown from 24th March to 3rd May to curb the spread of the virus and restrict the scope for community transmission.

Such a step meant a new set of challenges for women in India (both in rural and urban areas) who were subject to multiple burdens of care giving, additional financial and household work and the increasing levels of violence as a result of confinement within a restricted space. Just to speak of violence, in 2020, between the months of March and May, 31; 1,477 complaints of domestic violence were made by women. The number of cases recorded were more than those recorded in the last ten years during the same period.[1]

While glaring, such data is indicative of a need for a gender sensitive response both by civil society groups and government agencies working on pandemic relief. Policies can reflect on support for self-help groups in villages to provisions for pregnant and nursing mothers both in urban and rural areas and opening more helplines for those who are victims of domestic violence and other forms of abuse.

Identifying Capacity Gaps in village panchayats: In rural India, panchayats have been at the forefront of fighting the pandemic. Migrant workers have been displaced from their city dwellings, facing job losses and confronted with severe hardships on their way back home, on account of divergent state policies on mobility of migrant labourers during lockdown. A large proportion of the labour force

The pictures show the issue of hygiene and the role that municipal corporations can play at Varanasi, India.

[1] Radhkrishnan et.al, 22 June 2020. "Domestic violence complaints at a 10-year high during Covid-19 lockdown" *The Hindu*.

working in cities and urban areas have returned to their villages and are still on the move based on the impact to their livelihood in the cities. Rural households have had to deal with shifts in food consumption patterns and village panchayats have had to prep capacities to deal with quarantine and other pandemic related measures. Gram Panchayats need to be suitably capacitated taking into account local needs and context. For example: Some panchayats would need more quarantine centres and the capacity to deal with the inflow and outflow of people in the villages while other panchayats can be in need for ways to deal with induced panic among its

population and supply of basic commodities.

Capacity gaps in implementing hygiene levels in cities: Maintaining hygiene standards in many of the second-tier and metropolitan cities of India has been a challenge due to disproportionate spread of population and unorganized urban settlements thereby exacerbating the impact of the pandemic. While restructuring of cities proportionate to the population is a wider project and may take a few years, a way forward could be through real devolution of powers to the city Municipal Corporations making them central to administering hygiene standards.

The Municipal corporations can be given the necessary resources and powers to improve hygiene standards in the areas where the density of population is high. This is also possible through a collaboration between civil society organizations working on hygiene and health issues and the Municipal corporations.

Overall a contextualised and gender sensitized approach, participatory grassroot democratic decision making and empowering the municipal corporations in cities and panchayats in villages can be a way forward to address the capacity gaps in responding to pandemics. ■

PANDEMIC RESPONSE

Legasis Role in COVID-19 Response

*By **Suhas Tuljapurkar**, Founder Director with Legasis Team, Mumbai, India*

1. COVID-19 Legasis India Resource Centre[2]:
The Indian Central and State Governments have issued thousands of COVID-19 Directions so far, which have been amended from time to time. The Directions suffer not only from lack of clarity, proper-delegated legislation or lack of authority, inconsistencies amongst the field of laws, incomplete reporting but are also disjointed. For a legal and compliance professional, the COVID-19 Directions appeared confusing and unhelpful. **COVID-19 Legasis India Resource Centre** captures over 1600 Directives issued by the Governments in India, 129 judgements from the courts (that act as legal precedents). This Resource Centre is available free of any fee or charges. The inclusive and collaborative approach adopted by Legasis allows any reader to engage with Team Legasis in enhancing the content by adding new resources, providing feedback and getting clarifications. The feedback received from the clients and

readers indicate that COVID-19 Legasis India Resource Centre acts as a one stop solution for understanding the statutory and regulatory developments during COVID-19 Lockdown and Un-Lockdown period.

2. COVID-19 Risk Management Solution De-Risti[3]:
De-Risti is a solution developed by Legasis with a view to assist companies in De-Risking business situations and transactions. De-Risti will allow the companies to focus its responses and actions so as to mitigate the business risks in the given situation or transaction. De-Risti allows the companies to take appropriate actions based on identifiable business risks. De-Risti for Covid-19 is a tailor-made solution in the genre of DIY solution that allows companies to (i) identify, select from pre-defined database or add, risks and risk elements arising from Covid-19; (ii) create various risk situations and analyse them; (iii) determine responses or actions required to mitigate the risks; and (iv) provides necessary inputs for

senior management to deal with Covid-19 business risks. De-Risti has populated over 40 business risks directly arising from COVID-19.

3. COVID-19 Business Impact Assessment - Reg30 a tool to effectively furnish Material Disclosures[4]:
Undoubtedly COVID-19 has materially affected every business. In India, the Listing Obligations and Disclosure Regulations, 2015 ('LODR', as amended) mandates all listed entities to furnish timely disclosures about any event that has material impact on the business. An epidemic is considered as a material event requiring the disclosures. The LODR follows principles of Full Material Disclosure. Considering the uncertainties, the challenges faced by the listed entities in assessing the impact of COVID-19, on May 20, 2020 the Securities and Exchange Board of India issued an advisory calling upon all listed entities to furnish qualitative and quantitative impact on business due to COVID-19 material event.

[2] https://covid19resource.legasis.in
[3] https://legasis.legatrix.in/ERM-XYZ-Demo/Login.aspx
[4] https://reg30.legasis.in

Our Gratitude to the Frontliners

- Doctors and healthcare professionals are working tirelessly in extremely vulnerable conditions to save lives and keep everyone safe. The remarkable police force has maintained the law & order during the pandemic in an exemplary way. Artists have brought positivity and hope during the pandemic with their unique expression.

- No words can express our gratitude to these people and the world's brave frontline workers. The world is indebted to you, and we simply want to say: BIG THANK YOU!!!

Reg-30 Solution developed by Legasis, assists the listed entities in COVID-19 Business Impact Assessment. It encapsulates within itself features such as Automated Standard Model Report as per global benchmarks, provides holistic view of entities, users, count of disclosures, allows creation and integration of various workflows, provides a repository of reference documents containing regulatory updates & research reports from organisations like IMF, OECD and others and creates disclosure library with version controls.

4. Gratitude to COVID-19 Warriors:
Since the start of the Lockdown, Legasis hosted, participated and collaborated in 20 webinars. During these webinars and other occasions, Legasis recognised, felicitated and expressed gratitude to COVID-19 Warriors including Doctors, Health Care workers, Law Enforcement Officers and various artists who not only fought for keeping us safe and healthy but ensured that we all remained mentally strong and positive. The COVID-19 Warriors and artists recognized by Legasis include ICU in-charge from Cleveland Clinic, Chief Matron from KEM Hospital, a Senior Police Inspector from Nagpur and artists such as Gary Hofstetter, Switzerland.

5. CARRAR Lite—COVID-19 Force Majeure Contract Review[5]:
Legasis developed CARRAR Lite, a fully digital solution for review of contracts from the perspective of COVID-19 as the Force Majeure (FM) event. It also assists in generating legal opinions, legal advise, FM notices, replies to the notices and provides strategic legal advice in digital form. CARRAR Lite uses various technologies such as ML to analyse set of Supreme Court and High Court decisions on FM, standard FM clauses and provide quality-controlled documents.

6. Webinars & Knowledge Sessions[6]:
Legasis hosted 20 webinars on wide ranging COVID-19 topics. Legasis collaborated to deliver 13 knowledge sessions in association with the Swiss-Indian Chamber of Commerce, NAASCOM, CEGET, UN Global Compact Network India, Alliance for Integrity, (GIZ) GmbH, Producers Guild of India, Retailers Association of India (RAI), Bombay Chamber of Commerce and Industries, the Mahratta Chamber of Commerce Industries and Agriculture (MCCIA), Unmanned and Autonomous Vehicles Association of India (UAVAI).

Legasis COVID-19 knowledge sessions included a wide range of topics from Reskilling & Digitization to Agricultural Reforms, from Force Majeure to Payment of Wages, from Drones to IPRs. Through these knowledge sessions, Legasis connected with over 3000 corporate executives to enhance their knowledge quotient, answer their queries, lessened the uncertainty and reduced the anxiety.

7. On-line Training & Certification Courses:
The Compliance and Ethics Academy and Legasis conducted two full-fledged sessions of the Certified Compliance and Ethics Professional Course, on-line certification courses in Ethics, Data Protection & Privacy Laws.[7] In addition, Legasis conducted over 1500 hours of internal trainings.

8. Legasis Back to Work:
Besides designing and developing Standard Operating Procedures for commencing the formal office work after the Lockdown, Legasis assisted various clients in ensuring that the SoPs are effective.

9. COVID-19 an Agent of Change, Altering Business Relationships:
Legasis is authoring and editing a book outlining the Pandemic's role as the agent of change. The book shall contain articles written by various prominent Indian thought leaders.

10. Legasis Roundtable Conferences:
Legasis conducted roundtable conferences, breakout discussions, everyday connect conference and brainstorming sessions with its clients on contemporary topics, legal changes, some of the important legislative developments and court rulings.

Thank you to all Legasians for their continuous effort and support to make these initiatives successful. ∎

20 Webinars and Knowledge sessions

10 Institutions Associations

3000+ Participants

150+ Companies

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[5] https://carrarlite.legasis.in
[6] https://covid19resource.legasis.in/#WebinarTab
[7] www.ethicsindia.com

COVID-19 Pandemic and Policy Concerns

*By **Mrutyunjay Swain**, Associate Professor and Head, Department of Economics and Management, Khallikote University
Berhampur, Odisha, India*

Introduction

Several epidemics such as the Spanish Flu of 1918, outbreak of HIV/AIDS, SARS, MERS and Ebola have been experienced in the past by people around the world. However, the COVID19 pandemic, which originated in China in December 2019, has spread rapidly to about 213 countries creating the biggest ever health crisis in world. Since the first case of the disease was detected on January 30, 2020, the cases in India have increased rapidly. As on October 14, 2020, India has emerged as the country with the second highest number of COVID-19 cases with 72,37,082 confirmed cases and 110,617 deaths[8]. With a population over 138 crores and poverty rate of about 23 per cent, the outbreak of the pandemic has been an unprecedented shock to India's economy. The economy was already in a downturn state before the spread of COVID19 due to demonetization, abrupt implementation of GST and global slowdown. GDP growth rate has depicted a downward trend since 2015-16 that has slowed down to 4.2% in 2019-20, lowest since 2002-03. The COVID-19 pandemic has just accelerated the slowdown process.

Demand and Supply Side Impacts

The huge uncertainty and fall in market has disturbed the entire chain of production and demand cycle. Tourism, hospitality and aviation are the major sectors that are facing maximum loss in the present crises. Revised OECD estimates on the COVID-19 impact point to 60% decline in international tourism in 2020. This could rise to 80% if recovery is delayed until December. Tourism, aviation and automobile sectors in India that account for 9%, 2.4% and 10% of GDP respectively have been severely impacted due to less of demand and due to which the marginal firms and other industries have been forced to shut down[9] (Dev and Sengupta, 2020). The fear of pandemic and consequent closing of cinema halls and market buildings have severely affected the retail sector too. In addition to the unprecedented collapse in demand, widespread supply chain disruptions will continue for a while due to the unavailability of raw materials, exodus of millions of migrant workers from urban areas, slowing global trade, and shipment and travel related restrictions imposed by nearly all affected countries. Banking and financial markets have been affected by a lot due to growing NPAs and shrinking credit growth.

Comparatively, the agriculture sector was not that hard hit since agricultural GDP has increased from 2.4% in FY19 to 4% in FY20. However, there has been disruption in prices of agricultural commodities due to closure of APMCs/*Mandis.* Dairy and poultry farmers have experienced huge loss owing to outbreak of the pandemic. Many farmers have dumped their seasonal agricultural and horticultural products such as fruits and vegetables. There was a loss of 122 million jobs in April, 2020 in the informal sector. The MSME sector (in manufacturing, trade and service sectors) that contributes around 30% of India's GDP would face a huge loss of income and employment.

Programmes and Policies

The twin shocks of COVID-19 and global slowdown have wreaked havoc in Indian economy. There is a need of policy actions to deal with both supply and demand side problems. On the supply side, there is a need to extend financing to firms to enable them to stay solvent and to help resolve other supply disruptions and on the demand side, give relief to those who are in need, to help generate demand. The government should bring out something like a major "Government Bond" to sustain banks, NBFCs and businesses. This government bond should take care of bad loans, liquidity and fresh investments at nano and micro levels so as to resolve the problems faced by MSME sector.

Many policies and programmes have been launched by the Governments at both central and state level. Given the widespread demand destruction, the package falls short and may need to be enhanced. Compared to US (with budget provision of 10.7 per cent of GDP), Germany (20.95%), Malaysia (16.17%), Spain (15.29%), UK (15.27%) and Japan (10.0%), India has a meager budget provision of 1.3% of GDP for managing the COVID-19 outbreak. Thus, it is essential to enhance the budget provision and protect the farmers, agricultural labourers, and the workers in supply chains from the pandemic. Necessary measures should be taken to maintain transparency and accountability in mobilization and utilization of funds in pandemic management. Since rural and agrarian sectors are the backbone of the Indian economy, it's the time to adopt a Gandhian model of growth and start "community economics". The government should consider this crisis as a war condition and set-up command and control centers at every single local political unit to take care of economic activity and society sustenance at the local level. ■

[8] WHO Coronavirus Disease (COVID-19) Dashboard, https://covid19.who.int/

[9] Dev S Mahendra and R. Sengupta (2020), 'Covid-19: Impact on the Indian Economy', WP-2020-013, Indira Gandhi Institute of Development Research, Mumbai

Impact of COVID-19 on Kachchh Pastoral Communities: Our Experiences

*By **Dr. Pankaj Joshi**, Sahjeevan, Bhuj-Kachchh, Gujarat, India*

Background

Kachchh is not only the largest district of India, but also a meeting point for cultures, ecosystems, and geological formations all of which contribute to the region's rich biodiversity including domestic livestock along with their pastoral communities. Kachchh has almost 17 lacs of livestock population that includes cattle, buffalo, sheep, goat, camel, horse and others that are raised by pastoral communities mostly on commons (Gauchar, wasteland – not waste but source of feed to animals, and vast patches of grasslands like Banni and Naliya). Revival of livestock-based livelihood in Kachchh district was initiated collectively by Dairies (Mother Dairy, Sarhad Dairy), livestock producers' organizations (in form of Breeders' Association and Producers Company), and civil society oranizations.

In just a few years, dairy development has showed its potential as more than 2.5 lakh lts. of milk is now being collected every day by the dairies in Kachchh. In addition to milk dairy, other livestock economy activities such as selling of Banni Buffaloes to the farmers of Gujarat, Maharashtra and Madhya Pradesh, as well as Bullock trading to Saurashtra region have also emerged .The flourishing livestock based economy in Kachchh is predicated on utilizing commons, which in turn has given impetus to the conservation and breeding of high quality genetic livestock such as Banni Buffalo, Kankrej Cattle, Madwadi & Patanwadi Sheep, Kachchhi Goat, Kachchhi & Kharai Camel and Kachchhi-sindhi Horse.

Impact of COVID-19 on Camel's Pastoralists:

After the first lockdown due to COVID-19 pandemic, 25 young camel pastoralists who recently started their milk selling business in and around cities like Bhuj and Nakhtrana had to shut operations because dairies (Sarhad-Amul & Advik Pvt. Ltd.) had stopped to purchase camel milk as well as all retailer shops- tea stall were also closed. So, they started purchasing the necessary groceries on credit. This has continued for almost three months now and these young people are finding it hard to repay back their debts. Similarly, most of the families have experienced income loss due to contracted livestock activity during the lockdown. Almost 15% of milking camels have dried since milking is not being done on daily basis to cut down on expenses. In addition, since most of the families are migrating with their herds, they faced many hurdles by police, and were stopped by near village panchayats to enter their villages for purchasing and drinking their animals. So, along with their association KUUMS (Kachchh Unt Uchherak Maldhari Sangathan-Camel's Breeders' Association), Sahjeevan distributed a total of 30 days food and grocery kits to 120 prioritised families and tried to assuage their distress mitigate this panic situation.

Impact of COVID-19 on Buffalos' and Cattle Pastoralists:

Immediately after the first lockdown, the Mahi dairy stopped milk collection entirely; so, more than 125 families have suffered through daily income losses. Even value addition to milk to make Mava and Ghee has also stopped. In one village i.e.

Mithadi almost 550 lts of milk was wasted daily minimum four days, and then group of leaders approached to Sarhad-Amul dairy to start also collection from above 125 families and now they all are members with this dairy. In addition, in COVID-19 situation, the price of feed has also increased by Rs.1150 to Rs.1800 for 50 kgs. This has made it incredibly tough for small pastoral families to procure feed. Some stories have also emerged of how some families had to sell their jewellery or rely on credit. The growing distress and uncertainty among the pastoralist families has even made some of them to feed their livestock with grains (meant for humans) that the government had sent as relief provisions.

A similar situation has been observed in Pachham, where in a village called Tuga, a family with 60 cows and buffaloes producing 75 lts of milk suffered due to the closure of all sweet shops which use the milk to produce sweets. This family lost out on at least 15 days of income. After several discussions with Sarhad dairy authorities, they started the milk collection of cows and denied to collect buffalos' milk! ∎

Youth in India: What Youth in India Can Learn on Adaptation?

*By **Jekulin Lipi**, United Nations Major Group for Children and Youth (UNMGCY), Sweden*

At a time when the impact of climate change is growing, manifested in the form of the increasing frequency and severity of extreme events, a pandemic has also struck the world. India too, has been badly hit by the COVID-19 crisis. We need to strengthen ourselves to curtail the spread and make the country resilient. Adaptation is the key to it and it refers to actions taken by an individual, a community, or by a government to reduce the adverse impact of the extreme events (natural or human-induced). We need to cope with extreme events and climate change through appropriate adaptation measures while mitigation efforts continue.

India has the highest percentage of youth population. Capacity building and leveraging their knowledge on Disaster Risk Reduction (DRR) and climate change adaptation would bring meaningful change and sustainability to society. In India, youth has the strength to assist in adaptation to the adverse extreme events. The adaptation capacity of each region differs as the hazards differ in the vast territory of India. The adaptation strategies could be classified as – reactive and anticipatory. Reactive adaptation could be responding to the impacts of extreme events and anticipatory adaptation could be activities undertaken before the impacts are observed.

There is no limitation on adaptive strategies or practices in the country. The adaptation strategies are always tailor-made according to area-specific hazards and vulnerabilities. The reactive measures could be changing the location of the home, enforcing building by-laws, changing of insurance premiums, etc., and anticipatory could be the construction of embankments, installing early warning systems, changing of building architecture according to change in climate, etc. According to IPCC's fourth assessment report, adaptive responses are classified as technological, protection, retreat, and accommodation. This could include both hard and soft infrastructure, improved drainage systems, new agricultural practices, new building codes, resilient development, etc.

Existing knowledge on adaptation to extreme events and climate change provides us a basis to understand its likely impacts on youth. In the same process, practical adaptation is most likely to reduce the risks and would build resilience in the face of extreme events and climate change as well as the capacity of families, communities, and youth themselves. The adaptation more primarily involves more local initiatives and locally-developed measures. For the youth in India in order to adapt to extreme events the following could be learned:

1) Firstly, what are the hazards and vulnerabilities prevailing in the locality?
2) What are the adaptation options available to deal with extreme events and climate change?
3) How much would it cost to adopt such adaptation options?
4) Where could funding for adaptation be made available?
5) Reducing the cost of adaptation through risk transfer and risk-sharing.

For effective adaptation strategies, the youth could involve three major steps: 1) scenario-building 2) planning, and 3) implementation. The main outcome of the adaptation strategies is to build a 'safer village plan'. A plan to increase the resilience of the community to extreme events and climate change.

1) Scenario-building: This would involve analyzing the hazards and vulnerabilities to extreme events, and climate change, along with existing capacity, existing and required adaptive measures in the locality. This process would also identify the adaptive mechanism for households, communities, and what kind of social institutions are required for disaster management.
2) Planning: This process involves discussion with various social groups such as farmers, women's groups, differently-abled groups, minorities, indigenous groups, and village leaders. The strategy should follow the principles of humanity, neutrality, and impartiality. It is also important to involve the local government in the process.
3) Implementation: In this stage, the identified measures for the safety of the locality were implemented. This stage ensures the safety of the people, the infrastructure, and livelihood. The capacity building of the representatives of the various groups has also been done in this stage.

The above mentioned three steps describe the development of its own adaptation strategies and demonstrated the importance of understanding the local capacities and conditions. The youth in India have great potential and enthusiasm to develop their own adaptation strategies and to build a resilient locality. Active involvement and collaboration from local authorities can go a long way to reduce the risks from potential hazards. ■

National C&Y consultation, 2018: Sri Lanka.

Citizen Science: Critical for Achieving Long Term Conservation Goals

*By **Aanchal Saxena**, Project Assistant, IUCN India Country Office, India*

For decades, experts have been warning about increasing interactions between humans and wild animals leading to an increase in the risk of diseases spilling over from wildlife to human populations with severe consequences. Over the years, we have seen an increasing number of diseases jumping from wild animals to humans like Zika[10] (1952), Ebola[11] (1976), SARS (2002), and COVID-19, being the most recent. Furthermore, recent studies show that there are deadly bacteria and viruses that have been trapped underneath ice and permafrost for centuries, waiting to be unleashed.[12] With the earth warming drastically each year, increased habitat destruction and environment degradation, humanity is exposed to a pandora's box of diseases.

COVID-19 has disrupted almost every aspect of life including conservation practices. For instance, many national parks across the globe have had challenges in maintaining and equipping on-field staff involved in protection; thereby contributing in an increase in poaching.[13] The lockdown has exacerbated pressures on-field level activities related to conservation, management and protection. This will have long-term consequences for training, data collection and monitoring of health of endangered species and ecosystems. A post COVID-19 world will need a different approach and a comprehensive understanding of fragile ecosystems, especially its link to zoonotic diseases and redefining the role of citizens in conservation.

There is also a need for greater emphasis and better preparedness to deal with such pandemics and the challenges that we face, economically and socially.

Over the years, global goals like Sustainable Development Goals, Aichi Targets, among others have fostered and promoted a new hybrid governance structure wherein the responsibilities for conservation are shared between the governments, civil society organizations, businesses, and local communities, among others. However, the current health crisis has manifested a new sense of togetherness and ability to adapt to change. It has shown that people can change their habits, move to a minimalistic lifestyle and reduce their carbon footprint in response to a crisis. We need to invoke the same sense of urgency in response to environmental degradation by engaging citizens to tackle climate change crisis which is becoming increasingly evident.

Citizen science (public participation and collaboration in scientific research to increase scientific knowledge[14]) should be a cornerstone in the new discourse to further the efforts in conservation. Not only does it exponentially enhance our ability to monitor and manage natural resources but it also connects people with nature which will bring positive changes in other aspects of their lifestyle.

Citizen science models are being deployed in new shapes and forms to help the scientific community to understand conservation issues and play an active role in solving them. Most commonly used in understanding bird distribution globally, citizen science is now also a key part in marine stranding networks and to detect the global prevalence of invasive species. This tool has been regarded as an effective way to document large scale patterns in nature while providing greater scope for citizens to increase their knowledge of ecological process (Bonney et al., 2009). Citizen science has the potential to bring conservation agenda into mainstream discussions, increase public involvements in decision making, bring in innovative ideas especially on technological advancements and Artificial Intelligence into on-ground activities.

It is a step forward for an integrated and holistic conservation approach in which citizens participate, contribute and share responsibilities for long term conservation goals. Therefore, to tap the potential, it is necessary to ensure that science is easily available, open, accessible and inclusive for a mainstream appeal and the survival of our ecosystem. ∎

References:
Rick Bonney, Caren B. Cooper, Janis Dickinson, Steve Kelling, Tina Phillips, Kenneth V. Rosenberg, Jennifer Shirk, Citizen Science: A Developing Tool for Expanding Science Knowledge and Scientific Literacy, BioScience, Volume 59, Issue 11, December 2009, Pages 977–984,
https://doi.org/10.1525/bio.2009.59.11.9

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[10] https://www.who.int/news-room/fact-sheets/detail/zika-virus

[11] https://www.gov.uk/government/publications/ebola-origins-reservoirs-transmission-and-guidelines/ebola-overview-history-origins-and-transmission#:~:text=1.-,History%20of%20the%20disease,Sudan%20(now%20South%20Sudan).

[12] http://www.bbc.com/earth/story/20170504-there-are-diseases-hidden-in-ice-and-they-are-waking-up

[13] https://www.conservation.org/blog/poaching-deforestation-reportedly-on-the-rise-since-covid-19-lockdowns

[14] https://www.nationalgeographic.org/encyclopedia/citizen-science/

NPO Response to Covid-19 in India

*By **Madhavi Mehta** and **Sushanta Sarma**, Professor & Assistant Professor at Institute of Rural Management Anand (IRMA), Gujarat, India*

Since March 2020, the COVID-19 pandemic has had a profound impact on the people of India. It has completely disrupted everyday life and significantly affected the functioning of organizations, including those working in rural India. Many of the rural initiatives related to enterprise promotion, accessibility to health and education, agricultural advancements are implemented by Nonprofit Organizations (NPOs). With severe lockdown, economic slowdown, and migrant crisis, these NPOs face threats to their working unprecedentedly. Based on our interactions with selected NPOs working in livelihood, education, and irrigation management in Gujarat, Bihar, and Madhya Pradesh, we could identify two broad strategies adopted by NPOs to respond to the crisis: Preserving and Innovating.

When anticipated the threat to the continuation of on-going projects and programmes, the NPOs have taken up measures to sustain their core activities to the extent possible. After the sudden announcement of the lockdown, the field activities, including meetings and mobilizations, were restricted because of the limited movement of the ground teams. NPOs have overcome this problem by mobilizing existing community organizations and enabling the community leadership to smoothen their operations. Gram Panchayat supporting NPOs in conducting and coordinating meetings and identifying beneficiaries is an example. NPOs have continued with their projects by reworking the deadlines and redesigning some of the activities. We have seen that despite the uncertainties involved, NPOs have been able to negotiate successfully with donors to continue the sanctioned projects.

The second response strategy adopted by NPOs is that of innovating. The pandemic has allowed NPOs to experiment with how they work and whom they work with and the nature of work itself. We observed that NPOs have made a smooth transition to the online mode of working. Employees at all levels quickly adapted to the new ways of conducting business through different technology platforms. This quick adaptation has had a tremendous impact on the organizational hierarchy. Senior executives in NPOs are learning to play the role of mentors rather than managers. NPOs have designed policies on work from home and allowed staff to contribute to the organizational mission at their respective levels. The breaking away of hierarchical boundaries has had favorable implications on employee morale.

The pandemic has also driven NPOs to reimagine their work by catering to a new set of beneficiaries hitherto neglected. For some NPOs, the new group of beneficiaries included migrant workers returning from urban areas, and for others, it included the poorest of the poor households. NPOs have designed new intervention strategies to include those resource-poor families severely impacted due to the pandemic. Many NPOs also deviated from their core activities and engaged in relief work to address the severe migrant crisis. Funding agencies supported the relief work in many cases. A serendipitous discovery for some of the NPOs was the power of the community to support itself from within, rather than being dependent on the relief material received from outsiders. Another major strategic renewal experienced by NPOs was that of coordinating and working with governments. During our interactions with NPOs, we could sense the positive experience that NPOs had of working with government machinery during these times.

Finally, innovation as a response strategy happened for NPOs as they invoked the organizational values to mobilize the staff. The senior managers reminded the team about the mission and values of their respective NPOs and encouraged them to be courageous. NPOs also earned the trust of their staff by ensuring no job loss during the pandemic. They have taken care of the team through health insurance and medical kit, besides working on demystifying the myth related to the pandemic. ∎

COVID-19 in Assam: A CSO View

*By **Dr. Varghese Velickakam**, North East Diocesan Social Service Society (NEDSSS), Assam, India*

The Covid-19 outbreak hasn't only wreaked havoc on people's health but has also muffled their entire style of life. In Assam, as much as anywhere else around the world, the protracting days of lockdown whether imposed by the government or by self, are bringing about major changes and severe disruptions in what was said to be normalcy of life. Though the 1st case of Covid-19 was reported in Assam on 1st April 2020, the struggle for Assam started in the last quarter of the year 2019 itself with the upheaval resulted at the amendment of NRC (National Register of Citizens) with Covid-19 pandemic hitting the state during the 1st quarter of the year 2020, Assam has further suffered a critical phase of deep anger, anxiety, and alienation of people without any hope and promise of stability. And yet again the recent flood has augmented the misery of the people to excruciating levels.

The aftermath of all these catastrophes has aggravated the miseries of the daily wage laborers, migrants, rickshaw pullers, transgenders, farmers and the middle-class families, as they depend on daily wages for survival and have no luxury of even a small saving to help them ride through this difficult time. Many were not able to go back to their homeland as the interstate travel remained suspended and the lockdown imposed on the marketing outlets made the basic commodities to be scarce, even the food supplies.

Heeding to the repeated calls of the Government though the people have been more home-bound for their own safety and to contain the pandemic, only the most privileged have been able to isolate themselves without worrying about future income. The Government of Assam indeed has taken early precautions

Covid-19 Relief daily laborers.

such as lockdown and spreading awareness among the public regarding the protocols against COVID-19. However, they seem to have less inclusive and lacked sensitivity towards the marginalized and vulnerable. Some initiative like increasing the daily wage from Rs. 182.00 to Rs. 202.00 of the workers under MGNREGA and distribution of free food grains are welcome initiatives but there are no records of how far they have benefited people in real need. A huge number of people have experienced and are experiencing many hardships and they are forced to be isolated in small spaces and in difficult conditions.

NEDSSS being the Secretariat of IAG (Inter Agency Group), and Dr.Varghese Velickakam being both the Executive Director of North East Diocesan Social Forum, and the Convener of IAG, there has been numerous initiatives undertaken to flatten the curve of inequality, injustice and other threats to a decent and dignified life for the most vulnerable in the social strata. With

the support of likeminded NGOs and Church Based Organisations like Guwahati Social Service Society, Assam Christian Forum, Joint Action Committee of Kharghuli, and other religious institutions, NEDSSS was in the forefront for relief activities. 43738 families were supported with dry ration, hygiene kits, sanitizer and face mask during this covid-19 lockdown.

The focus groups were:

Transgenders: Transgenders are the most affected among all as they found it extremely difficult to make their living. They earn their living by begging on trains. Now that the country is in complete lockdown, they have no saving, no home and evidently no food. NDEDSSS reached out to them distributing dry ration, hygiene kit, sanitizers and masks.

Rickshaw Pullers collectives: Rickshaw pullers have mostly come from other states and live in slums or at Brahmaputra Riverbank with their families. They survive with their daily income. This lockdown

Response/Relief work carried out by CSO for Covid-19 in Assam in 2020				
Sr. No.	Name of the Partner	No. Dist.	No. of families	Items distributed
1	North-East Affected Area Development Society (NEADS)	3	9500	Dry Ration, Hygiene Kit and safety materials, Awareness Generation, NFI, Child protection, cash support, Psycho-social support / Livelihood assistance, education kit to adolescents.
2	Anchalik Gram Unnayan Parishad	1	175	
3	World Vision India	4	3968	
4	Indo-Global Social Services Society	4	2596	
5	Aide et Action	4	4484	
6	Save The Children	2	5000	
7	SATRA	2	12000	
8	Oxfam India	4	6321	
9	Morigaon Mahila Mehfil	1	6147	
10	Gramya Vikash Mancha (GVM)	4	5138	
11	Caritas India	11	28605	
12	sSTEP	1	3600	
13	Assam Christian Forum	1	300	
14	Arch Diocese of Guwahati	4	28950	
15	NEDSSS	1	2225	
16	ANT	7	5055	

shattered their living often leading them to starvation. To intervene in their lives, we began with a community kitchen and later distributed dry ration, wash items, sanitizers and facemasks.

Migrant Labourers: Migrant labourers were not able to go back to their homes as the borders were closed and interstate travel was impossible. Due to lockdown all the labour work was stopped and the migrants were left without income and food. 42827 migrants were supported with all the necessary help.

Stranded Workers: Many of the workers were stranded. They are people working in the offices. They could not go back home as there was no means to travel back. They were fed with community kitchen and later regular dry ration was supplied.

Daily Labourers: Daily labourers live always in a 'hand to mouth' situation and the lockdown affected them very badly. Labour work was not available. Some people who made their living by selling fire wood in the cities were also affected as the movements were restricted. Dry ration and other items gave relief to them at the time of lockdown.

Migrant Workers' Return from other States: 1204 migrant workers who were returning from other states were provided with cooked food at different railway stations. As a convenor of IAG, Fr. Dr. Varghese Velickakam coordinated with NGOs in other states to feed them with cooked food at the stations.

At present NEDSSS is fully involved in flood relief. Already 1420 families have been provided with relief materials and supplies are prepared for 5000 more families at the time of writing this report. ∎

Covid-19 Relief preparation.

Covid-19 Relief to Transgenders.

Locating COVID-19 between Ecology and Economics

By **Manu V. Mathai**, *Azim Premji University, India*

The COVID-19 pandemic has been attributed to a novel coronavirus called SARS-CoV-2 or Severe Acute Respiratory Syndrome Coronavirus 2. However, it is novel only in its recent widespread adoption of humans as a host. Zoonotic diseases such as these—those that 'jump' from animal hosts to humans—are not novel. There is a long history of such 'jumps' in recent decades and over many centuries. Easily recognizable names include HIV (1981), bird flu (1997), Nipah (1998) and West Nile virus (1999) as well as cousins of SARS-CoV-2, the SARS outbreak in 2002 and the MERS outbreak of 2012. Perhaps those that have stayed with us the longest, over many centuries in fact, are rabies (*Rabies lyssavirus*) and the bubonic plague bacteria (*Yersinia pestis*).

This movement of pathogens from animals to humans has always happened, and it is untenable to expect anything different in the future. However, what is important and can be legitimately demanded is that they do not result in epidemics or pandemics. These outcomes have less to do with the microorganism per se, or its animal hosts, but instead have more to do with society and its choices. It is what we do—the organization of our production systems and how such systems treat individuals and groups that constitute it, and the lifeworld that sustains it—that make a pandemic out of a zoonotic virus or bacteria. The difference between a coronavirus living happily, presumably, inside a bat or a civet somewhere, and the coronavirus induced pandemic that has now infected over 21 million, killed over 750,000 people and wrecked the lives and livelihoods of hundreds of millions, is policy and political economy.

The jump to humans and the rapid spread of the virus emerges from two processes that are closely tied to each other. First, the policies that produced the unprecedented pace of land-use change—e.g. forests to mines or industrial livestock feedlots, farmlands to cities and suburbs—have shrunk the space available for species that share this planet with us. Populations of wild animals stand depleted or entire species go extinct, and the populations that survive are more densely packed within their now reduced habitats. They also now come into contact with people more intensely and more frequently as humans venture into such spaces that were hitherto sparsely used. The trends of reducing diversity, increasing density of animals and heightened contact with humans—driven by economic policy pursuing cheap resources—increases the probability of transmission.

Closely tied to the unprecedented change in land-use patterns and the resulting higher probabilities of successful jumps from animal hosts to humans, is the extent of today's commodity supply chains and the speed of today's production systems in pursuit of higher productivity and profit. These systems are characterised by the procurement and integration of raw materials and commodities from all corners of the world and the rapid movement of people to facilitate this commerce enabled by international air travel. This means that if a virus or bacteria makes the jump, the probability of it coming into contact, in matter of a few hours, with millions of other human bodies to host it increases dramatically. COVID-19 arrived on international flights, first in those out of Wuhan and subsequently in those between the commercial centres of the world.

The pandemic has laid bare the extremely unequal treatment of individuals and groups that constitute this globalized production system. As witnessed in India, once the virus was brought home by the international jet-set, it was the lives and livelihoods of the 'migrant workers' and their communities in the hinterland that were most adversely impacted. The migrant worker is a novel category of human labour minted by neoliberalism and the policy domination of productivity and flexibility. The net result of these choices are hundreds of millions who are chronically vulnerable.

Our political economy must change to enable policy that allows careful scrutiny of land-use change proposals, checks the domination of economic productivity and reverses the vulgar inequalities that have risen in the past four decades. These changes are essential to prepare for an immanent future where disruptions due to pandemics and ecological degradation, such as climate change, will be the norm. ∎

Climate Action: What's Next for India

*By **Neha Pahuja**, Fellow, TERI and **Mekhala Sastry**, Research Associate, TERI, New Delhi, India*

The Indian subcontinent is currently in the middle of the South-west monsoons that plays a crucial role in the lives and livelihoods of the country. Several economic activities in the country are heavily dependent on this season, the chief of them being agriculture. Agriculture in India is predominantly rain-fed and any change in weather patterns will have devasting impacts on a large portion of the Indian population. It is estimated that 49% of the country is dependent on agriculture for their primary source of income[15]. A recent report by the Ministry of Earth Sciences provides evidence of changing climate over the country and its potential impacts. The report states that there has been a noted 0.7℃ rise in average temperature that has been observed over India for the period from 1971-2018.[16]

While the country has always been dependent on the vagaries of the weather, there is now a new risk and threat that needs to be addressed- COVID-19. Much like the rest of the world, India has had to take drastic measures to halt the spread of the disease- with a countrywide lockdown, restriction of several economic activities, and social distancing measures. This has had massive ramifications on the socio-economic structure in the country. With the onset of the cyclone and monsoon season, the country has the added challenge to deal with a pandemic and extreme weather events. The issue of 'compounding risks' has now been brought to the forefront. For instance, maintaining social distancing norms in cyclone shelters when Cyclone Amphan made landfall in West Bengal was a challenge. This continues be an issue in several states like- Karnataka, Kerala, Maharashtra are facing flood like situations due to heavy rains.

The year 2020 was touted to be most crucial in the global discourse on climate change due to several reasons- countries to submit revised NDCs to reflect enhanced ambition; decisions on market mechanisms under the Paris Agreement. With important conferences- COP26 and the meetings of the Subsidiary Bodies being pushed to next year, there is a risk that it upsets processes like the Global stocktake which is to begin in 2023. This has further complicated the global response to climate change.

India is already well on its way to overachieve 2 out 3 quantifiable targets set forth in the NDC by 2030- reducing emissions intensity of GDP by 33-35% from 2005 levels and 40% non-fossil fuel electric installed capacity in 2030. The third quantifiable target involving carbon sinks (additional 2.5-3GtCO$_2$e carbon sinks) is still in progress. With the ongoing threat of a pandemic and the urgency of the climate threat, India should emphasize upon following 3 agenda items:

Adaptation and Loss & Damage

Addressing climate induced risks requires conscious and serious efforts. This may require alignment of domestic institutions, governance and policy in the country so as to protect the communities at large and that is in line with the global adaptation goal as mentioned in the Paris Agreement. The Agreement also aims to strengthen the Warsaw International Mechanism on loss and damage. As highlighted by the Global Commission on Adaptation report in 2019, it is in the interest (environmental and economic) of the world to invest in resilient infrastructure[17]. The ongoing

[15] MoEFCC. *Second Biennial Update Report to the United Nations Framework Convention on Climate Change*. moef.gov.in/wp-content/uploads/2019/04/India-Second-Biennial-Update-Report-to-the-United-Nations-Framework-Convention-on-Climate-Change.pdf (2018).

[16] Krishnan, R. *et al. Assessment of Climate Change over the Indian Region: A Report of the Ministry of Earth Sciences (MoES), Government of India*. https://link.springer.com/book/10.1007%2F978-981-15-4327-2 (2020) doi:10.1007/978-981-15-4327-2.

[17] Bapna, M., Carter, B., Chan, C., Patwardhan, A. & Dickson, B. *Adapt Now: A Global Call for Leadership on Climate Resilience*. https://cdn.gca.org/assets/2019-09/GlobalCommission_Report_FINAL.pdf (2019).

pandemic has also highlighted the concept of 'decision making under uncertainty'. Scientific evidence that is now available points to a future with increasing extreme weather events that cause devastation to lives and livelihoods.

The pandemic response shows that society can adjust fast in the face of a crisis. A strong case can be made that *'uncertainty'* is associated with both the ongoing pandemic (a cure/vaccine, a possible second wave of infections) and climate change (complexity associated with nature and scale of impacts on a temporal scale). Since COVID-19 was detected late last year, it has spread across to 200 countries and has caused loss of lives in the thousands. The response to the pandemic has been swift and decisive even in the face of uncertainty. While this sort of uncertainty has always been associated with the climate discourse, climate change is still not considered as a crisis. With several studies providing robust scientific evidence of climate change and its impacts (including the SR 1.5 Report by IPCC), it must be recognized that the world does not have an indefinite deadline to address climate change. This needs to be emphasized and awareness at all levels is needed to take necessary actions.

Enhancing Mitigation Efforts

It is recognized that the world is still far behind on emissions reductions. The aggregate emissions pathway consistent with the goal of limiting warming to well-below 2°C is well known, as is the aggregate gap with current emissions pathways. The need of the hour is to assess structural changes in high emitting sectors. Thus, assessment of the underlying transformation pathways is required. This can provide a more concrete picture of actionable indications of where and what precise efforts are required in a particular sector, technology, or when mitigation lever needs to be activated.

India's approach to mitigation and associated co-benefits can be considered to be opportunistic in nature. There is merit in recognizing that India can follow a 1.5 degree path at a low cost by adopting a set of measures consistent with low carbon development while meeting the objective of inclusive economic growth, energy security and clean air. A set of institutional measures backed by appropriate policies are however required at the national and sub-national level.

Global stocktake (GST)

Article 14 of the Paris Agreement requires the CMA to periodically take stock of the implementation of the Paris Agreement and to assess collective progress towards achieving the purpose of the Agreement and its long-term goals. The first GST will take place in 2023 and every five years thereafter. The ongoing pandemic has complicated the international climate discourse further, since the major climate conferences that had been scheduled for the year have been since postponed. This could potentially lead to a derailment in the processes of stocktake and review processes set up under the Paris Agreement. It is imperative now more than ever that countries adhere to the timelines provided within the Agreement or the world would run the risk of derailing the entire international climate process.

UNFCC has launched the first phase of an important transparency process on countries' pre-2020 climate action[18]. This first phase consists of questions and answers period and follows on from an expert analysis of the reported information by countries earlier in the year. And forms part of the Multilateral Assessment (MA) and the Facilitative Sharing of Views (FSV) processes that are the foundation of the enhanced transparency framework under the PA. These interactive processes play a crucial role in building trust among countries. India has been leading in efforts to bring countries together as in case of international solar alliance. A constructive role in the transparency framework is required of India.

Conclusion

A problem as complex, multifaceted and long-term as climate change can be solved only through a process of rapid social, technological and policy actions. The swift coordinated response in case of the pandemic shows, this is possible. India's stance has always been clear on the global stage that climate change must be addressed in the country while being conscious of the country's developmental agenda. With increasing recognition that development is impeded by the impacts of climate change adds to the problem. The development pathway of India is marked by the dependence on climate sensitive sectors- agriculture, water, health, infrastructure, natural ecosystems and forestry and energy. It is crucial to strengthen the knowledge on vulnerability to climate impacts and enhancing the understanding at a macro-level (sector or State) of changes required to build resilience to climate impacts. While India is committed to NDC till 2030, a long-term strategy is important to bring down emissions while pursuing sustainable growth and development. However, it is important to note that success of a long term strategy depends not only on the lessons learnt from implementing the short or medium term development strategies, but also international cooperation and coordination. Thus, accelerating change requires international cooperation on finance and technology. ∎

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[18] https://unfccc.int/news/first-phase-of-interactive-transparency-processes-on-pre-2020-action-launched

Contributors:

The views expressed in this publication are those of the author.   *For Personal and Educational Purpose only.*