

# Reaching the Last Citizen in the Pandemic: An Agenda for Panchayats



Photo: AIDMI.



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## ABOUT THIS ISSUE

India has more than 2,60,000 Gram Panchayats (GPs) which were at the forefront of the pandemic response. Institutionalized into being in 1993 by the 73<sup>rd</sup> Constitutional Amendment, the GPs also known as Panchayati Raj Institutions (PRIs) strive to make democracy functional at the local level through the participation of citizens at the grassroots level.

It was generally considered that rural areas of developing countries like India pose particular difficulties for developing and implementing effective responses owing to underdeveloped health infrastructure, uneven state capacity for infection control, and endemic poverty. However, the local self-government super structure of the PRIs in India stood up bravely to the challenges presented by the COVID-19 pandemic.

From setting up quarantine centres for returning migrants, to generating awareness on COVID-19 and from dismantling rumours, from enabling safe re-opening of rural markets to ensuring food and livelihood security for rural citizens, the PRIs in India responded effectively against the COVID-19 pandemic. The recent honour bestowed upon India's one million all women ASHA workers by WHO speaks volumes about the PRI's response to the pandemic. However, there are certain opportunities for improvement as well.

This issue of *Southasiadisasters.net* is titled 'Reaching the Last Citizen in the Pandemic: An Agenda for Panchayats' and focuses on the important theme of effective local governance in the age of the pandemic. It deliberates on what good lessons can be drawn from PRI ecosystem and what measures can be taken to further strengthen its response capacities. ■

- Kshitij Gupta, AIDMI

## INTRODUCTION

# Panchayati Raj Institutions in COVID-19 Response

By *Mihir R. Bhatt, AIDMI, Ahmedabad, India*

Panchayati Raj Institutions, the foundation of India's democracy, were severely affected by the pandemic, COVID-19. As the entire country went in for one of the strictest lockdowns in the world, the Panchayati Raj Institutions, one of the most grassroots levels of governance in the country had to work extra hard deliver the perks of various government programmes as well as to carry out pandemic control measures in rural areas.

As the lockdown caused the reverse distress migration of informal sector workers from the cities towards the villages, these Panchayati Raj Institutions had to deal with the twin challenges of providing employment to the returning migrants as well as adopt appropriate infection prevention and control measures. The panchayats responded bravely to these challenges and effectively complimented the government's efforts to provide relief and assistance to the affected people. The Gram Panchayats (GPs) also played an important role in identifying the migrants, cleaning drainage as well as the village, creating awareness, ensuring social distancing and food security to the poor and marginal families.

However, there are other challenges that lie ahead of India's burgeoning Panchayats or mechanisms of participatory democracy which need to be addressed so that they keep

delivering democracy to the last citizen. This issue of *Southasiadisasters.net* offers several key perspectives on them. What this issue does not offer are the key perspectives that are listed here below for us to think ahead.

- Mobility of panchayat members to other panchayats, health clinics, and cities is very important but was limited during the first and second waves. What is needed is innovative thinking to enhance the mobility of Panchayats members and make sustained investments in them.
- Climate change related migration is a reality and it is only going to increase, even in the pandemic context. What measures can be taken to address this??
- Leaving no one behind needs effective monitoring.
- Ways to make cash transfer more effective for women.
- Some panchayats are safer than others, why?
- Internal refugees in panchayats
- Digitalising panchayats.
- Multiple uncertainties are already thrust upon the panchayats. Those facing the pandemic are facing cyclone or floods or droughts too. Moreover, some panchayats face even greater uncertainties coming out of conflict context. ■

# Panchayats and the Pandemic: Agenda of Panchayati Raj Ministry

By *K S Sethi, Former Joint Secretary, Ministry of Panchayati Raj, New Delhi, India*

Right from times of the onset of the COVID pandemic in the country, the Panchayats had been on the forefront in the rural areas taking various preventive and protective measures. The various initiatives undertaken by the Panchayats include IEC activities towards awareness creation, sanitization/disinfection measures, enforcement of social distancing, organization of medical camps, door to door campaigns for awareness generation, production of masks through involvement of SHGs, creation and maintenance of isolation centres/ COVID care centres, and now vaccination campaigns etc.

The Ministry of Panchayati Raj (MoPR) has been providing, technical support and guidance to the PRIs from the very beginning, for effective COVID management by promoting IEC activities for

community awareness and mobilization, facilitating exchange of best practices in GPs across all states, Standard Operating Procedures, checklists etc. To enable the Panchayats to effectively fight the COVID pandemic, MoPR advised the States to enable Gram Panchayats to utilise the Fourteenth Finance Commission (XIV FC) unspent grants and Fifteenth Finance Commission (XV FC) Basic (Untied) grants for the purchase of masks, Personal Protective Equipment (PPE) kits, sanitizers etc. and for establishing Isolation Centres/ COVID Care Centres, creation of additional beds in the COVID Care Centre etc.

Further, in order to provide necessary resources to the Panchayats, the first instalment of Fifteenth Finance Commission (XV FC) Basic (Untied) Grants and Tied

Grants for FY 2020-21 were released by Ministry of Finance (MoF) based on recommendation of MoPR, without any pre-conditions to the RLBs. In view of the sudden rise in the COVID pandemic, the first instalment of XV FC Basic (Untied) Grants of FY 2021-22 to 25 States were also released in advance in the month of May, 2021, as a special case, so that these funds could be utilized by the Panchayats to combat the COVID pandemic.

At the same time, States have been consistently adopting innovative mechanisms to promote the role of panchayats in mitigating and preventing the spread of COVID-19. For instance, the State of Maharashtra has decided to incentivize 3 COVID-free villages in each of its 6 revenue divisions, with prizes ranging from Rs 50 to 15 Lakhs. Moreover, several other





innovative interventions have been taken up at the Panchayat level such as preparation of Transportation Plan for provisioning of ambulances in each GP to support the health system in Kerala; Kudumbashree Community Network of Government of Kerala serving as the community wing of Local Governments; Self-proclaimed lockdown by PRIs in Gujarat; Migrant Labour Database has been prepared in Assam for capturing information regarding returning migrant labour in the panchayats; Thikri Pehras are being organised at the village level to ensure 'Night Curfew' and 'Weekend Curfew' orders in Punjab etc.

India's fight against COVID, has established the importance of bringing data driven strategies for COVID management, especially in rural areas where the lack of information regarding COVID management is more acutely felt. Considering the recent increase in number of COVID cases MoPR has launched the online 'Dashboard' for

effective management of COVID-19 pandemic in rural areas on 18th June, 2021.

This Dashboard will capture a number of Key Performance Indicators (KPIs) such as GPs with Village Health, Nutrition and Sanitation Committee (VHNSC), GPs taking up IEC activities on COVID awareness, Volunteers enrolled, distribution of home isolation kits etc, on a real time basis in Panchayats across the country. This dashboard will be a crucial resource for state and central government in bringing localised policy interventions to ensure optimisation of critical resources. The dashboard tracks and monitors various key performance indicators (KPIs) of RLBs that would reflect the effectiveness of their COVID management measures. A mobile application of this dashboard has also been developed by the Ministry, for facilitating ease of uploading of data by the Gram Panchayats

As there have been several discussions on the anticipation of a

third wave of the pandemic, this dashboard would help the States in assessing the strategic gaps and allow the PRIs to ensure better preparedness in the rural areas. By collection of important statistics such as the number of frontline workers/Volunteers; cases of COVID, availability of COVID related health infrastructure; number of orphans due to COVID; number of migrant workers, etc., effective policy measures can be formulated, which could bolster the economic and healthcare framework in the rural areas to deal with the upcoming challenges. The challenges posed by the COVID pandemic are bound to forge stronger partnerships between all related stakeholders and instil a collaborative spirit amongst them. The MoPR is committed to empower the Gram Panchayats by fostering a vibrant and empowered rural community with participatory decision making, to effectively contribute to the vision of *Atmanirbhar Bharat*. ■

## CASE STUDY

# Responding to COVID-19: Role of PRIs and CSOs – Experiences from ICRG Project

By Dilip Singh, UNDP India

Panchayati Raj Institutions (PRIs) are the bottom-most level of democratic institutions in the country and Gram Panchayats are the lowest most grass-roots level elected representatives of the people. In 2020, during the first wave of COVID-19 in India, UNDP worked with gram panchayats through the Civil Society Organizations (CSOs) in 16 districts, 45 blocks, covering 766 gram panchayats across the three States - Odisha, Bihar and Chhattisgarh, as part of the programme called Infrastructure for Climate Resilient Growth (ICRG). The COVID-19 response initiatives under ICRG were carried out through Civil Society Organizations (CSOs) and PRIs in three project States and the programme reached a total of approximately 235,000 rural households through various initiatives including access to social protection, awareness on health and safety during the COVID-19 pandemic, facilitating livelihoods, facilitating access to Mahatma Gandhi NREGA works, etc.

Infrastructure for Climate Resilient Growth (ICRG) is a technical

assistance programme of the Foreign, Commonwealth and Development Office (FCDO) Government of UK, delivered in partnership with the Ministry of Rural Development (MoRD), Government of India (GOI). The ICRG programme aims to improve abilities of poor and vulnerable people to cope with climate change impacts by integrating climate information services and risk management into India's social protection framework. ICRG Phase-2 (2020-2024) is implemented by UNDP in six States Bihar, Odisha, Chhattisgarh, MP, UP and Rajasthan.

Unfortunately, the start of Phase 2 coincided with the rapid increase of COVID-19 infections in India. Although the lockdowns that followed affected every social class and every economic sector, it was the marginalized and the vulnerable community that were the worst affected. It was in this context that UNDP and FCDO decided to realign and repurpose the ICRG programme to address the challenges and needs in the rural areas.

During the first wave of the pandemic in 2020, there were very few cases of COVID-19 infection in rural areas in these States. However, the rural economy was paralyzed due to the complete nationwide lockdown, which had a huge and direct impact on people, especially the poor and vulnerable sections - like the ones depend on daily wages and NTFP collection/selling, etc. Another challenge during the later months of lockdown was that of returnee migrants. For example, although there are no official numbers, an estimated 40-60,000 migrant workers returned to Chhattisgarh following the nationwide lockdown - which added to the pressure on scarce means of livelihood and other resources in the villages. Secondly, there was widespread lack of awareness amongst the rural communities about the nature of the pandemic - several GPs/villages created barricades and didn't allow anyone to enter the village, especially the returnee migrant workers.

The PRI institutions and more importantly the GPs with support



Pic. 1. Capacity building of frontline workers.



Pic. 2. Wall paintings for increasing awareness.

from the CSOs, played a key role in enabling and facilitating this support and outreach during those troubled times. A few key examples of these interventions are given below:

**Increasing awareness amongst rural communities:** As one of the first activities, ICRG through its CSO partners provided capacity building and training support to the PRI members and other frontline workers like ANMs, ASHA workers, etc. on various facets of COVID-19 pandemic included awareness on health and safety protocols, dos and don'ts, etc. This also helped in maintaining a supporting and positive environment in the villages. (see Pic. 1 and 2)

**Enabling food security:** the PRIs mapped the most vulnerable households in the villages and with support from CSOs enabled linking them to the Government relief programmes and help provided by other philanthropic groups. (see Pic. 3)

**Supporting livelihood activities:** ICRG project provided specific inputs and linkages with several Government programmes that provided the much needed livelihood support to rural people. These included promoting SHGs for sewing and mask making, community nursery, plantations, agri-kit distribution, etc. to

vulnerable households identified through the PRIs. (see Pic. 4 and 5)

**Enabling opening of Mahatma Gandhi NREGA works:** In a State like Chhattisgarh, where 70 percent rural Households (HHs) are MGNREGS job card holders and about 60 percent of them are active, closure of MGNREGS work deprived poor families from this essential safety net- especially in the first month of the pandemic. With awareness generation and facilitation ICRG helped opening of these works using all safety protocols. (see Pic. 6) ■



Pic. 3. Ration distribution to the vulnerable households.



Pic. 4. Mask making by SHGs.



Pic. 5. Community Nursery.



Pic. 6. Opening up Mahatma Gandhi NREGA works using COVID safety protocols.

## The Role Local Governance at the Time of Pandemic

By *Krushna Chandra Sahu*, Thematic Lead, Livelihood-Programmes, Indo-Global Social Service Society (IGSSS), New Delhi, India

Panchayats have been at the very core of rural governance in India even before they received the Constitutional mandate under the 73rd Constitutional Amendment in 1992. They are central to the very spirit of decentralisation in the country.

There are 2.5 lakh gram panchayats spread across six lakh villages, 4,500 urban local bodies and 4,000 census towns in the country. Panchayats have always been at the forefront of village level governance. Women play an important role in the panchayat governance. In fact, the Panchayati Raj system is perhaps the only way to promote social justice in line with the hopes and aspirations of Gandhi and Ambedkar in the country.

The Panchayati Raj institutions had an important role to play during the pandemic. In fact, the Ministry of Panchayati Raj instructed all the State Governments to take preventive measures to curb the spread of the COVID-19 pandemic in rural India. The Ministry suggested that the States sensitize and facilitate the Panchayats/Rural Local Bodies towards meeting the challenges posed and provide the necessary leadership.

Looking at the degree of vaccine hesitancy as well as the prevailing misconceptions regarding the vaccine's side-effects clubbed with the lack of proper infrastructure - all this has made vaccinating the rural population an arduous task. The process of delivering the vaccines as

well as convincing the rural population to accept immunisation is a Herculean task, which if not carried out properly can seriously hamper the community's overall health. In fact, the impact of the second wave of COVID-19 may have been minimized if the rural community had been better prepared by a proactive *gram panchayat*, so that the spread of infection could have been limited. This could have been one of the most effective measures taken to have minimized the risk within a short frame of time.

The PRIs representatives along with the frontline workers - the Auxiliary Nurse Midwife, Accredited Social Health Activist and Angan Wadi Worker can play a crucial role in raising awareness of the local



communities about the nature of the infection and the preventive and mitigating measures that can be taken, as well as help dispel the prevailing false notions and beliefs regarding vaccination etc. They can be extremely helpful in providing correct information and creating awareness particularly within the most disadvantaged strata of our society about issues related to nutrition, basic sanitation and hygienic practices, health services etc. They can also facilitate access to health care institutions, acting as a bridge between the marginalized communities and the available health care systems.

Hence, implementation of all social security measures during the COVID-19 pandemic surge could have been carried out more efficiently by the panchayats. In addition, the PRIs and frontline workers can also register incoming migrant workers from cities and

facilitate quarantine, monitor symptoms at the level of the household and refer any suspect cases to the district administration. They can also help facilitate dry food ration through the Public Distribution System (PDS) and initiate wage support through MGNREGA. The frontline workers can, thus, play an important role in containing the COVID-19 pandemic by helping in the early detection and case referrals through a Panchayat level committee. Home visits, counselling support and attention to pregnant and lactating mothers can be another part of their duties.

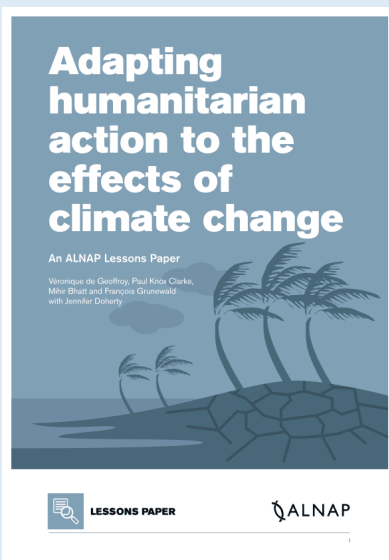
To conclude, we feel that the COVID-19 pandemic can be a lesson for the current government to further strengthen the Panchayati Raj institutions and make them an inclusive part of rural governance in the country. And the decentralisation process should go down from

sarpanches/mukhiyas to the level of the Gram Sabha.

Kaleshwar Tudu, PRI member of Auradih Panchyat of Gola Block of Ramgarh District of Jharkhand played an active role in the COVID Awareness campaigns at his village collaborating with the Block Health department. He organised a "Corona Jagrukta" rally, where all the 9 "Sahiyas" (ASHAs in Jharkhand are known as "Sahiyas") were involved in creating awareness about the preventive measures to safeguard oneself from COVID-19 like frequent hand washing with soap and water, use of masks etc. He along with the "Sahiyas" also organised vaccination camps and helped in contact tracing of infected families.

**Acknowledgement:** We acknowledge the cooperation of the staff, the community representatives for their cooperation. The observations are from the interaction with the PRI members. ■

**AN ALNAP LESSONS PAPER**



[Read the report for AIDMI contribution.](#)

**Adapting Humanitarian Action to the Effects of Climate Change**

From excessive consumption to the over-exploitation of natural resources, polluting activities to large-scale deforestation, humans have already dramatically changed the Earth's climate and environment. As a result, we are experiencing more frequent and more intense weather events, the humanitarian consequences of which are major.

Droughts, flooding and tropical storms cause death, disease, destruction and large-scale population displacement. Public health emergencies are already increasing because of these changes. Conflicts and conflict situations may increase, as may the resulting human migration and displacement.

Humanitarian actors working on the ground with climate-related disasters are well placed to observe the intensification of climate-related effects and the increasing complexity of extreme weather events in all regions of the world, including regions where such events were previously rare or unknown. ■



# Achievements of Sphere India: Panchayats and The Pandemic

By Jennifer Kishan, Manager Collaborative Advocacy, Sphere India

India's Panchayati Raj Institutions (PRIs) have been the fulcrum of local self-governance at the village-level, exercising both executive and judicial powers over a range of issues of local administration. For the past year, the role of PRIs has become even more critical in rural outreach as the country is in the grip of the COVID-19 crisis. The pandemic has been an unprecedented one at multiple levels. For panchayats, handling a health emergency to this extent was a herculean task. Rural India faced the brunt of the lockdown with huge repercussions in terms of loss of jobs and livelihoods and the absence of food security and access to proper healthcare. Returning migrants faced the dilemmas of maintaining COVID-19 safety protocols. With the onslaught of other natural disasters that followed, rural communities became even more vulnerable and impoverished.

At a time, such as this, PRI representatives emerged as a crucial link to various stakeholders, ranging from Self-Help Groups (SHGs) to frontline health workers—auxiliary nurse midwife (ANM), accredited social health activists (ASHA) and anganwadi personnel – to roll out several initiatives to facilitate access to healthcare and food security. As local governance bodies they have been involved in taking the responsibility of equipping SHGs to run community kitchens and monitoring the supply of food grain

through the public distribution system and provisioning for places of quarantine for those returning home from other states. More importantly, as the third tier of governance at the grassroots level, they have shown the necessity and benefits of developing and tapping into the capacity of the community itself and creating a strong social cadre to battle a crisis.

Sphere India, is a National Coalition of Humanitarian Agencies in India, with a vision to build a disaster resilient India by promoting Quality and Accountability in humanitarian action through processes of collaborations at various levels. Keeping in mind the significance of the role played by PRIs, Sphere India's initiatives during this time were geared towards building the capacity of PRI representatives to battle the crisis. For instance, Sphere India, in collaboration with UNICEF, WHO and World Vision, and in

partnership with USAID launched a training of sarpanches in 12 districts of Maharashtra with over 600 sarpanches on efficient implementation of MGNREGA and preparing disaster resilient village committees. A series of such trainings were then carried out from October 2020 to March 2021 to empower PRI representatives to become key stakeholders in the decision-making processes at the district level. The training sessions aimed at providing a platform for dialogue so that their concerns be brought to light. It was also to raise the level of awareness of PRI representatives on disaster response and risk mitigation to ensure better disaster preparedness in the future.

The learnings from these training sessions have been aplenty— they have pointed at the challenges as well as the key solutions that may be found regarding the multiple roles that PRIs occupy. Therefore, the importance of strengthening such local administrative wings cannot be less stressed. Sphere India in its initiatives has continued this association and envisions better synergies for training and capacity building of these Institutions and their representative bodies to bolster the immense benefit this can bring at the grassroots level. We need disaster resilient communities and PRI strengthening is the foundational basis for this. ■

*For the past year, the role of PRIs has become even more critical in rural outreach as the country is in the grip of the COVID-19 crisis.*

## ICRC and the COVID-19 Response in India

By *International Committee of the Red Cross (ICRC), New Delhi, India*

The COVID pandemic in India, like the rest of the world was marked by a total shut down and movement restrictions. With practically any form of mobility brought to a sudden halt. It forced a complete rethinking of how to respond and reach vulnerable communities that were bound to be the most severely affected.

The ICRC's Regional Delegation in New Delhi too adjusted its programmes to dedicate resources towards efforts to manage the unfolding crisis in India as it had done in other global contexts. The immediate response was, and remains, of working through its Indian partners for affected communities whether it be across ICRC-supported physical rehabilitation centres or in support of those managing the dead, to specialized hospitals and COVID facilities in support of existent infrastructure or keeping the IRCS volunteers working across 550 of India's districts safe. This ranged from material support in the form of personal protective equipment (PPE), other medical-related material (oxygen concentrators, glucometers) as well as family essential kits, supporting temporary positions through staffing, support to first responders, dedicated forensic consultative expert forums, general sharing of best practices, recommendations and guidelines.

The ICRC has been supporting its primary partner, the Indian Red Cross Society's (IRCS) contribution to the national COVID-19 response through over 44000 volunteers in 550 districts. Working closely with the



*Red Cross volunteers distributing tarpaulins to flood affected villagers, July 2020. (Photo credit - Biju Boro/ICRC).*

IRCS, as the very first step, the ICRC took measures to ensure that the volunteers deployed, and communities they were serving across India's affected districts remained protected. As the volunteers helped set up community kitchens, transported patients to health centres, delivered medicines and provided household material especially for the elderly, persons with disabilities and those without livelihoods, the ICRC provided material (full PPE kits hygiene material and body bags) and logistics support. Communication and Information Technology systems were upgraded to facilitate better interaction between Red Cross volunteers on the ground.

Capacity sharing and skill enhancement through its flagship programme, Social and Emergency Response Volunteer (SERV), as well as technical support for preparing guidelines for conducting First Aid and Home Nursing Training are elements of this partnership. ICRC's Restoring Family Links (RFL)

training helped IRCS volunteers connect individuals such as stranded migrant workers/ pilgrims as they attempted to make arduous journeys back home to their families. With COVID-19 putting family visits in Correctional Homes on hold it shared recommendations related to family contact and the possibility of continuing RFL services.

Even as these first responders fought hard to manage the consequences of the pandemic, floods exacerbated an already fragile infrastructure with millions particularly in rural, remote India affected. ICRC-provided tarpaulins were part of the emergency support with Red Cross staff and volunteers often wading through flood waters to provide relief to these already fragile, now displaced communities.

The global pandemic has resulted in high death tolls which led to mass burials and cremations, overstretched morgues and death-care workers throughout the world. Pandemic measures directly impacted how communities care and

grieve for their dead. As ensuring protection for and dignified management of the dead (MotD) is also closely related with faith and cultural practices across communities, the ICRC produced COVID-specific guidelines advocating for the safe handling of bodies taking into account these sensitivities. As a reference organization in humanitarian forensic action it continued to engage with practitioners as well as religious and community leaders and tribal communities to better understand and support last rite rituals. The ICRC, in partnership with the

International Centre for Humanitarian Forensics (ICHF), delivered orientation sessions, organized a virtual roundtable, conducted a series of online consultative fora on the humanitarian aspects of surging COVID deaths, and offered technical support and advise to review effectiveness of existing policies and on the physical and mental health of frontline workers, the grieving families and affected communities.

For the ICRC it was important to use its access to especially vulnerable populations such as people with

disabilities and their care providers through existing programmes and partners for prevention-related services while also ensuring the prevention of COVID-19 among rehabilitation professionals rendering services to people with disabilities.

“Info-as-aid” has been an important component of ICRC’s support during the pandemic using its online channels to amplify Infection Prevention and Control (IPC) messages put out by credible health authorities and Red Cross Movement partners. Stigma, especially in the wake of attacks against healthcare and frontline workers remains important for the ICRC and as part of efforts to raise awareness, the ICRC collaborated with the UNHCR and NITI Aayog, to create multilingual audiovisual content. It developed specific sensitization material for persons with disabilities, their caregivers and forensic professionals and for particularly vulnerable groups.

As part of the sharing expertise and knowledge and in line with some of the early COVID-related initiatives amongst prison populations in India, the ICRC shared guidance documents and good practices on the prevention of epidemics in prisons gathered from its global experience. Equitable access to vaccines remains a significant part of its advocacy for universal coverage particularly in hard to reach areas to ensure no one is left out. It continues to be a part of key stakeholder and institution-led coordination meetings, including the Red Cross Movement, to share its experiences as well to learn from the Indian context in a two-way collaborative process at a time when the need of the global community is solidarity. ■

**COVID-19 SAFETY MEASURES FOR MANAGING THE DEAD**

**DO**

- Ensure staff managing the dead are knowledgeable about COVID-19, qualified and trained
- Protect and respect the deceased and their families and be mindful of cultural and religious sensitivities
- Use personal protective equipment (PPE) to limit exposure of staff to the disease
- Use double body bags/body bags for infectious diseases to handle each body
- Disinfect all non-disposable material, equipment and surfaces after use
- Transport each body to the mortuary at the earliest
- Dispose of used PPE and other disposable items
- Wash hands rigorously with clean water and soap or use disinfectant
- Document the recovery, transportation, examination, storage, and follow local authority’s guidance on last rites of the body

**DON'T**

- Eat, drink anything or touch your face and mouth while handling a body
- Engage in any other activity during handling a body
- Allow relatives to kiss, touch or handle the body
- Compromise the disposal of used PPE and other waste
- Carry out non-essential complete autopsy

Call the COVID-19 helpline **1075 / 011-23978046** if you experience any of the following initial symptoms

- COUGH • FEVER • BREATHLESSNESS**

For any technical enquiry, email on [technicalquery.covid19@gov.in](mailto:technicalquery.covid19@gov.in)

**STAY INFORMED OF NOTIFICATIONS FROM YOUR AUTHORITIES AND STRICTLY ADHERE TO THEM**  
ICRC REGIONAL DELEGATION, NEW DELHI

**ICRC**

ICRC poster for dissemination on dignified management of the dead during COVID.

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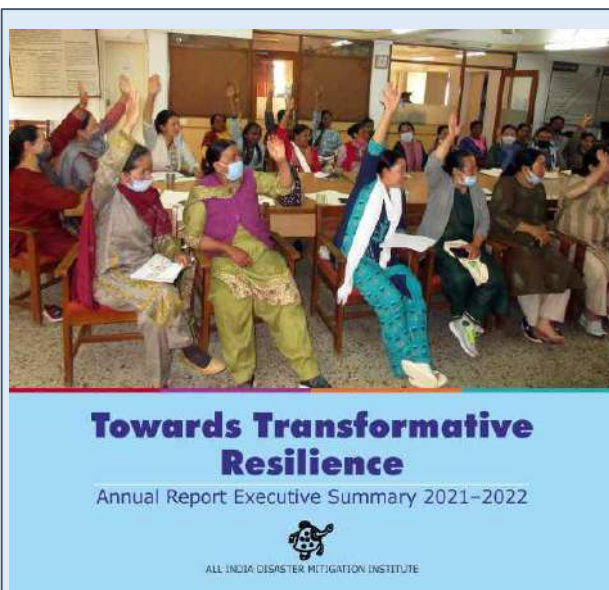
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## Towards Transformative Resilience

Annual Report Executive Summary 2021-2022



## AIDMI's Annual Report Executive Summary 2021-2022

The All India Disaster Mitigation Institute (AIDMI) made a terrific upward swing in its activities and growth to move closer to its work on transformative resilience. AIDMI's team overcame the slowdown brought about by the COVID-19 pandemic in 2020-2021, turned around its efforts, and achieved more significant and better results in 2021-2022. AIDMI did so by building on its 2020-21 work of building a more resilient India

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The views expressed in this publication are those of the author.

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