

PRISM

A PPF Dispatch

Vol. 3, Issue 5 & 6 | May - June, 2021



The Policy Perspectives Foundation (PPF) is a non-profit, apolitical think tank on matters of national interest. PPF's activities focus on complex and interconnected challenges to peace, stability and development in India in cognizance of the external dimension. PPF is committed to spreading awareness, building capacity and promoting resilience.

Contents

<i>Interstate Border Disputes - A Historical Perspective</i>	<i>1</i>
<i>COVID-19 Pandemic and The Opportunity to Initiate a Green Economic Recovery</i>	<i>5</i>
<i>Policy Perspectives in Public Health: One year into the 'Pandemic'</i>	<i>8</i>
<i>Comprehending Child Centric Disaster Risk Reduction - A Joint Initiative by NIDM & PPF</i>	<i>11</i>
<i>Service through Social Media</i>	<i>14</i>

Interstate Border Disputes – A Historical Perspective

– Dr. Nazima Parveen

The formation of the State of Telangana out of Andhra Pradesh in June 2014 under the Reorganization of Andhra Pradesh Act, 2014 resolved a border dispute, but, at the same time, it renewed a long-drawn conflict over the sharing of Krishna River water. The carving of Telangana changed the border configuration of the old Andhra State with Karnataka and Maharashtra.

River water-sharing agreements on Tungabhadra (flows from Karnataka to Andhra) and Krishna (flows from Karnataka to Telangana) rivers became disputed with the emergence of Telangana as a separate state.

Evoking the political-cultural sensibilities, the state of Telangana challenged the Krishna Water Dispute Tribunal's (KWDT-II) award (2013) and demanded re-allocating the Krishna waters among the four riparian states of Telangana, Andhra Pradesh, Karnataka, and Maharashtra instead of three. It has already



filed a Special Leave Petition (SLP) before the Supreme Court in 2014 on the grounds of claimed historical prejudices and marginalization of its interests in the united Andhra. The dispute now faces the prospect of another prolonged legal battle. Over 350 petitions and litigations are pending before various courts and tribunals on Krishna waters sharing which were filed over the past three decades. The case of the Krishna River dispute exemplifies the nature of inter-State disputes in India. The conflicting political interests and the prolonged adjudications have resulted in the continuous recurrence and an endless legal battle.

The continuing tension between the states of Maharashtra and Karnataka over the rightful ownership of the district of Belgaum, the tussle between Punjab and Haryana over the Abohar-Fazilka Tehsil, and several other cases involving two or more states demonstrate the extent and nature of boundary disputes. The creation of certain new states in the last few years - The States of Uttaranchal, Jharkhand, Chhattisgarh, and more recently, the State of Telangana - exemplify the recognition of the longstanding problem of contesting territorial boundaries. However, the problem is much more complex since a border dispute, resolved or not, produces other conflicts related to sharing of resources, especially the river water. Thus, it is vital to look at the historical process of the reorganization of states to understand the multiple factors that led to such disputes, and the nature of this constant battle in India.

What is a Border Dispute in India?

Historical border disputes when mixed with emotions and long-standing demands of the people begin to expand beyond the traditional, political bonds and create identities that distinguish 'ours' from 'theirs.'

A political class appropriates these demands. Over time, they get more organized and institutionalized with the appropriation of economic deprivation and cultural alienation resulting in political movements. Although some of the border conflicts emerged with the intervention of colonial administrative policies, the reorganization of States on linguistic identities intensified the previous conflicts and multiplied new ones. Every cultural group found its geographical area, and thus, specific areas have been identified with specific cultural practices. People from the disputed border area argue that the reorganization of states on linguistic lines under the 1956 Act has disintegrated the cultural practices of several regions. For instance, Karnataka and Kerala's unending debate and Maharashtra and Andhra Pradesh's conflict on Belgaum are argued along the same lines where people of the border area are demanding re-joining with the cultural mainland.

The Colonial Legacy

The roots of boundary disputes in India lie in colonial administrative policies. In pursuance of their colonial agenda, the British set about defining and redefining geographical limits, and this created problems, the lingering effects of which are continuing. The British rule in India was divided into two parts under different forms of government: (a) British provinces and sub-provinces which were directly administered by the British rule. These provinces were more integral with the unitary State of British India (b) the princely states that, by treaty or usage, were autonomous regarding their domestic affairs but accepted the suzerainty of the crown and its control of their external affairs. These distinct traditions of governance and some level of autonomy set them apart from the British provinces. British

officials defined the state boundaries according to their administrative competence and the management of taxes, political, military, and strategic planning. During this process, the cultural/ethnic and linguistic integrity was ignored entirely. The borders of these states were not suitable for easy administration in independent India as several princely states decided to merge into the Indian republic. There was anonymity over the need for the reorganization of state borders in the Constituent Assembly according to the newly drawn structures of Indian federalism.

Constituent Assembly and the Question of State Reorganization

Some prominent members of the Constituent Assembly of India (CAI) raised demands for the linguistic reorganization of states. These demands were based on a strong assumption that linguistic commonality is an index of a common culture. Thus, states created based on a common/unifying language would be more homogenous and conducive to effective governance. However, the demands were surpassed unanimously by the CA members. They argued that the newly-formed country might plunge into chaos and turmoil if the language was used as a criterion for the reorganization of states.

However, given the increasing demands of linguistic Telugu state, a commission called 'Linguistic Provinces Commission' (also known as the Dhar Commission) was formed in 1948 to examine the need and feasibility of such reorganization. The Commission rejected this proposal on the ground of national unity and administrative inconvenience. The Commission's report also concluded that "the formation of provinces on exclusively or even mainly linguistic considerations is not in the larger interests of the Indian nation." Besides this, it recommended the reorganization of the

provinces by geographical contiguity, financial self-sufficiency, and ease of administration. It also advised against state formation on a linguistic basis citing the primary importance of national security and economic development. However, Dr. Bhimrao Ambedkar opposed the Commission's recommendations. He submitted a memorandum to the Dhar Commission supporting the linguistic reorganization of states with a common language of administration throughout India. Nevertheless, this idea was also rejected due to the danger of possible discrimination and exclusion of linguistic minorities.

Later, the government formed the JVP Committee comprising Jawaharlal Nehru, Vallabhbhai Patel, and Pattabhi Sitaramayya to reassess the Commission's recommendations and find a feasible solution. The JVP committee report submitted in 1949 also declined such possibilities and affirmed that the time was not suitable for forming new provinces.

The Constitution of India distinguished between three main types of states and a class of territories. It divided them into four categories: (1) Part 'A' states, including the former governors' provinces of British India. These states were ruled by the governor appointed by the President and an elected legislature. (2) Part 'B' was comprised of former princely states or groups of princely states. These states were governed by a rajpramukh (head of State), usually the ruler of the constituent State, and an elected legislature. The rajpramukh was appointed by the President of India. (3) Part 'C' states included both the Chief Commissioners' provinces and some princely states. Each of these states was governed by the Chief Commissioner appointed by the President of India. (4) Part 'D' was the Union territories, which were administered by the Lieutenant Governor

appointed by the Union government. Article 3 of the Indian constitution empowered the Parliament to enact legislation in the future 'to create new states or merge old states or parts of such states or alter their boundaries' (See Table: Background of Inter-State Disputes in India).

However, given the growing aggressive nature of the demand for separate Telugu-majority and Kannada-majority states and the pressures of electoral politics in the coastal region, reorganization of states emerged as an essential national issue within a year. The Andhra Pradesh Provincial Congress Committee (APCC) passed a resolution to create a separate Telugu-speaking state immediately after the First General Election (1951-52). This resolution, however, gave way to more agitations. The then Madras state also demanded reorganization, which the State Congress Committee supported. Moreover, the death of an Andhra Pradesh Congress leader, Potli Sriramulu, who was on a fast unto death against the Nehru-led Central government's reluctance on the issue, further ignited the situation in the State. Finally, in 1953, after much reservations from the Central Government, a new and separate Andhra state was formed by carving out the Telugu-speaking areas of the erstwhile bi-lingual Madras state.

State Reorganization Commission

The creation of Andhra gave rise to regional agitations for further linguistic reorganization of states. The government constituted a three-member States Reorganization Commission in 1953 to look into the whole question of altering old/creating new state boundaries. The Commission submitted its report in 1955, and its primary recommendation was to create new states in the South of the country. It recommended the formation of 14 states and 6 Union Territories, abolition of Part A, B, and C

states, and the abolition of the institution of rajpramukh. In 1956, following a (seventh) amendment in Articles 3 and 4 of the Constitution, the States Reorganization Act was passed. However, consequent to the passing of this act, no new state was created as such. Many formerly princely states were integrated or carved out based on language. For instance, the new State of Andhra Pradesh was created, combining the erstwhile Part B State of Hyderabad and the old Andhra state.

Similarly, the new State of Karnataka was formed with the amalgamation of the old Part B Mysore state and some territorial portions of the former Madras and Bombay states.

The linguistic reorganization of states intensified regional aspirations and essentialized linguistic identities leading to the demands for the creation of more states on the same basis.

From the 1960s onwards, many new states were created, partitioning more territories. In 1960 itself, the State of Bombay was partitioned to create the new states of Maharashtra and Gujarat. Similarly, in 1966 the new State of Punjab was created. The north-eastern part of the country also underwent a significant reorganization. In 1963 the State of Nagaland and 1972, the State of Meghalaya, was created.

The reorganization of territories resulted in inter-state disputes on natural resources like water and ethnic conflicts on migration issues. For example, the demand for a separate Vidarbha state had been a longstanding demand of an influential section of the population in Maharashtra but has not been conceded so far. Similarly, a demand for a separate state of Western UP (Harit Pradesh) has not been legitimized so far. In contrast, the demand for a separate hill state of Uttaranchal was met with the formation of a new State.

Territorial reconfiguration has been a complicated issue. Even when given a concrete shape, it has not been an answer to the aspirations of linguistic minorities. For instance, though the newly created State of Andhra Pradesh brought together the Telugu-speaking people dispersed in different parts of South India, the new State since its inception was challenged with the demands for a separate State of Telangana. In 2014 Telangana was formed after bifurcating the State of Andhra Pradesh but it intensified the already complicated water dispute. Similarly, the creation of new states in the North-East has not resolved territorial disputes.

Author is Senior Associate Fellow with the PPF. 'Contested Homelands: Politics of Space and Identity' is her recent published book.

COVID-19 Pandemic and The Opportunity to Initiate a Green Economic Recovery

– Vaishali Basu Sharma

Never has the world been in a situation where global and national economies have been shut down so suddenly and for so long. The economic impact of COVID-19 has been enormous and extensive. In India the second wave of COVID-19 has taken a greater toll on the economy compared to what was expected earlier. GDP contracted sharply in 2020 Q2 (-24.4 percent year-on-year) due to the unprecedented lockdowns to control the spread of COVID-19. While no national lockdown has been announced, at least 98 per cent of the country remains under some form of lockdown. Tourism, aviation, hospitality sectors along with micro, small and medium-sized enterprises (MSME) have been severely impacted and unemployment has also spiked

as a result. The universal impact of COVID-19 on economics has been likened to that of a war but without the damage to physical infrastructure nor necessarily to the underlying productive capacity of a country. Even into 2021, COVID-19 pandemic is inflicting high and rising human costs worldwide, and the necessary protection measures are severely impacting economic activity.

National governments in their efforts to revive economies are likely to disregard climate change action, fuelling accelerated global warming and diluting any environmental progress until now.

With increased vaccination efforts, the global economy is climbing out from the depths to which it had plummeted during the Great Lockdown in April 2020. But with Delta and Delta plus variants of COVID-19 continuing to spread, many countries have once again decelerated re-opening and some are reinstating partial lockdowns to protect susceptible populations. So as this coronavirus pandemic persists into second year, the economic dimensions of the crisis threaten to negatively impact livelihoods and health, compounding the impulse of governments to engage in swift economic recovery tactics recklessly triggering high emissions.

Pandemic Induced Lockdowns Offered a Silver Lining for Environment

Accentuating the importance of environmental health as a critical component to public health, COVID-19 pandemic has offered a rare chance to correct course by moving towards low-carbon economies. It was found that a small increase in particulate matter is associated with an increase in coronavirus death rate. COVID-19 pandemic drove a record drop in global carbon

dioxide (CO₂) emissions from fossil fuel and industry in 2020.

As economies around the world went into COVID-19 lockdowns, global emissions recorded the largest absolute annual drop, by 8% in 2020.

CO₂ emissions fell in all the world's biggest emitters, including by 12% in the US, 11% in the EU, 9% in India and 1.7% in China. Water and air pollution also declined for several months as industrial activity and transport were suspended. Building on the record drop in greenhouse gas emissions during the pandemic, policymakers should both implement their climate change mitigation commitments and work together to scale up equitably designed carbon taxation or equivalent schemes. The Paris Agreement, which aims to keep the rise in global temperature to below 2% and pursue efforts to keep it to 1.5% assumes momentousness under the present circumstances.

The United Nations Environment Programme (UNEP) defines "Green Economy" as one that results in 'improved human well-being and social equity, while significantly reducing environmental risks and ecological scarcities.' The idea of a COVID-19 induced green recovery involves encompassing renewable energy technologies and engaging in the decarbonising sectors such as aviation, plastics, and agriculture. However, a study by the UNEP and the Oxford's Economic Recovery Project, has found that only 18% of announced recovery spending, post COVID-19, can be considered 'green.' Unless 'green recovery' is pursued with further vigour, meeting the Paris Agreement targets would require far-reaching pricing and lifestyle changes.

Opportunity for a COVID-19 Induced 'Green Economic Recovery'

If the pandemic has taught the world anything, it is that a catastrophe does not recognize borders. Its impact reverberates across nations and peoples. Extreme weather events around the world vividly demonstrate that the devastating impacts of climate change can't be ignored. The UN Intergovernmental Panel on Climate Change (IPCC) has warned that the world must slash its carbon emissions in half by 2030 to avoid catastrophic warming, and addressing this threat in this decade is critical. Even after these dire warnings' nations are either not curbing emissions, or are unclear about how to proceed in order to keep Earth's temperature from rising more than 1.5 degrees Celsius the threshold established in the Paris climate agreement.

Post pandemic economic recovery efforts by national governments must be stimulated in a way that's sustainable and less damaging to the environment. The necessity for an immediate boost to economic activity must be balanced with investment in green infrastructure projects, which has the potential to provide maximum, sustainable employment.

While the immediate task of governments is to address the health care crisis and restore economic growth, responsibility demands an alignment of policies with environment sustainability goals. Strong multilateral cooperation remains essential on multiple fronts. Beyond the pandemic, the international community should act now to provide relief to countries confronting health crises and external funding shortfalls, including through debt relief and financing. Transparent efficient information sharing is crucial as new trade measures are being taken by governments nearly every day in response to COVID-19. A protectionist outlook will neither help address

the COVID-19 crisis nor will it help economies to be more resilient or engage in sustained recovery. The impact of COVID-19 is not 'even,' and that some regions of the world are more at risk than others. Across the world, governments are putting together an unprecedented financial response which already exceeds 10 trillion dollars. It is important to ensure that this response does not lead to a repeat of the 2008 crisis where stimulus to the economy actively led to record high emissions in 2010. The really big challenge is to implement a high growth recovery formula which does not have negative environmental consequences. Economies must dedicate a larger portion of their national stimulus packages to sustainability initiatives.

As governments look ahead and implement the necessary policies for recovery, very few have committed their stimulus efforts to environmentally sustainable growth, tackling climate change. It is important to at the least flag that many governments may actively end up supporting "brown" industries, including fossil fuels, air travel and automotive. The important thing is to avoid a false tradeoff between immediate economic and long-term sustainability means. Cooperative efforts are needed to keep supply chains working not least to ensure global availability of food and medical equipment.

Many Nations are Attempting Green Recovery

Although green recovery measures are still a small component of total COVID-19 spending, there is increasing appreciation for the opportunity to amend development strategies. In Europe many countries are looking at a post pandemic 'green recovery,' focusing on renewable electricity, rail modernization and developing a green hydrogen industry. One

third of the European Union's economic rescue package, a combined value of €1.8trillion (US\$2t) is dedicated to climate action, incentivizing Member States to invest in developing clean energy sources. In Asia South Korea announced one of the largest stimulus packages committing US\$62 billion for green recovery before 2025. The plan is to significantly increase funding for renewables (solar and wind), with circular economy initiatives, such as reducing and re-using energy in factories, using smart power grids, carbon capture and storage, and re-using industrial materials.

Is a Green Transition Possible in India

In India the government is in the early stages of preparing a fresh COVID-19 economic relief package with an aim to support key sectors of the economy that have been hit by localised lockdowns during the second COVID-19 wave in the country. The central government has announced Credit Guarantee Scheme to facilitate new lending among the smallest borrowers. Under this initiative bailing out carbon-intensive industries unconditionally must be carefully considered. Making significant investments in fossil fuel such as airlines and automotive manufacturers, would negatively impact any climate change progress that the country has inadvertently felt because of the pandemic.

While support is necessary for the economy to recover, it could be made conditional on the implementation of climate-neutral practices.

Unfortunately, post pandemic Indian economy is facing a debilitating financial crunch, which is likely to wane the country's enthusiastic commitment to climate action, particularly in promoting renewable energy. India ranks third

among the world's top carbon polluters. The solution to achieving sustainable and efficient energy lies in technological innovation. As per certain estimates, policy options targeted towards greening the manufacturing, energy, transport, construction, etc. sectors will cost the Indian economy a meagre 0.2% to 0.4% of the annual GDP growth. In the immediate future, care must be taken that money allocated to green investment is not counteracted by ongoing support to environmentally harmful activities. In the aftermath of the coronavirus pandemic there is need for a more empathetic management of economy that takes into account not only the sources of livelihood but guarantees health and sustainability.

At its annual general meeting on June 24, 2021 Reliance Industries Ltd. announced plans to earmark Rs. 75,000 crore over the next three years for investments in green energy. It has plans to develop an eco-friendly 'giga complex' in Jamnagar, Gujarat, with the aim to have 100 gigawatts of solar capacity by 2030. The fact that India's largest private sector enterprise has initiated a green strategy is indicative of a wisdom that green choices can benefit customers, shareholders as well as the environment.

A transition from fossil fuel-based growth to green economy will certainly be messy and difficult in the beginning but with the involvement of government, private sector players, and the civil society it is achievable. The regulatory system that has rendered the costs of environmental compliance unnecessarily high should be replaced with creative reform that can reconcile environmental and economic concerns. All countries can and must endeavour to create opportunities for a green economic recovery from the COVID-19 pandemic, in turn enhancing the resilience of national economies

in the face of severe recession and extreme environmental challenges.

Author has worked as a Consultant with the National Security Council Secretariat (NSCS) for nearly a decade. She is currently associated with the PPF and is editor of PRISM newsletter.

Policy Perspectives in Public Health: One year into the 'Pandemic'

– Manika Malhotra

The World marked one year since the WHO declared COVID-19 outbreak, first detected in China, as a global pandemic in March 2020. India was also put into complete lockdown, on 24th March 2020, to stem the spread of coronavirus cases when it was witnessing less than 600 cases and 10 deaths per day. Experts believed that forcing people to stay inside would break the chain and give officials adequate time to ramp up testing and enhance efforts as well as medical facilities. The outbreak came as a wake-up call for India's creaking health care infrastructure which was overwhelmed within few days of rising COVID-19 cases. Many experts stated that due to no similar experiences in recent past, the nation was not adequately prepared to handle the needs of a pandemic. Despite these challenges, the speed at which the doctors, frontline workers etc. adapted and made use of available resources to meet the requirements is commendable. The entire nation came together to fight the 'new', 'unknown' and 'deadly' corona virus. Not sure, if the lessons learnt will be enough to face future pandemics, but have definitely fallen short to address the persisting as well new challenges of the 'ongoing' COVID-19 pandemic.

Despite fighting the virus for an entire year with moderate relaxations in between, it is unsettling to say that India was seen fighting the same battle in March 2021, with similar level of unpreparedness and dislocated priorities. Reports about data revision has raised issues of credibility. India set new world record with highest single day spikes in the month of April and May 2021 (more than 4,00,000 cases) amid an alarming shortage of medical supplies and hospitals running out of capacity. While the statistics reveal the absolute numbers of COVID-19 related deaths, it does not reflect the ordeals of the countless infected people in India who lost their lives mainly because the health system was not equipped enough to provide them with a chance to recover and meet their most basic right: survival. While the government's role has not been adequate in channelizing required information to its citizens, several people themselves took over social media to amplify the urgent needs of patients with respect to oxygen, availability of beds, intensive care units, medicines availability and other updates to help distressed fellow citizens who were desperately looking for resources to survive. Social media became the new 'COVID-19 Helpline' when the existing medical helplines turned out to be dysfunctional, reflecting the solidarity and promptness amongst citizens. However, the government's role, unfortunately, cannot be 'crowd-sourced'.

The coronavirus should no longer be termed as the 'novel' COVID-19; it has already been more than 'one year' into this pandemic; however, much has not changed during this period. India was able to leverage the lockdown strategy adopted by other countries in 2020, similarly, many countries such as European nations have already witnessed second wave of COVID-19 in November 2020, much before India. It is however, quite surprising that the

nation could still not learn, adapt and prepare enough despite witnessing the worldwide trends. In fact, the Parliamentary Standing Committee on Health and Family Welfare produced a 190-page report (Rajya Sabha Report No. 123) based on SWOT (strength, weaknesses, opportunities, threats) analysis five months ago in November 2020 wherein they not only predicted but also warned the nation about the second wave. It emphasised that "India must also be prepared to combat a possible second wave of Corona especially in the ensuing winter season and super spreading series of festive-events". The committee also recommended the Government to ramp up Oxygen production for ensuring demand-supply equilibrium. The report also warned about threats such as "Lack of firm action by administration to prevent large gatherings" and "Spikes in COVID cases still being seen in affected regions and India yet to reach its peak". Unfortunately, from witnessing large gatherings to following the most COVID 'inappropriate' behaviour, these warnings were taken lightly as most of the predictions are now coming true. Instead of being vigilant, the nation self-congratulated the declarations of victory as luck seemed to be conquering the first wave. However, the unpredictability of the second wave of COVID-19, far more infectious and lethal, leaves no room for complacency, especially when experts have warned about the looming danger of third wave.

It is imperative to note that 'inadequate emphasis on public healthcare infrastructure' is not a COVID-19 phenomenon, but has in fact perpetuated over the years and has now left the system on the brink. As per economic survey 2021, India ranks 179 out of 189 countries in regard to 'prioritisation accorded to health' in its government budgets. Only few sub-Saharan

countries, some pacific islands, Nepal and Pakistan were ranked below India. On the other hand, Human Development Report 2020 highlighted that out of 167 countries, India ranks 155th on bed availability. The pre-COVID estimates reveal that there are 7,13,986 beds and 17,850 ICU beds covering 25,778 government hospitals implying that there are just five beds for 10,000 Indians (National Health Profile 2019). Hence, it is a usual scenario to witness patients sharing beds and doctors being overworked. It might take many years for our nation to meet the WHO's guidelines and recommendations on health systems, but the administration could have at least tried to meet the COVID-19 related requirements (as much as possible) by rebooting its infrastructure and supplies on priority basis.

Many parallel consultation and delivery mechanisms have assumed importance during COVID-19 such as telemedicine, e-pharmacy etc. Ministry of Health and Family Welfare rolled out guidelines on telemedicine healthcare services in May 2020. Government also launched National Digital Health Mission to address the pandemic concerns and overall health crisis. However, actual success is now contingent upon the implementation of the new programmes and schemes and whether they will assist in creating a robust and collaborative health ecosystem. The Union Budget 2021-22 allocated INR 71,268.77 crore to the Union Health and Family Welfare Ministry (10 per cent increase compared to 2020-21), INR 2663 to health research and INR 2970 to Ministry of Ayush (3-4 per cent increase compared 2020-21). The estimates also highlighted an increase in 'expenditure on health and well-being' by 137 per cent this year as compared to last year. But a closer view to this reveals a different picture. The hike takes

into account the cumulative funds allocation for health, vaccination, water & sanitation and nutrition, in which share of 'healthcare' (as a % of total budget) has substantially reduced compared to last year. It is also noted that the absolute allocation for 'nutrition' has reduced (from INR 3700 crore to INR 2700 crore) whereas 'water and sanitation' witnessed a huge spike (from Rs 21,518 crore to Rs 60,030 crore). While water and sanitation constitute as crucial components of wellbeing, they must not, as in this case, inflate the budget and divert attention from addressing the urgency of building an effective and resilient health care system.

Diverse methods have been adopted worldwide to break the chain and mitigate the pandemic. While some countries like New Zealand ramped up their testing process, ensured aggressive surveillance and stringent enforcement of rules; others like United Kingdom resorted to intensify the vaccination program. India, given its demography, infrastructure constraints, and other challenges has no other option but to strengthen its vaccination program; the same is suggested by experts including medical personnel across the nation. The Indians at present are devoid of any choice to get a job or not, if they show 'vaccination hesitancy', they might succumb to the 'inadequate healthcare infrastructure' if contracted with COVID-19: It is a 'do or die' situation for all.

While vaccines seem to be the surest defensive weapon to fight this battle, the challenge of 'differential vaccine pricing', frequent changes in sequencing and channelisation has resulted in laggard and uneven vaccine coverage. However, after roll out of 'new vaccine policy' (free vaccinations to all above 18 in government centres) that came into effect on June 21, 2021, we can hope that it also reaches to

the households at the bottom of the economic ladder. At the same time, it is also important to note the persisting paucity of vaccines as the nation's domestic demand outran its supply in many states (where the universal vaccine program has failed to take off) while more than 66 million doses of vaccines have been exported since January 2020. Absence of wider vaccine coverage may debilitate any other independent efforts put in place to stem the virus. It is therefore important to address the concerns about availability, accessibility and equity whilst ensuring that the drive is free from profiteering and corruption. Rural, hilly and remote areas of the country have usually been underserved as compared to urban areas. Therefore, while expanding vaccine production, there is a simultaneous need to improve the storage and distribution facilities to ensure equitable access and better reach to rural areas.

The health crisis has not only revealed the challenge of absolute scarcity of resources but the bigger challenge, concerning the inability of the administration to leverage national capacity, monitor execution, alter its strategy and bridge the gaps quickly while its brunt has been borne by the citizens of the country who are losing their faith in the system.

The fear of third wave is already in the air as it is claimed to be imminent, however, the nation has to proactively engage to find a way out of its health nightmare. The Rajya Sabha report 2020 highlighted the pressing challenges and weaknesses of India's ailing health sector such as "Inadequate healthcare spending with no focused budget for COVID" and "Inadequate primary and secondary healthcare infrastructure and staffing in many areas" etc. It is ironical that India is vigorously reinventing itself, leading in digital

transformation, and also evolving as a 'pharmacy to the world', while its citizens kept fighting to 'breathe' and 'survive'. Revisiting the quote of Thomas Landry: "You Get what you demand. You encourage what you tolerate" and we, the citizens of India, while fighting and surviving this ongoing battle, must not forget to be responsible but also get back and demand the very 'basics' of building the country's healthcare system.

Author is a researcher with PPF.

Comprehending Child Centric Disaster Risk Reduction - A Joint Initiative by National Institute of Disaster Management (NIDM) and Policy Perspectives Foundation (PPF)

A three-day online Content Orientation Training programme on 'Child Centric Disaster Risk Reduction' (CCDRD) was organised jointly by National Institute of Disaster Management (NIDM) and Policy Perspectives Foundation (PPF) from 7-9 June, 2021. The programme was attended by 319 participants from State Govt Departments, Students and Teachers, Administrative Training Institutions (ATIs) and Civil Society Organisations etc. This report features highlights from the crucial discussion pertaining to the vulnerability of the weaker sections of society which primarily includes children and women.

Personal biases often direct public policy domain and the patriarchal structure of the society neglects women and children of the society in the process of policy making.

In Israel all young individuals undergo military training including search & rescue operations, but a similar culture is missing in India leading to underutilisation of valuable Human Resources.

Child Centric Disaster Risk Reduction (CCDRR) is a capacity building training program, as a part of disaster preparedness by government that can effectively anticipate and respond to disasters. It introspects into the level of sensitivity towards issues relating to women and children. Investment on Disaster Risk Reduction (DRR) should be done where one can get maximum dividend which can only be achieved by reducing the social vulnerabilities to achieve the Sustainable Development Goals (SDGs). United Nations Children's Fund (UNICEF) and National Institute of Disaster Management (NIDM) started CCDRR program in 2019 as the rights based non-discriminatory approach that recognizes children as the key actors in DRR.

Many nations are far ahead of India as far as Child Centric DRR and building resilience amongst children is concerned. It needs no elaboration that children are the most vulnerable community and they suffer enormously not just during disasters but afterwards as well, current pandemic being the latest example for the same. During disasters children suffer in many ways like their education, drinking water, food, hygiene and in many cases trafficking and abuse also. There is a need to introspect how to include children in the DRR framework which has been the guiding force for the Sendai Framework for Disaster Risk Reduction. DRR trainings of young children is a generational and fruitful investment for the future of the country.

In view of the enormous suffering caused to people and loss of lives due to the

COVID-19, there is need for "COVID Appropriate Behaviour."

In order to avoid the third wave of COVID-19 and break the chain it is very important that following measures are strictly followed to avoid getting infected:

- Put on or remove mask only after washing hands. Mask should fully cover mouth and nose. Avoid touching or adjusting it and dispose of it immediately after use in case of a surgical mask. In case of an N-95 reusable mask, it should be sanitised after removal and reused only when completely dried.
- Practise frequent hand-washing with soap and water for at least 20 seconds where soap and water is not available use alcohol based hand-sanitiser.
- Social Distancing and other practices like 'Work from Home' should be adhered to as far as possible. Non-essential events, travel and tourism trips should be strictly avoided.
- Always prefer well ventilated rooms over closed and airconditioned spaces to avoid infections.
- Dependent children are more vulnerable towards catching COVID-19 infection and the concerned caregiver has to be more vigilant around them. Resilience should be instilled during childhood itself, for example, in Israel, light search and rescue training in case of a disaster like earthquake, tsunami, etc. is mandatory for students of senior secondary schools.

Children and adolescents need nutritional intake, must receive routine vaccinations and have safe and uninterrupted access to health through functional health facilities, school and community- based activities and at the

household level as well. Women and child welfare ministry has issued specific guidelines to deal with COVID-19 orphans. Government has been setting up shelters and other provisions like compensation, free education till the age of 18 and interest free loan for higher education after the age of 18 for such children. Especially abled children and refugee or migrant children should be assimilated into the DRR.

Ways of communication and ease of their physical accessibility should be established in order to communicate information during disasters. There is also a need to sensitise local bodies, community and specially the male folk regarding peculiar challenges faced by females during the pandemic. Training and capacity building of adolescent girls and boys including skill development should be made available and undertaken across sectors.

It is important to introduce children to safety concepts and their rights in an emergency at young age. Parents and children should be informed about child helpline number and safe places to go in case of a disaster. It is important that children are taught their identification information along with identification documents like Aadhaar card.

In context of COVID-19 pandemic it is important to understand the basic concepts of Disaster Risk Management.' Disasters have long lasting impact on community or society. Enactment of the Disaster Management Act 2005 brought about a paradigm shift with a holistic approach covering pre disaster measures like prevention, mitigation and preparedness etc. Prior to 2005 the approach of Govt to deal with disasters was only relief and response centric. However, risk can be prevented or reduced in certain disasters only, but there are disasters like earthquake in which preventive measures aim at reducing

vulnerability and exposure. This should also include disasterrelated resilience activities for sustained functioning of community or society affected by disasters. These must be aligned with the principles of sustainable development and build back better to avoid or reduce future disaster risks.

While children are more vulnerable than adults during disasters, they are mostly not involved in any disaster awareness or preparedness programs and their voices are not heard. As a result, they become vulnerable to other harms including exploitation and abuses etc. With appropriate support, children can effectively communicate risks to wider community. If children or young people are equipped with relevant knowledge and skills, they can make informed decisions.

CCDRR aims to strengthen the accountability mechanism between the rights holders (children) and duty bearers, at improving information flows and developing capacities at various levels to safeguard children's rights in disaster risk and climate change.

The mental health-related issues of children in the times of disasters and emergencies must also be monitored. Estimates of prevalence of trauma is higher in children. COVID-19 has had an impact on lives of people in general and children in particular. Children are subjected to domestic violence, sexual abuse, family disputes, suicidal tendencies and many such activities which lead them into struggling to conduct simple activities. Parents can make sure that their children do not suffer during this pandemic by engaging them in other activities.

The 3-day training programme gave the participants an insight on a lot of important aspects regarding the safety and health of the children during disasters. It also enlightened the participants on how the COVID has

resulted in a change in the lives of children, how it has impacted them and how it can be managed by individuals to come out of this situation.

Service Through Social Media

– Tehmeena Rizvi

Coronavirus disease (COVID-19) is an infectious disease which erupted in the Wuhan City of China in December 2019. As of June 29, 2021, a total of 18.1 crore confirmed cases and 39.3 lakhs deaths have taken place with no respite in geographical spread, mortality, morbidity and economic loss due to the virus. India saw the first case on January 27, 2020. By March, 2021 that number had soared to 1.2 crores.

As the pandemic progressed, social distancing and isolation became a way of life. The pandemic exposed a major shortage of trained staff and reliable medical infrastructure.

Medical emergencies due to sudden surge of infected patients demanded a coordinated nationwide, if not worldwide approach. There was a chaotic situation throughout the globe. The wave struck Delhi and resulted in a lot of COVID affected patients and deaths.

These dire circumstances propelled a few of us to start a simple initiative to help people through -WhatsApp groups. ('SOS J&K' and a group by 'Every Infant Matters' org) These groups mostly included people from Delhi and Kashmir. The groups included persons from all fields and expertise. As the strength grew, we segregated the groups according to the needs they were supposed to cater. There were groups for Blood and Plasma Donation, Oxygen Cylinder and Bed Requirement, Ambulance Group, Doctor consultation group, a group for ICU beds and a medicine group. Catering to everyone's needs according to the

resources available was the priority of the volunteers in these groups. The medicine group had to be shut down because there was one medicine which was prohibited by law. This particular medicine was not allowed to be given, sold or to be discussed by the volunteers. Another group included Doctors as counsellors. This was for the patients and for their families who were not at mental peace because of the ongoing harsh situations. These counsellors also gave advice to the people who insisted on getting the ICU beds while they did not require them as it was to be seen that the ones who require them urgently are served first.

The groups helped in disbursing awareness about the COVID-19 crisis. in consultation with the doctors and specialists. Through the groups' information regarding availability of hospital beds, requirement of ambulances, etc. was spread. There were doctors in every group and a schedule which consisted of the names of the doctors and the hours for which they were available was prepared. Each patient was directed to the doctors who were available within the time frame.

There were issues with respect to shortage of oxygen and pipe machines. There were instances where the doctors' prescribed medicines were not available at the pharmacy so we had to arrange these medicines for the patients from outside. Another major issue was regarding food. The COVID affected families were not able to cook for themselves. By circulating this information through the groups, the volunteers helped arrange food packets for them.

In a heart-breaking instance, despite arranging plasma a patient passed away, leaving behind her 2 days' old baby. Arranging feed for the baby in these difficult times was not easy. The availability of mother's milk in the Apollo hospital came as relief.

Humans are not indestructible and life is unpredictable. The pandemic has made these distant statements crystal clear for us. We learned that nature should not be taken for granted. Nobody would have predicted that the world would grind to a halt at the power of a virus in this day and age when mankind is proud of its conquest over nature.

There were a lot of people who wanted to help us in this initiative and this received commendation by Sh. Manoj Sinha, Lieutenant Governor of Jammu and Kashmir. Separate data sheets were maintained for the states

where the groups provided service - UP, Delhi, Jammu and Kashmir. Through these groups more than 400 patients in Jammu and Kashmir and over 700-800 patients in Delhi have received assistance. The experience indeed taught me that humankind is made for uncertainty, struggle, choice and change. Sometimes it is hard to see the hidden sunshine behind the dark clouds. But with hope, faith and time the sunshine will brighten the world all over again.

Author is a researcher with the PPF

Advisory issued by National Institute of Disaster Management (NIDM)

COVID-19 A to Z

 A <small>AVOID CROWDING</small>	 B <small>BEWARE OF FAKE NEWS</small>	 C <small>CLEAN YOUR HANDS FREQUENTLY</small>	 D <small>DON'T GO OUT</small>
 E <small>EMPTY THE STREETS</small>	 F <small>FEED THE NEEDY</small>	 G <small>GATHERING IS BAD</small>	 H <small>HAND SANITISING</small>
 I <small>INSIDE YOUR HOME</small>	 J <small>JOIN THE FIGHT AGAINST COVID-19</small>	 K <small>KINDNESS</small>	 L <small>LEARN NEW SKILLS</small>
 M <small>MEDITATE DAILY</small>	 N <small>NO HANDSHAKES</small>	 O <small>OFFER HELP</small>	 P <small>PRACTISE YOUR PASSION</small>
 Q <small>QUARANTINE YOURSELF</small>	 R <small>REGULAR EXERCISING</small>	 S <small>SOCIAL DISTANCING</small>	 T <small>TRAVEL IS DANGEROUS</small>
 U <small>USE MASK</small>	 V <small>VISIT YOUR DOCTOR ONLINE</small>	 W <small>WEAPONISED IMMUNE SYSTEM</small>	 X <small>X-TRA PRECAUTION FOR ELDERLS</small>
 Y <small>YOUR AWARENESS</small>	 Z <small>ZERO FACE TOUCHING</small>		

Practise frequent hand-washing with soap and water!



Together we can fight COVID-19!

Wearing Face Masks : Don't

When wearing a facemask, don't do the following:



DON'T wear your facemask under your nose or mouth.



DON'T allow a strap to hang down. DON'T cross the straps.



DON'T touch or adjust your facemask without cleaning your hands before and after.



DON'T wear your facemask on your head.



DON'T wear your facemask around your neck.



DON'T wear your facemask around your arm.


Policy Perspectives Foundation (PPF)

J-5, First Floor, Green Park Extn, New Delhi-110016

Phone : 011-41058454

 ppf.org.in

 polycerspective@gmail.com

 +91 11 4105 8454