

RESPONDING TO COVID-19

Pragya

The COVID-19 pandemic has swept the world into a maelstrom since early 2020, with staggering numbers of people infected and an ever-rising death toll and very large numbers of people critically ill, severely overwhelming the healthcare systems, in every country affected.

Pragya, as every other civil society organization, needs to deliver to its role in mitigating the crisis and ameliorating its effects on the most vulnerable, while also dealing with the changes and challenges that it has brought in.

The communities we serve, the poor, disadvantaged and underserved in the developing countries that we work in, are already vulnerable. The COVID shock, being of a multi-dimensional nature affecting health, social and psychological, as well as economic aspects, would be debilitating for them. At the same time, the constraints placed by the pandemic and the newer needs that emerge from it, would also have implications for Pragya's programming.

Pragya aims to address these as two levels:

- **responding to the needs of the communities we serve**, and
- **adapting our service-delivery to the situational constraints and needs.**

We recognize however that the trajectory of the epidemic as well as the State response to it is evolving with each day and the current plans are based on imperfect information; hence all strategies and plans would need to be flexible and agile.

PRAGYA'S RESPONSE STRATEGY: FOCUS INDIA

Of the countries in which Pragya carries out development programming (Bangladesh, India, Kenya, Nepal), India is significantly affected and on the edge of an exponential spike in cases¹, as it has already moved to 'limited community spread' on the epidemiological curve. Pragya is therefore prioritizing its Response to address the pandemic and its fallouts in India; we are keeping a constant watch on the evolving curve in our other countries of operation as well, and are readying for launch of our Response when the COVID-curve calls for it in any of those countries.

Among the multitude of issues related to the COVID-19 pandemic, Pragya has selected to focus on and strive to address the following:

- Effects of the COVID-19 pandemic on the urban and rural poor:** In India, where pre-existing deep-seated socio-economic barriers combine with differential access to welfare services, the poor will be rendered especially vulnerable- both to the disease and to the post-epidemic fallouts. Congested living conditions and lack of hygiene amenities will combine with malnutrition and lack of access to healthcare among the multitudes of poor in urban slums and in villages, and lead to high rates of infection and higher order of morbidity and mortality.² There would be severe distress among the most marginalized, as the virus travels into remote, under-resourced areas that wholly lack health infrastructure, with the thousands of migrant workers fleeing the cities in the wake of the epidemic³. Loss of livelihoods and debilitating disease, with, potentially, starvation and indebtedness, is the likely prognosis of the COVID-19 pandemic for millions of India's poorest households, unless there are concerted actions to counter.
- Capacity of healthcare workers to address COVID-19 pandemic:** Grassroots workers, community health workers and frontline health workers, are currently ill-informed about the disease, and ill-equipped with PPEs as well, which leaves them unable to address the crisis and ensure their own safety as well.

¹ 1 infected Indian could transmit virus to upto 4 persons (Reproduction No. $R_0=4$); in this scenario, upto 100 million+ Indians could be infected; fatality rate at current testing rate and current no. of critical cases is 2+%. (ICMR)

² 369 million living with Multi-dimensional Poverty (UNDP); 121 million casual/daily-wage workers (ILO); 65 million people lives in urban slums (Census 2011); density of population in urban slums- upto 277,136 persons/sq.km.; 121080 patients go without primary healthcare every day.

³ An exodus of millions of migrant workers from cities to villages; 1 in 3 migrant workers expected to be infected.

Our Response would **aim to help contain and mitigate the pandemic as well as its humanitarian and socio-economic fallouts, with a focus on vulnerable populations, and to enable and support the human resources for health towards effective disease control and response.**

We would serve through our Response, the urban poor residing in slums and peri-urban colonies (in the National Capital Region of Delhi), migrant workers and informal workers, and the rural poor in selected districts across the states (in northern India) in which the incidence of Covid-19 is higher, as well as the community health workers and frontline health workers in medical facilities in these locations.

Our Response would comprise the following:

- a) **Prevention of the spread of Covid-19 among the urban and rural poor:** Measures would comprise: community outreach for awareness raising and disease surveillance, using digital and tele modes of dissemination, and direct via community workers post-lockdown; provision of face-masks, and soap (and wherever possible, wash-basins for community use) post-lockdown and/or between successive lockdowns. These measures would potentially help reduce the Reproduction Number and contribute to flattening the epidemiological curve; in turn, this would reduce the case-associated morbidity and mortality, as well as the length of and number of lockdowns required for disease suppression, and thereby the economic shock, particularly for the poor and vulnerable.
- b) **Supporting health workers and medical facilities to respond effectively and safely:** Measures would comprise: providing personal protective equipment, educative capsules on COVID-associated protection and containment measures, and psychological support to health workers; and necessary supplies and equipment to health centres. These would reduce the risks and pain that health workers are exposed to, while also enhancing the capacity of the healthcare system to respond effectively and control and mitigate the crisis.
- c) **Humanitarian relief and supporting the economic resilience of the rural and urban poor, through the pandemic and after it:** Measures would comprise: distribution of a survival package (food material) (if possible) to those without food during the lockdown; restart support package to those rendered out-of-work after the lockdown, comprising material inputs or training and placement facilities. These measures would reduce the distress of the poor and vulnerable in the country, and their vulnerability to the disease, and enhance their resilience in the face of the waves of the epidemic and potentially multi-phasic lockdowns.

Our approach will be mediated by the circumstances and constraints as well as the needs of the time. We will target the most vulnerable populations (urban and rural poor; health workers) through our work and will focus on immediate containment and distress-reduction, along with longer-term preventive-cum-resilience measures. We would leverage available technologies to deliver our aims, including use of apps, digital edutainment and information. We would also align with the National Disaster Management Authority and the disaster management organisations at state and district levels and ensure strong coordination.

Through our Response, we expect that in the **Immediate term (3 months)** we would create an awareness of the preventive measures for COVID-19 among the target urban and rural poor, and generate a higher levels of security, as a result of this knowledge and access to PPEs, as well as timely health information and support; along with reduced livelihood anxieties among the poorest with access to humanitarian assistance and livelihoods rehabilitation support; and mobilization and enabling of grassroots workers and frontline health workers for the purpose of COVID-prevention. The epidemiological curve would potentially be flatter with these contributing in some measure. In the **Longer-term (1 year)**, we hope to create for the target population, a higher level of safeguard against COVID for via large-scale, institutionalized adoption of the non-pharmaceutical measures for prevention, and continuing protection and prevention interventions. The outbreaks could be expected to lessen in severity and frequency, and the distress of those affected by the pandemic would be ameliorated to an extent.

PRAGYA'S ADAPTATION STRATEGY

Pragya will also adapt its programming to the changed circumstances due to the pandemic. All the services we deliver are critical – food production by farmers; education for children; healthcare, particularly for women and children; livelihoods for the poor. The programmes that we have been running are important not only for the reasons that they have been framed and delivered till now; they have become important for the reasons of providing normalcy and associated psychological support and sense of security, by their continuity.

But at the same time the world has changed at least for the duration of the pandemic, and a return may not be to the world we knew before it. Our programming has to reorient to these changes. Newer needs have also emerged, and would continue to emerge, that need to be addressed. Studies had established that pandemics hit the poorest the hardest, and the communities we serve, who are the poorest and most vulnerable, have to be helped to cope, recover and become resilient.

Our aim for the duration that the world grapples with the COVID pandemic, will be to **continue our services unabated, alongside rendering the response specific to the pandemic (see Response Strategy), and emphasizing those aspects of the programming that contribute to the global fight against the disease and its fallouts.**

Our programming would need to morph to suit the changed environment, and some of our organizational processes too! These changes would be needed at five levels:

- a) **Pragya's programme content:** Apart from our ongoing programmes, Pragya will need to rapidly develop programmes that address health (both physiological and psychological) and livelihoods, the two domains we expect critical and urgent needs in, and generate the resources for these. We will continually assess the emerging needs in these domains (and any others that may emerge), and determine and undertake specific interventions to address them. Wherever possible, we would seek to mould our existing projects to incorporate the needs thrown up by the pandemic, for instance, provision of seeds and agricultural inputs under our existing Agriculture Support programme.
- b) **Pragya's target communities:** We recognize that migrant workers in urban areas and those that have returned to their home locations, both will have significant humanitarian and rehabilitation needs. They would suffer psychologically, and in their health and livelihoods. We will aim to create and deliver specific programmes to address their needs, helping them in healing, coping and rebuilding their lives and livelihoods. Women and children would also be affected in critical ways, and will suffer increased malnutrition and violence in the straitened family circumstances, and Pragya's programming and advocacy will aim to ameliorate these. We would continue to serve our target groups (poor, under-served, disadvantaged and socially excluded), tracking and addressing their emerging needs as they experience the onslaught of COVID in their low resource settings.
- c) **Mode of delivery for Pragya programmes:** The face-to-face delivery that we have traditionally used will only be possible intermittently for the duration that the world grapples with the COVID pandemic, assuming periodic lockdowns in this duration. ICT can come to one's aid, and in Pragya we believe in and seek to leverage the leapfrogging power of these technologies (Pragya's Strategic Plan 2016-2020); however, penetration of these technologies among the last mile communities is low, and their capacity to use them limited. Therefore, for the continuity of our programming, Pragya would invest in developing and designing training and educational content for delivery through ICTs towards overcoming the barriers to contact placed by the pandemic, while also building capacity in our target communities to receive and benefit from ICT-delivered services, both in terms of required equipment and technologies, as well as the skills to use them; we will stress as well on ensuring information safety and ethical delivery of services in such modes. Further, our project management would need to be agile and our project schedules highly flexible, working around the lockdowns during which capacity building (and related content development) through digital/ telecommunication modes would be the focus, and others when delivery of physical inputs would be taken up on ramped up mode.
- d) **Networking and learning:** Particularly during these trying times as well as thereafter, we will keep ourselves open to continually learn, evolve, shape and deliver to the new environment. Pragya will enhance its networking with other stakeholders to stay abreast, tracking and understanding emerging needs, and also to learn from their experiences, identify and utilise best practices and efficient tools, and improve in our services in the changed circumstances.
- e) **New organizational processes:** Pragya would also transform itself as an organization in terms of its working and interacting practices. The Pragya team will adapt to working and connecting remotely, and will be provided with necessary software and support. New working procedures and team norms will be developed and instituted to enable team productivity and work quality in spite of the constraints to traditional ways of interacting. The IT and Communication capacities of the team will be enhanced in view of the changed environment, both in terms of equipment and skills. In addition, health and safety norms related to COVID will be particularly emphasized for the team.

Build Back Better! This pandemic has revealed the flaws in the world view and development model currently in place, and our shortcomings and blindnesses. Beyond adapting and responding to this crisis, Pragma will be wholly committed to drawing out the lessons from it, and the directions they point to reshaping our world and preventing future outbreaks and the accompanying suffering. We envision enhancing our programming in the Health and Disaster Management domains, as the preventive and response arms respectively in addressing epidemics. We will strive to strengthen the healthcare and epidemic management systems in the developing countries we work in, through all it takes, including direct action, collaboration and advocacy.