SACH

South Asian Composite Heritage

The Pandemic and How It Affected Us

HISTORY repeats itself and when that happens, we see both positive and negative outcomes of the occurrences. The negative consequences of history bring challenges and create situations that we learn to fight against and create new avenues for the future. The worldwide history of pandemic has also been similar; on one hand, we have seen dying human beings and humanity while on the other hand, we have experiences of new inventions and hope.
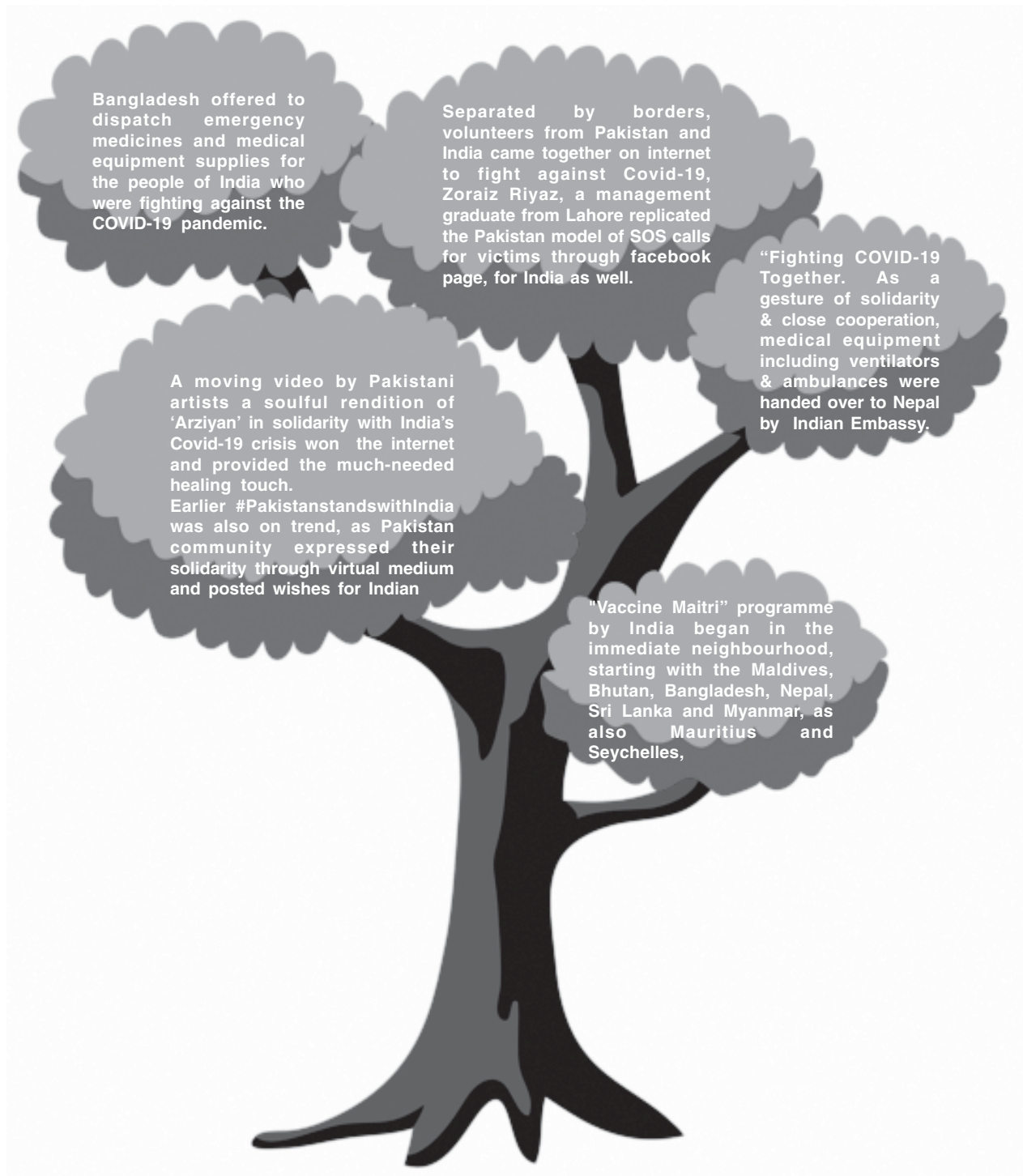
In context of Covid-19, we know that entire world is facing a situation of pandemic. Earlier too we had to face suffering and deaths due to diseases like Black death, Spanish Flue, Cholera, etc. For past two years due to Covid-19 various sectors, communities and people in South Asia have suffered a huge socio-economic, cultural loss. They have witnessed huge health crises which cannot be compared.

We saw people struggling and fighting against the pandemic as Covid -19 has undone the progress made by communities and families towards empowering adolescent girls; years of efforts to tackle patriarchal norms and empowering girls by sending them to schools lost its direction. Education and learning have suffered substantial, and in some ways permanent, setbacks during the pandemic. The pandemic has adversely impacted the economy of the countries that has led to social crisis and poverty. It has left a huge scar on the mental health of elderly people. Artists and artisans such as Nomadic communities of different states living on traditional livelihoods had to fight an isolated battle to survive lockdown.

There are many similar instances that show the suffering of different people and communities if we read and observe the impact of Covid-19 we see that nothing much has changed. We continue to struggle for survival as the pandemic continues and affects everyone indiscriminately. Our social structures and inequalities therein shape our pandemic response that often puts most marginalized at greater risk.

Despite all the sufferings we always find a ray of hope, we see people and communities taking care of self and society through various mediums. This pandemic has made people empathetic towards each other. They developed various technological and social methods to reach out to people and communities that are at risk. The South Asian nations such as India, Pakistan, Nepal and Bangladesh were helping and praying for each other. This restores our faith that no matter how far we live, we all are connected through our joys and sorrows, through peace and humanity.

COVID-19 -Solidarity from South Asia

Bangladesh offered to dispatch emergency medicines and medical equipment supplies for the people of India who were fighting against the COVID-19 pandemic.

Separated by borders, volunteers from Pakistan and India came together on internet to fight against Covid-19, Zoraiz Riyaz, a management graduate from Lahore replicated the Pakistan model of SOS calls for victims through facebook page, for India as well.

"Fighting COVID-19 Together. As a gesture of solidarity & close cooperation, medical equipment including ventilators & ambulances were handed over to Nepal by Indian Embassy.

A moving video by Pakistani artists a soulful rendition of 'Arziyan' in solidarity with India's Covid-19 crisis won the internet and provided the much-needed healing touch.
Earlier #PakistanstandswithIndia was also on trend, as Pakistan community expressed their solidarity through virtual medium and posted wishes for Indian

"Vaccine Maitri" programme by India began in the immediate neighbourhood, starting with the Maldives, Bhutan, Bangladesh, Nepal, Sri Lanka and Myanmar, as also Mauritius and Seychelles,

Lessons From the Largest of All Pandemics

By **AVANTIKA BHUYAN,** INDIA

A century ago, the world was in the grip of a severe pandemic—referred to as the most devastating in recent history, with estimates of global mortality ranging from 20-50 million. The Spanish Flu of 1918 didn't leave India untouched. Here it came to be known as the Bombay Influenza. The country alone witnessed a death toll of 10-20 million. Today, as we all face yet another pandemic in the form of Covid-19, researchers and epidemiologists are re-examining the 1918 flu that raged for a couple of years, leaving virtually no inhabited region untouched, and trying to glean lessons that may hold true for the present scenario.

Siddharth Chandra, director of the Asian Studies Center and professor of economics at James Madison College, Michigan State University, US, along with Eva Kassens-Noor, an associate professor of urban and regional planning at the same university, has made it his mission to study the evolution, spread and mortality rates of the 1918 influenza across India using spatial or temporal data. Their study, *The Evolution Of Pandemic Influenza: Evidence From India, 1918-19,* published in the *BMC Infectious Diseases journal*, has yielded some interesting insights, both in terms of parallels with Covid-19 as well as points of departure. Some of the data is still being studied but the report identifies important features of the 1918 flu spread in India, such as the nature of the waves, their severity, speed and duration, and age-specific immuno-protection, that can help understand the nature of influenza epidemics.

It's ironic that while epidemiologists still refer to the Spanish Flu as the "mother of all pandemics"—caused by a member of the H1N1 family of influenza viruses, it lives on in different strains—it seems to have been wiped clean from public memory, at least in India. Chandra believes a number of factors may have contributed to this; one big reason being that until now, pandemics have not captured the public imagination like wars and conflict. "The Spanish Flu impacted the world in multiple waves between 1918 and 1921. But communication is much faster today than it was back then. Today, news of fatalities is made known instantly," he says.

One also has to take into account the historical and political context when studying the Spanish Flu. It began just as World War I— a geopolitical event that impacted the entire world—was nearing its end. "Ten years later, the Great Depression happened, and the world soon hurtled into World War II. India was facing the Bengal famine and also struggling for independence. Put all this together and you will understand why the flu was forgotten," says Chandra.

However, from whatever is known about the spread of the pandemic in India, it seems clear that undercounting of deaths was as much a problem then as it is now. "We are still not testing enough, and are attributing deaths to other factors," says Chandra.

For their study, Chandra and Noor have referred to the census figures of British India before and after the 1918 pandemic, to gauge its impact on the population. The drop in the population graph presents a picture not just of

deaths but also a drop in birth rate. "One reads in the news today about people having fewer babies, the baby bust in the US. This could be seen in 1918 as well," he says. Chandra cites the examples of Japan and Taiwan (India census figures are under study). A study of their populations between 1916-21 shows that nine months after the pandemic peaked in October 1918, there was a huge dip in the number of births. The reasons could be both behavioural and biological. "It might have gotten harder to conceive. We must wait for the next India census. I can assure you that you will not see a normal birth rate. It will reveal some interesting patterns, with implications for future populations," says Chandra.

Every pandemic has an age signature—and that is a point of departure between the Spanish Flu and Covid-19. The Spanish Flu impacted people in their prime—ages 20-40; till now, Covid-19 had disproportionately impacted the elderly. "The age group that could have had babies was dying. We are not finding that today," he says. That may be changing now. In India, Bombay (now Mumbai) was the first to witness the peak in 1918; and it is bearing the worst brunt of Covid-19 today. In fact, the Spanish Flu virus entered the country through the city. Thousands of Indian soldiers, who fought in World War I, returned home on ships, carrying the flu with them. According to the study, India experienced two distinct epidemic waves: a mild one in the summer of 1918 and a far more severe one in autumn and winter. The second wave, too, originated in Bombay in September 1918, spreading not just to other parts of the country but also to Sri Lanka.

The transportation system, especially the railways, became means by which the epidemic spread. In the east, Puri, a major pilgrimage site, witnessed a severe wave of the flu. After Bombay, Madras experienced the peak during October, followed by Calcutta. "Madras, to the southeast of Bombay, experienced the wave slightly later and in a less (albeit still) pronounced manner, and Calcutta, the easternmost of the three cities, experienced a prolonged but altogether less prominent second wave," state

the authors, which looked at data from 213 districts from nine Indian provinces.

One can see the shape of the wave change as the pandemic spreads from the west to the east. Was the virus evolving? Was human response changing? It also begs the question why was the pandemic so severe in India and Indonesia as opposed to countries like the US. "There is evidence that when people are undernourished due to massive famines, the fatality rate is higher. The other possible factor is population density," says Chandra.

According to Chandra's study, this becomes a key theme theory of evolution of epidemics—competition among strains of a rapidly evolving virus can produce an equilibrium in which the predominant strain is less virulent and slower to travel than the strain that predominated at the onset of the epidemic. "A second key explanation could be weather. Recent studies suggest that absolute humidity constrains both influenza virus survival and transmission efficiency," it states, while adding: Analysing diffusion patterns of pandemics is difficult, as it depends upon various factors including place-specific public health responses, social interactions among people, travel patterns within cities and across countries, the natural and built environments, and characteristics of the pathogens themselves.

There are lessons to be learnt about the imposition of lockdowns. Should uniform restrictions be imposed across regions, irrespective of the intensity of the wave? "Take the example of Michigan, parts of which witnessed a massive wave in October 1918. The governor banned all public gatherings and the wave came crashing down. But not all places in Michigan had yet peaked. And then, like today, he faced pressure from businesses and lifted the ban. And then Michigan witnessed another wave," says Chandra.

"Even today, one sees administrations lifting and imposing bans without taking into account the spread or intensity (with the local administration giving inputs). The restrictions should be localised. What is happening today is very similar to what happened 100 years ago—

COVID-19 Recovery: Contexts and Priorities in Bangladesh

By **SELIM RAIHAN**, BANGLADESH

AROUND a year and a half have passed since the onset of the Covid crisis. The Bangladesh economy and the global economy have certainly not been able to go back to the pre-Covid state. Though there have been some signs of recovery for the Bangladesh economy, the recovery process has remained weak, fragile and uncertain. The effective recovery process also requires a better understanding of the Covid context and setting the priorities right.

The crisis we have seen with Covid for over a year is not just an economic crisis. There is also a big social crisis. Bangladesh has made great strides in the last few decades, especially in reducing poverty. But during Covid, there has been a high jump in the poverty rate. Surveys conducted by SANEM, and some other research organisations, have found that economic fallback, induced by the Covid disruptions, have increased the number of poor people quite considerably. Many have lost their jobs. Many, having lost their jobs, have returned to their villages from the cities, which led to some socio-economic impacts and put the rural labour market under additional pressure. A large part of our economy is informal, and more than 85 percent of the people in the labour market are working in the informal sector. The informal sector has been most affected during the Covid period. Many, who had various small businesses, either have closed their businesses or are running their businesses at partial scales.

Many migrant workers have returned to the country, and the prospects of their returning to the destination countries appear to be bleak. New employment opportunities abroad are not encouraging as the destination countries are also struggling for their economic recoveries. At the same time, the domestic labour market sees the addition of a new labour force every year. One critical concern is that the pattern of economic growth in the last decade has not been at par with the objective of large-scale job creation. The problem has become more acute during Covid. There is also the big problem of a high degree of unemployment among the educated youth.

The Covid situation is getting worse again. With the imposition of stricter lockdowns, people's livelihoods are facing new challenges. The

recovery we have seen in the economy in recent months is likely to be hampered by the new Covid outbreaks throughout the country and globally.

The uncertainty and instability in the global market will continue to affect the export sector and remittances. Until now, the remittances inflow, through the formal channels, remained encouraging. However, there are concerns that the total amount of the remittance inflows, if we consider both the formal and informal channels, may not have risen significantly. Also, in the case of the export sector, the recovery process has remained volatile and inconsistent. Nevertheless, just as the recovery of the export sector is crucial for the recovery of the overall economy, the recovery of the domestic economic sectors and their micro, small and medium enterprises is critical too.

The Bangladesh government announced several stimulus packages soon after the onset of the Covid crisis. It is necessary to understand whether these stimulus packages have attained their intended objectives. Some evidence shows that the distribution, management and monitoring of the stimulus packages remained inadequate and weak. SANEM has been conducting quarterly surveys of 500 firms from 15 manufacturing and services sectors since June 2020. It appears from the four rounds of surveys, with the latest one in April 2021, that there is a high degree of heterogeneity among firms and sectors in terms of access to the stimulus packages. Many firms and sectors have been facing several challenges in getting stimulus packages as the processes involved remained long and entailed many bureaucratic complications. There is a common understanding that readymade garments and large firms have benefited the most from stimulus packages. However, micro, small and medium entrepreneurs have not been able to take advantage. Lack of initiatives, transparency, accountability and efficiency can undermine the whole objectives behind the stimulus packages.

Micro, small and medium enterprises play critical roles in the supply chains of different sectors of the economy, and these have been severely affected by the Covid epidemic. Therefore, the resonant recovery of these enterprises is crucial for ensuring the strong upswing of the overall economy.

A few areas need priority to deal with the situation. First, the availability of effective vaccines and the vaccination of mass people is critical for sustained recovery. At the same time, the enforcement of the rules and regulations related to hygienic practices is vital.

Second, the government's stimulus packages to revive the economy should be implemented more effectively and expanded if necessary. An assessment is needed to understand the challenges and constraints in implementing the stimulus packages to re-design and re-target these packages.

Third, the scopes and allocations of the government's social protection programmes for the old and new poor need to be expanded. The government must address the institutional challenges related to the design, allocation and disbursement of social protection programmes.

Fourth, it is necessary to take policies and strategies targeting the labour market. The government should introduce relevant social protection programmes in line with the ongoing labour market challenges, especially in urban areas.

Fifth, the economy requires some critical reforms in the policies and programmes. The country cannot achieve many developmental goals with a low ratio of tax-to-GDP. The financial sector also needs reforms, especially in the banking sector.

Finally, the current situation demands a departure from the conventional notions. The new reality requires an effective action plan for economic and social recoveries.

Courtesy: The Daily Star

COVID-19 Has Undone Years of Progress for Adolescent Girls

By **SHANTHA SINHA**, INDIA

PRIOR to March 2020, nonprofit and community-based organisations' efforts to tackle patriarchal social norms and empower adolescent girls had begun to yield dividends. We had started to see change happen over the years – adolescent girls were able to move around in public places more freely, engage with their parents to get them to support their aspirations for higher education, and speak about their grievances to the panchayats or even the police. Families who were earlier hesitant to send their daughters to school due to the fear of distance or pressure of marriage had actively started investing in their education. However, COVID-19 undid all this progress.

WHAT CHANGED DURING THE LOCKDOWN?

During the initial months of the first wave and the national lockdown, not much seemed to have changed. Field staff who worked in communities in Telangana reported that sustained campaigns to promote behavioural and attitudinal change among parents had worked in favour of adolescent girls. Education of girls was considered important and gender violence was seen as unacceptable not only by the families of these girls but also at a societal level.

However, two months into the lockdown, with no work or wages and dwindling savings, the situation changed. Strapped for food and cash, the precarity and vulnerability of families created a sense of anxiety and insecurity. Further, with schools closed and kharif season starting in June, most children were forced to work and earn wages.

Large numbers were sucked into family labour as vegetable vendors, beedi workers, cattle herders, and in many other home-based units in the informal sector. Migrant children were employed in the bangle and jewellery industry, as helpers in petty shops and local hotels, in fishing, quarrying and mining, and so on. Older girls took up work under NREGA, acting as proxies for their mothers, whereas older boys joined the labour market working as headload carriers, casual labourers, and even construction site workers.

Girls also went on to work on cottonseed and ginning farms during the harvest season. Some of them even migrated in groups to work in chilli farms in the nearby regions. All these children were not used to physical work and hence, constantly complained of body aches, heat strokes, and wounds. However, they did not have the option of not continuing with work.

In addition to being against the law, family members themselves agonised about their school-aged children going back to work. Communities had taken pride in making their villages free of child labour. They tried their best to keep their children away from paid work, but with no alternative to schooling and no support from the government – either for their children or themselves in terms of food and income – they found themselves vulnerable.

Social mobility of adolescent girls was greatly affected during the lockdown period. They were not allowed to step out of the house and were burdened with domestic chores. There

was also greater friction among siblings within households, with each vying for access to limited resources such as mobile phones, internet, washing soap, toiletries, and sanitary napkins.

The uncertainty surrounding the reopening of schools, fear of sexual abuse, and instances of elopement increased the pressure of marriage on girls. Several parents who had earlier encouraged their daughters to pursue education took advantage of the restrictions imposed during the lockdown and stealthily arranged their marriages.

FIRST-GENERATION LEARNERS FACED ANXIETY AND FRUSTRATION

School going children struggled with school closures as it meant not having access to mid-day meals. Several children who were enrolled in residential schools were used to having daily essentials – meals, stationery, books, toiletries, and so on – provided to them by the school authorities. School closures meant that they did not have access to these since the expenses had to be borne by households and with their meagre earnings, these needs were mostly ignored. Several girls were forced to begin working to be able to afford their personal necessities such as sanitary napkins and toiletries.

Furthermore, they were also denied a routine: of waking up, getting ready to go to school, meeting their friends, doing homework, playing pranks, and so on. School, for these children, was always more than just an educational or learning space. It fulfilled greater functions for them.

The absence of school for older children, especially girls in grades eight to ten, affected their hopes and aspirations for higher education as they had fought severe discrimination to be able to study. Most of them were first-generation learners and being forced to go to work caused severe anxiety and frustration among them.

WHEN SCHOOLS REOPENED IN EARLY 2021, CHILDREN RUSHED BACK

In January and February 2021, schools reopened for a brief period for students in grades nine and ten. Within a week, more than three-quarters of the students in the communities that Mamidipudi

Venkatarangaiya Foundation (MVF) works with returned to school. This was unexpected since, during the lockdown, more than 90% of these children were working and had lost the habit of going to school.

After being out of use for more than nine months, the schools themselves were in a bad condition, with broken and dusty windows, unkempt toilets, and no water. Through meetings with the gram panchayats, members of child rights protection forums and school management committees came forward and assisted in cleaning schools for the children. They also took on the responsibility of raising funds to repair toilets, water facilities, and for cleaning the school premises – all this at a time when communities continued to suffer from food and wage insecurity.

Despite being dependent on their children's income – young girls were earning as much as Rs 300 per day during sowing season – parents looked forward to sending them back to school. Some bought their children clean dresses while others sold their cattle so that their daughters could go back to school. In cases where schools were located at a distance of five to six kilometers, parents bought bicycles for their daughters so that they would not have to walk long distances. Many made petitions to bus owners and slowly bus after bus, in village after village, started plying during school hours.

Girls who had been married off during lockdown summoned up the courage to convince their in-laws and husbands to let them continue with their education.

It was far more difficult to get boys back to school as they were bound by long-term contracts with their employers. It was also hard for children studying in private schools as their parents had to pay arrears of school fees in addition to paying for private bus transportation.

THE SECOND WAVE HAS SET THEM BACK AGAIN

With the second wave of COVID-19 sweeping across the country and several states imposing lockdowns, schools have been forced to close once again. This means that most of these children will go back to work again.

The closure of schools is particularly bad for adolescent girls as it forces them to partake in gendered activities that they had vehemently fought against. Despite this, they have pushed back and not given into these pressures meekly – they have fought and resisted.

THE STATE IS ABSENT

There is no data on what is happening to children of all ages, their rights, and needs. There has been no attempt to activate the institutional framework of child protection. Neither education nor labour departments have arrived at any kind of solution. No thought has been given to mitigating hunger and ensuring that children continue to receive mid-day meals. Neither has any thought been given to them impact that indefinite school closures will have on the lives of children and their future. Indeed, children are not even on the radar of the state outside of an unworkable, inequitable solution of online classes.

There is no need for the state to collect data and information, conduct yet another research survey on where these children are, build a computerised database, and waste precious time. School attendance registers in all government schools have the details of all the children enrolled. They are tracked by the gram panchayats and the school teachers at the ward, village, and panchayat level.

All the state needs to do is work with local functionaries to draw up specific plans for the rescue and rehabilitation of each of these children. This could mean taking care of their health and nutrition, remedial learning and bridge courses, assurance of food, providing textbooks and stationery, and so on. The system must trust the capacity of local bodies to take care of their children and be willing to extend all support to take responsibility for issues that cannot be resolved at the local level alone.

The cost of state inaction on the lives of children is going to be immense. This is an emergency situation. Will children's voices be heard?

Courtesy : Indian Developmenet Review

Lessons From the Largest of All Pandemics

I never thought I would be living my research."

A century later, he adds, the deadliest pandemic in history can still offer lessons on welfare and economic policies, vaccines and medication, and health infrastructure. It can also put things in perspective for those simply grappling with the uncertainties of the moment. One of the most important lessons of the 1918 influenza pandemic was that as long as there were large numbers of people who are susceptible to infection, there was a lingering risk of repeated waves of infection and deaths. The 1918 pandemic dragged on for two or more years in some countries. "By comparison, the Covid-19 pandemic has been in circulation for just over one year, and large numbers of people remain susceptible to the disease. Viewed in this light, it is unsurprising that India is experiencing a severe wave of infections now, and parts of the USA are also seeing a resurgence in numbers of cases and deaths," says Chandra

Ensuring that large numbers of people are vaccinated at the earliest opportunity will be key to returning life and economic activity to normal and towards preventing the emergence of future waves. He further adds that in the interim, ensuring that health systems have sufficient capacity to care for surges will remain important.

"Related to this, the 1918 influenza pandemic affected poor people far more severely than it affected wealthier people. The same pattern is increasingly visible during the Covid-19 pandemic. Therefore, the above policies to mitigate the impacts of the pandemic and to bring it under control should also focus heavily on ensuring that the more vulnerable sections of society have as ready access to vaccination, health education and health care as wealthier sections of society," says Chandra.

Courtesy : MintLounge

Educating Pakistan During Covid-19 and Beyond: Is Reopening Schools Enough?

DAWN BRAND TEAM, PAKISTAN

AT the brink of Covid-19's deadly spread in early 2020, Pakistan was pushed to institutionalise school closures across the country.

To prevent the virus from reaching the youngest segment of society, classrooms across the world were locked down. The developing world, including Pakistan, followed suit.

The pandemic has been aiding the learning crisis which continues to widen the divide between the privileged and not so privileged, straining out the poor once again due to a serious lack of opportunities that could hand over physical classrooms to the internet.

In the summer of 2020, close to 54 per cent households reported a sharp decrease in earnings, manifesting elevated poverty and hunger across the country.

Education is far from these households' most primary concerns.

This year, the International Day of Education is pushing the world to come together and make efforts towards recovering and revitalising education for the Covid-19 generation.

How far behind is Pakistan in its quest of fighting the catastrophic effects of the pandemic on its children's education?

DISENGAGING FROM SCHOOLS

In Pakistan, over 300,000 schools were shut in March last year due to the pandemic, and the financial and economic strains that followed. This may take up the country's learning poverty rate to 79 per cent, reports the World Bank.

As the first wave plummeted, lockdowns were lifted from schools and students invited back into physical classrooms.

The question is: how many children are actually returning to school?

The broader issue is: we urgently need to dismantle inequity in education.

Have a look at how some Pakistani parents and students reacted to the reopening of schools last year:

According to a recent study, an estimated 930,000 children, out of the 22 million that are already missing school in Pakistan, are pushed to drop out by the pandemic.

With parents' income steadily decreasing due to loss of employment, more and more children are now showing up at jobs instead of classrooms. It is expected that close to a million of out-of-school children will never opt to see a classroom again.

And that's not all. Along with

indiscriminate, large-scale drop outs, the pandemic has been threatening as well as stalling progress on girls' education across the country.

With resources further strapped for most poor parents, educating girls is now more secondary than ever.

THE GREAT DIGITAL DIVIDE: IS ACCESS TO THE INTERNET THE SILVER BULLET FOR OUR CRISES?

With the pandemic bent on upending the world's goals and efforts to build human capital and end poverty, there is little that can now be done to challenge the crises that have for long crippled developing societies.

While the state has introduced noteworthy e-portals, TV and radio programs to promote remote learning, we have one glaring question to answer: is access to efficient internet the real answer to our classroom problems?

A report on girls education in the times of Covid-19 in Pakistan, commissioned by Malala Fund in collaboration with Education Champion Network, reveals that girls, belonging to households that have access to the internet, are very often not 'allowed' to use any devices.

In fact, compared to boys, girls are now pushed to spend a lot more time engaging in household chores than any other activity.

For the residents of the poor and remote corners of most cities in Pakistan, the fundamentals of (what most would call) a normal life, in the heavily tech-reliant years of the pandemic, remains out of reach. Smartphones, laptops - even basic desktop computers - are far from available to the masses; hi-speed, broadband connections are not just unavailable; they are expensive, dreamlike and symbolic of privilege outside of the country's major cities.

Teachers and parents in the faraway areas of Khyber Pakhtunkhwa are sure that it's going to take a long time to have children go back to the level of learning they were at before the pandemic-induced lockdowns began; very few will even feel the need to return to schools, leaving behind the jobs they've now taken up to fight the financial distress.

Though fairly unsurprising for a developing country like ours, these situations seek far bigger interventions than just those offered by an internet-enabled device.

EFFORTS TO FILL PAKISTANI CLASSROOMS ONCE AGAIN

Pakistan's economy is said to lose between $67 -155 billion if learning losses remain as large as they seem right now. It is said that this economic loss is equivalent to the government's spending on education in the past two to five years.

To galvanise country-wide action towards putting students back into classrooms, a number of programs are funding efforts to ensure quality and equity in education.

Among the currently active ones is the European Union's Development through Enhanced Education Programme (DEEP) in Sindh, which has been supporting educational reform since 2006.

Providing support to meet the needs of children who are out of school or whose education has been disrupted, the EU has made contributions worth 210 million euros from 2014 to 2020. During 2020-2021, the World Bank has also allocated USD 20 million, which aim to support an all-inclusive learning system targeting an estimated 19.1 million children who might choose to stay out of schools due to economic pressures brought on by the pandemic.

In March 2020, the UNICEF office in Pakistan allocated a GPE grant of USD 140,000 to support the ministry of education in developing its response plan.

Several apps, portals and TV-based shows, like Malala Fund Education Champion Haroon Yasin's Taleemabad app and the government's eTaleem portal, are also expanding their lesson base to reach more and more children, encouraging them to build habits of at-home learning till the Covid-19 catastrophe decides to fade.

Courtesy: Dawn.com

Locked Down by the Pandemic, Culturally Important Nomadic Communities Struggle to Survive

By **DEEPANSHU MOHAN, JIGNESH MISTRY, ADVAITA SINGH, VANSHIKA SHAH AND SARAH AYREEN,** INDIA

"WE make this musical instrument, play it and repair it with our own hands. In our childhoods, we never received any education through textbooks, we only learnt to play these instruments to make a living out of them for ourselves and our families," said Mohammed Sher Khan*, holding a *dholak* in his hand.

The *dholak*, a two-headed Indian instrument, is all that Sher Khan has known his entire life. Familiar with every sound, every crevice and every variational use of this musical instrument, the 27-year-old is a nomad and heir to the centuries-old tradition of being a *dholakwala* of Barabanki, Uttar Pradesh.

Despite having perfected the craft of making *dholaks*, the *dholakwalas*, ever since the pandemic, have been unable to play or even sell their instruments in any town they visit due to a lack of demand and the restricted gatherings of people in markets.

PROPAGATORS OF THE ARTS

In a recent field study undertaken by our team at the Centre for New Economics Studies (CNES), we spoke to members of different nomadic communities settled across slum-like settlements in Pune, Maharashtra, ever since restrictions on mobility were announced after the second wave of the pandemic.

Many of our respondents were nomads originally belonging to the states of Uttar Pradesh, Chhattisgarh, Bihar and Jharkhand, engaged in a peripatetic lifestyle, going village to village, city to city, selling their craft and playing instruments across states like Tamil Nadu, Maharashtra and Karnataka. As propagators of music who navigate a vagabond-like existence across India, each nomadic community inherits a craft that is an integral part of both their identity and their livelihood.

Unfortunately, any discussion on their lives and vocations escapes the prism of mainstream conversation, even though nomadic communities have perennially played a crucial role in shaping the kaleidoscopic view of India's rich cultural landscape. Often engaged in fine craftsmanship and the performing arts, they are unrecognised and under-appreciated artists.

Consider the tight-rope walkers of Chhattisgarh called *damuris*. Adept in performing ropework and circus tricks, they left Raipur and Bilaspur to perform shows in Mumbai, Nainital, Rishikesh, Hyderabad, Bangalore, Delhi and other cities. Much like the *dholakwalas*, they realised the need for an itinerant style of living since they could not keep performing the same show in one place for too long. After travelling the country for decades, the *damuris* pass on their talent to their children even today, forming a long lineage of performers.

Rajesh*, a member of the *damuri* community, explained, "Our grandfathers and their forefathers have been practicing this work; we learnt from them and today our children learn from us. This is what we grow up with, starting as early as four years old."

Exposure to the ancestral occupation from a young age has ensured that the heritage of nomadic communities like *damuris* and *dholakwalas* is carried forward by the next generation. As children are taught about their

community's craft and art, they are skilled by the time they reach their teens and take forward the work of their (fore) fathers.

The Nandiwale, devotees of Lord Shiva who our team spoke to during their travels across Maharashtra with their *nandibail* (ox), entertain their crowd with a practiced craft reliant on soothsaying. With their ancestral hometown in Baramati, Pune, most Nandiwale travel across the state in search of an audience and pasture to feed the *nandibail*. Unlike many other nomadic tribes, they do not charge the audience for their performances because of the deep integration of religious values in their culture and occupation. They are dependent on donations, or *dakshinas* (received in the form of money or rations) for subsistence.

Over time, faith in the *nandibail* tradition has declined which has lowered donations as well. Given the nature of their work and their limited resources, the Nandiwale have not been able to provide their children with stable education, rendering most of them unqualified for other jobs. Amit Salunke, a *nandibail* peddler, said, "We have to continue this tradition. There is no other work. Due to our lack of formal education, we cannot do anything else."

Although this Act was repealed post-independence and the communities were 'de-criminalised', the after-effects of being excluded from any form of administrative support remain detrimental to most nomads and are conspicuous even today. Not much has been done by the Union government to offer them more equal opportunities or tools of affirmative action to enhance their capabilities.

THE COLONIAL EFFECT

Conversations with members of the communities about their deplorable conditions of living since the pandemic brought into question their legal status and political representation. While de-notified semi-nomadic and nomadic tribes are recognised by their family profession or peculiar lifestyle, they have also been categorised since colonial times as 'hereditary criminals' or 'criminal tribes'. This is because in British India, certain communities had formed a cult committing extraordinary crimes. The British imperialists thus sought to unfairly identify and label each individual of these communities as habitual offenders and born criminal.

Having been classified under the Criminal Tribes Act 1871, members of these communities due to their 'criminal' identities had been forced to work and survive in the 'informal' nomadic space. The purpose of this inhuman law was to provide for the surveillance and control of these tribes. While travelling was a fundamental part of their survival, the colonial law sought to restrict the movement of these notified tribes by arresting those found 'beyond the limits so prescribed'.

As communities that have already been pushed to the margins of society due to discriminatory laws and indifferent political treatment, their state of destitution has been further impaired by the COVID-19 pandemic. Travel restrictions imposed by state governments where the spread of the virus is higher have threatened an integral part of the nomadic community's identity and survival: their freedom of mobility.

Unable to travel and carry out their traditional occupations in the marketplaces of cities and rural areas, most nomadic crowd pullers are unable to practice their generations-old customs which are now at risk of being endangered. Moreover, due to their lack of documents and permanent locations that can be authenticated in official documents, most members of the nomadic tribes get no access to state-specific government aid.

According to Amit Salunke, the *nandibail* peddler, the travel restrictions across states have prevented his community from accessing pasture, leading to the death of his sacred *nandibail*. Since apart from the religious and cultural value of the ox it also serves as the primary source of income for his family and community, losing a *nandibail* has forced him and his family to borrow and survive on debt. Similarly, pandemic-linked restrictions have also adversely impacted another nomadic community, the *bahurupis* or thespians of the Nath Panthi Davari Gosavi community. As theatre performers who dress up as policemen and other characters to offer live entertainment, the bahurupis left their hometown, Bhigwan

'Ugliest Phase of My Life': How Covid Is Leaving A Permanent Scar on Mental Health of Elders

By **AVANTIKA CHOPRA**, INDIA

"MY body was falling apart, it was very weak, the feeling of fatigue was intense. I did wonder at some points whether I would survive this," said 73-year-old Prabir Chakravorty as he recalled his 25-day isolation period after testing positive for Covid on April 26.

With over 28 million cases of Covid reported in India alone, self-isolation and self-quarantine are crucial to minimise the spread and among the first recommendations to patients. However, the negative physical, psychological, and social effects of isolation are apparent among the elderly population, especially those suffering from pre-existing mental illness.

For Chakravorty, the month-long journey to recovery was filled with bouts of loneliness, panic, and anxiety. "I lay in bed hooked up to an oxygen concentrator. Initially, it was difficult to talk due to the infection in my lungs. I didn't exactly have trouble breathing but I had to put a lot of pressure on my throat to speak," Chakravorty told the indianexpress.com. Moreover, the unavailability of necessary medical support in the country only aggravated the stress.

Though the isolation period led to limited interaction, Chakravorty feels that the constant emotional support he received from his family prevented him from falling into a depressive state. "They kept talking to me throughout this period so I never felt I was alone, as opposed to hospitalisation where I have heard and read that patients felt helpless because family members couldn't visit them," he said.

According to a study by Delhi-based NGO Agewell Foundation, the second wave of the pandemic has adversely impacted the mental health of senior citizens. Compiling data of over 5,000 senior citizens across the country, the study revealed that the pandemic not only hit the health condition of the elderly population but also affected their psychosocial being. The study claims that over 82 per cent of the elderly complained of experiencing anxiety due to the rising Covid-19 cases and casualties around them.

Isolating during Covid could trigger anxiousness, especially when interacting with family members is prevented, a situation often faced by patients recovering in hospitals and Covid wards.

Janardan Pandey, 67, trembled with fear after he and his family tested positive. "I had heard a lot of negative stories around and, my wife and I suffer from blood pressure and diabetes, so it was scarier," he told the indianexpress.com.

Staying at the institutional quarantine at Nesco, Mumbai, for 12 days, Pandey recalls being depressed and losing all hope. "Staying alone kills you. My family was discharged after eight days and I was there alone. It was scary. You can't see them, share your thoughts with them. It was sheer depression and the only thought was to get out of here. The whole time I used to think that how this infection happened and what if I don't go home from here. There was so much negativity there. The only thought that helped me survived was my responsibilities towards my family. I'm their support system and would like to be that forever," Pandey said.

Spending each day in isolation was no less than a struggle for Pandey, who often panicked at the sight of the doctor or when his oxygen levels were being tested. "I'm not a calm person. I use to panic whenever the doctors came for regular checkups. My entire family was upset looking at my condition. They used to come and sit with me, play Ludo but I was not in that state to reciprocate," he said. It was only when his oxygen levels improved was Pandey able to relax a little. "Those 12 days were the ugliest phase of my life. Earlier I was under the impression that Covid is just nothing but once been through it and that's all. It's the worst."

WHAT DO THE EXPERTS HAVE TO SAY?

Isolation has adversely affected the mental health of individuals and with the ongoing lockdowns and restrictions due to the pandemic, the situation has only worsened. For patients recovering from Covid, the mental strain has been amplified because of the panic surrounding the virus due to the unavailability of doctors, hospital beds, oxygen cylinders and the high death rate. However, experts suggest that the impact can be reduced by following a regular routine, engaging in relaxing activities, and regularly communicating with friends and family.

"The impact of the pandemic has been immense on every age group. For the elderly too, it has enhanced the anxiousness and worry about the situations we are in, concern about their children and grandchildren, feelings of loneliness, along with concerns around health and well-being have seen a rise," explains Dr. Kamna Chhibber, HOD Department of Mental Health and Behavioural Sciences, Fortis Healthcare.

Stressing the importance of engaging in at least one relaxing or physical activity, she suggests Covid positive patients maintain a routine and stay focussed on things that are in their control. "Keep going back to your routines in a slow but steady manner. Ensure that you monitor your health. Engage in activities that you enjoy. Communication is key. Continue to maintain Vovid appropriate behaviour. Build on hobbies," she adds.

Courtesy: theindianexpress

Nomadic Communities Struggle to Survive

village in Maharashtra, to stage shows across the country.

Earlier they were crowd pullers providing entertainment to people through their street performances. Today they are often beaten up by the police when they try to perform during the pandemic while the locals refer to them as 'coronavirus carriers' because of their mobile lifestyle. In many ways, the pandemic has only intensified the social stigma that has haunted nomads for decades.

WANDERERS BUT INDIANS

The impact of the pandemic on these denotified communities that belong to an unknown, informal landscape is grossly unrecognised and warrants immediate administrative attention. The closure of live performances has adversely harmed the thespian *bahurupis*, the tightrope-walking *damuris* and the soothsaying *nandiwale*. Most are settled on the outskirts of cities (like Pune where we travelled), helpless and indefinitely unemployed from being unable to practice their vocation.

Preserving the heritage of India's nomadic communities is not just an issue of cultural importance anymore. In a desperate scenario where most are fighting to make ends meet, it becomes necessary to recognise and safeguard their right to life and the freedom of mobility that enables them to practice their craft. Without any governmental aid or financial support, these tribes find it difficult to survive and are apprehensive about their future. The least one can do in the collective ordering of our state and civil society is to include them as part of our socio-cultural fabric, providing them with all the help, basic amenities and rights available to our citizenry.

Courtesy: Thewire.in

* The names of all the respondents have been changed to protect their identity.

Women in India Come Together to Fight COVID-19

By **DINESH KAFLE,** NEPAL

INDIA'S history contains several examples of women rising in unison not just to advocate for gender issues but also to spearhead some of the most significant socioeconomic movements within the country. Whether we talk about the Chipko movement, the naked protests of Manipur's mothers, or the Gulabi gang, all form an integral part of the evolution of the women's movement in India. But despite these efforts, women have not been successful in liberating themselves from the deeply ingrained patriarchal norms and cultural values that have resulted in their incessant marginalization within the Indian society.

As such, agency continues to be implicitly portrayed as male while women remain victimized and are often recognized as passive members of society. Yet, it is these very women that have once again come together and are in fact, racing against time to help the nation avert the crisis that has been brought on by the outburst of the COVID-19 pandemic in India. It is time to recognize the efforts of these unseen heroes of the crisis and acknowledge the critical roles that they play in the development as well as rejuvenation of Indian society.

HEALTHCARE AND FRONTLINE WORKERS

In India, the public healthcare system has been groaning under the weight of the COVID-19 pandemic. As the wave of infections continues to sweep throughout the country, it is the healthcare workers who have been deployed as the first line of defense in the battle against the crisis.

A vast majority — nearly 83 percent — of these frontline workers are female nurses who have consistently been putting their lives at risk. In doing so, they have confronted grave challenges not only making them more vulnerable to contracting the deadly virus but making their personal lives more miserable, often obstructing them from carrying out their duties efficiently. These problems include shortages of personal protective equipment, lack of pay, and little recognition. In addition, their hours have increased dramatically, further inflicting high frequencies of stress, burnout, and depression upon them.

The situation is even starker in rural areas, where health facilities are scant and medical professionals can be hard to find. In these areas, women accounting for 1 million Accredited Social Health Activist (ASHA) workers are the core providers of health care and medical services. Consequently, with the onset of the COVID-19 pandemic, ASHA workers — who have traditionally worked with maternal and child health — saw their duties and work hours stretch even further with the constant tracking, testing, and monitoring of COVID-19 patients across villages and cities; offering advice on the virus; recording all village arrivals and quarantining them; and simultaneously keeping up with their previous duties of caring for newborns and pregnant ladies.

These ASHA workers have relentlessly discharged their responsibilities despite facing staunch opposition from their families for the quality and amount of work during the pandemic, and they have often been confronted with physical violence or abuse during their home-to-home surveys. Infection rates have also been rising among ASHA workers predominantly due to lack of protective gear for their high-risk work. According to the

government, at least 18 ASHA workers had died fighting COVID-19 as of last September but these figures merely represent a tip of the iceberg, as there are no definite estimates on the number of ASHA workers infected during the latest destructive surge.

SELF-HELP GROUPS

Amid the pandemic and its devastating consequences, thousands of Self-Help Groups (SHGs) dominated by women have emerged as effective frontline responders in India's fight against the coronavirus. These SHGs have not only contributed toward holistically addressing the social and economic needs of people at the community level but have also consolidated their efforts to work on issues like mask usage, quarantining, and social distancing.

As part of the SHGs, nearly 68 million women have been working furiously to make up for the shortages of masks, running community kitchens, helping curb rumors and misinformation, delivering essential supplies, and more. As of April 2020, more than 19 million masks had been produced by some 20,000 SHGs across 27 Indian states along with over 100,00 liters of sanitizer and 50,000 liters of hand soap. In addition, to feed the poor and the vulnerable, SHGs set up over 10,000 community kitchens.

The footprints and the effectiveness of response strategies that have been put in place by the SHGs can be felt across various Indian states. For instance, the Kudumbashree in Kerala is helping disseminate urgent and authentic information regarding COVID-19 by systematically utilizing their vast network of WhatsApp groups. They have also set up 1,300 kitchens across the state to overcome food shortages. Similarly, in Odisha, female-led SHGs have produced over 1 million cotton masks for police as well as for health workers. In Jharkhand, where the rate of poverty is extremely high, SHGs have been helping district administrations identify pockets of hunger and starvation, and are responsible for delivering rations to under-privileged families.In several states, SHG members are also working as providers of banking solutions and pension services, thus emerging as a vital source for bridging the gap between remote communities and their access to credits coming in from direct benefit transfers. Thus, SHGs in India have not remained as mere beneficiaries of COVID-19 schemes but have instead transformed their role into chief architects of the pandemic response strategy and have played an important role in reaching out to the poor.

POLITICAL LEADERSHIP

Although India is far from attaining gender equity in politics, women leaders along with the frontline healthcare workers have shouldered the responsibility to stay ahead in the battle against the COVID-19 crisis and contain the pandemic by constantly adapting to the changing situation on the ground and responding to the specific need of their communities.

These women leaders have been organizing sanitation drives, monitoring surveillance activities, conducting contact tracing and ration distribution, and more, thus bringing to light an alternate style of leadership — one that is cooperative, empathetic, and relies on transparent communication. Women leaders, particularly at the grassroots level have also been collaborating with other women organizations and young women volunteers to provide assistance in meeting the shortage of masks, delivery of sanitary napkins, spreading awareness about the virus, among other things.

Examples of such women politicians include Sarpanch (a village-level leader who liaises between the government and the community) Vijanandbhai from Gujarat, who used Digi Pay to help make sure that daily wage laborers were able to receive cash transfers from the government's COVID-19 relief plans. Pinky Bharat, the Zilla Parishad chairperson in Bihar, mobilized local resources "to run community kitchens, deliver essential supplies and manage quarantine centres." Sarpanch Daljit Kaur from Punjab and other women leaders used WhatsApp groups and social media to spread information and awareness about COVID-19 and essential supplies directly with local communities.

Besides these handful of instances there are several other women politicians that are setting a positive example of effective leadership to combat the COVID-19 pandemic. Their rigorous containment work has further helped

Karuna' In a Post-Coronavirus World

By **DINESH KAFLE,** NEPAL

BEFORE it became a part of our everyday life, many of us South Asians pronounced coronavirus, either in jest or out of ignorance, as 'karunavirus', which translates as 'empathy-virus'. We couldn't have thought of a better misnomer. But since we have the luxury to pontificate over the mundane and the phenomenal alike—thanks to the lockdown—we might as well give the mistaken identity some attention. Could the coronavirus be nature's way of telling us to be more *karunik*, or empathetic, to fellow human beings? If the coronavirus can infect humans across the world within weeks, can humans, in turn, exploit *karunavirus* as a contagious antidote to the ills of the world the virus has helped diagnose?

Empathy, an emotional capacity to understand and engage with others, is what makes us social—and humane—beings. Contra empathy, estrangement is an emotional state of being unwilling to understand and engage with others. But these are not mutually exclusive: together, they define the perpetual emotional turmoil we humans go through all the time. Though undesirable, the conflict between empathy and estrangement is not an aberration. We faced it recently even as we came to terms with what is arguably the most poignant image of the coronavirus conundrum in Nepal: a Nepali man, in soggy underwear, being escorted by policemen right after he swam across the Mahakali into his homeland.

We were horrified to imagine that the man could have been any one of us, returning home in the face of uncertainty abroad. We loathed the government for its shoddy treatment of the man, and thousands of other migrant Nepalis, who came knocking on the border gates for a last-minute return home. We implored the government to bring all Nepalis stranded at the Nepal-India border into the country and put them in quarantine. We felt vindicated when the Supreme Court passed an interim order to that effect. We cheered the government when it brought 175 Nepalis from Wuhan in February.

But we were also worried if those returnees were active agents of the virus. We protested when the government tried to turn empty buildings into quarantine homes for the China returnees. We wanted them to be able to return home but wanted them to stay away from us.

It is this ethical paradox—of being empathetic and estranged with others simultaneously-that explains our emotional state in the post-coronavirus world. As all disasters do, the pandemic has brought out the best and the worst in us. We are suspicious of foreigners, neighbours, relatives and family members. We want to go as far away from fellow humans as possible. We continue to be blatantly inhumane to other human beings on both political and personal levels. India's lockdown has left millions struggling for food and shelter even as television anchors and right-wing propagandists fuel Islamophobia, terming a religious congregation held in New Delhi last month as 'coronajihad'; the Chinese continue to face racial discrimination for being 'agents' of the virus; the US faces accusations of 'piracy' after it redirected masks and medical equipment bound for France and Germany.

But we have also been bound by unprecedented solidarity with strangers, like never before, in collectively mourning the deaths of Italians, Chinese, Spaniards, Americans or Indians who fell prey to the pathogen. But we have also witnessed people bending over backwards to help the poor and the needy with essential supplies; doctors working tirelessly to ensure the infected are taken care of; and those of us not on the frontlines helping by simply

staying home. We are not only in a medical emergency but social and political ones as well. Social norms have come under erasure as actions as normal as touching, embracing or meeting another person that we took for granted have become a potential threat to our lives. We have now suddenly had to come to terms with new social and political norms and unlearn the old ones. As a society, we are emotionally as strong as our weakest link. And it is exactly such situations when we are willing to change in order to survive.

The sudden necessity to stay apart together has allowed us to think of ourselves as part of a universal human community more than ever. In no moment in the past several decades has humanity come together for a common cause— the will to survive—like it has today. But are we willing to acknowledge the wrong turns we took all the way and turn back?

The pandemic has allowed us, for the first time in decades, to think of humans across the globe and acknowledge our responsibilities towards other inhabitants. It is time to ask ourselves whether universal humanity trumps national borders. And it is time to consider whether we can quarantine ourselves from our hatred of others. It's imperative to consider our options right away as to whether we would like to continue to engage in the competitive exploitation of people, living beings and the planet, or make efforts, even if minuscule, towards fostering universal humanity, empathy, and belonging. If no step is taken towards making this world a better place, our collective grief that we are showing today will just be an ephemeral emotional outburst rather than a genuine will to change.

Although the virus is considered 'egalitarian' since it affects people across the barriers of caste, class, gender, race, ethnicity and nationality, it has exhibited to us the deeply fractured society we live in. Who gets to be treated continues to be determined by these barriers. A temporary plan to contain the contagion does not help solve the structural problem that leaves people from backward castes, communities, genders, nationalities and regions unable to fend for themselves in the face of a pandemic as well as in daily lives. And a temporary plan cannot change the way nuclear superpowers haggle over masks even as their nuclear weapons are ready to be launched any minute.

It takes years—even decades—of undoing the conflict we have unleashed amongst ourselves and divided the world. We need an ethical and political perspective that looks at the world anew and paves way for structural changes in the global order. It takes time for those changes to manifest, but the discourse must begin now. That will really be the acid test of how advanced we are as a human—and humane—society. *Courtesy: Kathmandupost*

Women in India Come...

these political leaders build credibility and respect among the residents of the community that they are responsible for governing.

CONCLUSION

Extrapolating from these facts, it would not be a stretch to say that women in India — in varied forms and both individually and collectively — are working fanatically on the frontlines to rein in an ever-worsening pandemic. Yet, despite their significant contribution toward the management of the crisis, women continue to remain invisible in both the global as well as the national discourse on women's leadership in the COVID-19 crisis.

While we are still trying to grasp the nature and diverse effects of the on-going pandemic, we need to celebrate and acknowledge the contributions of these women in tackling the epidemic. We also need to include the success of women's leadership, their achievement, needs, and concerns in our debates and policymaking processes. Last but not the least, we must continue to strengthen them and provide them with the much-needed economic and social empowerment.

Courtesy: thediplomat.com

The Good That People Do: Indians Reach Out With Helping Hand As COVID Spirals

By **SWASTH INDIA**

EVEN the darkest cloud, it is said, has a silver lining. And because most oft-quoted clichés are rooted in reality, myriad acts of kindness, be it home cooked meals for the ill or arranging an oxygen cylinder, are shining through India's gravest health emergency. As India reports upwards of 3.5 lakh fresh COVID cases a day, people infected and isolated find that succour is close at hand – sometimes neighbours and other times a faceless name on social media reaching out to help in any which way.

Just so they can, without any motive in mind. From people offering to run errands and home kitchens delivering meals to organisations and individuals stepping in to supply oxygen cylinders, oximeters and the like, the goodness runs like an undercurrent through the tragic times. And so, realising that entire families are in quarantine in many homes in her city and there is no one to cook nourishing meals for them, Chennai's Rama Parthasarathy opened up her kitchen on April 14, Tamil New Year Day.

The 61-year-old dishes out healthy preparations – all vegetarian – and sends the food through portals like Dunzo or Porter for a nominal fee. The inspiration for Rama's Kitchen, she said, came when her son Aravindh's friend asked if she could food to the home quarantined as they are not in a position to cook at home. The story is replicated in umpteen localities across the length and breadth of the country from Chennai to Chandigarh. Lists of home kitchens and thali meals, sometimes at a nominal price and other times free, have been circulating on WhatsApp groups, Twitter and other social media platforms.

Community kitchens have opened up in gated communities. In many places, including Mumbai and Gurgaon, neighbours have set up a roster system to ensure that all quarantined families in their complexes are provided food. Help comes in many shapes and sizes. Gopi's e-rickshaw in Lucknow is one of them. With cases rising in the Uttar Pradesh capital, the 45-year-old hasn't been getting much business but is busy helping those in Shivaji Nagar locality.

He gets milk, newspapers and vegetables for those who can't move out from their homes, and often medicines and even X-Ray reports and the like. Raja and Shakeel, who run a cycle shop in Lucknow, are also doing their bit, helping people in Sarojinidevi Dharamshala lane with their their daily errands. Sometimes, they also go to the nearest post office and banks either to withdraw or deposit money or update the passbook of residents in their area. They have a kindred spirit in Noida-based activist Kiran Verma who earlier this month posted on Twitter and Facebook that he owned "a humble Maruti

Suzuki Esteem in good condition and completely sanitised".

"If any person, (willing to #DonateBlood or plasma) is finding it difficult to travel around NCR for blood donation. OR don't have access to good food, I promise to drop you safe (with a smiling face) at a blood bank or provide food at your doorstep. The motivation is simply that these are very difficult times and I just wanted to encourage more people to come forward and show that we all are together in this tough time, said the founder of blood donation initiative 'Simply Blood'."

Several people are working through their organisations. In Hyderabad, Azhar Maqsusi, who formed the Sani Welfare Association in 2012, arranges for cooked food to the poor as well as rations and medicines for them.

"The food distribution is continuing daily and is being distributed to 1,000 people. We are also arranging for medicines for those who cannot afford, Mr. Maqsusi told PTI."

In view of the rising number of COVID-19 cases, he has also started the 'Wall of Face Mask' at the Dabeerpura flyover to provide free face masks to the people. And in Chandigarh, H S Sabharwal, a trustee of the Guru Ka Langar Eye hospital, said home quarantined corona patients are being given oxygen cylinders, oxygen concentration machines and oximeters free of charge.

"We wanted to serve people who are in need of help during COVID-19 pandemic, said Mr. Sabharwal."

Hundreds of miles away, in Kolkata, mountaineer Satyarup Siddhanta and climber and model Madhabilata Mitra are among those who have been working to help COVID-19 patients in West Bengal. Their Covid Care Network has over 400 members, including several doctors, across the state.

The helpline number (1800-889-1819) raises awareness about the disease, counsels people and gives information on how and where to get admitted if the need arises. Besides, Siddhantha and his colleagues also operate an ambulance, with aid from the state government, to ferry patients from home to hospitals.

We have been doing this since last June and there has been a massive response. And now with this surge, there are at least 40-50 calls daily, Mr. Siddhantha told PTI.

The Rajasthani Health Foundation in Chennai is similarly helping with a dedicated team of doctors and nurses at a quarantine facility. The facility, for those who are asymptomatic or have mild symptoms without comorbidities, is meant mostly for economically weaker sections in one room homes. Food, medicines, oximeters, masks and sanitisers are part of the deal.

"We get about 500 calls per day now on an average. Where are the facilities for so many,"asked Jagadish Prasad Sharma, chairperson of the Foundation"

In Rajasthan, the Narayan Seva Sansthan in Udaipur is among the NGOs working to help people with masks and food. The 'NSS Mitra task force' will be at the forefront in case of any crisis or calamity, said Prashant Agarwal, president of the NGO. The outreach, sometimes from random strangers, is of huge help.

Ask Atreyee Das, a fashion designer by profession, who lives alone in Gurgaon.

"After I tested positive for COVID-19, I was feeling really helpless and scared, being away from home and living alone. At one point, my oxygen saturation level dropped to 94-95, which frightened me and forced e to think of consulting a doctor," said fashion designer, who hails from Kolkata.

"I reached out to a friend who asked for help on Twitter. Several people, including doctors, responded. Finally, I was able to speak to a doctor from Lucknow, Dr Saurabh Kumar Singh. Even though I am an absolute stranger, Dr Singh helped me in every possible way by prescribing medicines, diet and informing me the Dos and Don'ts for a COVID patient, she said."

Good samaritans all, whether working in their individual capacities or through their organisations. As Covid continues is relentless march, they are also India's Covid heroes. On Wednesday, India saw a record single-day rise of 3,60,960 coronavirus cases, which pushed the total tally to 1,79,97,267 (17.9 million/1.79 crore), while the death toll crossed two lakh following 3,293 fresh fatalities, according to Union health ministry data.

Courtesy: https://swachhindia.ndtv.com/

POETRY'S DREAM WORK

By **CHRISTOPHER CAUDWELL**

....Continued from previous issue

PSYCHO-therapy draws its conceptions from pathology. It is impossible fully to understand the relation of illusion to reality in man's mind and life without understanding the relation of insanity to the healthy functioning of thought.

In dream, as we already saw, the stimulus to action is phantastically gratified in a stream of affectively-toned images in which both affect and image are distorted in their relation to reality. This distortion is permissible precisely because the dream by definition cannot issue in action, since its purpose is to protect the living body from active relation with its environment.

Man makes a step forward when he injects the dream into waking life. But this very injection narrows the scope of the biologically permissible in phantasy. Because phantasy now issues in action it must be geared in some way to present reality, for present reality determines action.

But it cannot be geared to present reality on both sides, subjective and objective, for to do so simply equates phantasy with perception, with man's immediate vision of external reality and his attitude towards that reality.

It is therefore distorted in space to produce the mystic illusion, centring round the spell and the rite, which seems to drag all reality into the circle of the tribe by the power of magic and the word. It is distorted in time to produce the myth, or story. These two forms of phantasy, myth and magic, or theology and mysticism, correspond to the evolutionary and classificatory aspects of man's plastic relation to reality, but they are still impure – subjective is mixed with objective, science with art. They are still religion. To make the subjective more pure and internal, and the objective more precise and external, they must be separated out by the dissolution and manipulation of the "other" side.

Hence waking phantasy is distorted on one side. Art distorts phantasy on the side of external reality by the device of the mock world; science distorts it on the side of subjective reality by the device of the mock ego. Yet this distortion is not distortion for the sake of distortion on the distorted side; it is distortion for the sake of greater accuracy on the "other" side. Now that other side can only reach out to a greater precision beyond that of present reality by association with the consciousnesses of other men – by passing from the semi-consciousness of brute phantasy to the consciousness of a man.

Therefore the undistorted side of art – the subjective side is developed by interaction with a social subjectiveness or social ego, and the undistorted side of science, the objective side, is developed by interaction with a social objectiveness or social world.

Science and art are merely abstract and generalised forms of the scientific and artistic elements in individual phantasies. Individual phantasies are, however, subject

to disturbance. Men go insane. Study of these disturbances should throw light on the nature of phantasy.

Madmen are men whose theory has got out of gear with reality as evidenced by their practice – their action. This reality can only be a social reality because this is the only reality known to society. Madmen are men whose theory of reality differs markedly from that of society. They are socially maladapted. In them there is a conflict – a conflict between their social experience – their life in society – and their phantastic theory of life.

Psychiatry now tends to recognise two main divisions of insanity: (a) the manic-depressive or cyclothymic disturbances, and (b) the schizophrenic, catatonic or dementia praecox disturbances. The two groups are by Kretschmer closely associated with two types of body constitution, the pyknic (stout and fleshy) and the asthenic (thin and spare). Apart from insanity or the psychoses, there are disturbances of mental functioning – the psycho-neuroses. There is a general tendency to find a close association between hysteric neuroses and cyclothymic insanity, and between psychasthenic neuroses and schizophrenic insanity.

Jung's division of psychological types into extraverted and introverted is also based on the assumption that extraverted types, when mentally disturbed, tend to hysteric and manic-depressive states, while introverted types are more likely to suffer from the psychasthenic neuroses and schizophrenia. The former group is generally regarded as easier to cure than the latter. Now we saw that dream is the vehicle of a tension which is lived wholly in the phantastic plane by a double distortion of subject (affective tones) and object (memory images). Madmen solve their conflicts by detaching their theory from social reality and making it personal. They are awake and cannot solve their problems by this double dream-like shift. Their phantasy will be geared at one end to social reality. It is our contention that the extraverted, cyclothymic hysteric type is geared to reality externally. This is in fact clinically correct. Even the manic-depressive can "orient" himself correctly, find his way about, and generally notice what is going on.MacCurdy points out that he reacts to real stimuli, but in an exaggerated way. For example, he hears whispering below and imagines it to be a conversation regarding his assassination. He then betrays all the fear appropriate to an attempt at assassination.

In adjusting himself to reality he has desocialised his ego. As a result it becomes unconscious and correspondingly violent and barbaric. It oscillates uncontrollably and explodes with the slightest provocation on the all-or-none basis. To observers, therefore, the manic-depressive seems a man of wild passions who has forgotten external reality. But to himself he does not seem like that, for his ego has become unconscious and primitive and has therefore retired from his conscious field. Of course this throws out of gear the external reality in his conscious field, so that it is always being distorted by unconscious forces. If he hears the word "lobster," he promptly assumes he is to be boiled alive. Because his ego has become unconscious and desocialised, he is its slave.

The schizophrenic, however, exhibits an emotional consistency and integration like the manic-depressive's orientation towards external reality. The classical clinical sign of schizophrenia, according to MacCurdy, is when the patient does not show an affective reaction proportioned to the stimulus. For example, he declares that he hears people whispering that they will assassinate him, but he shows no fear. Eventually he shows a complete lack of orientation, is unable even to feed himself, and finally passes into a private world of reality. As an introvert, attaching most value to the subject, he has resolved his conflict by desocialising external reality, so that he lives in a dream world – a personal world. This dream world reflects his conscious ego, which, however, because the dream world is an unchecked reflection of

its movement, does not seem very evident to the observer. The observer, being a part of negated outer reality, is out of touch with the schizophrenic's ego. The schizophrenic's conscious ego is not roused to passion or emotion because the dream world does not annoy it but "conforms" to it. Hence the conscience and strong social content of the schizophrenic's mental world, which does not of course affect his conduct, for (as in paranoia) the outer world is always "in the wrong." It justifies his desires by altering itself to conform with them. This is why Freud calls the paranoiac narcissistic, and this explains his incurability and untouchability.

Now we regard the phantastic device of art as similar in its general mechanism to the introverted distortion of schizophrenia and psychasthenic neurosis, and the phantastic device of science as similar in its general mechanism to the extraverted distortion of cyclothymia and hysteria.

Does this mean that we regard science and art as in any sense pathological and illusory? No, for although there is a similar psychological mechanism at work, art is no more neurosis than thought is dream. And the difference consists precisely in this, that science and art have a social content. The reality around which the extraverted hysteric or cyclothymic distorts his theory is private reality, a reality that contradicts the whole of the social theory of reality in his consciousness. This contradiction, instead of leading (as in science) to a synthesis of his private experience with the social theory of reality (demanding a change of both), leads to conduct which denies the social theory of reality. The desocialisation of the cyclothymic's ego leads to an uprush of the instincts from the unconscious which distorts his relation to external reality and therefore his whole action. The desocialisation of the schizophrenic's conception of external reality leads to a slavery of perception to the ego which removes the "brake" from it so that its world becomes dream-like and unreal. Thus the psychological mechanism of science, because its reality is public and true, produces in the sphere of theory an ego which is the very opposite of that of the cyclothymic extravert – an ego which is drained of affect and quality, which is neutral, passive and serenely conscious of necessity. Of course this very reality, because it is without the dynamism and appetite of the instincts, requires the emotional reality of art for its completion. It is true, therefore, that a world which tried to live by science alone would deny its theory in practice and show the nervestorms of a cyclothymic, not because science is cyclothymic, but because it is only one part of concrete living.

The reality around which the psychasthenic neurotic or schizophrenic distorts the outside world is a private ego, his own private desires and appetites. Around this he "arranges" a whole mock world (the compulsive actions, obsessions or phobias of the neurotic, or the complete screen of fancy of the schizophrenic). But the psychological mechanism of art, because its ego is public and noble, produces in the sphere of theory a world which is beautiful and strong. This world, because it is drained of necessity, requires the mechanism of science for realisation. A world which lived by art alone would deny its theory in practice and live in a beautiful world of dream, while all its actions would produce only misery and ugliness.

to be continued...
Courtesy : Illusion and Reality