



CMI SOCIAL APOSTOLATE NEWS LETTER



COVID-19 A CMI RESPONSE

MARCH-MAY 2020



CMI Congregation is happy to have its newly elected Central Administrative Team headed by Rev. Fr. Thomas Chathamparambil CMI the new Prior General. We also cordially welcome Rev. Fr. Biju Vadakkal CMI, General Councilor for Social Apostolate and Moderator of CEVA to radiate the compassionate face of Jesus to the world.

We take this opportunity to thank the previous General Council Team led by Rev. Fr. Paul Achandy CMI and Rev. Fr. Varghese Vithayathil CMI for the whole hearted support and guidance given in the Ministry of Social Apostolate.

The current Issue of the News Letter of CMI Social Apostolate focuses on the Crisis of Coronavirus Pandemic and CMI Response. This pandemic is present in almost all the countries around the world, affecting millions of people with deaths and untold miseries to the living. Months long lockdown has led to unemployment, economic depression and poverty all over.

As per the Circular of the Department of Social Apostolate, all the members of CMI Congregation around the world responded with appropriate relief activities. As on date we have spent nearly two and half crores of rupees for meeting the needs of thousands of people around the globe.

Foreseeing the bleak future, central and state governments are encouraging people to produce more food materials through extensification and intensification. We, the members of CMI congregation, too have to utilize our land for maximum production and returns, involving people around us.

We encourage each other to do more good works of mercy to the COVID infected and affected. Let us pray God to save humankind from this pandemic. We also thank the Lord for the new life lessons learnt in these days.

Fr. Dr. Varghese Kokkadan, CMI
Secretary/ Treasurer, CEVA

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FR. BIJU VADAKKEL CMI, FR. DR. VARGHESE KOKKADAN CMI, DR. ANTONY GREGORY, MR. ELDHOSE GEORGE



PRIOR GENERAL Message

I do appreciate the social interventions initiated by the General Department of Social Apostolate along with CEVA with the support of our provinces and common institutions of the CMI Congregation as the entire world is threatened with COVID-19 pandemic. Their prompt and timely intervention helped and supported the affected people to a great extent.

COVID-19 in a very short span travelled the globe, crossing national boundaries, making tragic impacts and resulting in the death of thousands of people all over the globe. The social impact and 'fall out' of the COVID-19 pandemic will be with us for years to come. Because of social, demographic, and economic factors, the most vulnerable individuals and communities are potentially at particular risk.

COVID-19 has removed barriers of 'we and they', 'here and there', and stirs up the value of belongingness amongst us. It has demonstrated that it sees our globe as one single interdependent community.

This epidemic has created fear among people some are shattered, some turned hopeless, some jobless, some fled back to home states and countries, etc. It makes difficult for humans to be fully 'social' (as we are, by nature). Restrictions have been made on travel, tours, social gatherings, public functions, and people are urged to follow basic hygiene, not to meet others or maintain distance when they meet. This is not to truly distance people from each other. On the contrary, the current situation shall unite people in an emotional and spiritual sense by providing opportunities to care for each other. Thus, it arouses the spirit of unity and interconnectedness. It demands global cooperation. The young and old need to care for each other; people with good health should care about the people with health conditions, and obviously,

countries should also care for each other in this now global pandemic. In other words, we need intergenerational solidarity and cross-national solidarity.

To overcome the damaging impacts of this pandemic the humanity at large needs to imbibe new spiritual values that are creative and constructive to stabilize the society and to prevent its destruction. Compassion, kindness, sympathy and caring are some of those spiritual values which can transform our perception for our global community during the post pandemic period.

The social interventions and involvement of the Social Apostolate department during this period of COVID-19 pandemic remind us that we are-deep down-spiritual beings, whether we realize it or not, and make us recognize that the problem of this pandemic will continue to haunt us at the face of our global community. It is a challenge that requires our cooperation and unity, a component of compassion to alleviate suffering, and a greater responsibility to exercise our faith to witness divine intervention. Though the COVID-19 crisis has brought the world to a standstill and sadly, with severe economic impacts, I feel that from a spiritual angle, the pros will outweigh the cons, making us a global community with spiritual connectivity.

While congratulating the General and Provincial Apostolate departments and CEVA for all the initiatives they have undertaken so far, my wish and prayer is that they may continue with further such timely interventions to give the humanity a new perspective for a better society of tomorrow.

Rev. Fr. Dr. Thomas Chathamparambil CMI
Prior General



GENERAL COUNCILLOR Message

During this time of unprecedented pain, sorrow, frustration, anguish and loneliness, CMIs, as a community of consecrated persons living for God and His people, rose to the challenges of the times and responded effectively and efficiently to face the ill-effects of the pandemic. I am happy to report that the CMI General Department of Social Apostolate has collated our timely and extensive response to the misery, extraordinary challenges and threat to human life that our people have been confronting during the last few months. I can confidently affirm that we have left no stones unturned to reach out extensively to the suffering humanity. We have been trying to live out the Words of our Lord and Master: ***“I was hungry, and you gave me something to eat. I was thirsty, and you gave me something to drink. I was a stranger, and you took me into your home”*** (Matthew 25:35). I appreciate, acknowledge and thank all the Provincials, all the departmental and institutional heads, especially the Provincial Councillors for the Department of Social Apostolate and everyone for rising to the occasion and becoming the manifestations and extensions of God’s love, mercy and concern for the suffering humanity. I thank the Rev. Fr Paul Achandy CMI, the former Prior General, for his charismatic and dynamic leadership. I also thank Rev. Fr Varghese Vithayathil CMI, the former Vicar General and the General Councillor for the Department of Social Apostolate, for his effective leadership in organizing our social initiatives and his concern for the poor and the marginalized. I appreciate the members of the General Council and the General Auditor for their dedicated and committed service for the last six years. Prophet Isaiah prophesied: ***“Feed the hungry and help those in trouble. Then your light will shine out from the darkness, and the darkness around you will be as bright as noon”*** (Isaiah 58:10). I am sure that the initiatives we have taken in supporting the social cause at these challenging times will always remain a beacon of hope as well as a sign of our tireless and on-going commitment to the society in the darkest hours like this.

It is a time when our day never ends without discussing and worrying about the pandemic COVID-19 because our lives have been affected in so many ways by it. This illness has turned our world upside down and it has shaken our lives at its roots. Our stress and anxieties are peaked by the fear of contracting the corona virus as we see each day the rising number of confirmed positive cases and deaths from COVID-19. Everywhere we turn, be it news websites or Twitter or Facebook, we see people panicking about the pandemic. We have been struggling to find ways and means to fight and tolerate our indefinite and tiresome stay indoors. We have been giving shape to new routines and habits within our social isolation to adjust to the challenges and to extend our services to people by accessing available technologies and varied methods. We are stricken by sorrows which run deep as we see our migrant workers walking hundreds and thousands of miles

barefoot and without water and food, experiencing and fighting the reality of death only to reach their homes, though, unfortunately, many of them die tragically on their way; Indeed, it is a struggle for survival. We see many around us who have lost their jobs; it is tragic that, for millions, jobs that have sustained many families disappeared overnight. We see the sufferings permeating all realms and walks of life. In this context, it is promising to witness a remarkable rise in charitable acts and volunteerism within our communities.

As this crisis passes, there should be a few lessons that we take home and learn to live a better humane life. All of us, young and old, have now come to know better the pain and sorrow, as well as the heartbreak of true isolation. We have experienced the frustration that comes from being stuck in the confines of our houses. We have now lived with the anguish of loneliness, of not being in the daily presence of family (for some), friends and neighbours.

As we experience these realities, we need to realize also what so many of our elderly brothers and sisters, mothers and fathers, grandparents and neighbours, feel each day in their lives. We need to turn our attention also to the resultant feelings of despair and frustration that begin to creep into the life of our elderly loved ones who were once vibrant and joyful people. We shall recall that social distancing and physical isolation necessitated by the pandemic is only temporary and will end soon. But for many of the elderly in our communities, it will go on way beyond the pandemic.

Let our compassion and kindness be enhanced by the internalization of these feelings of many across the globe. Our commitment to the society and its cause during this crisis must serve as the spark needed to light the flame of desire to do more and to be a solace to those among us who suffer from their inability to move beyond loneliness, despair, pain and suffering.

We can and must be motivated by our awareness of the terrible feelings of isolation and loneliness now known first-hand. Let us move into action, as we recall the inspiring affirmation of Jesus in the Sacred Scripture: ***"I came so that they might have life and have it more abundantly"*** (John 10:10). Let us not allow anyone among us to live short of that abundance of life while they are in our midst. Let us be sure to bring life to all, and bring it to the fullest.

May Saint Kuriakose Elias Chavara, our founder, who dared to reach out to those who were affected by smallpox by relying on the Providence of God, continue to intercede and inspire our CMI community in our efforts to better serve the suffering humanity in its quest for fullness of life that only Jesus can ensure!

Fr Biju Vadakkel CMI
General Councillor for Social Apostolate

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1. THE PANDEMIC OF CORONA VIRUS (COVID – 19)

MS. FEENU FRANCIS

In 14th century Plague snatched lakhs of life some says over million surrendered to this Black Death. Like this over past years different outbreaks happened and most of their sources are unknown. Right now, hospitals asylum's and sick houses are deserted and carcass accumulated even paramedic are helpless everyone and the world itself is stunned in front of COVID-19.

A novel strain of Corona Virus was first detected in December 2019 in Wuhan, a city in China with a population of 11 million. The virus has now spread to cover 200 countries and territories across the globe, and was characterized as a pandemic by W.H.O.

The virus is named after its shape which takes the form of a crown with protrusions around it and hence is known as corona virus. The best way to prevent and slow down transmission is be well informed about the COVID-19 Virus, the disease it causes and how it spreads. Protect yourself and other from infection by washing your hands or using an alcohol-based rub frequently and not touching your face. The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes, so it's important that you also practice respiratory etiquette.

The WHO report that the two groups most at risk of experiencing severe illness due to a Corona Virus infection are older adults and people who have other health condition that compromise their immune system. Children also risk group but children are not higher risk of COVID-19 than aged people. It may produce few or no symptoms but it can also lead to severe illness and may be fatal. Common symptoms include a fever, breathlessness,

a cough a potential loss of taste or smell. It may take 2-14 days or more than that for a person to notice symptoms after infection with the virus.

A virus infects your body by entering healthy cell. There, the invader makes copies of itself and multiplies throughout your body. The new Corona Virus latches its spiky surface proteins to receptors on healthy cell, especially those in our lungs. The virus hijacks healthy cells and takes command, eventually, it kills some of the healthy cells. Within 14 days, your immune system may respond with the early symptoms. The virus moves down your respiratory tract. That's the airway that includes your mouth, nose, throat, and lungs. Your lungs might become inflamed, making it tough for you to breathe.

It causes rapid breathing, a fast heart rate, dizziness, and sweating. It damages the tissues and blood vessels in your alveoli, causing debris to collect inside them. This makes it harder or even impossible for you to breathe. It affected your blood may not supply your organs with enough oxygen to survive. This can cause your kidneys, lungs, and liver to shut down and stop working.

The world is now desperate to find way to slow the spread of the novel Corona Virus and to find effective treatment. Now the medical department provides supporting treatment to overcome from the virus. Self-care is the best way to prevent the Corona Virus.

“STAND AND FIGHT AGAINST THE CORONA VIRUS”

References:

<https://www.who.int/health-topics/coronavirus>

2. COVID-19 RELIEF ACTIVITIES UNDER COMMON INSTITUTIONS

2.1 CMI Generalate- General Department of Social Apostolate

The Novel Corona virus has disturbed the ordinary life of the people. While the spread of the virus created panic and suffering among the people, the prolonged lockdown gave rise to different forms of crisis, such as food crisis, financial crisis, crisis in terms of movement of essential commodities, deprivation of medical assistance, and

adding to the list, the prolonged days of unemployment for over two months. As a community of responsible citizens the General Department of Social Apostolate was fully engaged in being with the poor and the needy during this lockdown and adopted different methods to help people in facing the lockdown. Various programmes were initiated during the lockdown to alleviate the suffering of the poor people. The CMI Provinces and Institutions

were engaged in extending their helping hand for the poor people who were in real need of support to sustain their living, especially to have one time full meal. Around 160 food kits were distributed to the needy people for an amount of Rs.1, 36,000/-.



2.2 Christ University, Bangalore

The pandemic attack of COVID-19 has fully paralyzed the humanity and locked down in our own houses irrespective of all differences. Lakhs of people in the world lost their life or became the victims of the disease and millions of people around the world became unemployed. Billions of poor people in the globe are in the grip of poverty.

Our social commitment always demands to extend out social activities with religious commitment. It is very important to ensure the CMI presence in the society, in the state as well as in the nation, and our presence should be felt completely with all possible interventions, assuring our help to the needy. We can't neglect the cry of the poor and shut our eyes to the begging hands and empty stomachs in tears. Christ University has spent Rs. 2,034,913/- for COVID intervention programmes to the needy people.



2.3 Darsana Institute of Philosophy Wardha, Maharashtra

The General Department of Social Apostolate had granted an amount of Rs. 50,000/- for COVID-19 Relief work. This amount has been already spent for distributing



Provision Kits. Right now, we have started the second phase of the relief work with funds internally arranged from Darsana through skipping meals, skipping meat, students' contribution from their personal money, etc.

2.4 DASS, Dharmaram College & Christ Group of Schools, Bengaluru



Dharmaram College & Christ Group of Schools, Bengaluru have done tremendous intervention activities for the poor people during this pandemic period. An amount of Rs.1, 211,780/- has been spent for different intervention services.

2.5 Carmel Vidya Bhavan, Carmel Parish & Christ College, Pune

The institution has provided food for 60 persons includes poor, sick for 45 days and accommodation facilities during this pandemic period.

2.6 COVID-19 Relief Activities through CEVA Distribution of Food Kits and Medicines

During the lockdown days, CEVA initiated various COVID-19 relief activities. CEVA has distributed 50



food kits with rice, groceries and vegetable for the senior citizens, who are all members of the Pranamam group. Unavailability of medicine and restriction on travel badly affected the aged people who take daily medicines for lifestyle diseases. CEVA arranged medicine for around 50 needy people residing in the neighbourhood.

2.7 Chavara Cultural Centre, Kochi



Chavara Cultural Centre started relief activities from March 8, 2020. Activities include providing masks, sanitizers and drinking water, providing shelter and food, arranging hand wash counter with soap and sanitizer and offering awareness classes through online. The interventions included the following:

- Conducted COVID-19 awareness class by Dr P.K. Sasisharan, Retired Professor Kozhikode Medical College.
- Provided sanitizer, cleaning liquid and masks to shops and establishments in Ernakulam South Area. Corporation of Kochi Mayor Soumini Jain Led the campaign, Kochi Corporation 62nd ward councilor K.V.P. Krishnakumar was also present.
- Organised Break the Chain campaign at Ernakulam Railway Station by installing wash counter and sanitizers / soap liquid. Corporation of Kochi Mayor Soumini Jain led the campaign; Kochi Corporation 62nd ward councilor K.V.P. Krishnakumar was also present.
- Break the Chain campaign by installing wash counter at Girls High School Ernakulam, Vita Diagnostics, Karrakkat Road, Ernakulam South area. Sri. T.J. Vinod MLA led the campaign, Kochi Corporation 62nd ward councilor K.V.P. Krishnakumar accompanied.

- Manufactured and provided 30000 masks costing Rs.10 lakhs to policemen and health workers performing their duty with commitment and to common public. Provided 4000 bottles of water to policemen performing their duty at different locations.
- Distributed 1.5 Tons (1000 numbers) of pineapples to policemen on duty at various locations in Kochi city during the peak COVID-19 lock period. Provided 500 masks, gloves and sanitizers to corporation health workers who were working in tough conditions. Provided accommodation and food to 20 to 50 health workers of Ernakulam General Hospital for 3 months (3000 staying days).
- Distributed 1500 masks distributed to Pubic. Distributed Food and Provision items worth Rs.10,000/- to the COVID-19. Arranged destitute camp at Girls High School, Ernakulam South. Conducted 7 Webinars with experts on topics connected with COVID-19 and recommendations were given to State / Central Governments.

2.8 CSR, Pariyaram

Ever since the lockdown was introduced, especially during the first phase, when everything and everybody was locked down, the CSR Community could not stand aloof from the suffering mass. As we received the directive note of Rev. Fr. Prior General, to have the people associated with the community cared for, we extended our helping hand very much compassionately, towards our domestic servants, even the daily wagers, so that they are not starved. When the lockdown was declared, we distributed Rs.25, 000/- among our domestic workers so that they could meet the daily needs of their families.

Though we could not do that financial support to as many as we want far-reaching way with our limited resources, we got an opportunity, to do the same when the Government approached us to help them , providing our rooms for the institutional quarantine under the govt. observation. We the CSR community, handed over our residential facilities for quarantining people, those who are coming into Kerala and it is still on ever since May first week onwards, even when this is reported.

3. WAR AGAINST THE VIRUS – SAVING LIFE AND LIVELIHOOD

DR. ANTONY GREGORY (PRESIDENT, CEVA)

1. THE VIRUS AND THE SEARCH FOR VACCINE

An unprecedented public health crisis, unheard of in living memory, is sweeping across the world, causing massive loss of life and extreme human suffering. The coronavirus pandemic has also brought with it an economic crisis the world has not seen in the last 100 years. It is predicted that the economic crisis will kill more people than the coronavirus. COVID-19 that has caused unparalleled human and economic catastrophe is likely to become one of the most defining events of the century.

The OECD believes that an ambitious rehabilitation package similar to the 'Marshall plan', established for the recovery of the war torn European economies after World War 2, and a vision akin to that of the 'New Deal' would be required for the Post COVID-19 reconstruction of the world economy.¹ (The New Deal was an economic package involving public work projects, financial reforms, and regulations introduced by President Roosevelt in the United States in the 1930's for recovery from the Great Depression.).

To put the following discussions in the right perspective, a historical review of the major pandemics and epidemics, apparently related to the coronavirus pandemic, would be appropriate.

The Plague (Black Death)

To fight the Corona virus in the twenty first century we are still using the medieval techniques of social distancing and quarantine, evolved during the days of the plague called Black Death which killed half the population of several European countries. Plague has caused devastating outbreaks, including the Justinian plague and the "black death" in the Middle Age. Plague is one of the most important diseases that has changed the history of humanity because few microbes have killed as many as a third of the whole population during a pandemic.² Prior to Black Death there was the Justinian plague.

The Plague of Justinian (541-549 AD) was the beginning of the first major plague pandemic in the historic period and it continued to recur until the middle of the 8th century. The infection arrived in Roman Egypt in 541 and spread around the Mediterranean Sea, Northern Europe and the Arabian Peninsula.³ Some historians believe the

first plague epidemic was one of the deadliest pandemics in history, resulting in the deaths of an estimated 25–100 million people during two centuries of recurrence, a death toll equivalent half of Europe's population⁴.

The Black Death is, however, the most fatal epidemic recorded in human history and it killed around 75 to 200 million people around the world, including 25 million in Europe. The devastating global epidemic arrived in Europe in the early 1340s, along the silk route from China, passing India, Persia, Syria, Egypt and Crimea, and reaching Italy in 1347. The deadly plague was caused by the bacillus bacteria which spread through the air and through the bite of infected fleas and rats. From the strange swellings that appeared in the body, blood and pus seeped out, followed by fever, vomiting, diarrhea, terrible aches and pains—and then, death. Perfectly healthy people who went to bed at night could be dead by morning. From 1347 to 1350 the plague killed a quarter of the population in Europe, over 25 million, and mortality was higher in cities such as Florence, Venice and Paris where more than half the population died. In some cities there was no one to bury the dead.

The plague never really ended and there was intermittent recurrence of the pestilence until another serious outbreak in the 19th century. The plague in the 19th century was started in China, spread globally and killed 10 million people in India alone⁵. The World Health Organization reports 1,000 to 3,000 cases of plague every year.

The Medieval Techniques of Social Distancing and Quarantine

When Black Death reappeared in Europe in 1374, Venice introduced various public health controls such as preventing ships with disease from landing at port and isolating the sick from the healthy. The republic of Ragusa established a ships' landing station far from the city and the harbour and sailors suspected to have the plague had to spend thirty days there in isolation to see whether they became ill and died or whether they remained healthy and could leave. Venice in 1403 introduced a system where travellers from the Mediterranean were isolated in a hospital for forty days, the quarantena, and the term 'quarantine' comes from there⁶.

The plague doctors in the 15th and 16th centuries wore a protective costume when they attended infected patients and the protective garb from head to foot involved leather or oil cloth robes, leggings, gloves and hood, wide brimmed hats indicating the medical profession, and mask with glass eyes. And doctors use such costumes even today and that is all that the doctors have to protect themselves from the deadly virus.

Despite the tremendous achievements of humanity in science and technology, this is the fate of our public health and the status of our commercialised medical fraternity. The fact remains that medical research even in universities and public institutions has been primarily funded by corporate self-interests and not by public agencies or non-profit organisations. And the virus has been with us for more than a century.

1918 Spanish Flu

The virus has been reappearing with a vengeance. The 1918-20 Spanish flu epidemic was the deadliest flu recorded in history, infecting about one-third of the world's population. It was called the 'Spanish influenza' because Spain was the first country to acknowledge the spreading pandemic. The influenza pandemic of 1918 is regarded as one of the most dramatic events of medical history. It has been described as 'the greatest medical holocaust in history'. According to medical historians, 'the pandemic ranks with the plague of Justinian and the Black Death as one of the three most destructive human epidemics' and 'deaths in the hospital exceeded 25% per night during the peak.'⁷

Scientists at that time didn't know viruses caused disease and there was no vaccine or medicine. Flu or influenza is a virus that attacks the respiratory system and is highly contagious. The spread is through respiratory droplets. When an infected person talks, sneezes or coughs, the respiratory droplets are transmitted into the air and inhaled by anyone nearby. Today scientists identify the virus as akin to the H1N1 virus. The spread of the pandemic was triggered by movement of soldiers during World War 1 and the pandemic contributed significantly to the death toll of the war.

Between the spring of 1918 and the winter of 1919, the pandemic swept across the globe, affecting 500 million people or one-third of the world's population, killing at least 50 million worldwide, including 675,000 in the United States.⁸ Mortality was high among the young people and casualty was more among people younger

than 5 years old, 20-40 years old, and 65 years and older. The 1918 flu was detrimental to the economy as well, and businesses were forced to shut down in countries such as the United States.

For centuries, novel strains of influenza have emerged, causing widespread illness, death, and disruption. The world faced four influenza pandemics in the past hundred years.⁹ The three additional influenza pandemics since 1918-20: the H2N2 Asian flu (1957), the H3N2 Hong Kong flu (1968), and the H1N1 swine flu (2009). The H2N2 Asian flu and the H3N2 Hong Kong flu each resulted in an estimated one million global deaths.¹⁰

2009 H1N1 Flu Pandemic or Swine Flu

The 2009 flu pandemic or swine flu was very scary. The infections started in Mexico in January 2009 and spread to the US by April and in June 2009 the World Health Organization (WHO) declared the new strain of swine-origin H1N1 as a pandemic. The new virus spread globally and people panicked because there was no vaccine.

The name "H1N1" indicates two proteins that are found on the outer shell of the virus and the "H" denotes (hemagglutinin-HA) and the "N" (neuraminidases-N). The virus was apparently a new strain of H1N1, resulting from a previous triple reassortment of bird, swine, and human flu viruses, combined with the pig flu virus, and hence the name "swine flu."¹¹

The influenza pandemic is estimated to have affected 700 million to 1.4 billion people globally, and it was around 11 to 21 percent of the global population, including asymptomatic and mild cases. Global mortality, as the estimate published in Lancet shows, was in the range of 151,700 to 575,400 people.¹² The casualty was more among children in the age group of 5 to 19 (47 percent), compared to 11 percent of people aged 65 years and above.

H1N1 vaccine research started in April 2009 and a vaccine became available in December 2009.¹³ The knowledge and experience gained from developing the vaccines for seasonal flu contributed much to the development of vaccine for the H1N1 flu. It is, however, alleged that there was delay in vaccine administration in several countries and it demonstrated the shortcomings of the world's capacity for vaccine production and distribution.¹⁴

Epidemics generally occur when a variant virus appears which shows genetic changes from previous strains. Two types of genetic changes can take place- Antigenic drift

and Antigenic shift. Antigenic drift is the genetic variation in viruses, resulting from the accumulation of mutations or changes in the virus genes. Antigenic shift occurs when a radical and abrupt change in the virus occurs. This happens when two viruses simultaneously infect the same animal. Antigenic shift is relatively rare. If the new virus gets the ability to infect humans and human-to-human transmission occurs, a pandemic may arise, as humans are unlikely to have appreciable immunity to the new virus.¹⁵

The influenza virus multiply by producing multiple copies of the two proteins-haemagglutinin (H) and neuraminidase (N). It is the antibody to these proteins which give immunity to humans. Accumulating mutations or genetic changes in these proteins, particularly in the haemagglutinin, lead to the virus variation termed antigenic drift.¹⁶ With more and more mutations in the haemagglutinin, the previous vaccine becomes ineffective. The monitoring of antigenic variation in the virus is a key factor in preparing to meet new epidemics.

Severe Acute Respiratory Syndrome (SARS)

Severe acute respiratory syndrome (SARS) was the first major pandemic caused by the corona virus during the period 2002–2003. It is a viral respiratory disease which can lead to shortness of breath, diarrhoea and pneumonia. Severe cases often evolve rapidly, leading to respiratory distress, requiring intensive care. The flu-like symptoms include fever, cough, sore throat, muscle pain, lethargy, etc. SARS was a zoonotic disease which originated in animals but passed on to humans. It was caused by a novel coronavirus named SARS-CoV. The new coronavirus is distantly related to other human coronaviruses, such as 229E and OC43, which are known to cause the common cold.

First detected in November 2002 in Guangdong province of China, the pandemic spread across 29 countries, affecting around 8000 people and the reported number of death is 774. The pandemic was reportedly contained through public health interventions by July 2003 and there has not been any recurrence of the disease since 2004.

There is no cure or protective vaccine for SARS. The research efforts initiated at the break of the epidemic was abandoned after few years with the presumption that development, trial and manufacturing of vaccines and drugs would be economically unviable.

Middle East Respiratory Syndrome Coronavirus (MERS-CoV)

Another epidemic caused by the coronavirus occurred in the Arabian Peninsula, posing a threat to global public health and it was first identified in Saudi Arabia in 2012. Known as the Middle East respiratory syndrome (MERS), it was a viral respiratory disease caused by MERS-CoV.¹⁷ The symptoms included fever, cough and shortness of breath. Pneumonia was common and diarrhoea was also reported. In some cases there was no symptom at all. Severe illness caused respiratory failure and death. The disease has been more severe among older people and in those with other health problems. Approximately 35% of reported patients with MERS-CoV infection have died.

As in the case of SARS, MERS-CoV is also a zoonotic virus, transmitted between animals and people and it is believed that it may have originated in bats and was transmitted to camels sometime in the distant past. The MERS virus was transferred to people initially from camels and subsequently by person to person contact. Strains of MERS-CoV have been isolated from camels in several countries, including Egypt, Oman, Qatar, and Saudi Arabia. By providing unprotected care to infected patients, several doctors and nurses received the infection.

Since 2012, 27 countries have reported cases of MERS including China, Austria, France, Germany, Greece, Italy, the Netherlands, United Kingdom, United States, Malaysia, Philippines, Republic of Korea and Thailand, besides the Middle East countries¹⁸. About 2,500 cases have been reported, with high level of mortality (35%)¹⁹. Larger outbreaks have occurred in South Korea in 2015 and in Saudi Arabia in 2018. The medical research on vaccine and medicines for MERS has been terminated and as on today there is no specific vaccine or treatment for the disease.

How long will the fury of the virus continue?

How long will it take for COVID-19 to calm down? Some experts predict that half the global population will be infected by the year end, resulting in more than 100 million deaths.²⁰ An Oxfam report predicts that if unchecked, the virus could take as many as 40 million lives²¹

Many scholars believe that things will calm down after the development of 'herd immunity'-when a large chunk of the population is immune after being sick - and the availability of an effective vaccine. Until then, we need to practice social distancing. To prove that a vaccine is safe, it would take a year or two in the best case scenario.²²

The CEDA policy brief argues that a vaccine is unlikely to be available in a scaled-up version for at least 18-24 months.²³

In search of a Vaccine

There is as yet no vaccine available for any coronavirus epidemic. Attempts to develop vaccines for SARS CoV and MERS CoV have been abandoned. This has handicapped the fast development of a vaccine for COVID-19.

The H1N1 influenza pandemic, which has some similarity with COVID-19, is the only recent pandemic for which a vaccine is available. H1N1 illnesses responded well to anti-viral drugs already used to treat the flu. People in close contact with H1N1 affected patients were commonly given the drugs as a precaution, limiting its spread²⁴ and an effective vaccine was developed in a short span of time, on strength of experience in developing vaccines for seasonal flu.

Coronaviruses (CoV) belong to a large family of viruses that cause wide range of diseases mainly related to respiratory system. The infections vary from the common cold to SARS and MERS. The Coronaviruses are zoonotic which means that these viruses are mostly present in animals and then transmitted from animals to humans. There are hundreds of coronaviruses in animals. Some coronaviruses may cause illness in humans, but many others infect animals only. SARS CoV was transmitted from civet cats to human beings and MERS-CoV was transmitted from camels to humans. When animal coronaviruses infect humans and spread via human-to-human transmission, a pandemic occurs.²⁵

Both SARS and SARS-CoV-2 (COVID-19) originated in China (just like all the ten major influenza epidemics that emerged during the last 300 years) from exotic animals sold for food. Researchers were aware of the emergence of new CoV viruses and the mutation of existing strains resulting in new disease syndromes in animals, but the possible disease impact of CoVs among humans was not widely appreciated before SARS. The large animal reservoir for corona virus remains undefined even today. We understand very little about CoVs or other viruses circulating in wildlife or their potential to recombine with existing CoVs and emerge as public health threats.²⁶

The COVID-19 is primarily a public health crisis that has revealed the blatant weaknesses in our health care systems, notes an OECD document:²⁷ the inability to provide enough masks, the scarcity for test kits, shortage of intensive-care beds, inadequacy of the health care

workforce and deficiencies in the research for and supply of drugs and vaccines. The OECD is of the view that if a vaccine for the SARS-CoV-1 was developed at the time, it would have accelerated the development of a vaccine for SARS-CoV-2 since the two viruses are 80% similar.²⁸

In the last two decades, there have been other zoonotic coronavirus epidemics with global or regional outbreaks, including SARS-CoV and MERS-CoV. Although the viruses are not exactly identical, much could have been learned from these previous outbreaks.²⁹ Most of the therapeutic options currently used for managing COVID-19 are based on previous experiences in treating SARS- and MERS-CoV.

The zoonotic SARS-CoV-2, is the seventh member of enveloped RNA coronavirus. Specifically, the overall genome sequence of the SARS-CoV-2 is 96.2% identical to that of bat coronavirus termed BatCoV RaTG13. Both SARS-CoV and SARS-CoV-2 exhibit a high degree of genetic similarity and bind to the same host cell ACE2 receptor.³⁰ Efforts were made to develop vaccines for human coronavirus (CoV) infections such as MERS and SARS in the past decades. However, to date, no licensed antiviral treatment or vaccine exists for MERS and SARS. Most of the efforts for developing CoV vaccines and drugs target the spike glycoprotein or S protein, the major inducer of neutralizing antibodies. A few candidates have shown efficacy in the labs, but not many have progressed to randomized animal or human trials.³¹

As noted by David Jones,³² the recurring theme in historical analyses of epidemics is that medical and public health interventions often fail to live up to their promise. For instance, the technology needed to eradicate smallpox vaccination was described in 1798 but it took nearly 180 years to develop the vaccine.

During the last two decades, the emergence of highly pathogenic coronaviruses including SARS and MERS raised concerns, forcing the development of global strategies for disease prevention and control, particularly during emergency outbreaks.³³ Although there has been intense study of SARS, there is still much that is unknown about the pathology of the virus. Many research questions remain unanswered,³⁴ thus delaying the development of an effective and safe vaccine. Research reports published in 2005 and 2006 indicate that identification and development of vaccines and medicines to treat SARS was a priority for governments and public health agencies around the world during those days. It was reported

that in 2004 that an early clinical trial on volunteers was planned. However, a study in 2016 demonstrated that no field-ready SARS vaccine had been completed because likely market-driven priorities had ended funding.³⁵

According to a study by Heeyoun Cho and team, the major challenges to successful vaccine development for MERS-CoV included incomplete understanding of viral transmission and immune response, lack of optimal animal challenge models, lack of standardised immunological tests, and insufficient sustainable funding.³⁶

Coronaviruses have been prioritised for vaccine research by international organisations such as WHO and World Economic Forum. WHO has an extensive network of research organisations that addresses issues relevant to virus research. In order to address challenges in availability of sustainable funding to accelerate R&D of vaccines for pathogens such as SARS CoV and MERS-CoV, the World Economic Forum launched the Coalition for Epidemic Preparedness Innovations (CEPI) in 2016.³⁷ However, no preventive vaccine has been developed yet.

The international community is frantically working together to produce a coronavirus vaccine. Normally it takes at least 10 years to develop a virus vaccine. While the research outfits race to develop a coronavirus vaccine, the public is repeatedly reminded that the final approval of a vaccine will take at least 12 to 18 months.³⁸ The general feeling is that this timeline is dreadfully long as COVID-19 continues to wreck the world around us. New technologies combined with the new international cooperation to fight infectious diseases could assure in faster response to vaccine research, saving several years from traditional vaccine development timelines. If a vaccine is developed at least within the timeline predicted, people will have a preventative option, should COVID-19 recirculate next year.³⁹

A major reason for the lack of approved and commercially available vaccines or therapeutic agents against these CoVs might be the relative lack of interest among the pharmaceutical companies. The demand for drugs or vaccines lasts only for a period while the epidemic lasts. With the decline in the number of affected people, the size of the global drug and vaccine markets gets reduced. By the time a new drug or vaccine is developed, there will be neither patients for clinical trials nor any market for the new vaccines or drugs.⁴⁰

The only alternative is public funded vaccine and drugs research. International institutions such as WHO, OECD

and WEF and major NGOs national governments, universities and public funded research institutions should address the issues. Today university research centres and public funded research labs are to a large extent funded by the corporates under MOUs with nondisclosure commitments. Left to pharmaceutical companies and corporate funded research institutions, medical research for epidemic control will continue as it is and virus pandemics will reappear with renewed vengeance.

2. IMPACT ON WORLD ECONOMY

The world economy is sailing into a colossal storm. COVID-19 has caused the largest global recession in history, with more than a third of the global population under some kind of lockdown. The IMF managing director Kristalina Georgieva is quite candid about the situation: "We anticipate the worst economic fallout since the Great Depression".⁴¹

The outbreak of the coronavirus disease has frozen the world economy and present the toughest financial outlook in decades. The Organization for Economic Cooperation and Development (OECD) reports that its indicators produced the strongest warning on record that most major economies had entered a "sharp slowdown."⁴²

As part of a study initiated by World Economic Forum's Global Risks Advisory Board, survey was conducted among 347 risk managers. Two-thirds of the risk managers surveyed predicted a lengthy contraction in the global economy. Half of the risk managers expected bankruptcies and industry mergers, failure of industries to recover and high levels of unemployment, particularly among the young.⁴³

In response to the staggering situation, G-20 nations convened an emergency meeting to prepare a strategy to combat COVID-19 fall out. In the meeting the U.S. the US representative reported that American unemployment would be 30% and its economy would shrink by half.⁴⁴

Global GDP

The coronavirus pandemic has almost frozen the world economy and present the toughest financial outlook in decades. The world faces a public health emergency leading to sickness and death. The lockdowns, quarantine and social distancing, etc., required to contain the virus reduce economic activities and exacerbate human suffering. Economists anticipate a double digit decline in world GDP (led by 20 to 30% decline in the US) for the second quarter of 2020. This is unparalleled in modern

history. The situation will lead to a corporate crisis and business failures and millions of people across the world will lose their livelihood.⁴⁵

Cumulative loss to global GDP over 2020 and 2021 from the pandemic could be around 9 trillion U.S. dollars, greater than the economies of Japan and Germany combined.⁴⁶ The chief economist at the Scottish government points out that the current lockdown restrictions are cutting output from the economy by a third.⁴⁷ He said it took eight years for the labour market to recover from the last financial crash in 2008/09. In comparing the last financial crash with the current one, the chief economist pointed out that the economy lost 5% of output in one full year, whereas it is now facing 20% to 30% contraction in only one month.⁴⁸

The data released by the US Bureau of Economic Analysis (BEA), indicate that the US GDP shrank by an annual rate of 4.8% in the first quarter of this year. In Europe the scenario is no better, with Italy, Spain, France, and the UK suffering huge losses. The European Commission expects the EU economy to shrink by 7.5% in 2020.⁴⁹

As estimated by the Asian Development Bank (ADB), COVID-19 could cost the global economy between \$5.8tn and \$8.8tn (£4.7tn-£7.1tn).⁵⁰ According to an estimate by the IMF, the cumulative loss to global GDP over 2020 and 2021 from the epidemic could be around US \$ 9 trillion, greater than the economies of Japan and Germany combined.⁵¹

World Trade

The World Trade Organization forecasts that the world would suffer double-digit declines in trade this year. The decline is likely exceed the trade slump during the global financial crisis of 2008-09. World merchandise trade is likely to decline by 13 and 32% in 2020. Almost all regions will suffer double digit declines in trade volumes in 2020.⁵² The chances of the expected recovery in 2021 are equally uncertain, since it depends largely on the duration of the outbreak and the effectiveness of the government interventions.

A World that is less Global

Wharton Dean, Geoffrey Garrett, postulates that the pandemic will reverse the trends of globalization and urbanization.⁵³ Globalization and urbanization have been two of the world's most powerful drivers for the past four decades. World trade increased from 40% of the global GDP in 1980 to over 60% in 2020. People living in cities

more than doubled during the period to over 4 billion - more than half the world's population. Geoffrey Garrett anticipates the post COVID world to be a world that is less global and less urban.

The decades-long trend towards ever growing globalization of trade, investment, supply chains and people flows was beginning to grind to a halt. The years just before the 2008 financial crisis can be considered as the period of "peak globalization." Since then, there has been a growing anti-globalization and anti-immigration consensus in western countries, as is evident from the U.S. trade war with China. The response of developed economies to the coronavirus will strengthen this consensus, as all things international will be viewed as incurring unnecessary and dangerous risks. "What was a growing "anti-globalization" consensus is poised to crystalize into a 'de-globalization' reality." As a result there could be reduction in international cooperation and increased likelihood of international conflict.

The end of the era of Hyper-Globalisation

Since the 1990s, corporations have organised production using global value chains (GVCs) by relocating production to low wage economies, and there has been a drastic reduction in the manufacturing base of developed countries. The period from 1990 until the financial crisis of 2008 has been a period of hyper-globalisation, and global value chains accounted for 60% of the growth in world trade. ⁵⁴ The era of hyper-globalisation came to an end with the financial crisis of 2008. The global value chains stopped expanding since 2011.

Less Density, More Distance

Urbanization will be a major casualty of the coronavirus epidemic. COVID-19, with its social distancing and quarantine requirements has created a psychological distance among people and they tend to avoid crowds. People prefer less density and more distance. "After coronavirus, people will be more fearful of crowded trains and buses, cafes and restaurants, theatres and stadiums, supermarkets and offices. Crowded spaces are the lifeblood of cities. But now crowds are seen as major health risks." People who can exit the city will be tempted to do so and those who cannot leave will feel at increased risk and reduce their movements and contacts. It is therefore possible to see a reverse in the trends of cities growing, as people prefer to live in more spacious and less crowded places.⁵⁵

Lessons from the Global Financial Crisis

While estimating the economic loss and consequences of the corona virus pandemic, there is a tendency to compare them with the consequences of the Financial Crisis of 2008-9. However there is a subtle difference. The financial crisis in 2008-9 was a crisis that started in the banking and financial sector which spread to the real economy. The present crisis is one that has begun in the real economy and spreads back to the financial sector, as countries frantically try to contain the spread of the virus with massive lockdowns and halting of economic activities.⁵⁶

The financial crisis required a write-down of over \$2 trillion from financial institutions, besides government rescue packages. The lost growth on account of the prolonged recession has been estimated at over \$10 trillion, almost one-sixth of global GDP in 2008.⁵⁷

Ten years on from the global financial crisis, it has become evident that there will never be a return to the old 'normal'. On several economic aspects, the effects of the crisis continue to remain active concerns: debt levels in advanced economies remain high (106% of GDP as of 2016). Unemployment in Europe still remains incredibly high-over 15% in Spain and 20% in Greece.⁵⁸ The banking sector in the US and UK have written off non-performing loans, but many Eurozone banks still retain pre-2008 non-performing loans on their books. Over 4% of Eurozone loans are still non-performing assets as estimated by The World Bank.

The ghost of the financial crisis continue to haunt the world even after a decade, mainly on account of the erroneous policies adopted by governments. After a brief revival of Keynesian stimulus in 2009, governments increasingly adopted austerity measures, with a view to achieve fiscal consolidation and structural reform. The austerity programmes considerably reduced the level of economic support available for people at the bottom of the pyramid, and led to high unemployment and diminished public services,⁵⁹ leading to reduced consumer spending and low demand.

The experience of managing such crisis in the past should guide us in formulating strategies for handling the present crisis. Lessons could be drawn even from the Great Depression of the 1930s. During the Great Depression, the damage to economies and societies was so desperate and prolonged when governments adopted the inappropriate policies domestically and abroad.

Domestic policies focused on austerity measures instead of stimulus packages, and globally trade barriers were erected rather than adopting trade liberalisation.⁶⁰

Decline in Global Supply Chain

Manufacturing accounts for nearly 30 percent of the GDP in China and South Korea, 20 percent in Germany, 15 percent in Italy, 11 percent in Spain and the U.S., and under 10 percent in France and the UK.⁶¹ The economies of the developed countries depend on a higher share of personal services. The service sectors have been seriously affected by COVID-19 containment measures- sectors such as travel and tourism, public transport, hospitality, education, entertainment, healthcare, etc. In many of these sectors, recovery will be delayed and in several cases corporate collapses are expected.

During the past decade, developed countries have been focussing on strengthening their manufacturing base. Several countries are fast adopting robotics to strength their low cost manufacturing base. Global value chains (GVCs) are the lifeblood of the world's economy, creating more than two-thirds of global trade. Expansion of GVCs created opportunities for many developing countries such as China, India and many others to participate in global markets and drive their economic development. Recently however, corporations in developed economies have been revising their business models and rather than relying on global supply chains have been investing in robots, which prompted a renaissance of manufacturing in industrialised countries.⁶² COVID-19 will augment this process of shifting the manufacturing base from developing to developed economies.

Rescue Package

Rich and poor countries have announced rescue and economic stimulus packages to protect people from the COVID-19 pandemic and to recover their ailing economies. Japan has announced a stimulus package equivalent to 21.1 per cent of its GDP, followed by the US (13 per cent), Sweden (12 per cent), Germany (10.7 per cent), France (9.3 per cent), Spain (7.3 per cent) and Italy (5.7 per cent).⁶³ India's economic stimulus package is 10 per cent of its GDP. The broad objective is to extend fiscal and monetary support to facilitate coronavirus control measures, provide subsistence and livelihood support to poor families, ensure credit availability to business, trade and farms and support small and medium enterprises and other sectors affected by corona pandemic. The

target support to households will ensure access to basic goods and services and to a decent standard of living. The target support to viable businesses shall limit layoffs and bankruptcies.⁶⁴

International agencies such as ILO, OECD, World Bank, ADB, WEF and NGOs such as Oxfam have suggested the protocol for rescue and recovery packages. All emphasise that the first priority should be to support and protect the health sector to control the virus and adopt measures that slow down the contagion. The next priority is to provide targeted support to hardest-hit households and this should be followed by supporting firms, particularly in the small and medium sectors.⁶⁵ Monetary policy should provide sufficient liquidity and ease financial stress of industries, including small and medium-sized enterprises. A key requirement is a comprehensive and coordinated international action plan to support countries with limited health capacity and financing constraints, through grants, concessional loans, and medical aid, as well as to develop a universally low-cost vaccine.⁶⁶

Regarding support for developing countries, Oxfam estimates the requirement of at least \$2.5 trillion. UNCTAD has called for \$2.5 trillion to rescue the economies of developing economies, consisting of \$1 trillion in debt relief, \$1 trillion in additional liquidity mobilized through SDRs and \$500bn in aid to support developing country health systems. Kristalina Georgieva, Managing Director of the IMF, is of the view that emerging markets will need \$2.5 trillion in support. In a letter to the G 20 leaders, twenty economic experts, among them four Nobel Prize winners, including Joseph Stiglitz, and seven chief economists from the World Bank and other development banks, have warned of 'unimaginable health and social impacts' and have highlighted the need for 'trillions to be mobilised'.⁶⁷

Around the world central banks and governments have mobilised over \$15 trillion of stimulus package via bond-buying and budget spending. The enormous amount spent as stimulus package is offering relief from coronavirus damage. Experts however warn that such lifelong legacy of debt could seed future crises by stifling economic growth and worsening poverty, especially in developing countries.⁶⁸

World Poverty

Analysts indicate that the economic crisis caused by coronavirus could push over half a billion people into poverty, unless urgent and dramatic action is taken to

support economies of developing countries. The progress achieved in the fight against poverty would be pushed back by a decade, and in some cases by as much as 30 years. Under the scenario of a 20% contraction in income, the number of people living in poverty could increase by between 434 million and 611 million.⁶⁹

A policy brief by Organisation for Economic Cooperation and Development calls for rapid and decisive action by governments in order to support the most vulnerable people highlighting the importance of a broad and coordinated policy response that includes strengthened social protection, education, health care, housing support and specific interventions to enhance personal security of women and children, as well as actions supporting vulnerable workers, small businesses, communities and regions left behind.⁷⁰

3. CHALLENGES IN THE INDIAN ECONOMY

Indian Economy

The coronavirus outbreak threatens to devastate the economies of developing countries as they gear up to tackle a health crisis with extremely limited resources, warns the United Nations Development Programme (UNDP).⁷¹ India is the world's fifth-largest economy by nominal GDP and the third-largest by purchasing power parity (PPP). However, on per capita income basis, India ranked 139th by GDP (nominal) in 2018, according to the IMF.

The Asian Development Bank estimated the loss to Indian economy due to COVID-19 outbreak at USD 29.9 billion.⁷² A UN report estimated a trade impact of more than USD 350 million on India due to coronavirus outbreak, making India one of the top worst affected economies across the world. The United Nations Conference on Trade and Development (UNCTAD) has estimated that India's trade impact due to the COVID-19 outbreak could be around USD 348 million.⁷³ S&P Global Ratings reported in May 2020 that Indian economy will shrink by 5 per cent in the current fiscal (2020-21).⁷⁴ State Bank of India research predicts a contraction of over 40% in the GDP in Q1 FY21.⁷⁵

The World Bank and rating agencies had initially predicted India's growth for fiscal year 2021 with the lowest figures India has seen in the last three decades. After the announcement of the economic stimulus package in mid-May, India's GDP estimates were downgraded further to negative figures, indicating a deep recession. In May,

CRISIL announced that India is facing its worst recession since independence.

A CMIE study showed that more than 100 million Indians have lost their jobs in less than 6 weeks since March 25. About 84 per cent of Indian households saw their incomes fall in April under the lockdown. During the survey, 34 per cent of all households reported being able to survive for no more than one week without additional assistance.⁷⁶ Even a 25% fall in their incomes on account of the lockdown will make 354 million more people poor.⁷⁷

Poverty

The coronavirus pandemic and the economic consequences of a prolonged economic shutdown could increase the ranks of India's poorest to 915 million. The proportion of people below the poverty line could increase from 60 per cent to 68 per cent and the country would go back to the situation that existed more than a decade ago.⁷⁸ Even if the pandemic is contained in the next few months, the hardship it is likely to cause to the vulnerable will be unimaginable. It has been said that more people will die of hunger than the pandemic, unless effective intervention is made to address the issue on a war footing.

A study by consulting firm Arthur D Little reports that as a result of the COVID-19-induced economic disruptions, up to 135 million jobs could be lost and 120 million people might be pushed back into poverty in India, and 40 million into abject poverty.⁷⁹ The worst impact will be felt by the most vulnerable in terms of job loss, poverty increase and reduced per-capita income, which in turn will result in a steep decline in the GDP. The study anticipates a GDP contraction of 10.8 per cent in FY 2020-21 and GDP growth of 0.8 per cent in FY 2021-22. Unemployment may rise to 35 per cent from 7.6 per cent, leading to 136 million jobs lost and a total of 174 million unemployed. Poverty alleviation will receive a set-back, putting 120 million people into poverty. The report further adds: "An opportunity loss of up to USD 1.0 trillion of nominal GDP is staring us in the face."

Job Loss

Job losses, destruction of informal sector and inadequate government support could push India back by a decade in poverty-reduction progress. Around 14 crore Indians lost employment in the lockdown.⁸⁰ According to a survey by the Centre for Monitoring Indian Economy, one out of four employed persons lost their jobs in March-April. The unemployment rate was 23.5 per cent in April,

which increased to 27.1 per cent in May. In some states unemployment levels are almost 50 per cent. A survey report by Azim Premji University reveals that about 67 per cent of workers lost their jobs during the lockdown and the fall is 80 per cent in urban India and 60 per cent in rural India.⁸¹

Almost 90% of the country's workforce is in the informal sector, with no minimum wages or any kind of social security.⁸² This is the most vulnerable group in the country. The International Labour Organization estimate that about 400 million people working in the informal economy in India are at risk of falling deeper into poverty due to the coronavirus crisis, with "catastrophic consequences"⁸³

Among the informal workers, a significant share is the migrant workers. India has 139 million internal migrants, according to an estimate of the World Economic Forum.⁸⁴ Migrant workers and their families are among the most vulnerable to the economic consequences of widespread lockdowns by governments⁸⁵

Most of the migrant workers have been unable to access aid declared by the governments. As reported in one study, in mid-April, 96 per cent of migrant workers trapped in cities were unable to access any government aid, 90 per cent received no wages and 70 per cent had less than 200 rupees with them. Rather than remain trapped in cities with no means of earning daily wages or accessing food aid, millions of migrant workers left the cities, many on foot or bicycle, until the government at last arranged trains, after several deaths from exhaustion, accidents and dehydration.⁸⁶ An exodus 139 million odd internal migrants from urban areas is likely to cause problems in rural India, where the economy is already struggling. The return of migrants to rural areas will create a large pool of unemployed workers in rural areas, most of them casual labourers and they form the most vulnerable group to the crisis.

Even in the so called organised sectors massive unemployment has started hitting the labour market. For many sectors, the worst is yet to come. Millions of young Indians are losing jobs, most with minimal notice, in a country without a formal safety net.⁸⁷

In the Auto manufacturing sector likely job losses has been estimated at 2-3 million. In the Retail sectors-organised and unorganised-the estimated job loss will be around 6 million in the next three months. In the auto dealership segment likely job losses would be 200,000 and more. In the restaurants sector 2 million jobs are likely to be lost

and four out of 10 restaurants may never reopen. Media and entertainment sector is losing 600,000 to 720,000 jobs by June, as there is little advertising revenue. In the steel sector the job loss would be around 200,000-240,000. The retrenchment will be more severe in sectors such as real estate (14 million), travel and tourism (38 million) and education (3.6-4.5 million).⁸⁸The situation can get worse in most of these sectors.

Most employment created in recent years remains largely visible in the form of contractual jobs, with many of these new jobs created in the “gig economy” segment (Uber, Ola, Swiggy, Uber-Eats, etc.). The pandemic crisis that shuts down restaurants, movie theatres, and impose sanctions on mobility of people, renders many people jobless.⁸⁹

Economic Package

The government of India has announced an economic stimulus package that seeks to alleviate several economy-related issues triggered by the spread of the COVID-19 pandemic that stalled economic activity in India for nearly two months. The stimulus package is worth ₹20 lakh crore (US\$280 billion), 10% of India's GDP. The package included a mix of reforms, infrastructure building, support to stressed businesses and a certain amount of direct cash support. The package provides for collateral-free loans aimed at resuming business activity and safeguarding jobs. The package included previous relief packages announced by the government, including RBI schemes. The RBI announcements included around ₹8 lakh crore (US\$110 billion) liquidity.

After the announcement of India's economic package, several agencies downgraded their Indian GDP predictions for FY21. ICRA, an international ratings agency downgraded India's GDP estimates to -5%. Goldman Sachs expects the real GDP growth to fall 5 per cent in FY21, revising the earlier forecast of 0.4 per cent contraction.⁹⁰ Other foreign research and brokerage houses also retain a dismal projection of economic growth in India, despite the Rs 20 trillion economic stimulus. These revised GDP estimates signal a deep recession.

Serious limitations of the stimulus package have been identified. Perhaps the major limitation is that the stimulus package did not address short term demand concerns, which may in turn pull down the economy even more and most of the announcements are related to the supply side. Further, the direct fiscal cost of the package is small, at 0.1% of GDP. In fact the government used the opportunity to push through some long pending

politically sensitive reforms. Less consumer spending is already hitting almost every sector of the economy, and with a declining aggregate demand, a vicious Keynesian cycle of low investment and high unemployment will lead the country into a recession. IMF chief economist Gita Gopinath has suggested: “Households and businesses hit by supply disruptions and a drop in demand could be targeted to receive cash transfers, wage subsidies, and tax relief, helping people to meet their needs and businesses to stay afloat.”⁹¹

The economic package announced by the government is a lost opportunity, according to analysts at Bernstein –an investment management firm based in the United States.⁹² They consider that the overall plan was a general economic agenda that lacked substantive decisions to support consumption and to promote business. The desire to announce a large economic package that shows the world that they care about the economy was perhaps the driver for the claim of a large package.

Anticipating Famine

David Beasley, the executive director of the World Food Programme, has warned the UN Security Council that the world is “on the brink of a hunger pandemic” which could lead to “multiple famines of biblical proportions.”⁹³ The head of the UN food agency has cautioned that as the world is dealing with the coronavirus pandemic, it is also “on the brink of a hunger pandemic” which could lead to multiple famines within a few months, if immediate action isn't taken.⁹⁴ The virus creates two big challenges - threats to life among the poor, and increase in poverty. The biggest cause for concern is the possible short-term increase in malnutrition. The virus could starve us before it makes us sick.⁹⁵

USDA's International Food Security Assessment, 2013-23 estimates India's food-insecure population at 255 million.⁹⁶ Food security requires ensuring adequate food supply to people, especially those who are deprived of basic nutrition. In India food security has been a major concern. According to UN-India, there are about 195 million undernourished people in India. Further, about 43% children in India are chronically undernourished.⁹⁷ The 195 million undernourished people in India means that the country shares a quarter of the global hunger burden. The 47 million malnourished children in India implies that 4 out of 10 children are not meeting their full human potential because of chronic under nutrition.

The National Food Security Act has dramatically increased

the number of households eligible for subsidised food grains in India under the national food aid programme. Recent estimates suggest that the government spent about 1 percent of its GDP on food aid programme, making it one of the largest domestic food aid programs in the world. However, by the Government of India's own estimate, using a measure of poverty, based primarily on the cost of a nutritionally adequate diet, 355 million Indians, or 29.8 percent of the population, lived in poverty in 2009/10.⁹⁸ The implication is that despite large outlays on food subsidies, India continues to account for the largest share of the world's food-insecure population.

India is indeed the second largest producer of food in the world. In the three decades from the 1970s to the 90s, India's agricultural GDP grew from \$ 25 billion to \$ 101 billion, recording an absolute growth of \$ 76 billion. In the next 14 years (2000 to 2014) it increased from \$ 101 billion to \$ 367 billion, registering an astonishing growth of \$ 266 billion.⁹⁹

Further, there has been surplus production of food in the country. For instance, total food grain production in the country is estimated at 291.95 million tonnes for 2019-20, which is higher by 6.74 million tonnes than the production of food grain of 285.21 million tonnes achieved during 2018-19.¹⁰⁰ India is self-sufficient in a number of food crops and there is enough food to meet demand. However, hundreds of millions of Indians have poor nutritional health and micronutrient deficiencies are common in India.¹⁰¹

Kovid-19 has augmented the non-availability of food for the vulnerable groups. The recent experience of migrant workers in Delhi is a case in point. Hundreds of men, women and children had to wait in the blazing sun for a precious meal in Gurgaon on the outskirts of Delhi. The biggest problem they faced was the availability of food and rations. They had been without any work for weeks and most had exhausted their savings. They were labourers, masons, drivers, maids, cleaners, guards and vegetable sellers. The lockdown had stripped them of everything including their dignity.

Despite the food security achieved by the country, the chances of famine cannot be ruled out. There has been short fall in food production during certain years, for example, in 2014 and 2016. After all the level of food grain production in the country is dependent on monsoon rain fall. At the current spate of the corona pandemic, labour

availability cannot be presumed. Several weeks have been lost during the lockdown. Locust attack is already ranging in several states. Food production surpluses are limited to a few states. Famine usually follows an epidemic and with the high level of poverty in the country the chances of famine cannot be ruled out. There is indeed the need for anticipating famines, at least in isolated communities, and preparations are needed on the part of the government, the society and the families.

Conclusion

The civil society in the country has been active in relief functions connected with the containment of the coronavirus pandemic. For the first time in recent years the governments have realised the role of NGOs in disaster management. As the world is facing the biggest health crisis in recent history, NGOs have a legitimate role and responsibility to address a variety of issues and challenges faced by the pandemic ridden society or neighbourhood. A few suggestions for NGO interventions in relief and rehabilitation of the COVID-19 affected people and communities are outlined in the next section.

4. COVID 19 - SAMPLE PROGRAMMES FOR RELIEF AND REHABILITATION

(Possible programmes that can be implemented by small/medium NGOs & CBOs)

1. TARGET GROUPS

- Vulnerable groups/ areas in case of famine
- Vulnerable groups/ areas in case of communicable diseases (other than COVID-19)
- Orphans and destitute (of families of COVID-19 victims)
- Migrant workers who lost livelihood
- Stranded daily wage earners
- Rural poor including agricultural workers, street vendors, casual labour, etc.
- Slum dwellers
- Other vulnerable groups, including women, girls and transgender
- The elderly and the sick

2. SAMPLE PROGRAMMES

2.1 Relief programmes

- Food supply in case of famine in affected areas
- Medical support in case of communicable diseases in affected areas
- Charitable services for orphans and destitute (of families of COVID 19 victims)
- Relief camps during the lockdown and supply dry ration to displaced daily wage earners
- Community kitchen in low income rural areas and urban slums (after lockdown)
- Production and distribution of Hygiene kits (soaps, masks, sanitizers, gloves) in high risk areas
- Food Packages in high risk areas
- Supporting government initiatives for relief and rehabilitation
- Counselling and psychosocial care for affected families

2.2 Awareness programmes

- Creating awareness about government relief and rehabilitation programmes
- Educating households/community groups for behavioural change: social distancing, hand washing and other hygiene measures
- Awareness campaigns on sanitation, child health, health care and safety
- Health awareness and empowerment programmes for women and adolescent girls

2.3 Health Support

- Organising local health care initiatives such as clinics
- Establishing centres for indigenous medicines
- Infection control awareness and testing support
- Organising medical camps
- Supporting the establishment of temporary quarantine facilities

2.4 Skill training

- Skill training in simple crafts (electrician, plumber, masonry, carpentry, driving, tailoring, beautician, home nursing, bakery production, etc.)

- Skill training for repairs and maintenance (of home appliances, electronic equipment, farm equipment, mobile phones, etc.)
- Agriculture technology support: training in new farm technology (in agriculture, horticulture, dairy, fish culture, etc.) and training in the use and maintenance of farm equipment
- Providing entrepreneurship training for establishing dairy, poultry, piggery, fish culture and other viable

2.5 Charity programmes

- Nutrition programmes for pregnant women and children
- Programmes for debt relief
- Housing programmes for the poor
- Support for drinking water and sanitation
- Sustainable livelihood programmes

2.6 Educational Support

- Academic support to help prepare children for school examinations in urban slums and villages
- Career guidance and Counselling for School children (in schools as well as individually)
- Educational support (material and financial) for school children

2.7 Economic and livelihood support programmes

- Forming SHGs and microfinance programmes in association with NABARD and major NGOs
- Strengthening / forming cooperatives of small farmers, petty shop owners, village market traders, vegetable / fish vendors, auto and taxi drivers (facilitating microcredit, centralised purchases, etc.)
- Forming guilds for artisans, carpenters, workshop technicians, electricians, plumbers, handicraft workers (facilitating centralised purchase, marketing, microcredit, etc.)
- Organising marketing support for farmers, artisans, micro entrepreneurs, etc.
- Introduce social business models (as initiated by Grameen Bank and Muhammad Yunus in Bangladesh)

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4. BITTER LESSONS OF CORONA WITH FOOD FOR REFLECTIONS

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The Corona Virus is booming while the global economy goes into a deep recession. The current agenda of social, economic and political developments in the world is determined by this tiny and invisible virus. The mass media deliver to us daily horror reports about the angry pandemic directly into the living room. There is no shortage of information, analyzes, research into causes and solutions, therapy tests and rules of conduct to avoid the infection and its dissemination. There is hence no need for further descriptions of the serious consequences of the corona crisis. Instead, this article tries to highlight some lessons and trends from this crisis. It may sound cynical if, in the midst of such devastating life threats, the cause of such challenges is being considered as the bearer of possible worthwhile messages and developments. In fact, the pandemic reveals the helplessness of humanity in solving unexpected challenges. The human who believes to be the crown of creation has to be aware that he must reflect and recognize the limits of his power. The high pride combined with over confidence has to give way to humility. This lesson is given to all people, no matter where and how they live; no matter how powerful or powerless they feel. The Corona crisis gives indeed opportunity to re-reflect on the interpersonal relationships among mankind and nations.

We are aware of the admirable technological achievements of man. The mankind has even managed to land on the moon, but it is still far away from creating reliable living conditions for all people on this earth, although the creation contains all sources for a life in fullness. It seems that we apply more destructive spirit than the will to save life. Sometimes humans turn out to be the most dangerous virus for nature and fellow human beings. We are aware of various types of manmade wars of annihilation. These include world wars and regional wars with the use of even atomic and chemical weapons, cold war due to ideological competition between east and west, wars between religions and distribution struggles of different kinds. The question arises which virus infects the brains of the war strategists. This virus is certainly a mixture of paranoia, security addiction, power addiction, greed and even madness. In the period from 1939 to 1945 alone, more than 70 million people were killed in the war. The commemorative events in May 2020 to mark the 75th an-

niversary of the end of the Second World War reminded us of memories of this incredible crime against humanity. But such wake-up calls influence in no way those who follow the illusion of securing peace with more weapons. The armament competition is being relentlessly accelerated worldwide with the waste of vital resources. The decision to strengthen nuclear protection is currently being accelerated in Germany. This is in no way a proof of credibility since nuclear powers of NATO, allegedly to prevent the proliferation of nuclear weapons, punish other potential nuclear powers like Iran with heavy boycotts.

More than 8000 children die every day, i.e. almost three million a year of hunger that acts like a deadly virus. Food is the vaccine against this virus. However, the poor are denied to receive this abundantly produced life saving resources for market reasons. There is no global excitement expressed in the event of starvation; this is however, significantly different with the spread of the corona virus. No need to wonder why; starvation affects the poor only, the rich are spared. Corona, on the other hand, does not distinguish between rich and poor people and nations; everyone feels the pain of the pandemic in varying intensity. Some just couldn't imagine that the tiny virus dared to attack them too. Attempts by some world leaders to trivialize Corona failed miserably because the virus is not interested in their conspiracy theories and stigma tactics. Those who came too late paid the price with life. Their death would not be in vain if we would learn from such experiences, COVID-19 sends the signal that the people from all nations belong together, in spite of social distancing. Combating the pandemic requires jointly agreed solutions, especially since the virus recognizes no national boundaries. The strategy, "Think globally and Act locally" applies in this crisis.

Corona changes the speed and direction of the globalization process. In this time of severe crisis, nations feel their dependence on the supply of essential goods. The division of labor according to comparative cost advantages does not ensure the sustainability of self-sufficiency. When procuring protective masks during the corona crisis countries like Germany realize their dependence on China although the machines to produce such goods are exported from here. Similar was the case in the pharmaceutical market. This dependence

is painfully noticeable even in the individual regions of the same country like India. Essential food items such as rice and vegetables have been supplied to the state of Kerala by other states like Andhra Pradesh, Tamil Nadu and Karnataka for decades. Foreign workers from Kerala, who earn their income especially in the Gulf States, were promoting the increasing consumer mentality with their transfers. Agriculture in Kerala has been neglected. Some consequences of such policies and omissions are now apparent. The lockdown stopped deliveries from other regions and some of the foreigners returned home. An important source of external funding is slowly drying up. Similar experiences are shared from other regions of the world. The increasing privatization of basic infrastructure in the fields of health and education has proven to be an obstacle for government agencies to intervene quickly and effectively with protective measures. Individual nations and regions are now starting to produce goods in order to meet their own needs. The experience of one-sided dependence will accelerate a debate towards independence. Mahatma Gandhi's vision of a "self-sustained society" is becoming more vital again.

The Corona crisis invites our attention to certain population groups who have not been in the focus of public until now. Above all, the medical staff in hospitals and ambulant services, as well as security personnel such as the police, fire brigades and service personnel, including the cleaning staff in hospitals, is working for the virus-infected patients undergoing highest risk. Being in constant touch with the infected patients the nursing staff takes the risk of self-infection. The nurses are now praised everywhere as angels. This recognition becomes credible only when there is a noticeable increase in their remuneration. The efforts of the doctors require grateful recognition. In the situations of significant shortage of respiratory equipments, some doctors even become selectors with the most questionable task of choosing patients for preferential treatment. The result ends with the earlier death of elderly persons in favor of saving younger life. It is hardly understandable that even well known politicians in Germany indicate their readiness to compromise in respect of the dominant ethical principle concerning the inviolability of human dignity. The fate of the migrant workers from various federal states in India has been highlighted during the crisis. They are wrongly referred to as "guest workers" even though they are Indian citizens. The lockdown brings these day laborers to the brink of hunger. The shocking pictures of families with elderly persons, pregnant women and kids who walk

miles for miles in order to reach their home villages remain unforgettable in our minds. The epidemic virus directs our attention also to see the situation of students and workers in some business companies. In many schools and factories the hygienic facilities are in a catastrophic state. The underdeveloped digital capacity in schools and industry was already known and the increased need for digital use during the crisis leads to the realization that this severe deficit demands immediate attention. Many students are unable to use computers for "home schooling" because they do not have computers or there is a lack of knowledge of electronic use. Children of poorer families are particularly affected. These revelations of the crisis are learning material for more effective planning in the future.

Without neglecting the dangerous consequences of the corona virus some encouraging developments may also be mentioned here. This includes inter alia a slight environmental improvement. Due to the lockdown, less toxic chemicals flow into the waters of the rivers like Ganges, Yamuna and elsewhere. Fischer's Fritz is fishing fresh fish again. The climate is recovering a little better because of the low CO₂ production. The air becomes cleaner, breathing easier and heavy fog gives now way to a better view of cities like Delhi. Corona gives practical lessons to those who deny the influence of CO₂ on climate change. The Corona Virus also interferes in the social climate. The ruling parties are given great freedom to take measures to combat the spread of COVID-19. Critical voices from the opposition can hardly be heard, since the electorate expects strict discipline in this emergency situation. Suddenly, trillions and billions of dollars, Euros and rupees flow to reduce the damage caused by viruses, in particular to save the economy and jobs. The acceptance of government loans is approved without heated debates. The democracy has hopefully an inbuilt capacity to reinstate the fundamental rights as soon as possible. In the crisis, people experience very concretely that life can also be meaningfully designed with just lesser goods and luxury.

We recognize for example: "small is beautiful", the happiness of the newlyweds is not dependent on the shows with an overwhelming number of wedding guests, belief and spirituality can also be lived without institutionalized rites and dogmatic adherence to traditional customs. Although the term "social distance" is misleading, people experience that the physical distance in no way hinders nearness. During this crisis, elder people in particular

experience the solidarity of their neighbors, whom they had never even known until then. Enriching and grateful solidarity and encounters with hearts, eyes and smiles take place. The virus like COVID-19 in and around us shall

not be given again a chance to determine and rule our lives, but the lessons learned from this crisis should be heeded. Everything has its time and everything conveys a message for further learning.

5. COVID-19 RELIEF ACTIVITIES THROUGH SOUTH INDIAN PROVINCES

5.1 St. Joseph's Province, Thiruvananthapuram

St. Joseph's Province has provided services such as Food & Provision Kit Distribution, Awareness Campaign



& Counseling, Mask Distribution, Transportation & Accommodation facilities to the poor people at Alappuzha & Trivandrum districts for an amount of Rs. 40,34,062/-.

5.2 St. Joseph Province, Kottayam

Community Kitchen - Distribution of Provisional Items



Kerala government has initiated for setting up of community kitchens after it came across reports on scores of people of weaker sections, especially the homeless, struggling for food following the lockdown. Social Apostolate department provided rice, grocery items, and vegetables to Pala Municipality community kitchen.

Online Counseling Service

The COVID-19 outbreak has unprecedented impact in the world as well as in India. The impact is on physical health, economy and social activities. The outbreak is causing mental health issues for many. People are finding it difficult to deal with the anxiety, uncertainty, and

they feel depressed and vulnerable. In order to help the people Social Apostolate Department started an online counseling project named ASWAS. This project aims to help people with mental health support to deal with the psychological impact of the COVID-19 outbreak through web-based counseling format.

Immune Actions and Medicine Distribution

Vikas Yagna Social Service Society, Parappu (VYSSS) became part of the preventive actions by the Govt. of Kerala to prevent the spreading of COVID-19. As part of safety, we provided safety equipment to all the staff members and has given awareness on social distancing. VYSSS collected medicines for the physically challenged from hospitals and dispatched them to their doorstep.

Essential Services

We enquired about the wellness of Chavaragiri Special School Students and their families and dispatched provision kits including vegetables to the suffering families. We also helped them to get medicines which are not available from the Govt. hospitals.

Food Kit

Food kit which include 17 essential items have been provided to 87 lakh ration card holders in Kerala by the State Government. VYSSS is also became a part of this by providing space for storage, and by packing and filling the items for 25,000 families in Upputhara Panchayath. The Vikas employees, Govt. Employees and Volunteers from Upputhara zone helped in the packing and filling of food kits. The Director of VYSSS Fr. Cletus Tom Edasseril guided to perfection the fast movement of this service.

COVID-19 Crisis Management

VYSSS conducted a survey among the local community, through its SHG members, and the respondents reported that if the situation continued for one more month, the condition of almost all the middle class families would become worse; they would starve as they were unable to get proper ration as Govt. gives priority to the BPL



families. So VYSSS wishes to implement a programme to help the middle class families, especially for the families who lost their income due to lockdown and for people who lost their job, during the month of July & August.

VOSARD has always put in a lot of effort in aiding the community at the time of emergency. Being a socially responsible organization that works for the welfare of marginalized category of society, VOSARD has worked with the poor and weaker sections of the society through self-help initiatives and by empowering them to achieve sustainable development, regardless of caste, creed, and religion. During this lockdown period we are providing food/nutrition supplies to children, senior citizens and PWD's, 24/7 counseling service for crisis intervention, routine phone follow-ups among SHG members and their caretakers. Volunteers reached out to the people affected by the lockdown, especially daily wage earners, and marginalized categories of the society and provided them with emergency food kits. The Family Counseling Centre (FCC) of VOSARD has been very efficient in providing 24/7 counseling support during lockdown. Telephonic counseling sessions and follow up are going on. St. .Annes Monastery, Kurianadu provided rice, food kits and mask for the neighboring areas of Kurianadu. They spent around Rs. 12000/- to support the people who are affected by lockdown.

Mary Matha School, Theni

Mary Matha family took initiative in serving the poor during this time of crisis. We served 60 elderly persons who are looked after by a Charity trust," Manathurukkam" situated near Kaanavillaku, Aundipatty Taluk is an orphanage for aged and physically challenged beggars. Deputy collector Mrs. Niraimathi joined hands and encouraged us to meet the timely need of the elderly people. We extended a helping hand and spent around Rs. 2 lakhs and provided them with some Grocery items for around 100 families.

5.3 Carmel Province, Muvattupuzha



Carmel Province Muvattupuzha through the Department of Social Work and the houses/ institutions in different place have made effective interventions to ameliorate the hardships of the vulnerable groups during the lockdown period.

As Govt. of Kerala had made sufficient preparations to meet the challenges with proper administrative system at all levels, our support and help were not much needed in many areas. Even then we offered our readiness, help and institutional support to the local administrative bodies in advance. On our part, we tried to help the families who are closely associated to us in our houses and institutions and also deserving families in our neighbourhood. Those employed in our houses and institutions were given salary during the lockdown days and other support as per the need.

An initial circular issued and video message of Fr. Provincial was sent to all houses in order to intervene positively in the pandemic situation. Later a zoom conference of all Superiors was convened on May 21, 2020 to assess the present situation and for the review of activities. The major interventions of Social work department in various levels are listed below.

COVID -19: Social Interventions by Social Work Department

- Food kit for SC/ ST colony of Muvattupuzha municipality
- Umbrella for traffic police of Muvattupuzha
- Grocery kit for Kuzhimattam Colony, Muvattupuzha
- Vegetable & fruit for Neighbors, Muvattupuzha
- Cool drinks for traffic police, Muvattupuzha
- Drone service for traffic police, Muvattupuzha
- Media intervention-song competition

- Housekeeping, washing & cooking
- Agro service-go green expansion
(Vegetables, fruit plants, tuber crops, herbals, garden works)



Social Intervention by other Centers and Houses

- Vattavada : Community kitchen 7 days, Mask for 100
- Adimaly : Community kitchen 7 days
- Neriamangalam: Food kit for 17 families
- Calvary Mount: Food kit for 28 families
- Chenkara : Food kit for 70 families, 1 house construction
- Bangalore: Rice for 50 families and medical aid
- Patyala : Food kit for 50 families; Food 100 people



A Few Proposals as Suggestions are given below

- Encourage cultivation of vegetables , tuber crops, fruit trees rice etc. for self-sufficiency
- Cultivate all unutilized land with zero waste land to check poverty
- Self sufficiency for every family with regard to food grains and vegetables.
- Achieve the aims of Go Green activities in all aspects
- Ensure the presence and social commitment of CMI Congregation

- Facilitate the opportunities of economic packages of Govt.
- New learning and earning has to be practiced and employed.
- Our domestic workers, laborers, institutional staff, deserving neighbors are to be taken care off with special attention.

Rev. Paul Parakatel CMI, Provincial and Rev. Fr. Mathew Manjakunnel CMI Councilor for social work are monitoring and leading the COVID -19 impact interventions and social actions. All fathers and brothers are involved and they are supporting the efforts at various levels in different places. In general these lockdown days provide an experience which gives time for corrections, reformations and conversions. It changes the present system of life to a new way of life with social transformation in aspects and areas of life.

5.4 Sacred Heart Province, Kochi



In association with Sargakshethra we distributed 800 food kits at a cost of per kit Rs.1800 for a total cost of RS 1,440,000 to low income families of Vypin, Neeleeswaram, Karukutty and Chunangumveli. St. Joseph Monastery, Koonammavu distributed 82 grocery kits to auto-rickshaw drivers of Koonammavu area. For running Community kitchen at Sacred Heart College, Thevara contributed Rs. 100000.350 persons are being fed daily.

Church and Monastery at Thevara together helped 20 poor families by donated Rs.1000 each. Besides Monastery at Thevara had spent Rs. 25,000 for giving food kits to poor families Sahrudaya Rajagiri spent RS. 240000 for distributing 400 food kits to poor families in Manappuram, Kottarappilly, Assissi Vaikom, Koonammavu and Vallakam villages. 1000 food kits were donated to P T Thomas, MLA for the poor families of Thrikkakkara Panchayat which cost Rs 500,000. 40 food kits were donated to the poor families of Chittethukara Panchayat which cost Rs. 20,000. 300 food kits were distributed

to the nearest municipal Councillors of Kalamassery Municipality for supplying the neighbourhood needy people which cost Rs 150,000. Sahrudaya-Rajagiri donated Rs 50,000 to the community kitchen operated



by Kalamassery municipality. Masks and sanitizers were also distributed (1300 masks which cost Rs 15,600 and 500 bottles of sanitizers at a cost of Rs 42,500). The Rajagiri School of Social Sciences located at Kalamassery provided their men's hostel as quarantine centre for the returning expatriates. This is the first hostel in Kerala that has been setup to quarantine returning expats. The hostel provided 70 single rooms which were well equipped with good facilities.

5.5 Devamatha Province, Thrissur

CMI Devamatha Province, Thrissur was in the forefront in COVID-19 relief activities, just like it used to be in any other calamity, supporting the poor and the marginalized. The COVID-19 response of CMI Devamatha Province, Thrissur were coordinated through Amala Institute of Medical Sciences (AIMS) popularly known as Amala Hospital and Kuriakose Elias Service Society (KESS). Amala Hospital took the lead in medical response by forming a COVID-19 response team within the hospital and preparing necessary set-up to incorporate any emergency related to this pandemic. KESS initiated the Social work level intervention of the province and supportive services to medical response team. This included the manufacture of mask, sanitizers, liquid soap, PPE etc., and conducting mass level awareness programmes directly, through different ashrams/ institutes under the province and also in line with the Government machinery. KESS coordinated the distribution of various essential materials for COVID-19 prevention and basic provision kits including food materials.

Mask Production and Distribution

Usage of mask is one of the major preventive measures to reduce the widespread of COVID infection through social contacts. Devamatha Province have manufactured



and distributed more than 3 lakh masks to medical professionals, public servants like doctors, Govt. staffs, elected members etc., and the poor people in community and the general population. The distribution was mainly concentrated in Thrissur, Ernakulam and Kozhikode Districts and many were benefitted due to this venture.

Personal Protective Equipment (PPE) Production and Distribution



Personal Protective Equipment is the need of the hour, especially to medical professionals who are in constant contact with patients. Devamatha Province initiated the manufacture of PPE material immediately after the outbreak of COVID-19 cases in Kerala and we were able to support the hospitals including Government medical colleges with its supply. Military hospital of Arunachal Pradesh procured our PPE considering its excellent quality as per their requirement, which has to be specially mentioned and our supply was not limited to Thrissur District alone. We were able to produce 2300 set of PPE till date for medical/ health settings under various categories.

Provision Kit Distribution

It is not the COVID 19 infection which has hit the people of Kerala, but the financial constraints that lockdown



has brought to the poor and unorganized class of the community. At this onset, Devamatha Province distributed provision kits including groceries, vegetables and items for daily usage to the poor through its various institutes and ashrams. People living in slums, street living people, and HIV and cancer affected families were focused in the distribution of provision kits and 570 kits were distributed till date. This was very helpful for people who were in poverty due to lack of income.

Sanitizer and Liquid Soap Manufacture and Distribution

Washing hands was highlighted as the major strategy to prevent COVID infection and Devamatha Province ensure that there is a regular supply of such sanitation materials available for the community, which is affordable for the poor. 1600 sanitizers and 600 liquid soap bottles were manufactured and distributed among medical professionals, public servants like doctors, Govt. staffs, elected members etc., poor people in community and general population.

Income Generation Programme-Employment Support for Poor

Considering the livelihood of families, who were dependent on daily wages and the overwhelming demand for mask and related prevention materials, Devamatha



Province initiated income generation programme for women. Individual and group mask manufacturing units were started where they are given material for stitching masks, PPE etc., and the finished materials are collected, providing them an average of Rs.300 as daily wage. Around 75 families are employed under this programme and many will be added in the upcoming days.

Hospital Support

Amala Institute of Medical Sciences is providing regular support for COVID-19 intervention with specialized wards and other settings for dealing with this pandemic. The hospital Management appointed 4 nodal officers for coordinating the process. The team comprises of medical officers, doctors, nurses and paramedical staffs forming a triage response system, including all the medical departments of the hospitals, following the international protocols to be followed during infectious diseases. Isolation ward, Isolation OPD, quarantine ward and intensive care unit (ICU), with all facilities were set up immediately after the first COVID-19 case was reported in India. So far the hospital has catered the needs of 30 patients, who were under quarantine, isolation and emergency categories. There were no positive cases till date and the hospital is ready to meet any emergency, including community spread. In addition, outreach programmes, mask distribution and manufacture, provision kit distribution, etc., are implemented through this institute.

Counselling and Linkages

The emotional trauma brought due to COVID-19 is much more significant than it appears to be. It is not merely the fear of getting infection, it is more about financial issues, being confined to a place, fear of losing job, being away from close ones etc., Hence, counselling services were initiated by Devamatha Province to deal with such psychological issues. In addition, linkages were done with Government schemes and services and networks were utilized to make sure that the poor receive food and medicine which are their basic necessities. 450 counselling sessions and 300 linkages were done till date under this head.

Awareness Programmes

Devamatha Province was involved in COVID-19 related awareness programmes, which include developing and distributing IEC, social media campaigning and one to one education. The awareness programmes not only include prevention related messages, but also focused on providing awareness related to government schemes and services. 215 such awareness programmes were held till date.

Other Services

Poor small scale farmers were supported by purchasing crops, agri-products from them and distributing it for

the poor, thereby ensuring best price for their farming. Jerusalem Retreat Centre provided their premises for undertaking COVID-19 isolation cases to the Government authorities. 25 families were provided with financial support for their daily needs, including medical needs in the context of COVID-19 infection, which is in addition to the thousand other families who are regularly supported by the province under various projects. Transportation support was provided to 30 families for their emergency needs, including medical needs.

5.6 St. Thomas Province, Kozhikode

Mask Making Unit



Department of Social Apostolate of CMI St. Thomas Province Kozhikode with the help of volunteers from Devagiri and MSMI Province house sisters could make 5000 masks till now. We started it in the very beginning of the lockdown, when the masks were necessary and in a shortage for Police personnel's and other health workers.

Distribution of Medical Gown

Medical gowns and masks were given to the Govt: Medical College, Kozhikode for its Corona isolation ward. The Province also gave medical gowns and masks to Fathima Mata Mission Hospital, Wayanad.

Distribution of Masks

STARS distributed 3000 masks for the police personnel at different rural and urban police stations, namely, Mavoor,



Kakkoor, Medical College, Kodenchery, Chevayur, Kozhikode City Police Office, Crime Branch Office, Kozhikode etc.

St. Josephs College Devagiri distributed 1000 Masks to the Nelikode Village office, Kozhikode.

St. Marys Higher HSS Koodathai distributed 1000 for the Public servants in the Kozhikode district.

Tele-Counselling Service

We have started a free Tele- Counselling service, mainly focusing to get a relief for people during this corona pandemic in the districts of Kasargode, Kannur, Wayanad, Kozhikode and Nilgiris. People can contact four counsellors through phone. A short video based Awareness Programme titled "Stay Home, Safe Home" has been launched. It deals with topics such as health and mind related issues, productive use of lock down, parenting, etc. 10 videos have been created and uploaded so far.

Food Distribution



Food is being distributed daily for Army and Police personnel by Christ CMI School, Noushera, Jammu and Kashmir. They also distributed 150 Grocery kits each worth Rs 590 to the Poor families in Nowshera locality. Superior Fr. Libesh CMI and school Principal Fr. Sujith CMI are taking the initiative to serve the public servants.

Sacred Heart Parish, Gudalur distributed 40 grocery kits, each worth of Rs. 1500 to the poor families in Nilagiri District, Tamilnadu.

Drinking Water

Silver Hills Schools, Kozhikode supplied 1000 bottles of drinking water to the police personnel at various places in Kozhikode district.

Financial Help

Sacred Heart Church, Gudalur contributed Rs.2000 for each family. There are 65 families that received the benefit. St. Joseph Church Devagiri has provided Rs. 2500 per family to 20 families with financial difficulties.

Medical/Treatment Help

Silver Hills School and STARS have supported 8 patients with poor financial background. They have been provided financial help for their treatment.

Production and Distribution of Sanitizer

The Chemistry Department of St. Joseph's College Devagiri produced 130 litres of hand sanitizers and



distributed among public servants working in Civil Station and Corporation office.

Institutions for Quarantine Purpose

CMI Education institutions such as St. Joseph's College and Devagiri schools have been selected by the revenue authorities for quarantine purpose.

Free Ambulance service is operated for poor patients in Medical College, Kozhikode in connection with COVID-19. St. Thomas Province, Kozhikode donated 5 oxygen cylinders worth Rs. 50,000 to General Hospital, Kozhikode. Provincial Rev. Fr. Thomas Thekkel CMI handed over this to the hospital authorities.

5.7 Preshitha Province, Coimbatore

COVID-19 badly affected the life of people in the area. The members of our houses have fully followed the rules and regulations of the authorities. During this period, Preshitha Province Coimbatore extended various supports to affected people in different places.

Preshitha Service Society, Pollachi

Relief Kit Distribution

In Coimbatore District, Anamalai, Valparai and Aliyar are tribal areas. These places are situated in the ranges of

Western Ghats where the oldest tribal population of India was living. They are named Malasar, Muduvar, Kaadar and Malamalasar. During the lockdown, the life of the tribal people in this area was affected because they are working for daily wages in the tea estates. They could not access any shop for their daily needs. They have to travel around 30 km to the nearest town Valparai. There was no public transport during lock down days. In this situation, PSS was informed about their need and we intervened timely by providing grocery kits to 153 families. The Special Task Force, Sathyamangalam contacted the Secretary of the Preshitha Service Society to help the people in need. In this pandemic season of COVID - 19, we could distribute grocery and vegetable items worth of Rs.150000/- in Valparai Block. People in villages of Sankarangudi, ParamanKadavu, Udumanparai, Kallarkudi, Ballakinaru, Kavarkal and Nedugundru benefitted through this immediate help provided on April 3, 2020.

Mobile Medical Unit

Our medical unit lead by Dr. Rathinasamy MBBS is collaborating with the district health team in the disinfection and checking process in the Tamil Nadu-Kerala borders since March 14, 2020. They check all the passengers and vehicles according to the lockdown norms. Ms. Nithya the staff nurse, Ms. Ramaprabha the lab Technician and Mr Ranjith medical assistant are working with Dr. Rathinasamy. They are assisted by Pollachi-Anamalai Police team and other government officials. Their duty is monitored and supported by state and district administration.

COVID-19 Counseling Centre

PSS is giving counseling facilities to those who are in need during the pandemic season. We have a counseling team which is collaborating with district health administration. There were 30 cases handled by this team in the month of April 2020. They identify the victims' real issue and rehabilitate them with the help of Government. Some guest employees from other states who are working in the coir and food factories around were also benefitted.

One Meal per Day Campaign

Through the local benefactors' support, PSS could identify the benefactors for the 100 meals (Tomato Rice) to those who were really in need. The petty shop owners, laborers from other states and Thattukadai families were included in this program. It lasted for 7 days.

Preshitha Rural Hospital

Preshitha Rural hospital organized an awareness program on 'Corona Virus spread' for the public and private vehicle drivers. The program maintained social and physical distance. The need of sanitizing and social distance was focused and demonstrated to the patients. All the OP patients are given masks and masks are being offered to the public who are coming to hospital without mask.

BARAKA Community Care Centre, Kenya



Baraka Community care centre is coordinating COVID-19 activities in Kenya. Through this centre, we have provided food kits to 348 families and the kits included food and necessary stationary items. We distributed these kits to Muthaiga, Muchiweri, Kiamthaga, Sweet waters etc. We supported special school in Noromoro. Our centre is providing 24 hours counseling support to Kenyans. We are also providing financial support.

Santhome, Chennai

With the support of Christ King Parish, teachers and students of Christ School and friends of Santhome, Santhome Ponnemalle coordinated the COVID-19 activities in Poonamallee area. The scholastics of Ponnamallee are also involved in various activities. With the consultation of Health Department, Municipal Authorities and Police department, we organized activities such as support to Health Workers, Sanitizers to 400 families and distribution of Food Packets, Grocery Kits ,etc.

Bharathamatha Higher Secondary School, Palakkad



As a charity initiative of COVID-19, Bharathamatha Higher Secondary School with the support of Bharathamatha Alumni Association BAAS, Palakkad did various charity activities in Palakkad. Following are the activities we conducted so far. We provided 100 face protection visors and 300 medical masks and umbrella to Kasaba and Walayar police stations and 1000 bottles of drinking water to Walayar check post. The School distributed 10000 cloth masks to people at Marutharoad Grama Panchayath, 800 N95 masks to District Hospital, Palakkad and 1000 medical masks to Ayurveda Hospital.



Preshitha Provincial House, Coimbatore

We distributed rice kit to 110 leprosy families in Coimbatore area. We also provided support to purchase vegetables to an old age home in Periyanaikampalayam. Chavara Vidya Bhavan, Coimbatore distributed 500 food packets to the people who are staying in streets. We handed over face masks to Police Department.

Attappady Social Service Organization

- **Awareness Programmes:** We conducted houses to house awareness programmes in various tribal hamlets at Agaly Grama Panchayath about the importance of hand washing and social distancing. We distributed soap to each house.
- **Masks Distribution:** We distributed 5000 masks in Attappady area to police, hospitals, milk societies, auto drivers, Grama Panchayath etc. The SHG women are making the masks as a income generation programme.
- **Volunteer and Community Kitchen Support:** Joining hand with Government Tribal Speciality Hospital Kottathara, a group of 16 volunteers are working for distributing medicines to needy people, check post duty officials, etc. We met the expenses for their food and travel during the lockdown days.

We also provided wage for 2 cooks in quarantine centre in Agali Grama Panchayath.

- **Food Provision:** We sponsored one day food for 250 Akasaparavakal in various centers on 1 May 2020.

5.8 St. Paul's Province, Mysore

Distribution of Food kits amid Corona virus Pandemic



In an attempt to ensure basic essential to all during this lockdown due to the corona virus pandemic, St. Joseph's Charitable institutions, Mysore distributed of over 600 food kits for poor and marginalized in 18 villages of Kodagu and Mysore districts, Karnataka. The social work department of the province prepared these food kits that comprised of 12 items, essential for a family to survive. 600 families in Kodagu and Mysore received food kits. Fr. Varghese Kelampambil, the Provincial of Mysore Province, inaugurated the distribution in Mysore area among the backward community. Indeed, it was great support for 2500 members when the prices of key commodities surged largely because of panic buying.

Mask Stitching and Distribution



At a time when many pharmacies are charging exorbitant prices for the masks in the backdrop of high demand due

to the corona virus pandemic, the social work department has come up with several measures to fight the pandemic and distributed masks to 500 families in Mysore area. As the majority of the population in Mysore is characterised as vulnerable, the department expedited to take resilient measures for protecting the lives of many amid the virus pandemic. The social work wing has gone an extra mile by initiating the stitching and distribution of masks to over 500 families in Mysore villages. After the country was put on lockdown from March 24, Rev. FCC sisters Hallikerehundi and philosophy brothers have been engaged in making face shields.

Awareness Campaign in Villages

The bold and decisive leadership of the social work department of St. Paul's province, Mysore has implemented remarkable strategies to protect the livelihood of people especially in villages. SJCI are in the frontline to make consensus to curb the spread of the virus by awareness campaign. The members of the organization visited houses and gave proper information on protective measures during the corona virus pandemic.



Undoubtedly, each village member has taken the "break the chain" slogan to their minds by staying at home for the promising future ahead. As the number of novel corona virus cases continues to rise around the world and in Mysore, the team urged people to stay at home and maintain social distancing to prevent further spread of the virus. Evidently, the organization has taken huge steps to spread the awareness about the global pandemic and urged people to protect their lives and livelihood amid the corona virus outbreak.

6. KEEP HEALTHY AT HOME DURING COVID-19 OUTBREAK

MR. ELDHOSE GEORGE, MSW

The COVID-19 pandemic means that many of us are staying at home and doing less in terms of social interactions and exercise. This can have a negative effect on your physical and mental health. Below are some information to help you and your family to stay healthy at home during this period of confinement.

Keep Looking after Our Physical Health

It's hard for a lot of us to do the sort of exercise we normally do. It's even harder for people who don't usually do a lot of physical exercise. But at a time like this, it's very important for people of all ages and abilities to be as active as possible. Remember-Just taking a short break from sitting, by doing 3-4 minutes of light intensity physical movement, such as walking or stretching, will help ease your muscles and improve blood circulation and muscle activity. Regular physical activity benefits both the body and mind. It can reduce high blood pressure, help manage weight and reduce the risk of heart disease, stroke, type 2 diabetes, and various cancers - all conditions that can increase susceptibility to COVID-19. It also improves bone and muscle strength and increases balance, flexibility and fitness. For older people, activities that improve balance help to prevent falls and injuries. Regular physical activity can help give our days a routine and be a way to stay in contact with family and friends. It's also good for our mental health - reducing the risk of depression, cognitive decline and delay the onset of dementia-and improves overall feelings.

Keep Looking after Our Mental Health

As countries introduce measures to restrict movement as part of efforts to reduce the number of people infected with COVID-19, more and more of us are making huge changes to our daily routines. The new realities of working from home, temporary unemployment, home-schooling of children, and lack of physical contact with other family members, friends and colleagues take time to get used to. Adapting to lifestyle changes such as these, and managing the fear of contracting the virus and worry about people close to us who are particularly vulnerable, are challenging for all of us. They can be particularly difficult for people with mental health conditions.

Fortunately, there are lots of things that we can do to look after our own mental health and to help others who

may need some extra support and care. Here are tips and advice you will find useful.

Keep Informed-Listen to advice and recommendations from your national and local authorities. Follow trusted news channels, such as local and national TV and radio, and keep up-to-date with the latest news.

- Have a routine. Keep up with daily routines as far as possible, or make new ones.
- Get up and go to bed at similar times every day.
- Keep up with personal hygiene.
- Eat healthy meals at regular times.
- Exercise regularly.
- Allocate time for working and time for resting.
- Make time for doing things you enjoy.

Minimize Newsfeeds-Try to reduce how much you watch, read or listen to news that makes you feel anxious or distressed. Seek the latest information at specific times of the day, once or twice a day if needed.

Social Contact Is Important-If your movements are restricted, keep in regular contact with people close to you by telephone and online channels.

Alcohol and Drug use-Limit the amount of alcohol you drink or don't drink alcohol at all. Don't start drinking alcohol if you have not drunk alcohol before. Avoid using alcohol and drugs as a way of dealing with fear, anxiety, boredom and social isolation. There is no evidence of any protective effect of drinking alcohol for viral or other infections. In fact, the opposite is true as the harmful use of alcohol is associated with increased risk of infections and worse treatment outcomes.

Screen Time-Be aware of how much time you spend in front of a screen every day. Make sure that you take regular breaks from on-screen activities.

Video Games-While video games can be a way to relax, it can be tempting to spend much more time on them than usual when at home for long periods. Be sure to keep the right balance with off-line activities in your daily routine.

Social Media-Use your social media accounts to promote positive and hopeful stories. Correct misinformation wherever you see it.

Help Others-If you are able to offer support to people in your community who may need it such as helping them with food shopping.

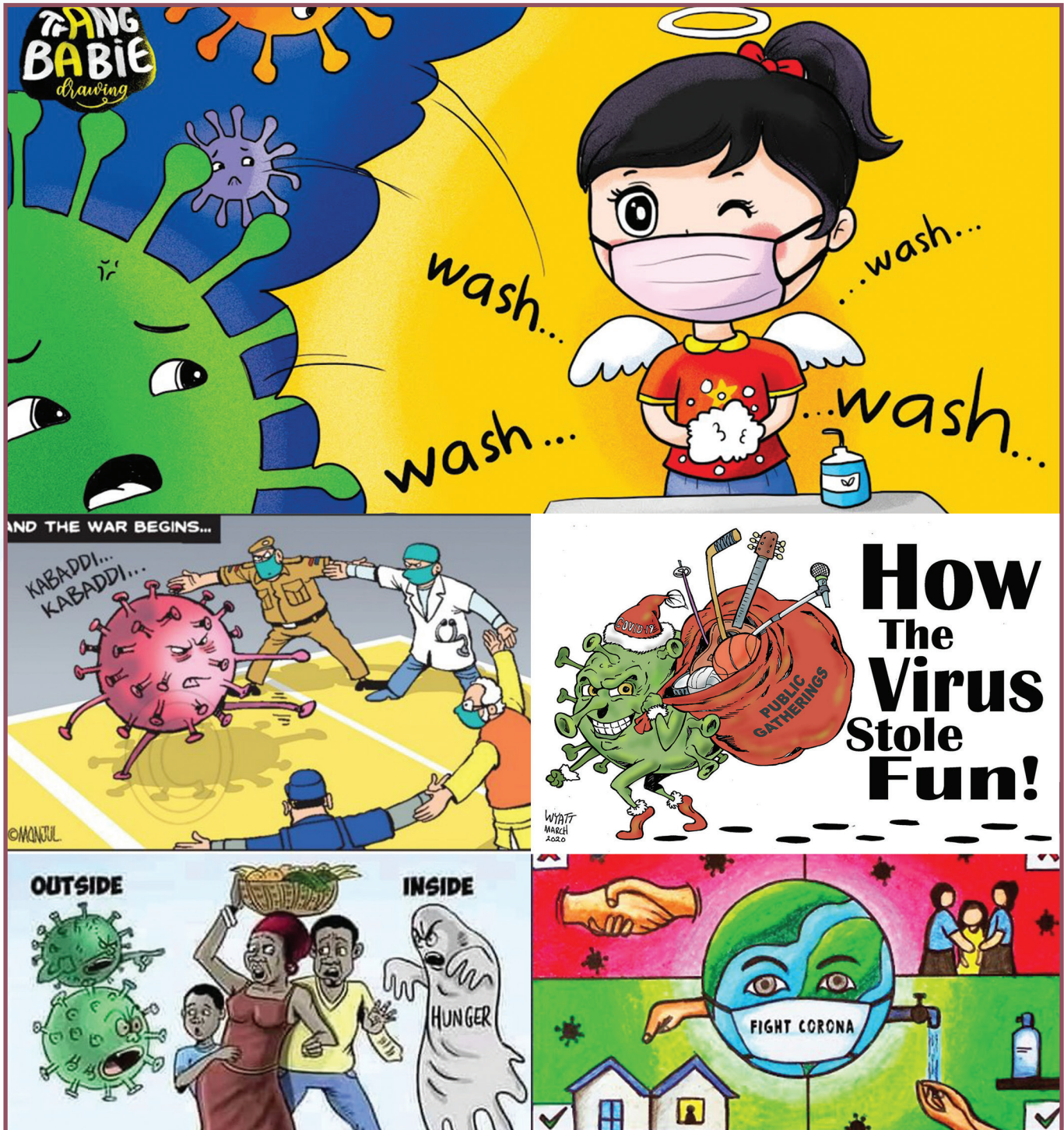
Support Health Workers-Take opportunities online or through your community to thank your country's health-care workers and all those working to respond to COVID-19.

Don't Discriminate - Fear is a normal reaction in situations of uncertainty. But sometimes fear is expressed in

ways which are hurtful to other people. Be kind. Don't discriminate against people because of your fears of the spread of COVID-19. Don't discriminate against people who you think may have corona virus. Don't discriminate against health workers. Health workers deserve our respect and gratitude.

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7. TIPS FOR GOOD PARENTING DURING PANDEMIC

MS. NANCY, M. PHIL

Fear, uncertainty, and being holed up at home to slow the spread of COVID-19 can make it tough for families to keep a sense of calm. But it's important to help children feel safe, keep healthy routines, manage their behavior and build resilience.

Here are some tips from to help your family through the outbreak.

- Address children's fears
- Children rely on their parents for safety, both physical and emotional. Reassure your children that you are there for them and that your family will get through this together.
- Answer questions about the pandemic simply & honestly. Talk with children about any frightening news they hear. It is OK to say people are getting sick, but say following rules like hand washing and staying home will help your family stay healthy.
- Recognize your child's feelings. Calmly say, for example, "I can see that you are upset because you can't have your friends over." Guiding questions can help older children and teens work through issues.
- Keep in touch with loved ones. Children may also worry about a grandparent who is living alone or a relative or friend with an increased risk of getting COVID-19. Video chats can help ease their anxiety.
- Model how to manage feelings. Talk through how you are managing your own feelings. ("I am worried about Grandma since I can't go visit her. The best I can do is to check in with her more often by phone. I will put a reminder on my phone to call her in the morning and the afternoon until this outbreak ends.")
- Tell your child before you leave the house for work or essential errands. In a calm and reassuring voice, tell them where you are going, how long you will be gone, when you will return, and that you are taking steps to stay safe.
- Look forward. Tell them that scientists are working hard to figure out how to help people who get ill, and that things will get better.

During the pandemic, it is more important than ever to maintain bedtime and other routines. They create a sense of order to the day that offers reassurance in a very uncertain time. All children, including teens, benefit from routines that are predictable yet flexible enough to meet individual needs.

- Structure the day. With the usual routines thrown off, establish new daily schedules. Break up schoolwork when possible. Older children and teens can help with schedules, but they should follow a general order, such as:
 - Lunch, chores, exercise, some online social time with friends, and then homework in the afternoon.

Everyone is more anxious and worried during the pandemic. Younger children may not have the words to describe their feelings. They're more likely to act out their stress, anxiety or fear through their behavior (which can, in turn, upset parents, particularly if they are already stressed). Older children and teens may be extra irritable as they miss out on time with friends and special events being cancelled.

Some ways you can help your children manage their emotions and behavior:

- Redirect bad behavior. Sometimes children misbehave because they are bored or don't know any better. Find something else for them to do.
- Creative play. Suggest your children draw pictures of ways your family is staying safe. Make a collage and hang it up to remind everyone. Or, build an indoor fort or castle to keep the germs at bay, bringing in favorite stuffed animals or toys.
- Direct your attention. Attention--to reinforce good behaviors and discourage others--is a powerful tool. Notice good behavior and point it out, praising success and good tries. Explaining clear expectations, particularly with older children, can help with this.
- Use rewards & privileges to reinforce good behaviors (completing school assignments, chores, getting along with siblings, etc.) that wouldn't normally be given during less stressful times.

- Know when not to respond. As long as your child isn't doing something dangerous and gets attention for good behavior, ignoring bad behavior can be an effective way of stopping it.
- Use time-outs. This discipline tool works best by warning children they will get a time-out if they don't stop. Remind them what they did wrong in as

few words-and with as little emotion-as possible. Then, remove them from the situation for a pre-set length of time

- (1 minute per year of age is a good guide).
- Ensure sometime is kept aside daily for prayer with all members participating.
- Have family meals together, as it can lead to children opening up to their fears.

8. RELIEF ACTIVITIES THROUGH NORTH INDIAN PROVINCES

8.1 Mary Matha Vice-Province, Hyderabad

During the time of lockdown, the Province was engaged in various types of charity works. This report is an attempt to showcasing the significant steps taken by the society, while at the same time appreciating and acknowledging the sacrifice taken by all the members to be with the poor and the needy during this time of crisis. The Province without any tint of doubt could say that we could be with the poor people, who were "harassed and helpless, like sheep without a shepherd" (Mt 9:36). Each of our centres were engaged in extending our helping hand for the poor people who were in real need of support to sustain their living, especially to have one time full meal.

St. Thomas High School, Rampur

St Thomas High School, Rampur on 09 May 2020 distributed food kits to 60 poor families in the nearby villages of Rampur and Dariyapur. We spent nearly Rs 20000/- for the food kits. It was distributed in the school campus by the Principal, Rev Fr Thomas Chirayil CMI.

St. Thomas High School, Nirmal

We provided seven school buses for two days for the conveyance of Asha Workers to different villages to identify Corona patients. 200 Litres of diesel along with Drivers' and conductors Bata for two days was borne by the school itself. 200 kg of rice was given to an NGO for providing food to the migrant workers which cost around

Rs. 6,800/-. A total of Rs. 22,200/- was spent as charity during lockdown for helping poor people.

Jeevadan High School, Kamareddy

On 22 April 2020, the Management of Jeevadan Seva Samaj which runs Jeevadan High School, Kamareddy distributed food materials for two groups of migrant workers who are residing in the vicinity of the school. One group consisted of 49 members who were from the states of Maharashtra, Madhya Pradesh and Chatisgarh. We distributed 50 kg of wheat powder, two types of dal, sugar, chilli powder, tea powder, oil, washing powder, washing soaps, bath soaps, tooth brush, tooth paste, etc. A total of Rs. 7,294/- was spent for these unattended migrant workers of our area. We also distributed food kits to another group of migrants of 39 members from Rajasthan spending a total of Rs 9,494/- on 23 April 2020.

Chavara Academy Mavala, Adilabad

On 14 April 2020, we distributed 10 quintals of rice, 240 kg of Dal and 75 liters of oil to the community kitchen at Adilabad, which provides for 250 quarantined migrants from different parts of our country. The distribution was done with the instruction of the District Revenue Officer, in the presence of District Education Officer, with the help of two of our teachers, spending an amount of Rs. 63000/-. On 19 April 2020, at the request of the ZPTC Mavala, we provided food kits for 120 poor families,



who are not having Ration Cards, spending an amount of Rs.44,000.

On 22 April 2020, we provided food kits for 75 families, who were not having ration cards in Mavala Municipality, in the presence of Municipal councillor and District Education Officer. The amount was collected by the staff of Chavara Academy. A total of Rs. 47,600/- was collected and spent for this purpose. A total of Rs. 154,000/- was spent from Chavara Academy during the lockdown.

St Mary's School, Bellampally

St. Mary's School Bellampally was at the forefront in distributing food kits and other provisions to the poor during the lockdown. Together with the Municipality officials, we distributed food kits to 40 families. It was also an occasion to instruct the people regarding the need of social distancing. Jeevadan, Yellareddy was keen about the needs of the poor people from the very beginning of lockdown. It had a very privileged chance to helping the poor as most of our beneficiaries are below poverty line, and most of them were affected worst due to the unemployment created by the lockdown. Many of them did not have any means to earn their daily living. Together with the government officials, we distributed food materials to many, particularly to the poorest of the poor in Kalyani village.

Food Supply in Kottappilly Village

Rev Fr Mathai Kulampally CMI, one who is living with the poor villagers in the village of Kottappilly near Chennur, was fully engaged in providing necessary food materials to the needy, especially to those families where there are members with different types of disabilities.

Food Kit Supply in Amma Orphanage, Bellampally

The CMI Service Society was also engaged in supplying food provisions to the unprivileged inmates of both AMMA Orphanage at Bellampally and Abhayam Orphanage at Mancherial.

8.2 Mar Thomas Province, Chanda

Distribution of Grocery Kit

Mar Thomas Province extended the relief works in four districts of Maharashtra where our fathers are actively involved in different Apostolate.

In Nagpur we organized our COVID-19 relief programme under the leadership of Fr. Joy Parappilly and Fr. Jilson Kuzhipilly. Mainly they distributed grocery kits to the



factory workers and the daily workers. As of now they have spend Rs.80000/- for the relief programme. In Chandrapur district we have arranged three distribution centers. Fr. Binoy Chekkonthayil, from BJM Carmel Academy, has supported with grocery kits of Rs. 60000.00 to the daily workers and the construction workers of the Chndrapur and Mool region.

With the support of Fr. Augustine Allanchery, the social work department has distributed grocery kits to the needy people around the Prabhu Sadan parish. In Gadchiroli district from three centers we are extending our Corona Relief Programme. With the supported of the government authorities we have distributed grocery kits to 197 handicapped families of Gadchiroli Nagar Parishad.

From the Nagarparishad we collected the details of the cycle rickshaw pullers of Gadchiroli town and we distributed grocery kits to 35 families. We found that the Government support was not sufficient for them to sustain. So we have extended our helping hand to them.

We found that they were the real people who deserved our help. Because most of them were living in the huts in slum like area and we found that most of them did not have Ration Cards and so the ration what they received was very little and it was not sufficient for a big family. So with the support of the Nagar Prishad we have distributed grocery kits to them. In Gadchiroli we have a good number of poor ladies as single parents who used to



live by cleaning, cooking and washing cloths in different houses. But due to corona and lockdown they have lost their daily income and most of the families were starving and we have distributed the grocery kits.

Under the leadership of Fr. Harish we have started the relief work and he has mostly focused on the distribution of grocery kits to the villagers around the Carmel Academy and Armori School.

In Carmel Academy Wadsa Fr. CC George has extended his helping hand to the poor village widows and the single parenting mothers. He is mostly concerned in alleviating the hunger of the people around by providing the grocery kits to the people.

With support of Fr. Tommy Chirapuratu and the Darsana Institute of Philosophy we have distributed grocery kits to the poor villagers of around our Darsana. According to Fr. Tommy these villagers struggle to meet both the ends. And this lockdown has come on them as a great stroke which they are not able to manage by themselves. So we have distributed 100 grocery kits to the needy villagers around Darsana Institute of Philosophy.

8.3 Nirmal Province, Jagdalpur

The state of Chhattisgarh has skilfully and timely handled the situation to overcome the COVID-19 Pandemic when



the whole country is severely affected with COVID-19 Pandemic. We, the people of Chhattisgarh have not been affected that much from this deadly virus to a great extent and the life of the people is rather safe except reporting a few positive cases in the state. However, government of Chhattisgarh is very much alert to face any situation on this chaotic circumstance. In response to the COVID-19 Pandemic, Nirmal Province has done many charitable works to mitigate the misery of the poor and needy with provision. We have distributed dry ration kit to the poor people in the Jagdalpur city and people living around our houses.

8.4 St. Paul Province, Bhopal

Distribution of Provisions Kit

The social department of St. Paul province Bhopal reached out to over 200 families in the lockdown period, distributing provision kits to Dwellers and rag pickers in Narsinghpur District.

Community Kitchen



Every day we could feed more than 350 children in two slums - Ayodhya Nagar and Aderi - through the community kitchen during the lockdown period.

Distribution of Mask



Mask is the imported thing now a day because wearing of mask helps to control the disease. Many pharmacies are charging exorbitant prices for the masks in the backdrop of high demand due to the corona virus pandemic. The social work department has come up with the distribution of 200 masks for GRP and RPF police and also to slum dwellers.

8.5 St. Xavier's Province, Rajkot

The widespread COVID-19 pandemic and continuation of the lockdown for a long period has resulted in many poor people, migrant laborers and their families stranded, starving and homeless. They have become jobless and



are likely to suffer the most. St.Xavier's Province, Rajkot has been reaching out to the poorest of the poor, the migrants and other affected marginalized and vulnerable communities. In this catastrophe, many of our centers came forward to reach out to the needy, the poorest of the poor and those who are grappling with lack of sufficient food. These are the some of our updates of our charity activities.

St. Xavier' Provincial House, Rajkot

Our charity to the needy brethren in this pandemic situation began from the provincial house. Many poor people who were really affected by the lockdown near the provincial house were identified and given ration kits. Fr. Jose Pattathil and Fr. James Kachappilly took the lead to reach out to the poor and distribute these items to the needy ones.

St. Xaviers School, Dayapar

Under the initiative of Fr. Sijomon Chirattavayalil, essential food items were supplied to the migrant workers from UP who are staying near our houses.

Mother Teresa School, Jamjodhpur

Around 500 migrant workers from MP (Dahod) were given food and sweets prepared by staff of the school on various days. Fr. Joseph Karikattu and Fr. Binoy Elavunkal were there to distribute food items to these migrant workers.

St. Mary's School, Chottila

On regular basis ration kits are given to the needy people from our house. Fr. Jose Mangalam and Fr. Joby Mylickal are reaching these items to them.

St. Xavier's Care and Support Centre, Gandhidham

Distribution of Food Kits

Our centre at Gandhidham used to supply ration kits every month to the poor and they used to come to our centre to collect it. But in the unprecedented crisis due

to COVID-19, we could reach ration kits to their houses with the help of our field workers under the guidance of Fr. Naiju Thaliyath.

Shelters & Quarantine Centers

Many of our schools and boarding houses expressed their wishes to give it as shelters and quarantine centers. St. Xavier's school, Khambaliya gave their school building for quarantine and around 21 people stayed there for fourteen days. After having tested negative, they went to their own houses.

8.6 Chavara Vice-Province, Bhavnagar



Chavara Vice-Province, Bhavnagar distributed food and provision kits to 400 people residing in nearby villages at Bordigate, Sandiyawad and also to migrant workers.

8.7 St. John's Province, Bijnor

Chavara Seva Samaj, Jalalabad, Najibabad

As we continue to witness great disruption around us due to the lockdown in the wake of the Corona virus outbreak, Najibabad area (District Bijnor, Uttar Pradesh) has been badly hit by the global healthcare crisis. Major impact has been felt in food supply and the availability of other essential goods and services.

In view of the current situation and its potential impact on the poor and the vulnerable sections of society, Chavara Seva Samaj, in association with the local executives and priests distributed food supplies to 75 families in and around Najibabad on 05 April 2020 morning.

Sanjo CMI Bhavan and the Christ College Ghaziabad

Our Community at Sanjo CMI Bhavan and the Christ College, Ghaziabad took the initiative to organize the Mariam Nagar communities and arranged a common Kitchen to prepare food for the poor people who were affected by the lockdown. They distributed more than 300 food packets for the poor people for two weeks with the help of the local police in the NCR Ghaziabad area with the permission granted by the DM of Ghaziabad from 30th March 2020. Fr. Anoop Painadath and Fr. Sunny Vettikuzhichalil were the programme coordinators. Rev. Sisters from different religious communities, Fathers, Brothers and a few hostel boys were also involved.

Chavara Sadan, Nagina

Fr. Mathew Peedikkattukunnel, the Superior, other Fathers, Staff of St. Mary's School felt to share what was in our land to the suffering ones in the villages. They distributed the vegetables and other essential items to many families near our house. Vegetables were distributed to 150 Families in the neighbouring villages

Carmel Ashram, Gadarpur

Many of the Catholics of Carmel Parish Gadarpur and the people of neighbouring village of Carmel Ashram are poor and daily labourers. The members of the Carmel Ashram community have made food kits containing wheat flour, pulses, oil, salt, masala etc., each kit costing Rs. 700.00 and distributed to 72 families.

Santhome Ashram, Khatauli

Fr. Kunnathuparmbil the Manager, Fr. Jimmy Kallupalathinkal, the Principal and the Staff Members of St. Thomas School too had taken steps to bring a ray of hope and smile for people living in the darkness of stress and distress by providing provision kits especially to the extremely needy families in and around Khatauli. They gave the provision kits to some of the selected villages such as Awas Vikas Colony, Railway Colony, Tigai village, Vivek viha colony, Tabita village, Madhkarimpur and Titora.

Items of the Provision kits contained 5.Kg Wheat flour, 3.Kg Rice, 1.Lit refined oil

2.Kg Pulses, Garam Masala and Coriander powder were given to the 250 poor families.

Carmel Ashram, Chamba

Fr. Moses Vazhayil, the Manager, Fr. Shaiju Njezhungan, the Principal, and the staff members of the Mount Carmel School, Chamba shared their helping hand to the time of need. Their involvement to side with the suffering people was well acknowledged and thanked by the local administration and was awarded with a Certificate of Appreciation.

Carmel Ashram Chamba Ration kits contained wheat flower (Atta) 5 kg Rice 3 kg, Daal 1kg, Edible Oil 1 kg, Sugar 1 kg, Masala 200gms and Salt 1 kg. They distributes





these essential items to 100 families by spending Rs.1,00,000.00

St. Alphonsa CMI Bhavan, Majrigrant

Fr. Davis Varayilan the Director, Fr. Thomson Mulangasseril, Rev. Sisters and the Staff under St Alphonsa CMI Bhavan, Majri Grant took initiative to reach out to the people in need during the lockdown due to COVID-19. With the permission of SDM of Doiwala and in the presence of Majri Grant Pradhan, Patwari and four police we distributed 100 kits of provision containing rice 5 kg, wheat flour 5 kg, pulses (Dal) 1 kg, sugar 1 kg, tea powder 250 gram, Oil 1 kg, salt 1 packet, and biscuit 1 packet

Sacred Heart CMI Ashram, Maigalganj

Fr. Bejoy Pallickamalil together with the Sacred Heart Sisters extended a timely help to the nearby poor families by distributing ration kits costing 750 per bag. They have taken special care for the Catholic families in their time of need.

Mariashram, Jaspur

Rev.Fr.Jim Manakkattu, Superior, and the community members of Mariashram, Jaspur were able to help many families who needed special care. They have distributed kits of provision containing rice ,wheat flour, pulses (Dal), sugar, tea powder etc.,

8.8 Conclusion

Basic amenities such as medical supplies, drinking water, food and proper sanitation are critical in order to contain

the outbreak of any epidemic. The COVID-19 pandemic, which has created a public health crisis around the world, led to a National Lockdown in India, affecting millions directly in their daily life. The situation calls for massive intervention of public authorities and civil society organisations to contain the pandemic as well as to restore public health. With a mission to save life and livelihood of the suffering millions, the Department of Social Apostolate of the CMI congregation has committed itself to make effective socio-economic and charity interventions for the relief and rehabilitation of the pandemic affected millions in the country. Institutions under the CMI congregation and civil society organisations associated with the Social Apostolate have been involved in a wide range of relief programmes. Offering hospital treatment and health care facilities, providing quarantine facilities, manufacturing and distributing masks and sanitizers, offering food and food kits and organising awareness programmes are some of the major interventions currently undertaken. These are relief programmes and what is ahead is rehabilitation. Hopefully once the coronavirus pandemic is contained, the focus shall shift to issues and challenges related to the social and economic crisis unleashed by the epidemic. Rebuilding the lives of the poor and the marginalised millions in the country shall be an unprecedented task that calls for strategic and sustained civil society interventions on a massive scale.

9. COVID 19 - CMI CONGREGATION INTERVENTION SUMMARY REPORT (SOUTH AND NORTH INDIAN PROVINCES)

Sl.No.	Services Provided	Nos. & Amt	NAME OF THE PROVINCES													Grant Total															
			St. Joseph's Trivandrum	St. Joseph's Kottayam	Sacred Heart Kochi	Carmel Muvattupuzha	Devamatha Thirissur	St. Thomas Kozhikode	Preshitha Coimbatore	St. Paul's Mysore	Mary Matha Hydrabad	Mar Thoma Chanda	Nirmal Jagadapur	St. Paul Bhopal	St. Xavier's Rajkot		Chavara Bhavnagar	St. John's Bijnor													
1	Food	a. * b. *	4589 3103331	130 250000		30 120000					30 10200	1400 70000						200 52058						500 25000			60 135000			6939 3765589	
2	Provision Kit	a.	280	70000	2642	180	60000	285000	156000	400000	400000	400000	3100	304900	140000	800	400	400	475	800	2000000	1000000	80000	2000000	1000	80000	239400			11342 7347300	
3	Medicine	a.				1000			8																					8	
4	Mask/PPE	a.	30750	300	1300	1000	1000	302300	4500	6000	6000	500	500										200							19000 346975	
5	Accommodation	a.	174000	4000	15600	10000	5190000	5190000	91988	90000	15000	15000	15000										2400							5593638	
6	Treatment/ Hospital	a.			70	40	151			15															21					297	
7	Transportation	a.			59500	40000	128350	128350		168750															17850					414450	
8	Sanitizer/Soap	a.	50000																											312	
9	Counseling	a.	665																											1353300	
10	Financial Support	a.	273750																											42	
11	Awareness Generation	a.	3460	400	20000			587500	150000					123000																80400 3995 619250	
12	Community Kitchen	a.	34681	4000	350																									465 32000 233	
13	Media Intervention	a.			150000	500																								924500 7075	
14	Other Support	a.	384	25000																										58661 1580	
	Total	a.	39958	26760	4382	1854	307036	307036	8966	7965	3600	945	558358																	1019250 500	
		b.	4034062	1108000	2661100	346000	7760850	7760850	533688	770750	2495000	558358																		80000 26484	
		b.	352000	26760	4382	1854	307036	307036	8966	7965	3600	945	558358																		387000 406247
		b.	4034062	1108000	2661100	346000	7760850	7760850	533688	770750	2495000	558358																			21694558

* a. No. of Beneficiaries (Migrants / Poor Families, Drivers, Sick, Public, Govt.Officials, etc.)

* b. Amount Spent in Rupees

COVID 19 - CMI Congregation Intervention Summary Report (Prior General House and Allied Institutions)													Summary			
Sl. No.	Service Provided	Nos. & Amt	General Social Dept.	CEVA, Kochi	Chavara Cultural Centre	Christ Collage Bangalore	DASS, Bangalore	Darsana, Wardha	Pune	Grant Total	SI.No.	Service Provided	Nos. & Amt	Total of CMI Provinces	PG.House & allied Insts.	Grant Total
1	Food	a.*	500	500	500	640	8400		60	10100	1	Food	a.	6939	10100	17039
		b.*	25000	25000	50000	50000	162000		120000	382000			b.	3765589	382000	4147589
2	Provision Kit	a.	160	110	150	3480	605	187		4692	2	Provision Kit	a.	11342	4692	16034
		b.	136000	110000	100000	421700	524728	49650		1342078			b.	7347300	1342078	8689378
3	Medicine	a.	60	60			150			210	3	Medicine	a.	8	210	218
		b.	50000	50000			144052			194052			b.	19000	194052	213052
4	Mask/PPE	a.	7000	7000	4506		700			12206	4	Mask/PPE	a.	346975	12206	359181
		b.	84000	84000	168984		15948			268932			b.	5593838	268932	5862770
5	Accommodation	a.		3000	40		45		1	3086	5	Accommodation	a.	297	3086	3383
		b.		900000	34000		59000		8000	1001000			b.	414450	1001000	1415450
6	Treatment/Hospital	a.					110			110	6	Treatment/Hospital	a.	312	110	422
		b.					300052			300052			b.	1353300	300052	1653352
7	Transportation	a.								0	7	Transportation	a.	42	0	42
		b.					6000			6000			b.	80400	6000	86400
8	Sanitizer/Soap	a.		1000	1842					2842	8	Sanitizer/Soap	a.	3995	2842	6837
		b.		50000	204386					254386			b.	619250	254386	873636
9	Counseling	a.								0	9	Counseling	a.	465	0	465
		b.								0			b.	32000	0	32000
10	Financial Support	a.								0	10	Financial Support	a.	233	0	233
		b.								500000			b.	924500	500000	1424500
11	Awareness Generation	a.		2000	1513					3513	11	Awareness Generation	a.	7075	3513	10588
		b.		25000	85950					110950			b.	58681	110950	169631
12	Community Kitchen	a.								0	12	Community Kitchen	a.	1580	0	1580
		b.								0			b.	1019250	0	1019250
13	Media Intervention	a.								0	13	Media Intervention	a.	500	0	500
		b.								0			b.	80000	0	80000
14	Other Support	a.			434					434	14	Other Support	a.	26484	434	26918
		b.			603893					603893			b.	387000	603893	990893
	Total	a.	160	7670	6650	12455	10010	187	61	37193		Total	a.	406247	37193	443440
		b.	136000	269000	1100000	2068913	1211780	49650	128000	4963343			b.	21694558	4963343	26657901

* a. No. of Beneficiaries (Migrants / Poor Families, Drivers, Sick, Public, Govt. Officials, etc.)

* b. Amount Spent in Rupees.

Fond Remembrance



Mr. P. J. Ignatius (65), Public Relations Officer, Rajagiri College of Engineering, Kakkanad was called to eternity on 19-04-2020. He served as Commercial Manager in Medical Trust Hospital, Ernakulam also as Hospital Consultant in Rajagiri Hospital. He was Coordinator for Medical College Management Association and Catholic Engineering College Management Association. He was former President of CEVA and Member of the Board of Director, CEVA (2008-17).





**IT'S IN OUR HANDS.
LET'S TAKE CARE OF EACH OTHER.**



CEVA

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