



**SAARC**

**Disaster Management Centre (IU)**



**Report** ✨  
**Workshop** ✨  
**on**  
**Approaches to**  
**Socio-Economic**  
**Recovery from**  
**COVID-19** ✨

**01 - 04 March 2023**





**Group Photograph**



**SAARC DISASTER MANAGEMENT**

**SAARC DISASTER MANAGEMENT CENTRE (IU),  
GUJARAT INSTITUTE OF DISASTER MANAGEMENT,  
GANDHINAGAR – 382007, GUJARAT, INDIA**

For more information, visit <http://saarc-sdmc.org/>

## **PREFACE**

The SDMC (IU) and United Nations Development Program (UNDP) jointly organized a 4-day Residential Workshop from 1-4 March 2023, focused on the approaches to socio-economic recovery from COVID-19. The workshop aimed to promote green and sustainable recovery while safeguarding the Paris Agreement targets. The training was attended by senior officers from various Ministries, National Disaster Management Organizations (NDMOs), and disaster risk reduction and recovery practitioners from SAARC Member States.

The workshop included technical sessions from experts in the field, group exercises, discussions, and field visits. Additionally, there were country presentations from SAARC Member States on recovery challenges in COVID-19, good practices in response and recovery of COVID-19, and innovations in COVID-19 recovery.

The objective of the workshop was to discuss the systematic and scientific approaches to promote green infrastructure in supporting economic growth and livelihoods. The workshop highlighted the critical role of green infrastructure in response to COVID-19 and recovery. The training aimed to equip the participants with the necessary knowledge and skills to promote sustainable recovery approaches.

This Report contains details of the proceedings carried out during the course of the Workshop.

## CONTENTS

<b>1</b>	<b>Background</b>	<b>5-6</b>
<b>2</b>	<b>Objective of the Workshop</b>	<b>6</b>
<b>3</b>	<b>Workshop Pedagogy &amp; Participants</b>	<b>7</b>
<b>4</b>	<b>Organizers</b>	<b>7</b>
<b>5</b>	<b>Workshop Proceedings</b>	<b>8-36</b>
	5.1 Inaugural Session	8-10
	5.2 Technical Sessions	10-30
	5.3 Country Presentation	30-36
<b>6</b>	<b>Valedictory</b>	<b>36</b>
	<b><i>Annexure 1: Program Note</i></b>	<b>38</b>
	<b><i>Annexure 2: Agenda</i></b>	<b>41</b>
	<b><i>Annexure 3: List of Participants</i></b>	<b>44</b>



## 1. BACKGROUND

The worldwide COVID-19 health impact and its related containment measures have caused sharp decline in economic activity, jobs and livelihoods losses and negative repercussion on the quality of health, education, and value-chain related services. It has disproportionately affected the most vulnerable population such as children, elderly, persons with disabilities, migrants and refugees and exacerbated inequalities in human development. The Global COVID Gender Response Tracker developed by UN Women and UNDP in 2020, has found that, while women have been at the center of global COVID-19 response efforts, they have been significantly underrepresented in meaningfully participating in key COVID-19 decision-making and governance worldwide. Women's exclusion from COVID-19 planning and decision-making leaves governments ill-equipped to respond effectively to the gendered social and economic fallout of the pandemic. As a result of the extensive socio-economic effects, the pandemic has negatively impacted hard-won development gains of the 2030 Agenda, such as SDG 1 (no poverty), 2 (zero hunger), 3 (good health and well-being), 4 (education), 5 (gender equality), 8 (decent work and economic growth) and 10 (reduced inequalities).

The pandemic is also inextricably intertwined with global environmental issues such as biodiversity loss, climate change, air and water pollution, and waste management, both in terms of its origin and the implications for environmental outcomes and the future well-being of societies around the world. In terms of its origin, COVID-19 is supposedly a zoonotic disease, a disease passed from animals to humans. As pressures on natural ecosystems and wildlife intensify, channels of viral outbreak have accelerated in recent years, as also seen in outbreaks of other zoonotic diseases such as Ebola, SARS and MERS in recent years. More than ever, the ability to prevent outbreaks depends on our ability to maintain healthy ecosystems and avoid the blurring of ecological boundaries. In terms of the implications of the pandemic on the environment, as economic activities had to be curtailed due to health-related restrictions, environmental issues took a backseat across the world. As an example, the use of packaging exploded around the world as people started to order everything from food take-out to other household goods online. Many governments which were committed to take strong action on single use plastic had to either stop enforcing the legislations or delay their introductions. During 2020, the lockdowns and decline in economic activity reduced overall plastics use by about 2% from 2019 levels, mostly for large-scale industrial sectors such as motor vehicles, and construction. But overall, this reduction was substantially smaller than the decline in total economic activity. At the same time, the use of medical and protective equipment as well as single-use plastics increased considerably during the pandemic, and exacerbated plastic littering, the build-up of which will continue for decades to come. Relative to 2019, global plastics use increased by 0.3 Mt in 2020 in the health and social work sector, and by 0.2 Mt in the pharmaceuticals sector. Plastics use for face masks is estimated to represent 300 kilotons in 2020

linked to the production of some 126 billion masks. In other sectors like food services and retail, the shift towards take-away, food delivery and e-commerce all increased demand for plastic packaging (OECD, 2022).

Countries around the world are being forced to confront the challenges of managing compound risks from the COVID-19 pandemic and natural hazards such as, cyclones in India and the Pacific, floods in Japan and Vietnam, and heatwaves in the United States and Europe, among many others. In fact, climate-related hazards threaten to exploit many of the same vulnerabilities, amplifying disaster risk and its potential impacts as the pandemic (IRP, 2020). In response, countries have implemented post COVID recovery and stimulus packages around the world; but the focus remains on livelihoods and employment creation, and environment is once again not a priority. For example, green recovery measures are still a small component of total COVID-19 spending (only 21% of recovery spending, or only around 4% of the USD 17 trillion rescue and recovery spending combined). Significant funds are still allocated to measures with likely environmentally negative and mixed impacts (OECD, 2022). However, the recovery plans that governments are putting in place have the potential to create a recovery that is both green and inclusive. Such a recovery can be defined by its potential to create opportunities for income, jobs and growth, and at the same time accelerate action on medium and long-term environmental goals, both national and global. Such action will significantly enhance the resilience of economies and societies in the face of accelerating environmental challenges due to strengthening feedback loops and the increasing likelihood of cascading tipping points. Importantly, putting people at the centre of green recovery plans can lay the foundations for sustainable wellbeing. At a global scale, solidarity and collaboration are required to address the exposed systemic risks and underlying vulnerabilities in today's connected societies.

#### **Priority Four of the Sendai Framework for Disaster Risk Reduction (SFDRR) 2015-2030**

calls on governments to build back better in recovery from disasters. It represents a global consensus view that recovery presents an opportunity to not only restore what was lost, but to build greater resilience and even to make progress across the development sphere. Importantly, it also presents an opportunity to reduce disaster risk as societies recover, rebuild, and rehabilitate.

## **2. OBJECTIVE OF THE WORKSHOP**

The objective of the workshop was to discuss the systematic and scientific approaches for promoting green and sustainable recovery in the response to Covid-19. The workshop aimed to highlight the critical role of green infrastructure in supporting economic growth and livelihoods, while safeguarding the Paris Agreement targets.

### **3. WORKSHOP PEDAGOGY & PARTICIPANTS**

The Workshop was in person training, facilitated by trainers from UNDP and SAARC Disaster Management Centre (IU), joined by guest speakers from partner institutes. The training included presentations, group exercises, discussions, and field visits.

This workshop engaged Senior Officers from Ministries (especially, health, education, tourism, industry and commerce, employment and livelihoods, gender, social protection) from Member States dealing with Disaster Risk Management, Disaster Response; National Disaster Management Organizations (NDMOs) from all the SAARC Member States.

### **4. ORGANIZERS**

The 4-day Residential Workshop on "Approaches to Socio-Economic Recovery from COVID-19" from 1-4 March 2023 was organized jointly by SDMC (IU) with support from United Nations Development Program (UNDP) is conducting a for disaster risk reduction and recovery practitioners from the SAARC Member States.

#### **SAARC Disaster Management Centre (IU)**

SAARC Disaster Management Centre (SDMC-IU) has been set up at Gujarat Institute of Disaster Management (GIDM) Campus, Gandhinagar, Gujarat, India. SDMC (IU) is expected to serve SAARC Member States in disaster management initiatives. Since its operations at GIDM Campus, SDMC (IU), has conducted 21 residential capacity building programs and 6 webinars, wherein about 850 officials from the Member States were oriented, sensitized and trained in collaboration with more than 190 domain experts hailing from various regional and global organisations

#### **United Nations Development Programme**

United Nations Development Programme (UNDP) is a United Nations agency tasked with helping countries eliminate poverty and achieve sustainable economic growth and human development. The UNDP emphasizes developing local capacity towards long-term self-sufficiency and prosperity.

#### **Gujarat Institute of Disaster Management**

Gujarat Institute of Disaster Management (GIDM) is registered as an autonomous society under the Government of Gujarat. The Institute has been entrusted with the responsibility of human resource development, capacity building, training, research and documentation in the field of DRM.

## 5. WORKSHOP PROCEEDINGS

### 5.1 Inaugural Session

In the presence of Mr. P. K. Taneja, Director SDMC(IU) and Ms. Rita Missal, Recovery Adviser UNDP the inauguration ceremony was conducted. Mr. Ankur Srivastava, Programme Manager, SDMC(IU) welcomed all participants and introduced all dignitaries on dais.



**Ms. Rita Missal**, in her inaugural remarks, addressed the vulnerabilities and adaptations necessary for post-pandemic recovery. She mentioned that, despite cooperation from all government departments, lack of preparedness and pre-knowledge resulted in global suffering, including in India and SAARC countries. Neglect towards underdeveloped and developing nations, particularly African countries, led to insufficient aid from international platforms. Similarly, ASEAN countries faced a financial crisis. To mitigate such crises in the future, a comprehensive operational framework is necessary, taking into account health, education, tourism services, grassroots economic activities, and socio-economic assistance. GDP should not be the sole parameter; capacity building through investment in these sectors is crucial. During the crisis, households with small farms, kitchen gardens, and floor agriculture were more resilient, highlighting the importance of self-sufficiency in reducing risk. This was evident in different case studies across SAARC countries. Ms. Missal also emphasized the negative impact of exclusion of services on poor families and the paralysis of healthcare systems in many countries. Although Africans were not severely affected by COVID-19, globalization impacted the continent economically. The pandemic highlighted the diverse nature of people's needs, which often exceeded governments' capacities to fulfill. Despite this, certain positive developments occurred, such as the technological adaptations of industries and the unleashing of



people's creativity. To aid in recovery efforts, the UNDP collaborated with ASEAN and other regional intergovernmental cooperation to develop a recovery framework and provide guidelines for tourism, health, and psychosocial well-being. International organizations such as the World Bank established funds after risk assessments of countries, while the World Health Organization worked towards advocacy. Ms. Missal emphasized that governments should focus on improving people's well-being rather than just striving to increase GDP growth. Ultimately, the pandemic demonstrated that nations are interdependent, and self-sufficiency can help sustain communities during difficult times, as evidenced by the development of kitchen gardens during lockdowns to grow vegetables for daily use. Balancing "soft social issues" such as health is also crucial, as poor health ultimately leads to lower economic contributions to GDP compared to potential.



**Mr. P. K. Taneja**, Director, SDMC (IU) welcomed all participants and expressed his gratitude towards the honorable delegates and guests. He emphasized on the importance of cooperation and coordination among the SAARC Member States in the region. He acknowledged the Vaccine Maitri Initiative launched by Hon'ble PM Narendra Modi during the Covid-19 pandemic to support neighboring countries with medical and emergency supplies, vaccine aid, and financial assistance for post-Covid recovery. Mr. Taneja also commended Pakistan and Bangladesh for their significant contribution in distributing vaccines to remote areas of their respective countries and highlighted Sri Lanka's preparedness and highly resilient development in the health sector, as well as the telemedicine system in Maldives. He further discussed Bhutan's risk mitigation measures, including the closure of the country, which played an immense role in protecting it from the spread of Covid-19. Mr. Taneja emphasized on the gradual decline in progress towards achieving the Sustainable Development Goals (SDGs) by 2030 and stressed the need to develop short, mid, and long-term resilient measures. He concluded his speech by highlighting the learnings from the workshop and the need to develop a report for incorporating more resilient measures through cooperation among the regional countries in the long run. He further discussed about course design, course content and



delivery with its usefulness in future. He requested participants to share their thoughts, case studies, best practices from respective member state. He again thanked all resource persons and participants for their participation.



## 5.2 Technical Sessions

### A. Recovery Challenges in COVID-19 & Developing Recovery Framework & Strategy

- Dr. Krishna Vatsa, NDMA

Dr. Vatsa, discussed the recovery and response of India in comparison to global recovery plans. He highlighted how the geographical limitations of recovery plans and the gap in preparedness led to the rapid spread of COVID-19, resulting in a disaster. The pandemic had a massive impact on various sectors, such as supply chain, health, manufacturing, and MSME production, leading to economic contraction and extreme poverty globally. The discussion also focused on the food security issues that arose globally, and governments across the world aided their citizens in various ways. However, large employment sectors, including real estate, retail, and informal sectors, suffered job losses, leading to a financial liquidity crisis. Additionally, horizontal inequalities, cultural violence, and disproportionate marginalization of women led to fragility in social resilience, and mental health issues and social well-being crisis increased. Despite the fiscal deficit, many countries, including South Asian countries, provided assistance to their citizens during the pandemic. India's government

adopted policies such as providing free rations for three meals a day to every low-income household, rescheduling debt payments, and stepping up capital expenditure to provide 'direct cash transfer' to millions of bank accounts, an exemplary step taken for the first time in the history of crises. The government's proactive steps in dealing with investments in the health sector, subsidies for an increase in energy sector prices, and digitization of transactions helped to reduce payment delays, build resilience, and boost the economy. Unlike Sri Lanka and Pakistan, India avoided financial devastation due to the government's responses to the crisis. However, there are still gaps in policies that need to be addressed through a bottom-up approach across states. There is a need for sector-specific policy reformation, deep penetration of benefit schemes into rural areas, and targeting vulnerable populations to enhance education, health, and socio-economic protection.



#### **Questions and Interactions**

Nepal delegate: What are the major scopes of learning and how well can there be coordination with NDMA to improve modus operandi of NDRRMA, Nepal?

Dr. Vatsa: There is need of separate fund support from government to strengthen the DM plan and execute various SoPs in time. NDMA also assisted in establishing community kitchen with the network of CBOs, prepared guidelines to provide services and aids to HH level and enhanced the quarantine centres according to the DM plan. The separate funding mechanism for NDRF and SDRF helped the authorities to implement the pandemic control action plan promptly. These scenarios can be key take outs for Nepal as well since the socio-economic and cultural aspects are similar to India in major instances.

#### **B. Approach to assessing Socio Economic impact of COVID-19 - Ms. Dominique Blariaux, Consultant, European Commission**

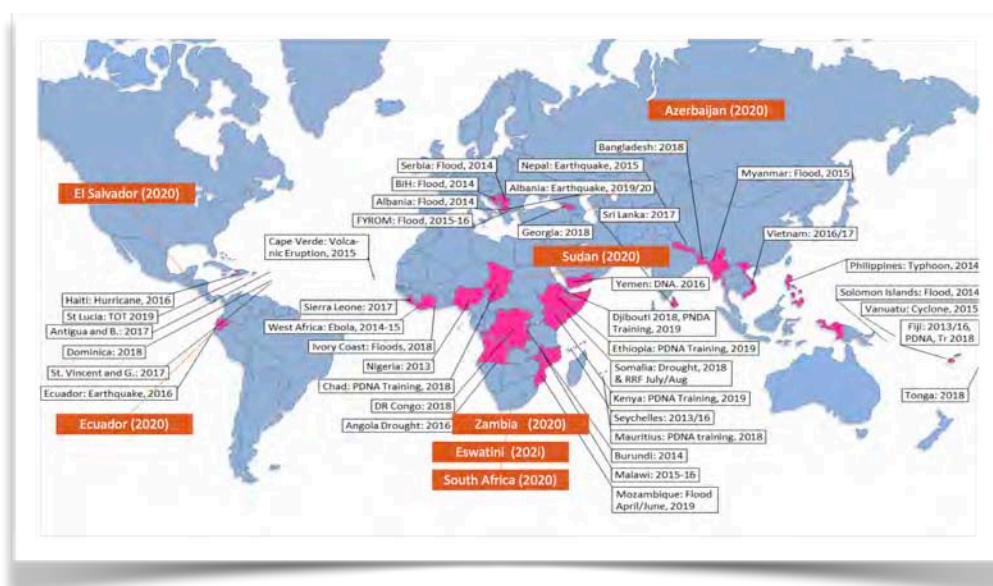
Ms. Blariaux discussed the Pandemic Recovery Needs Assessment (PRNA) Tool and its effectiveness in assessing the socio-economic impact of the Covid-19 pandemic through evidence-based research conducted around the world. The tool is flexible and accounts for the dynamic nature of the pandemic by using a flexible timeline and methodology in assessing the impact. Case studies were presented that highlighted the usefulness of the PRNA tool, particularly in assessing "green recovery and build-back-better" strategies. The tool helped in understanding the impact of the pandemic in multi-layered societal conditions in different countries and therefore, has been effective for developing recovery strategy accordingly. The outline of methodology for this assessing tool applied in the studies is following:





The PRNA tool can be applied in three different levels of assessment: Epidemiological, Economic & Social, and People's Perception on the Governance & Management, and can be used in multi-sectoral paradigms, including Production, Social, Infrastructure and Cross-cutting areas. The cross-cutting sector considers the intersectionality of Gender, Governance, Environment, and Risk Management, Livelihood & Employment. In the process of assessment, it is important to involve national, local, and private leaders and stakeholders in strategic recovery and policy framing. Economic factors such as Gross Domestic Product (GDP), Public finance, External economy, and remittance, as well as price fluctuations over a period of time, should be considered in the assessment. The PRNA tool has clear structure and protocol, is a high-quality single collective assessment tool, and ensures that no one is left behind in the process of assessment. The tool is flexible and can be adapted to the ground situation. Case studies were presented from Ecuador, South Africa, Azerbaijan, and El Salvador, where the PRNA tool was used to assess the socio-economic impact of the pandemic.

### PRNA builds on Worldwide Applied Experience



The assessments helped policymakers to identify the impact on different sectors, such as Social, Infrastructure, Security, and Production. The analysis was effective in identifying the poverty ratio analysis, loss estimation, and impact on vulnerable groups, such as women, refugees, migrants, and older persons. The strategies implemented post-assessment varied from country to country, but all aimed to improve the loss through a comprehensive process of Preserve-Recover-Pivot. The



strategies included strengthening the penetration of policy benefit to the grass root level, promoting social inclusion, and better livelihood through assistance for housing, technology, innovation, and well-being. There was also a stress on considering new social impact parameters for holistic development, closing the digital divide, and promoting green recovery.

**C. Approaches to Health Recovery** - *Dr. Nilesch Buddha, Lead Regional Emergencies, WHO South-East Asia Regional Office (SEARO) & Dr. Dileep Mavalankar, Director, IIPH Gandhinagar*

Dr. Buddha discussed about the impact of Covid-19 on the health sector was unprecedented and severe, affecting multiple entities within one health system. Common gaps that led to this impact include fragmented efforts and low investment in the health sector, resulting in deficient capacity improvement internally. However, this crisis also created an opportunity to renew the International Health Regulations of the World Health Organization (WHO) and improve Primary Health Care with Essential Public Health Functions. Lessons learned from the pandemic have led to a focus on innovations and inter-sectoral cooperation to improve health system resilience, such as supply chain and transportation improvements. Dr. Buddha recommended incorporating an integrated approach with United Health Care (UHC) following Sustainable Development Goal (SDG 3) for better resilience, prioritizing the integration of fragile, conflict-induced, and vulnerable settings within the system. The United Nations' contributions were highlighted, specifically supporting access to Covid-19 tools, assisting in the distribution of COVAX, and implementing the WHO framework for Health Security. WHO's commitment to financing the health system and integrating a primary health center-based approach provided great relief. The session ended with the hope for more cooperation and improvement in recovery strategies, including strengthening disaster management plans. Dr. Buddha emphasized that health is an asset for investment, not a luxurious purpose. Ensuring UHC and health security with a resilient health system would cost less in crises and provide substantial returns on investment. WHO proposed ten different strategies in this context, including leadership, regulation, accountability, funding, and collaboration.

**Country-wise Covid-19 impact**

Bangladesh over the 2 years faced huge down growth in education and health sector with continuous contraction in production sector leading to unemployment. Nepal witnessed unimaginative losses due to badly impact on tourism sector. Similarly, Maldives lost 90% of foreign revenue due to decline in tourism sector and closure of airports. Sri Lanka led to bankruptcy despite having one of the health system in the region because of large scale energy crisis in the country and political impetus. In India, large scale impact has been observed in the health, education, economy, family and social wellbeing sectors leading to increase in multi-dimensional poverty. Following the increasing emergency cases, nationwide lockdown was implemented on 24<sup>th</sup> March in India.

Dr. Mavalankar shared his practical insights on the impact of the pandemic and strategies for health recovery as the member secretary of the State Taskforce of Covid-19 in Gujarat. He began by tracing the trajectory of Covid-19 and the emergence of the pandemic. The origin of the Corona virus was traced back to the pneumonia symptoms of an unknown bio-hazard in Wuhan, China. The Chinese government imprisoned Dr. Li Wenliang for "spreading rumours" when he reported the first case of virus effect in November 2019. The spread of the virus led to unprecedented health emergencies across the globe, and social distancing and digital dependency became primary measures for mitigating the risk. Dr. Mavalankar discussed his observations in congested old Ahmedabad, where he found that a 6-feet distance was actually effective instead of the 3-feet norm. He also noted that cities were more exposed to the pandemic than rural and remote areas, resulting in high-scale risks of health emergencies. The nationwide lockdown had a cascading effect on the livelihoods of a huge number of people living in the informal sectors below the poverty line, leading to the disruption of governance. However, developed countries like Sweden survived the health emergencies without a lockdown. The Covid-19 spread in India was identified in three different chronological periods: the first wave during April-June 2020 with a moderate impact on cases, the second wave during April-June 2021 with severe impact due to the Delta strain, and Omicron spread mainly among children and aged people from June 2021 to June 2022. Hon'ble PM of India regularly coordinated with ICMR, DHR, AIIMS, NITI Aayog at the national level, and with state governments and first responders to build resilience and mitigate the risk of the virus spread. It is globally known that the vaccine was developed within a year of the virus's spread to eradicate it. The Indian government also enhanced the improvisations of digital media to implement mitigation measures, strengthened emergency control SoPs across the country, and used apps like Swasthya Setu, ITIHAS system, Cowin portal, and info-demic control systems to reduce misinformation and social media misleading issues. Socio-economic transitions like work from home (WHF) and virtual applications for conferences and education also helped boost the digitization of Covid-19 risk management. Moreover, temporary hospitals and Remdesivir were widely used to improve the health system's capacity and public health in the preliminary stage. Dr. Mavalankar also discussed the preparedness and capacity-building measures with long-term recovery approaches in the Indian health system. The need to rebuild the



maternal and child health system, improve cancer screening, and anticipate future readiness for such pandemics is crucial. Preparedness of nationwide hospital networks, telemedicine systems, drills, health insurance systems, and PMJAY, recovery in pharmacy and allied sectors, increasing budgetary provisions for health sectors, improving research and innovations, BLS labs-level 3&4, and recovery from indirect impacts of inflation, unemployment, social exclusions, and psychosocial impacts are key to long-term recovery.

***Thoughts and Interactions: Beggar immunity***

Bangladesh delegate put forward a thought on the aspect of strengthening school going section and health emergencies preparedness as well as a change in the pedagogy, learning management system. In this context, Dr. Mavalankar put stress on the voluntary spirit of social sectors can be harnessed. He also reflected on the thought of Ms. Rita Missal that few countries were liberal with no lock down policy and better preparedness that it could be a learning in future. Also, in many cases under-privileged groups faced less impact compared to privileged section of society who has economic activities. For example, Dharavi slum in Mumbai being one of the largest slum, had more than 57% immunity with less mortality. It is also called beggars immunity that the deprived people build strong immunity by adapting to different situations.

**D. Case Study on India's Post COVID-19 Economic Recovery** – Prof. Santosh Kumar, NIDM

Prof. Kumar mentioned that India experienced one of the largest reverse migrations in the world due to the pandemic, which severely impacted the economy and increased poverty on a large scale. In 2020, the World Economic Outlook reported a 6% fall in global economic activity. However, the country has recently recovered and is accelerating the process of economic reformation for faster growth. A comparative study of GVA statistics in 2020 and 2023 demonstrates the positive nature of economic activities in the post-Covid 19 scenario in the country. To boost small and medium business activities and the start-up environment, the central government has taken a comprehensive financial assistance approach in various sectors through capital stimuli. The Atmanirbhar Bharat package provided an overall stimulus of Rs. 20,97,053 crores. Under the Pradhan Mantri Gareeb Kalyan Package (PMGKP), low-interest loans (4-3%) have been provided as subsidies in the country. Similarly, in the Pradhan Mantri Gati Shakti National Master Plan (NMP), Rs. 6 lakh crore has been allocated for the national monetization pipeline, Rs. 2 lakh crore for the production-linked incentive scheme for 14 different sectors, and Rs. 6.3 lakh crore has been allocated for pandemic-affected support as a guaranteed loan scheme. In addition, a growth-oriented Union Budget has been constructed for FY 2023. The country is preparing for the envisioned approach of India@100 with various initiatives like PM Gati Shakti, which includes inclusive development programs, production enhancement, and investment, as well as financing of investment. The special economic zones (SEZ) will be replaced with "Development of Enterprise and Service Hubs." Currently, 63% of companies



in India are planning to employ more people in the third quarter of FY 2023, while the RBI has projected an economic growth rate of 7.2% by the end of FY March 2023. India is also advocating for an organized movement towards normalized development strategies at the global level. During the Covid-19 crisis, the current government adopted a "neighbour's first" approach. It is expected that the government will spend Rs. 2.58 lakh crores per annum on SDG targets 2030. However, a need assessment should be done on the national growth sector following serious growth gaps to build self-resilience and become self-reliant.

#### **E. Approaches to Recovery of most vulnerable people - Ms. Rita Missal, UNDP**

The session started with the discussion on who are vulnerable? The participants responded - elderly, children, women, disabled persons, low income, pregnant, etc. As shown in the figure, it was illustrated that the new category was emerged i.e., migrants, refugees, slum dwellers, unemployed, etc. It also included the persons with HIV-AIDS, cancer, diabetes and other diseases that were neglected during this period. Due to overuse of medical equipments like PPEs, masks, sanitizers lead to plastic generation. With increased exposure to plastic, their health is adversely affected. Unemployment rose to 9-10% and almost 2mn people were pushed below the poverty line.



**Women issues:** Women across the globe are paid less as compared to men. This stress added burden on women and a new term 'shadow pandemic' is emerged. In most disasters, the number



of deaths of female are more than the number of deaths of male. But here, the situation was reverse i.e., the number of widows were more.

**Domestic violence:** Due to lockdown, the domestic took place in isolation leaving a little room for any effective interference by the neighbourhood and the society. Lockdown created a dilemma for the women to report for help.

**Alcohol consumption:** Some of the countries like South Africa has high consumption of alcohol. Alcohol consumption is assumed as one of the causing factors for domestic abuse. Based on initial analysis, alcohol was banned for 3 months in South Africa.

**Community Health Workers:** These band of women were completely exposed. Still, they worked and provided social service to the society.

In order to mitigate the issues, social protection schemes were in place. Different countries introduced different schemes like India launched - PMJDY, Pakistan launched - Ehsaas, etc. There are three kinds of social protection - social assistance, social insurance and others:

Classifying Social Protection Response

Social Assistance	Social Insurance	Others
Cash Transfers: Vertical Expansion and Horizontal Expansion	Paid leave	Labour Market e.g. prohibition on retrenchments
Food Assistance	Health Insurance	Process changes e.g. digitalisation i.e. BHIM UPI
School Feeding e.g. dry rations	Pensions	SMEs tax or debt relief
Utility Subsidies	Unemployment benefits	Food security i.e. price control and export an
Tax relief and loans	Social Security contributions	

Moving forward, there are several key steps that can be taken to improve social protection systems and ensure that they are effective in reducing poverty and vulnerability. One important action is to develop comprehensive social protection architecture, policies and laws that can guide the implementation of social protection programs at all levels. This will involve working closely with relevant stakeholders, including civil society groups and marginalized communities, to identify their needs and ensure that they are incorporated into social protection policies. Another critical step is to strengthen the shock responsiveness of social protection systems, so that they are better equipped to respond to crises such as pandemics, disasters, and economic downturns. This will

involve building up emergency funds, developing early warning systems, and ensuring that social protection programs are designed to provide rapid assistance to those who need it most. It is also important to extend social protection to informal workers and other excluded groups who are often the most vulnerable to poverty and insecurity. This will require a range of strategies, including efforts to formalize the informal sector, expanding access to social protection programs, and building partnerships with community-based organizations and other stakeholders to ensure that all groups are included in social protection initiatives. Finally, there is a growing recognition of the need for universal social protection (USP), which provides equitable access to all people and protects them throughout their lives against poverty and risks to their livelihoods and well-being. This includes a range of measures such as cash transfers, contributory or non-contributory schemes, and programs to enhance human capital, productive assets, and access to jobs. By providing adequate cash transfers for those in need, benefits and support for those of working age, and pensions for all older persons, USP can help to reduce poverty and promote greater social inclusion.

#### ***Questions and Interactions***

Indian delegate asked about the social protection and vulnerabilities among police workers. Despite being in services and educated person commit domestic violence. Why is this so? Education differs from literacy. Cultural inherited problems need to be eradicated with social awareness and advocacy as said by Ms. Rita.

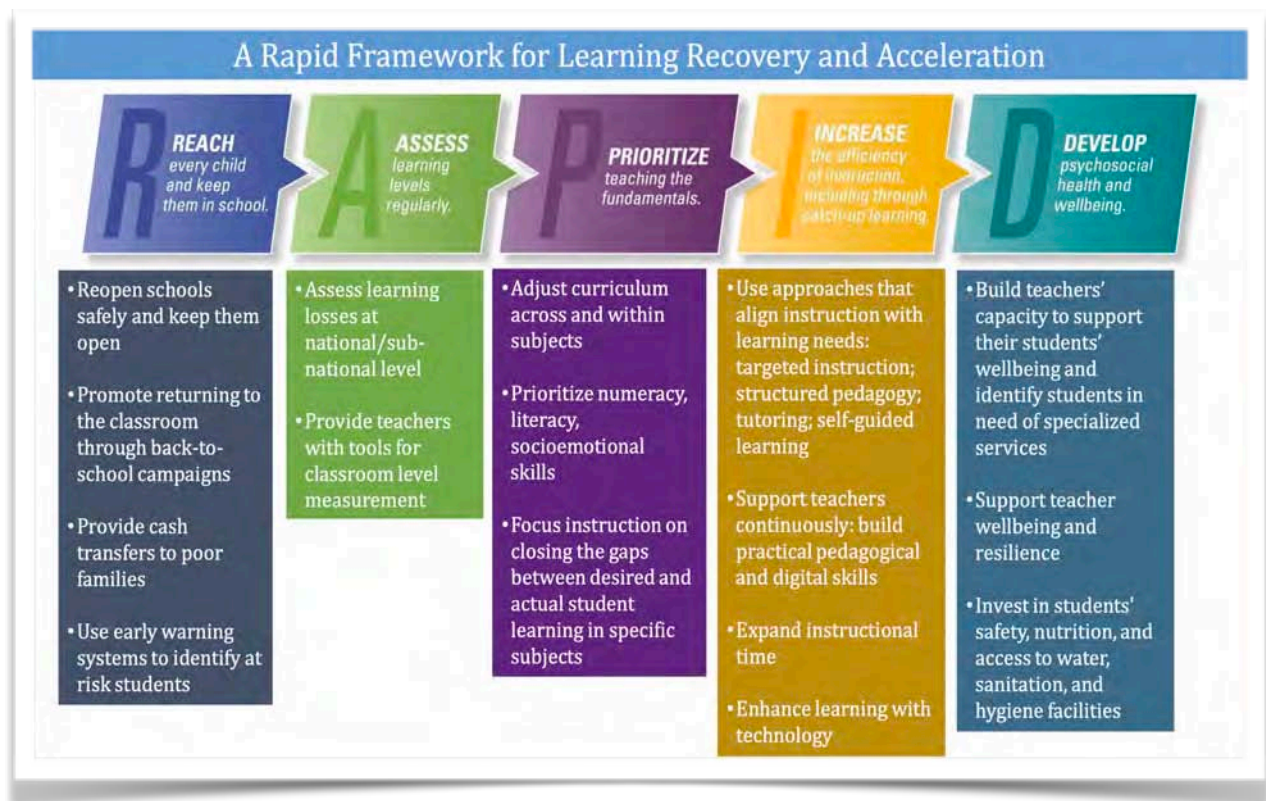
Social protection in Maldives were ensured with measures like online education content telecast on TV, lower-mid-high risk assistance and allowance of tourists even with expired visa, licenses to promote safe tourism.

Similarly, in Nepal many vulnerable people who had no access to market did not benefit from direct cash transfer (e.g. Kannali region in Nepal). There is need to shift from social assistance to social insurance to reduce burden on state economy.

#### **F. Approach to support continuing education service during COVID-19 - Dr. Begur Ramachandra Rao, Education Specialist, UNICEF**

During the session, the impact of Covid-19 on education and approaches and frameworks for recovery of the education sector and learnings for way forward, were discussed. The Covid-19 pandemic badly hampered the education continuity leading to loss of learning, disruption to access to education, mental health issues, increased work load and social inequalities with digital divide affected the large masses during the low economic situation globally. Impacts in different SAARC nations were discussed consecutively. In Maldives, schools were closed in January and opened in August. However, majorly it was online education system with increased workload as self-work plus kid's education with more requirement of parental involvement. Dr. Harsha from India, discussed

about losses beyond academy with physical health impact and loss of sport culture leading to result of degradation in social development. Dr. Kadari added to this that the pandemic affected professional skills learning and also loss of teacher education was major issue. The challenges are in terms of, globally Math aptitude & reading skills lowered in major low-mid income countries. In India, 43% only of grade 3 have basic knowledge of language and math according to the UNICEF survey. In Indonesia, 53% of children at late primary are not proficient in reading. Netherland lost 20% of a school year. Other challenges like in India only state level evaluation on the impact of education is available and there is need to study in deep regional level with differential approach and especially focusing on evidence based studies. According to the report of UNICEF and UNESCO, future learnings is at risk with sharp decline in post-Covid school enrolment ratio across the globe. Many school lost their minimum number of students to operate. There is serious need of learning recovery programme to fill the gap of learning loss. The proposed framework for evaluation and strategy building for recovery has been discussed as RAPID which is approved by UNICEF, UNESCO and Gate Foundation for their case study based research. The following flowchart describes the framework for further applications.



The RAPID framework is utilized in the education sector for learning recovery. This holistic approach is useful in providing students with a new perspective of seeing school. The framework consists of five components. Firstly, reaching every child and keeping them in school can be achieved through various measures such as reopening schools, launching campaigns, setting up early warning systems

to prevent dropouts, and involving parents to boost school participation. For instance, Ghana conducted a re-enrolment campaign, while Guatemala implemented an early warning system. Secondly, regularly assessing learning levels is crucial, and methods such as the National Achievement Survey (NAS) 2021 and NIPUN Bharat Mission are helpful. It was found that language and mathematics learning abilities were severely hampered during the assessments. Thirdly, prioritizing teaching the fundamentals of discipline, values, daily routine, and other essential skills missed by students is essential, as skills are the new currency in today's world. Fourthly, increasing the efficiency of instruction, including through catch-up learning, can be achieved by employing evidence-based pedagogical approaches, such as structured pedagogy or targeted instruction for all students, small-group tutoring, and self-guided learning. Brazil, Jordan, and Mozambique are some examples of countries that have implemented such approaches. Lastly, developing psychological health and well-being by building the capacity of teaching workforce to deliver support to students, prioritizing communication, ensuring equitable coverage of school-based feeding and nutrition programs and WASH facilities, and promoting student safety in schools and at home are crucial. Dominican Republic, Costa Rica, Nagaland in India, Kyrgyz Republic, and MANODARPAN (GoI) are examples of countries that have implemented programs to address these issues. Two types of assessments are necessary for recovery, system level, and classroom level. System-level assessments estimate the amount of learning lost and the specific content lost, while classroom-level assessments can help teachers and school leaders adapt teaching plans and pedagogical approaches to help students learn better.

**G. Approach to Economic Recovery; Sectors focus - Agriculture and Food Security - Ms. Dominique Blariaux, Consultant, European Commission**

The focus of this session was to identify the impact of the pandemic on food and agricultural production worldwide and discuss recovery strategies. The discussion covered scenarios from pre-pandemic to pandemic response and pandemic effects.

The pandemic has had a negative impact on macro-economic and human development, resulting in revenue loss and resource siphoning. A recovery strategy that is "right-based, gender-sensitive, and conflict-sensitive" is necessary to address these issues. In the agricultural sector, long-term targeted measures are needed to enhance economic recovery. This can be achieved through community-inclusive Public-Private Partnership measures, innovation, technological leverage, fiscal and financial incentives, international trade facilitation, capacity building through shared policies, and the grass-roots enhancement of sustainable strategies in accordance with the SDGs.



## AGRICULTURE SECTOR RECOVERY PLANNING

Insights into extent of losses: inputs for recovery planning		
<b>Step 1:</b> <b>Pre-pandemic Information</b>	<b>Identify baseline data sources:</b> MoA, Statistic Office, Agriculture census, Household surveys, Food security data	<b>Assemble the data :</b> <ul style="list-style-type: none"> <li>• % GDP from agriculture, # people working and income from the sector, food security, value chain system, credit access.</li> <li>• <b>Average production, yield, income before COVID-19 .</b></li> <li>• <b>Institutional and policy environment</b> (e.g. agricultural and food security policies, national plans, DRR/M policies and strategies)</li> </ul>
<b>Step 2:</b> <b>Pandemic Information</b>	effects on income, food security. <b>Triangulation of sources:</b> second data, market traders, community key informants, etc	<ul style="list-style-type: none"> <li>• <b>Geographic areas affected</b> (e.g. urban/rural)</li> <li>• <b>Effect of COVID-19 on service delivery</b> (markets, availability &amp; quality of goods and services needed)</li> <li>• <b>Effect on populations affected :</b> loss of income, wages...taking into account <b>season</b> (planting, harvest season, etc.)</li> <li>• <b>Migration and internal displacement</b></li> <li>• <b>Vulnerable groups</b> (e.g. seasonal workers, female-headed HH)</li> <li>• <b>Level of food insecurity</b> (# food insecure)</li> </ul>
<b>Step 3:</b> <b>pandemic effect</b>	<b>Estimation of economic losses</b>	<ul style="list-style-type: none"> <li>• <i>Income losses of farmers, fishermen, herders, workforce</i></li> <li>• <i>Increased costs to deliver agriculture production</i></li> </ul>
<b>Step 4:</b> <b>pandemic impact</b>	Compares pre and post COVID-19 trends with regard to: The <b>macro-economic impact:</b> GDP in agriculture, import/export of agriculture products The <b>human development impact:</b> On quality of life medium/long term	

### **H. Approach to Economic Recovery; Productive Sectors – Tourism; Trade and Commerce; and MSMEs - Dr. Partha Banerjee, DEX-DEFT Research and Consulting Pvt. Ltd.**

The recovery approaches for Productive, Social and Infrastructure sectors have been emphasized with a focus on enhancing trading, commercial activities and manufacturing. Capacity building of the tourism sector, artisanal small scale sector and Informal Economic Units is essential for holistic and long-term recovery. The impact of the pandemic led to supply chain contraction, affecting the production sector and processors, requiring a 3-track system.

Track A involves ease of access to finance, Track B involves ease of access to market, and Track C promotes enhanced regional trade and sustainability. Capacity building through entrepreneurship orientation, technical training, digitalization and policy enhancement are crucial. For instance, South Africa adopted a strategy to boost the informal sector, providing credit guarantees, job creation, wage protection, and support to SMEs and households for around six months, resulting in reduced pandemic impact. In Azerbaijan, where 70% MSMEs were affected according to the COGS report, the strategy was to mitigate risks through a 60% guaranteed loan and 40% collateral scheme loan

by the government. Similar policies were adopted by the African Union Commission for African nations, and MSMEs greatly benefited from these measures.

### MSME Sector Recovery Planning

# Insights into extent of losses: inputs for recovery planning

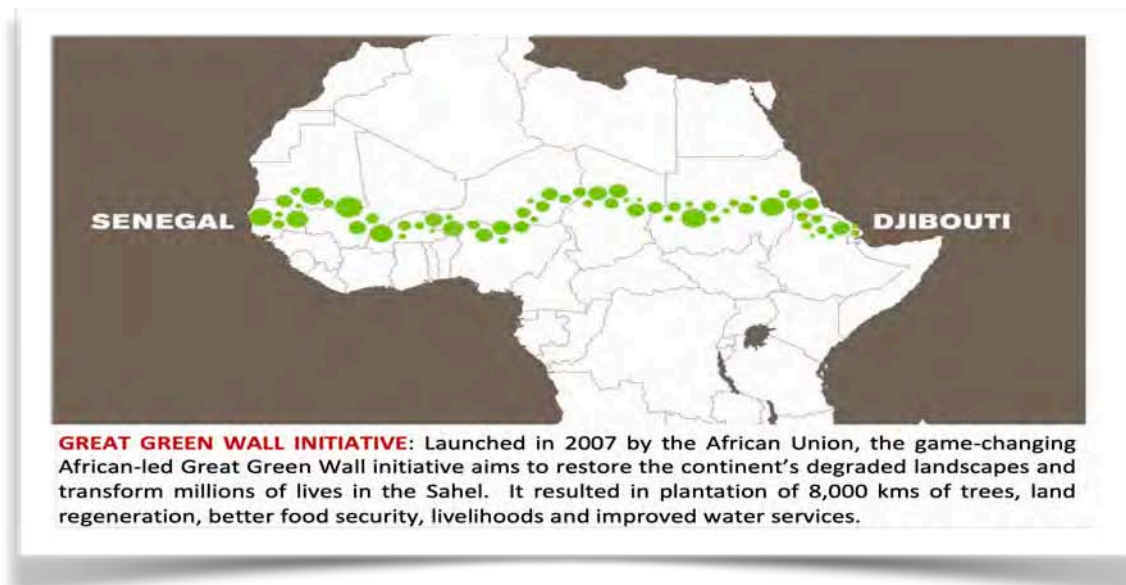
<b>Step 1:</b> <b>Pre-pandemic Information</b>	<b>Identify baseline data sources:</b> trade and commerce data, industrial statistics, relevant data micro, small and medium enterprises, industrial parks. Estimate informal eco. units	<b>Assemble the data</b> qualitative and quantitative characterization Tourism, Trade and Commerce, light manufacturing, fabrication, agro-industrial units and other MSMEs. Collate data on Informal and vulnerable eco. units	
<b>Step 2:</b> <b>Pandemic Information</b>	<b>Look for relevant pieces of information from other sectors:</b> transport, energy, housing, agriculture (lost harvest, agricultural workers affected),	<b>Field visits:</b> meet with district authorities, community key informants. Small Group meetings and Focus Group Discussions	<b>Triangulation and assortment of sources:</b> secondary data, market traders, community key informants, enterprises and households. Biz. Associations, Civil Society Org., Workers Org.
<b>Step 3: The pandemic effect</b>	<b>The quantitative goal is rapid assessment of losses:</b> to draw insights and take inputs into the recovery planning process	<b>1: Economic losses for the enterprises,</b> may be based on loss reports of sample surveys / assessed by intermediaries <b>2: Income losses for the workforce,</b> may be based on direct or indirect estimation	
<b>Step 4: The pandemic impact</b>	<ul style="list-style-type: none"><li>The impact assessment caused by the pandemic is a <b>qualitative</b> exercise.</li><li>It contextualizes the quantitative findings of the effect of pandemic and provides a <b>short, medium and long term</b> analysis</li></ul>		

#### I. Green Recovery Approaches -Ms. Rita Missal, Recovery Advisor, UNDP

The Covid-19 pandemic has led to a positive change in behavior, resulting in pollution control and a renewed focus on achieving Net Zero targets. The pandemic has also created an opportunity for a paradigm shift, such as the shift from N95 masks to cloth masks that are more accessible. In the USA, efforts are being made to promote public transportation and organic agriculture, creating green jobs and a green economy to accelerate the Build-Back-Better (BBB) initiative. Sustainability has been promoted in different sectors, and intersectoral approaches have been adopted, such as the greening of the electricity sector in Odisha. The Great Green Wall of Africa is an excellent example of African nations coming together to combat desertification.

Green recovery is required due to pollution, poor waste management, and human interference with biodiversity, such as deforestation, habitat degradation, agriculture intensification, wildlife trade, and climate change. To achieve green recovery, sustainable and resilient agricultural practices,

## Great Green Wall in Africa



creating green jobs in ecosystem restoration, renewable energy, organic farming, and reselling are essential. Green recovery also requires a paradigm shift in governance, economy, and infrastructure patterns. Green recovery initiatives are being tested in South Africa, Eswatini, India, and other countries. In terms of green habitat recovery, Kerala in India is promoting the use of eco-friendly and reusable building materials, maximum natural sunlight and wind usage, and rainwater harvesting or natural water storage systems. The hospitality sector in Maldives has been advised to use plants, implement grey water treatment systems in hotels, and only practice pole line fishing. In India, Cochin has the world's first green airport, and the government is promoting e-vehicles and providing subsidies and EMIs. Sri Lanka is using solar panels and has proposed the establishment of an International Climate Change University. The discussion also suggested imposing taxation on unoccupied mansions owned by NRI communities and other initiatives such as rainwater harvesting, solar panels, and the segregation of biomedical waste.

### ***SAARC regional case studies***

**Maldives:** eco-friendly tourism- RO/desalination plant with sustainable measures, recycle and reuse of plastics and clay pots in hotels are being taken with inter-sectoral coordination. Similar to Cochin airport case, solar systems empanelled in beaches to obtain power supply in airports.

**Sri Lanka:** Green consumptions enhancement in Hospitals, sustainable waste management and renewable energies are being taken forward across the country in collaboration with India and it is envisioned in COP 29 to establish International Climate Change University in Sri Lanka.

**India:** Bio-medical waste management-green policy on vehicular system and e-rickshaws, energy efficient infrastructure is primarily being promoted at Central Government level.

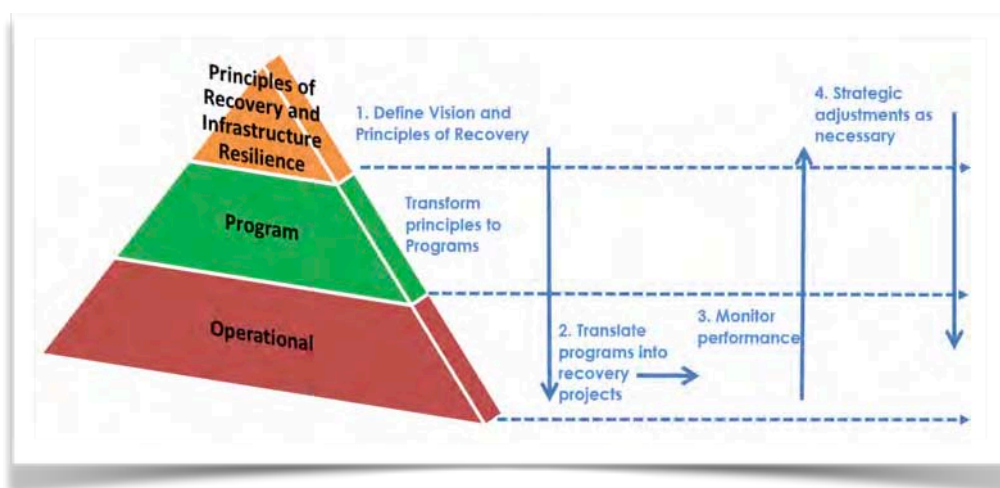
There is a change in paradigm from acres of green land to interior green space, urban greening.



## **J. Building Resilient systems - Dr. Partha Banerjee, DEX-DEFT Research and Consulting Pvt. Ltd**

Dr. Partha discussed the principles of resilient infrastructure development. He emphasized the importance of inter-sectoral coordination and a focus on Build-Back-Better (BBB) policies to support the Agro economy and achieve land degradation neutrality. Instead of a complete switch, incremental changes should be prioritized to create a habitable approach for the ecosystem. Dr. Partha also highlighted the need for digital transformation and the exploration of resilient measures based on local vernacular languages. These measures can be supported by enhanced early warning systems to improve overall resilience. By adopting these principles, infrastructure development can become more resilient to shocks and stresses, leading to a more sustainable future.

### **Planning for BBB and Resilience**



Improving digital access and making packages more affordable, increasing digital literacy among citizens, and using digital platforms to deliver public services are other important steps. Availability and affordability of devices for e-health and e-education should also be ensured. Developing national digital ecosystems to generate local content and related services, supporting MSMEs to close the digital gap, promoting FinTech and social inclusion, and establishing early warning and response systems for tropical cyclones and heat waves are also essential for digital transition. Overall, these measures will help in creating resilient infrastructure and promoting sustainable development.

## **K. Role of National DM Agencies in responding to COVID-19 - Ms. Rita Missal, UNDP**

In this session role of National Disaster Management (DM) Agencies in responding to COVID-19 was discussed. The session highlighted that disaster management is handled differently by various ministries and departments in different South Asian Association for Regional Cooperation (SARRC) countries. The power and authority of different ministries varied and played a significant role in decision-making. Risk communication played a vital role in managing the pandemic, and guidelines,



videos, and Standard Operating Procedures (SOPs) were shared to create awareness. In India, the Ministry of Health provided advisory guidelines to states, and state governments had the flexibility to make policies. Sri Lanka handled the pandemic in a decentralized manner at sub-state or district level, with the health ministry and army playing important roles. The United States already had pre-established centers and provided grants through the Federal Emergency Management Agency (FEMA). The activation of crisis coordination bodies, mobilization of experts, and emergency responders, allocation of COVID-19 response funds, and implementation of restrictive measures to prevent the spread of the disease were some of the crucial roles of DM agencies. In Nepal, the National Disaster Risk Reduction and Management Authority (NDRRMA) was established, and the country had a four-tier system for DM. Different policies, frameworks, and acts were in place to manage disasters. The Contagious Disease Act of 1964 was enacted to handle the gravity of the pandemic in Nepal, and coordination between the NDRRMA, Ministry of Health, and relevant agencies played a crucial role in managing the pandemic effectively.

#### **L. Innovations in COVID-19 Recovery- Ms. Rita Missal, UNDP**

Following are the conclusion of the brainstorming exercise conducted in the session:

<b>Innovation Domain</b>	<b>Technological Innovation</b>	<b>Governance (policy changes) or Process Innovation (to improve service delivery)</b>
<b>Health sector</b>	mRNA technology – vaccine development in one year (usually takes 10 years)  Genome Sequencing	International Collaboration for development & deployment of Vaccines, Diagnostics & Therapeutics • ACT-Accelerator • COVAX Platform
	Virtual Care (tele-health)	FDA approvals for COVID -19 Tests and Vaccines
	Health care related mobile apps (Arogya Setu App, ACSyS)	Local production of PPEs, masks, etc.
	Home-based diagnostic tests	Sewage Water Surveillance
	Drone-based delivery of health care products	Novel Oxygen delivery
	Algorithm-based social media monitoring for rumors and info-demic	-

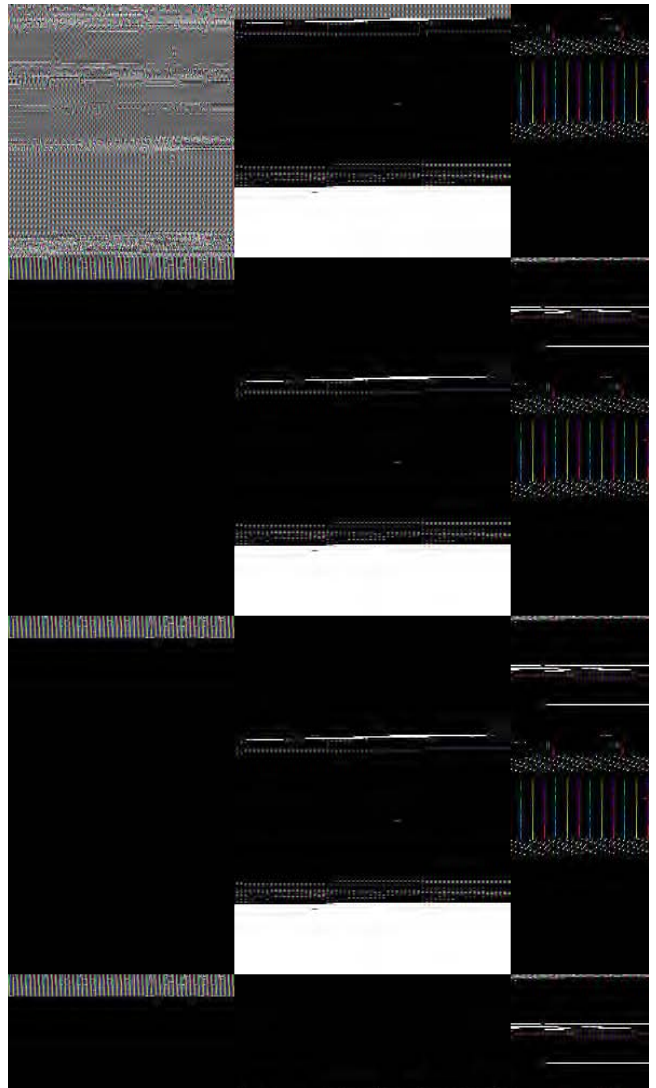
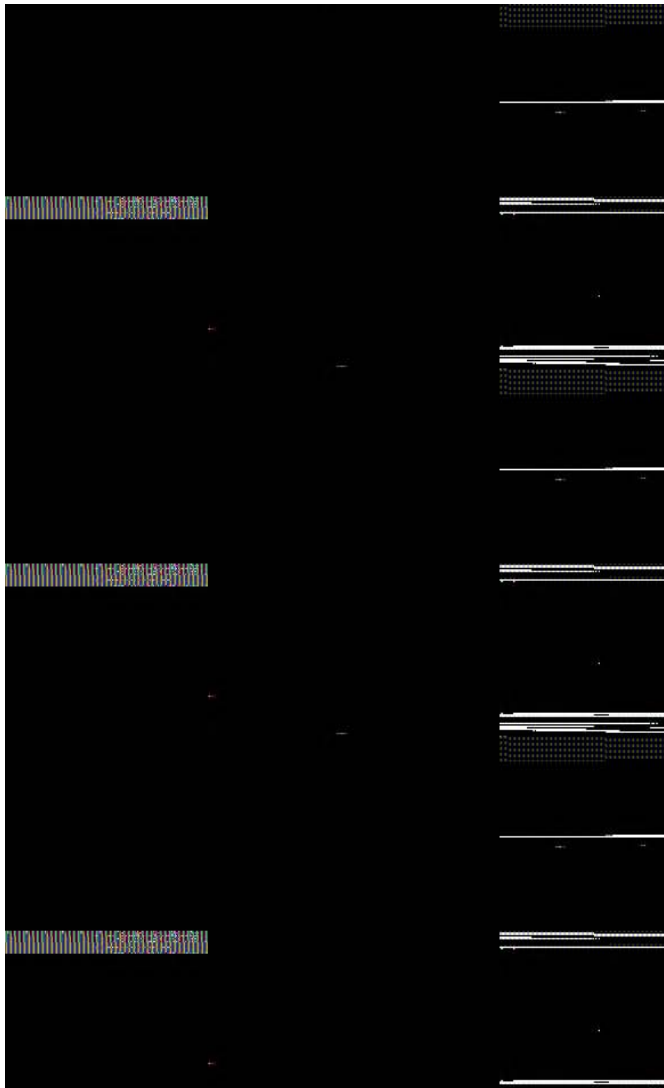
	Covid Support Group (Monitoring of Beds through portals)	-
<b>Education Sector</b>	Accessible and inclusive digital textbooks	Teachers Training
	Meeting Apps - Zoom, Google Meet	Blended Education Framework - Face to face, assignment work, online
	Learning Management Systems	-
<b>Social Protection</b>	Online systems for beneficiary identification, registration, payments, case management, grievance redress mechanisms	Mobilizing resources for funding SP measures combining multiple financing instruments
	-	New social insurance instruments : Electricity and water subsidy, childcare benefits
	-	Providing ex-gratia (50K)
<b>Tourism</b>	E-Visas	Long Term visas to facilitate Work from Home
	-	Serviced apartments style from hotel style
	Facilitate implementation of touchless solutions by the private sector (open window to access to credit)	Regional connectivity negotiations with airlines
	-	Special credit assistance package for signature hotels on easier terms, spillover effect on smaller hotels
	-	Bio bubble concept
	-	Digital Marketing; Promotion through Dream Island Concept
<b>Food Security</b>	E-commerce & digitalization of SMEs	Food Banks
	Digital farming market platforms;	Food ATMs
	Digital agriculture service	Home delivery of food
	Enhanced technologies for market monitoring, supply chain tracking, value chain traceability	-
	Digital trade agreement	-
<b>Others</b>	Fashionable masks	-
<b>Economy and Commerce</b>	Digital payment apps	Flexible import and export licence
	Drone based delivery	Models like- PPP, PPPP, PPCPP

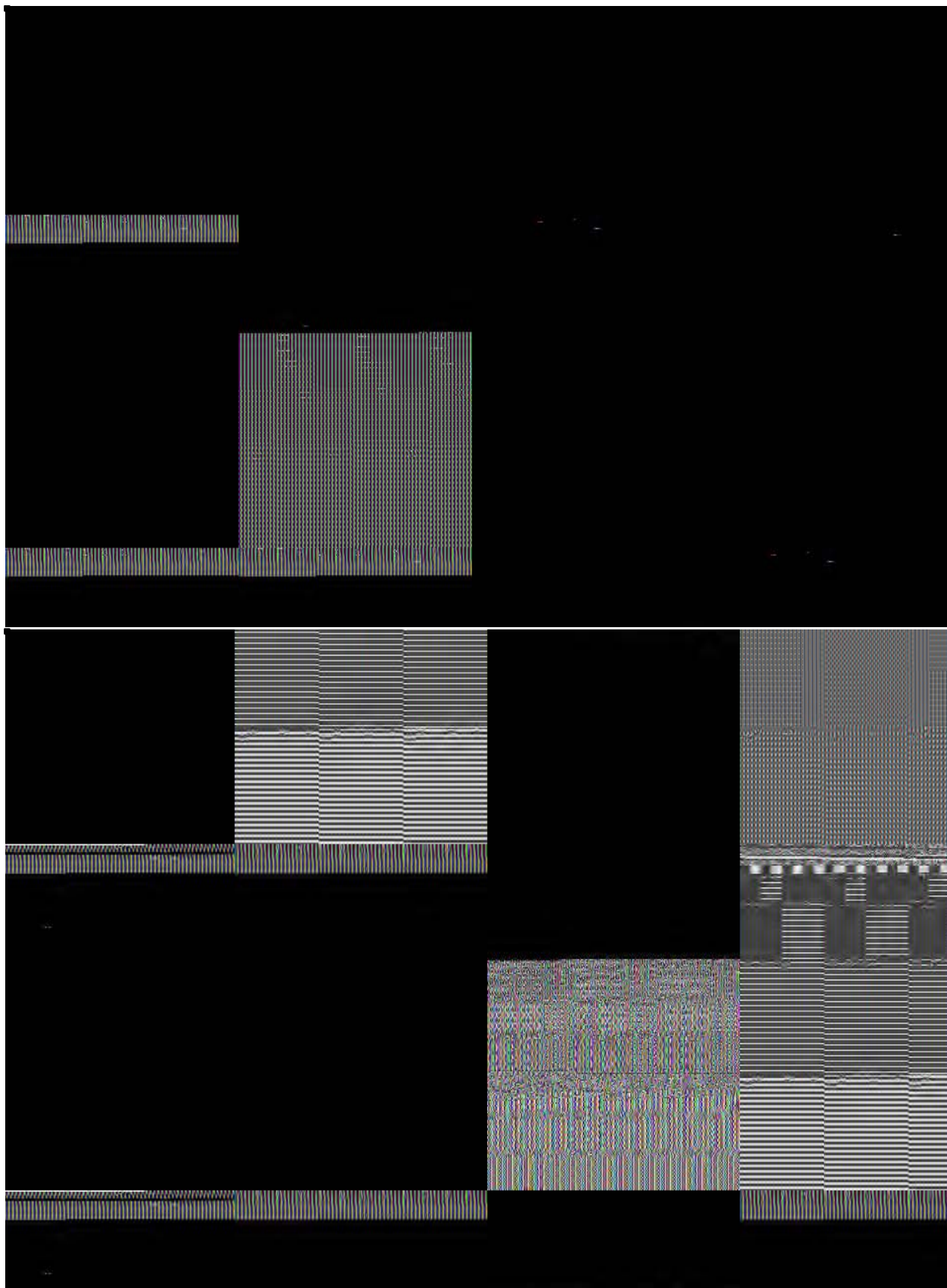


Discussion on Innovations in Economy and Commerce



Discussion on Innovation in Tourism Sector

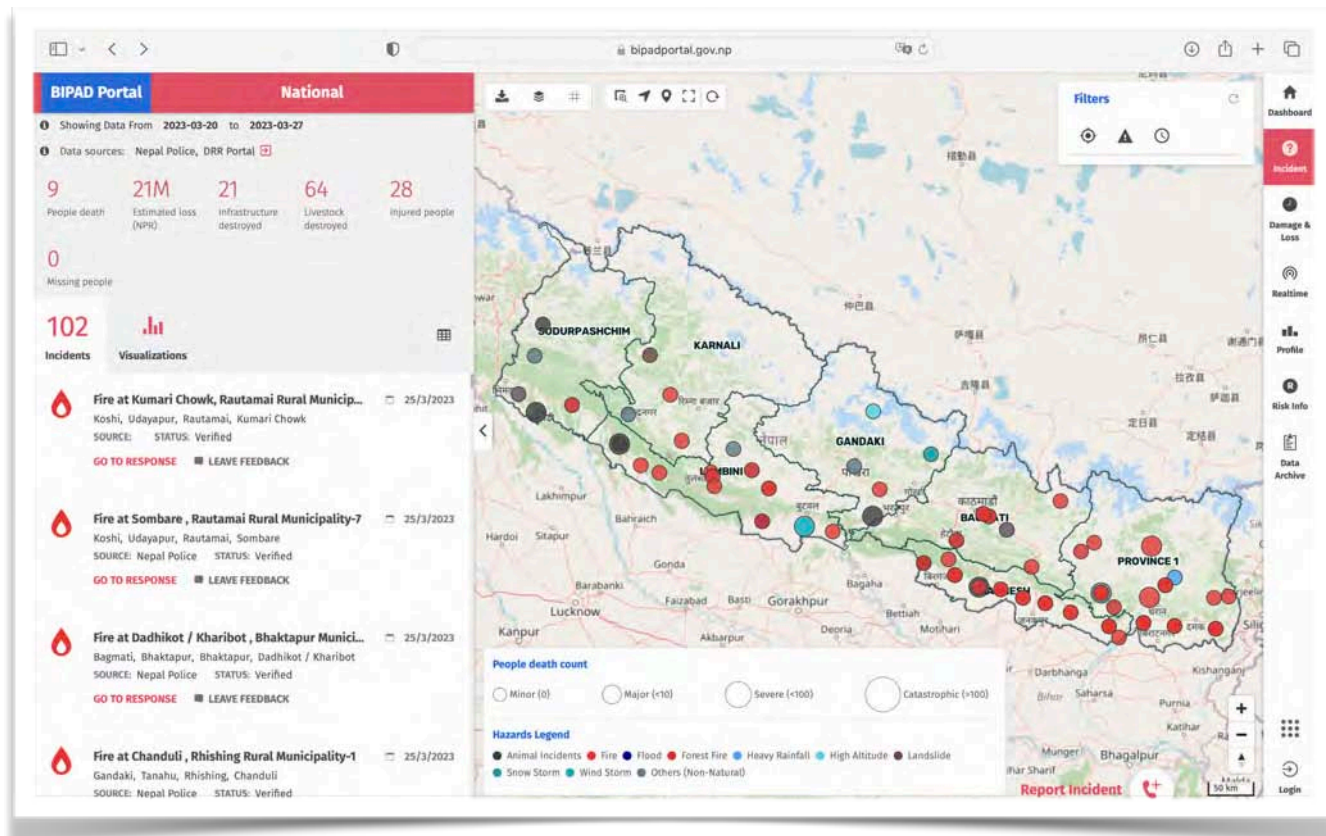






## M. BIPAD Portal as an Integrated Platform for Disaster Risk Reduction -Mr. Mitra Dev Lamsal, NDRRMA, Nepal

### BIPAD Portal



<https://bipadportal.gov.np/>

Disaster related data/information is one of the most crucial components for policy making, planning, and implementing DRRM activities. BIPAD is built at a time when disaster governance in Nepal is changing on account of federal restructuring of the country. However, disaster data/ information is still scattered, insufficient and not fully harmonized. On this backdrop, BIPAD is developed by pooling all credible digital and spatial data that are available within different government bodies, non-governmental organizations, academic institutions and research organizations on a single platform. The platform has six modules in the portal that has the potential to:

- Enhance preparedness and early warning
- Strengthen disaster communication
- strengthen emergency response
- Enhance coordination post-incident
- Evidence-based planning, decision making and policy making

The focus of the system is on bottom-up approach of data collection, targeting the Provincial and Municipal governments to engage in verifying and collecting data. BIPAD is targeted for Emergency Operation Centers at National, Provincial and Municipal tiers of the government, and Nepal Police, who is the first responder to disaster. Other users of this system are the line ministries at National and Provincial tiers working in disaster management division and departments, Nepal Army, Armed Police Force, non-governmental organizations, research institutions and the general public.

The features in BIPAD inform the users about the details of an incident for both natural and non-natural hazards for response and for historical analysis of loss and damage. The system integrates electronic version of the incident reporting form used in collecting incident information by Nepal Police. The alert feature has the potential to pre-inform to take early actions to mitigate disasters. BIPAD targets to provide crucial information on the capacity and resources, such as on health institutions, financial institutions, schools, banks, stockpiles, road network, inventories, NGOs, government agencies, etc. in relation to the incidents. The system incorporates hazard maps and vulnerability indicators that can be used for risk sensitive land use planning and DR inclusive development activities. The system is built to accommodate repository of DRM documents, status of DRM projects, and relief budget tracking. It has provisions to monitor the government's as well as non-government organizations' projects on the basis of seven targets of Sendai Framework (2015-2030) and Priorities and Sub-Priorities of Disaster Risk Reduction Strategic Action plan 2018. The above features of the system would be fully functional when credible data/information is integrated into the system coming from local level. The system is committed for the same

*The website is very useful and other SAARC countries have a very good example to implement in their own countries. Similarly, NDMA, GoI has launched an app 'Sachet' which gives alerts regarding various hazards.*

## 5.3 Country Presentations

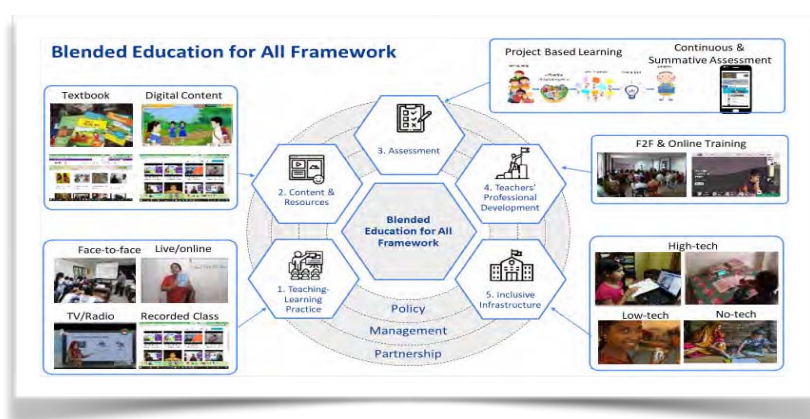
### A. Bangladesh

**Education** (*Dr. S K Chanda, Joint Secy., Secondary & Higher Education Div., Ministry of Education*)

After the shutting down of educational institutions since 14 March, 2020, almost 36.8 million children got disconnected. The major issues were addressing the most vulnerable children in rural areas from poorest households, increased out-of-school children (OOSC), gender-based violence, etc. Even the teachers were affected a lot. In response to this, Ministry of Education started National Parliament TV channel, alternative teaching



## Innovation in Education sector in Bangladesh



campaigns like *Amar Gore Amar School* (My School at My Home), Online Teacher's training, Ghore Boshe Shikhi (Primary), My Madrasha at my Home, My Komi Madarsha at My Home, technical Education from Home. Some major steps include curriculum reform, inclusion of climate responsive education system and Blended Education Master Plan.

### **Health** (Md R I Selim, Dep. Secy., Health Services Division, Ministry of Health & Family Welfare)

The COVID-19 was first identified in Bangladesh in 8 March 2020. The first 3 known cases were reported on that day by the country's Institute of Epidemiology Disease Control & Research (IEDCR). Bangladesh was the second Most affected country in South Asia, after India. In order to curb the spread of novel coronavirus, Government declared 10 days "Lockdown" through the nation from 23 March 2020, which was later extended till 30 May 2020 and economic activities resumed on a limited scale. The major challenges were lack of prior experience, testing kits, labs, vaccines, medicines, PPEs, masks, staff, etc. The situation was tackled by deploying proportionate number of doctors, anesthesiologists, nurses, midwives, technicians, etc. and making logistical arrangements at the crucial point of entries.



National Blended Education Master



*Discussion: Ms. Missal asked about the nature of newly appointed staff?*

The staff was appointed permanently. Pandemic helped in disguise for the Bangladeshi nationals to return to their country. Sri Lankans also informed the opportunity of jobs just after graduation.

**Commerce** (*Md. Moshir Rahman, Senior Assistant Secretary, Ministry of Commerce*)

Bangladesh is facing low economic growth. Though there is substantial rise in poverty incidence, however it is expected to be temporary in nature. A major concern is the diminished capacity in revenue generation in the face a shrinking economy. There is substantial decrease in domestic income and international trade. Despite of provisions of stimulus packages to facilitate economic recovery, concrete steps have to be undertaken by the government. Prime Minister of Bangladesh has announced four policy interventions to mitigate probable economic impact of Covid-19 which will be implemented in three stages i.e., Immediate (in the current fiscal year); short-term (FY2020-21); and medium-term (coming three years). The four policy interventions were:



- Increasing public expenditure;
- Introducing financial stimulus packages;
- Widening social safety net coverage; and
- Increasing money supply.

Some innovations in this sector includes - Joint Stock Exchange Registration Digitally, Export- Import Registration and Incentive Transfer /Digital Payment System.

## **B. India**

*Dr. Akanksha Khurana, Senior Medical Officer, Ministry of Health & Family Welfare*

*Dr. A M Kadari, ED- SHSRC - National Health Systems Resource Centre*

India started with pre-emptive and proactive measures. The policy decisions were based on emerging scientific evidence across the globe & in India, guidelines issued & revised (clinical management, international travel) as per challenges posed. Ultimately, India adopted a whole of government and society approach towards Covid-19 management. There were many packages introduced by GoI:

*Pradhan Mantri Garib Kalyan Yojana:* It is insurance Scheme for Health Workers fighting COVID-19 covering loss of life due to COVID19 and accidental death on account of COVID-19 related duty. It



covered public healthcare providers including community health workers, private hospital staff, recruited volunteers; who may have to be in direct contact and care of COVID-19 patients and who may be at risk of being impacted by this. The insurance cover of Rs. 5 million.

*India COVID-19 Emergency Response and Health Systems Preparedness Package (ECRP):* Support the containment and management of the pandemic, including for augmentation of infrastructure, oxygen supported beds, isolation beds, ICUs & human resources, supply of drugs, etc. (ECRP-I, 2020-21, Rs. 82.6 billion). It includes creation of health infrastructure at all level of healthcare including prefabricated structures to meet the required health infrastructure needs for any potential surge in COVID-19 cases. (ECRP-II, 2021-22, Rs. 231.2 billion)

*PM-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM):* It aimed at strengthening the Public Health Infrastructure to effectively manage and respond towards any future pandemics and outbreaks. It is a Centrally Sponsored Scheme to fill critical gaps in health infrastructure, surveillance and health research – spanning both the urban and rural areas so that the communities are self-reliant in managing such pandemic/ health crisis. The total financial outlay for the scheme period (2021-22 to 2025-26) is Rs 641.8 billion. The components in PM-ABHIM are HWC, Block Public Health Units, Integrated Public Health Labs, Critical care hospital blocks, Regional NCDCs, Strengthening PHUs at PoEs, HEOC, Container based mobile hospitals, National institutes & BSL3 labs.

*Fifteenth Finance Commission Grants (FC-XV):* FC-XV has recommended a total grant of Rs.4279.1 billion to local governments for the period from 2021-22 to 2025-26. Rs. 2368 billion for duly constituted Rural Local Bodies, 60 percent of which is earmarked for drinking water supply, rainwater harvesting and sanitation. The health grants of Rs.700.5 billion (Rs.439.3 billion for Rural and Rs.261.2 billion for Urban Local Bodies) for strengthening the primary health infrastructure and facilities. Components in FC-XV are Support for diagnostic infrastructure to the primary healthcare facilities, Block level public health units in rural areas, Construction of buildings of building-less Sub centres, PHCs, CHCs in rural areas, Conversion of PHCs and sub centres into health and wellness centres.

*Ayushman Bharat Digital Mission:* To create a national digital health ecosystem that supports universal health coverage in an efficient, accessible, inclusive, affordable, timely and safe manner, that provides a wide-range of data, information and infrastructure services, duly leveraging open, interoperable, standards-based digital systems, and ensures the security, confidentiality and privacy of health-related personal information. It comprises of ABHA number, Unified Health Interface, Healthcare Professionals Registry, Health Facility Registry, ABHA Mobile App (PHR).

## C. Maldives

*Mr. Ibrahim Ashraf, Director General, Public Health Programme*

*Ms. Malaka Abdul Hameed, Director, Security & Crisis Management,  
Ministry of Tourism*

Maldives have experienced four waves of Covid-19. They have certain unique set of challenges. As the country has many islands, it was difficulty in connectivity. As they are importing dependent country (90%) closure of the borders has led to an increase in prices of foods especially the staple goods. Many businesses related to tourism sector were impacted directly or indirectly.

Some of the innovations are mentioned below:

### 1. Innovation backed by National Agencies

- STO - launched online store "eStore" and online prescription /medicine
- MPS - online portal to grant approvals for emergency public movement during lock down.
- MoT - "Faas Portal" for tourist facility staff movement and "Inter Tourist facility movement" for guest movement, Dream Island concept

### 2. Community led innovations

- Different online platforms created by public and private businesses (online food ordering/food.
- Awareness messages via social media platforms
- Online Clinic Consultation



## D. Nepal

*Ms. Munaka Neupane, Program Director, National Planning Commission*



Negative PCR results



Departure Samples



Helpdesk @ Airport



Travel insurance



WTCC safe travels stamp



Monitor Inter- resort movements



Random sampling at resorts



Compliance training



The Worlds Leading Destination 2020 - 2022

## Impact of Covid -19

- Health, Education, Trade and commerce, service industries (tourism, aviation and hospitality), have been hit hardly
- More than 12 thousand people dead
- Around 15 million people lost job
- GDP Growth decreased by -2.12 %
- Balance of Payment negative and low FOREX Reserve
- Limited Employment opportunities
- Import Led Economy



## Recovery Strategies:

- Testing and Contact Tracing
- Management of Quarantine and Isolation Centers
- Public Information and Awareness Campaign
- Nation-Wide Smart Lockdown
- Economic Support Package (poor, daily wage earners, marginalized groups, concessional loans, subsidies and tax exemption, targeted lending programs)
- National and international Cooperation: safe return of migrant workers, vaccination, lab equipment, technical assistance to cope with the impact.
- Ayurveda and other measures
- Services digitization- EFT, e gateway payments, customs clearance, company registration, vital registrations

## E. Sri Lanka

*Ms. S M M D Senanayake, Asst. Director, Ministry of Defence*

*Dr. Asanka Wedamulla, Medical Officer, Ministry of Health*

## Governance

- Establishment of National Operation Center for Prevention of COVID 19 outbreak. (Apex body)
- Establishment of Presidential Task Force

## Public Health and Clinical Response

- Strengthening epidemiological surveillance
- Enhancing contact tracing (with the assistance of army forces)
- Isolation and quarantine (dedicated new facilities developed)



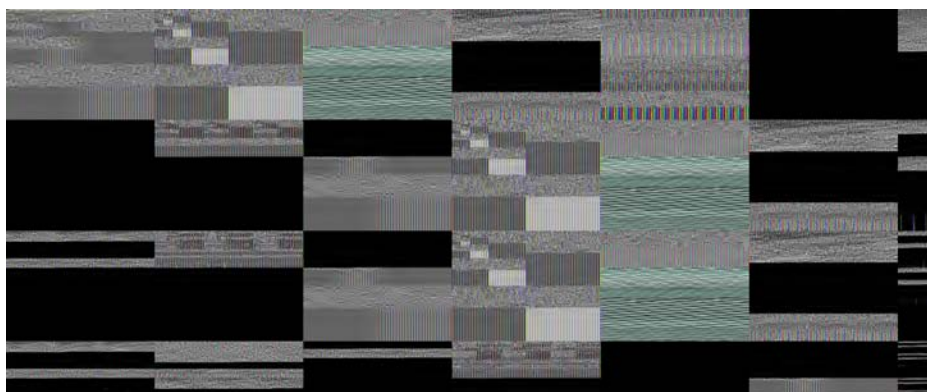
- Development of clinical management protocols
- Strengthening existing treatment facilities and developing new treatment facilities
- Continuation of essential medical services during COVID 19 outbreak (NCD and MCH)

### **Strengthening Social Security Network**

- Providing social security for vulnerable population (distribution of rations with essential commodities)
- **Introducing new normal practices (DREAM+V)**
  - D** - Distancing
  - RE** - Respiratory Etiquette
  - A** - Accepting precautions (handwash)
  - M** - Mask wearing
  - V** - Vaccine
- Mindfulness Program (Sathi Pasala) for students, teachers and school community
- Introducing activity handbooks for parents in primary education
- Implementation of Climate Smart Agriculture Schools
- Introduced Digital Nomad Visa
- Introduced Bio-Bubble Concept

## **6. VALEDICTORY**

Valedictory session was chaired by Mr. P. K. Taneja, Director, SDMC (IU) and Ms. Rita Missal. Mr. P. K. Taneja discussed about relevance and usefulness of this training course. He informed that the entire event was very participative in approach and participants showed their full interest during training. He discussed about need for more inputs from participants to improve the quality of upcoming courses at SDMC. He informed that SDMC is in process to create a resource persons database and requested participants contribute. The course evaluation was also discussed in the view of further improvement. At the end of the valedictory session, certificates of participation were distributed. Common feedback was to arrange a cultural event during course of Workshop.





**Discussion:** There are some sections in social sector which are non-measurable and non-quantified. In order to address such issues, dedicated budgetary allocations needs to be made. e.g., measuring trauma is very difficult. But the psychological and mental health issue cannot be ignored. So, budgetary allocation for dedicated helplines, setting up trauma care centres is the way forward.



## Annexure 1

### PROGRAM NOTE

#### Background

The worldwide COVID-19 health impact and its related containment measures have caused sharp decline in economic activity, jobs and livelihoods losses and negative repercussion on the quality of health, education, and value-chain related services. It has disproportionately affected the most vulnerable population such as children, elderly, persons with disabilities, migrants and refugees and exacerbated inequalities in human development. The Global COVID Gender Response Tracker<sup>1</sup> developed by UN Women and UNDP in 2020, has found that, while women have been at the center of global COVID-19 response efforts, they have been significantly underrepresented in meaningfully participating in key COVID-19 decision-making and governance worldwide. Women's exclusion from COVID-19 planning and decision-making leaves governments ill-equipped to respond effectively to the gendered social and economic fallout of the pandemic. As a result of the extensive socio-economic effects, the pandemic has negatively impacted hard-won development gains of the 2030 Agenda, such as SDG 1 (no poverty), 2 (zero hunger), 3 (good health and well-being), 4 (education), 5 (gender equality), 8 (decent work and economic growth) and 10 (reduced inequalities).

The pandemic is also inextricably intertwined with global environmental issues such as biodiversity loss, climate change, air and water pollution, and waste management, both in terms of its origin and the implications for environmental outcomes and the future well-being of societies around the world. In terms of its origin, COVID-19 is supposedly a zoonotic disease, a disease passed from animals to humans. As pressures on natural ecosystems and wildlife intensify, channels of viral outbreak have accelerated in recent years, as also seen in outbreaks of other zoonotic diseases such as Ebola, SARS and MERS in recent years. More than ever, the ability to prevent outbreaks depends on our ability to maintain healthy ecosystems and avoid the blurring of ecological boundaries. In terms of the implications of the pandemic on the environment, as economic activities had to be curtailed due to health-related restrictions, environmental issues took a backseat across the world. As an example, the use of packaging exploded around the world as people started to order everything from food take-out to other household goods online. Many governments which were committed to take strong action on single use plastic had to either stop enforcing the legislations or delay their introductions. During 2020, the lockdowns and decline in economic activity reduced overall plastics use by about 2% from 2019 levels, mostly for large-scale industrial sectors such as

---

<sup>1</sup> <https://data.undp.org/gendertracker/>

motor vehicles, and construction. But overall, this reduction was substantially smaller than the decline in total economic activity. At the same time, the use of medical and protective equipment as well as single-use plastics increased considerably during the pandemic, and exacerbated plastic littering, the build-up of which will continue for decades to come. Relative to 2019, global plastics use increased by 0.3 Mt in 2020 in the health and social work sector, and by 0.2 Mt in the pharmaceuticals sector. Plastics use for face masks is estimated to represent 300 kilotons in 2020 linked to the production of some 126 billion masks. In other sectors like food services and retail, the shift towards take-away, food delivery and e-commerce all increased demand for plastic packaging (OECD, 2022).

Countries around the world are being forced to confront the challenges of managing compound risks from the COVID-19 pandemic and natural hazards such as, cyclones in India and the Pacific, floods in Japan and Vietnam, and heatwaves in the United States and Europe, among many others. In fact, climate-related hazards threaten to exploit many of the same vulnerabilities, amplifying disaster risk and its potential impacts as the pandemic (IRP, 2020).

In response, countries have implemented post COVID recovery and stimulus packages around the world; but the focus remains on livelihoods and employment creation, and environment is once again not a priority. For example, green recovery measures are still a small component of total COVID-19 spending (only 21% of recovery spending, or only around 4% of the USD 17 trillion rescue and recovery spending combined). Significant funds are still allocated to measures with likely environmentally negative and mixed impacts (OECD, 2022). However, the recovery plans that governments are putting in place have the potential to create a recovery that is both green and inclusive. Such a recovery can be defined by its potential to create opportunities for income, jobs and growth, and at the same time accelerate action on medium and long-term environmental goals, both national and global. Such action will significantly enhance the resilience of economies and societies in the face of accelerating environmental challenges due to strengthening feedback loops and the increasing likelihood of cascading tipping points. Importantly, putting people at the centre of green recovery plans can lay the foundations for sustainable wellbeing. At a global scale, solidarity and collaboration are required to address the exposed systemic risks and underlying vulnerabilities in today's connected societies.

#### **Priority Four of the Sendai Framework for Disaster Risk Reduction (SFDRR) 2015-2030**

calls on governments to build back better in recovery from disasters. It represents a global consensus view that recovery presents an opportunity to not only restore what was lost, but to build greater resilience and even to make progress across the development sphere. Importantly, it also presents an opportunity to reduce disaster risk as societies recover, rebuild, and rehabilitate.

## Objective of the Workshop

The objective of the workshop is to discuss the systematic and scientific approaches for promoting green and sustainable recovery in the response to Covid-19. The workshop also aims to highlight the critical role of green infrastructure in supporting economic growth and livelihoods, while safeguarding the Paris Agreement targets.

## Course pedagogy

The training will be held in person, facilitated by trainers from UNDP and SAARC Disaster Management Centre (IU), joined by guest speakers from partner institutes. The training will include presentations, group exercises, discussions, and field visits.

## Targeted participants (3 participants from each Member States)

This workshop aims to engage **3** Senior Officers from Ministries (especially, health, education, tourism, industry and commerce, employment and livelihoods, gender, social protection) from each Member States dealing with Disaster Risk Management, Disaster Response; National Disaster Management Organizations (NDMOs) from all the SAARC Member States.

## Organizers

The workshop will be organized by SDMC (IU) with support from United Nations Development Program (UNDP) is conducting a 4-day Residential Workshop on "Approaches to Socio-Economic Recovery from COVID-19" from 1-4 March 2023 for disaster risk reduction and recovery practitioners from the SAARC Member States.

## About SAARC Disaster Management Centre (IU)

SAARC Disaster Management Centre (SDMC-IU) has been set up at Gujarat Institute of Disaster Management (GIDM) Campus, Gandhinagar, Gujarat, India. SDMC (IU) is expected to serve SAARC Member States in disaster management initiatives. Since its operations at GIDM Campus, SDMC (IU), has conducted 21 residential capacity building programs and 6 webinars, wherein about 850 officials from the Member States were oriented, sensitized and trained in collaboration with more than 190 domain experts hailing from various regional and global organisations

## Date & Venue

The workshop will be organized in the Seminar Hall of SDMC (IU), Gandhinagar, in Gujarat, India. The dates of the workshop are 01<sup>st</sup> to 04<sup>th</sup> March, 2023.



## Annexure 2

### PROVISIONAL AGENDA

#### Day 1: 01 March 2023

Time	Session	Speaker / Facilitator
09:30-10:00	Registration <b>Welcome Session</b> <ul style="list-style-type: none"> <li>Welcome and participant introduction</li> <li>Introduction to the workshop</li> </ul>	SDMC (IU)
10:00-10:30	<b>Opening Session</b> <ul style="list-style-type: none"> <li>Special Address (5 mnts)</li> </ul>	<b>Ms. Rita Missal</b> , Recovery Advisor, UNDP
	<ul style="list-style-type: none"> <li>Inaugural Address (5 mnts)</li> </ul>	<b>Mr. P. K. Taneja</b> , Director-SDMC(IU)
10:30-11:30	<b>Session 1: Recovery Challenges in COVID-19 and Developing a Recovery Framework and Strategy</b> <ul style="list-style-type: none"> <li>To understand how to develop a recovery strategy and actual interventions.</li> <li>To understand the key elements of the Disaster Recovery Framework</li> </ul>	<b>Dr. Krishna Vatsa</b> , Member - NDMA
11:30-11:35	<i>Group Photograph</i>	
11:35-11:45	Health Break	
11:45-13:00	<b>Session 2: Approach to assessing Socio Economic impacts of COVID -19</b> <ul style="list-style-type: none"> <li>Presentation on PRNA tool/methodology – its development, scope, and case studies</li> </ul>	<b>Ms. Dominique Blariaux</b> , Consultant, European Commission
13:00-14:15	Lunch Break	
14:15-14:45	<b>Session 3A: Approaches to Health Recovery</b> <ul style="list-style-type: none"> <li>Presentation on preparedness, response and recovery of the health sector</li> </ul>	<b>Dr. Nilesh Buddha</b> , Lead – Regional Emergencies, WHO South-East Asia Regional Office (SEARO)
14:45-15:15	<b>Session 3B: Approaches to Health Recovery</b> Presentation on preparedness, response and recovery of the health sector	<b>Dr. Dileep Mavalankar</b> Director, IIPH Gandhinagar
15:15-15:30	Health Break	
15:30-16:15	<b>Special Session:</b> Case Study on India's Post COVID-19 Economic Recovery	<b>Prof. Santosh Kumar</b> , NIDM
16:15-16:20	Wrap-up Day 1	SDMC (IU)

#### Day 2: 02 March 2023

Time	Programme	Speaker/Facilitator
09:30-10:00	Recap and plan for the day	SDMC (IU)
10:00-11:00	<b>Session 4: Approach to Recovery of most vulnerable people</b>	

	- the practice of social protection measures	<b>Ms. Rita Missal</b> , Recovery Advisor, UNDP
11:00-11:15	Health Break	
11:15-12:15	<b>Session 5: Approach to support continuing education service during COVID-19</b> - Presentation on the good practices on support to the education sector.	<b>Dr. Begur Ramachandra Rao</b> , Education Specialist, UNICEF
12:15-13:15	<b>Session 6: Approach to Economic Recovery; Sectors focus- Agriculture and Food Security</b> - Presentation on the overview of the issues in economic recovery with good practices from other regions	<b>Ms. Dominique Blariaux</b> , Consultant, European Commission
13:15-14:15	Lunch Break	
14:15-15:15	<b>Session 7: Approach to Economic Recovery; Productive Sectors - Tourism; Trade and Commerce; and MSMEs;</b> - Presentation on the overview of issues in the economic recovery of productive sectors with good practices from other regions	<b>Dr. Partha Banerjee</b> , DEX -DEFT Research and Consulting Pvt. Ltd
15:15-15:30	Health Break	
15:30-16:10	<b>Session 8: Approach to Cross-cutting Employment and Livelihood Recovery;</b> Presentation on the overview of cross-cutting issues in livelihood recovery with good practices from other regions	<b>Dr. Partha Banerjee</b> , DEX -DEFT Research and Consulting Pvt. Ltd
16:10-16:15	Wrap-up Day 2	SDMC (IU)
<i>Visit to Dandi Kutir, Gandhinagar</i>		

### Day 3: 03 March 2023

Time	Programme	Speaker/Facilitator
09:30-10:00	Recap and plan for the day	SDMC (IU)
10:00-11:15	<b>Session 9: Green Recovery Approaches</b> - Presentation on green recovery and guidance on mainstreaming environmental considerations into the recovery framework. - Country case studies on green recovery approaches that can be adapted for covid recovery programs	<b>Ms. Rita Missal</b> , Recovery Advisor, UNDP
11:15-11:30	Health Break	
11:30-12:30	<b>Session 10: Building Resilient systems</b> - Transition to Digital systems, Other good practices in response and recovery of COVID -19	<b>Dr. Partha Banerjee</b> , DEX-DEFT Research and Consulting Pvt. Ltd
12:30-13:30	<b>Session 11: Role of National DM Agencies in responding to COVID-19</b> - Lessons Learnt	<b>Ms. Rita Missal</b> , Recovery Advisor, UNDP
13:30-14:30	Lunch Break	

14:30-15:30	<b>Session 12: Innovations in COVID-19 Recovery</b>	<b>Ms. Rita Missal,</b> Recovery Advisor, UNDP & <b>Ms. Dominique Blariaux,</b> Consultant, European Commission
15:15-15:30	Health Break	
15:30-15:35	Wrap-up Day 3	SDMC (IU)
<i>City Visit, Ahmedabad</i>		

#### **Day 4: 04 March 2023**












<b>Time</b>	<b>Programme</b>	<b>Speaker/Facilitator</b>
09:30-10:00	Recap and plan for the day	SDMC (IU)
10:00-11:00	<b>Session 13: Addressing the recovery needs of women &amp; young girls, people with disabilities, LGBTIQ+ and other vulnerable groups</b> - Presentation on the current state-trend toward the exclusion of women as key actors in critical decisions in the recovery process followed by case studies/ countries	<b>Dominique Blariaux,</b> Consultant, European Commission
11:00-11:15	Health Break	
11:15-13:00	<b>Country Presentations (10 minutes for each ppt.)</b>	<b>Director-SDMC(IU)</b>
13:00-13:20	Wrap-up & <b>Training evaluation</b>	UNDP, SDMC (IU) & SAARC Member States
13:20-14:00	<b>Closing Ceremony</b> <ul style="list-style-type: none"> <li>o Award of Certificates</li> <li>o Vote of thanks by participants</li> <li>o Closing remarks from UNDP</li> <li>o Closing remarks from SDMC</li> </ul>	SDMC (IU)
14:00-15:00	Lunch Break	






## **Annexure 3**

### **List of Participants**



**Residential Workshop**  
**on**  
**Approaches to Socio-Economic Recovery from COVID-19**  
**01 - 04 March 2023**

#	Country Name	Flag	Participants Name	Designation
1	Bangladesh		Mr. Mohammad Moshiur Rahman	Senior Assistant Secretary, Ministry of Commerce
2	Bangladesh		Mr. Md. Rafiqul Islam Selim	Deputy Secretary, Health Services Division, Ministry of Health & Family Welfare
3	Bangladesh		Dr. Srikanta Kumar Chanda	Joint Secretary, Secondary & Higher Education Division, Ministry of Education
4	India		Dr. Akanksha Khurana	Senior Medical Officer, Ministry of Health & Family Welfare
5	India		Dr. A M Kadari	ED- SHSRC - National Health Systems Resource Centre
6	India		Dr. Mitesh Bhandari	CDHO- Devbhumi Dwarka
7	India		Dr. Harsh Bakshi	Assistant Professor GMERS, SHSRC - National Health Systems Resource Centre
8	India		Mr. Bateshwar Das	RAPC- Gujarat Institute of Disaster Management
9	India		Mr. Shubham Daberao	RAPC- Gujarat Institute of Disaster Management
10	India		Mr. Meghaben Rabari	DPO- GNR, GSDMA
11	Maldives		Mr. Ibrahim Ashraf	Director General, Public Health Programme

#	Country Name	Flag	Participants Name	Designation
12	Maldives		Ms. Malaka Abdul Hameed	Director, Security & Crisis Management, Ministry of Tourism
13	Nepal		Ms. Munaka Neupane	Program Director, National Planning Commission
14	Nepal		Mr. Niraj Kumar Khatri	Under secretary, Ministry of Culture, Tourism & Civil Aviation
15	Nepal		Mr. Gambhir Singh Bist	Section Officer, Ministry of Home Affairs
16	Nepal		Mr. Mitra Dev Lamsal	NDRRMA
17	Sri Lanka		Ms. Diana D Perera	Assistant Director (SA/ & SAARC), Ministry of Foreign Affairs
18	Sri Lanka		Ms. S M M D Senanayake	Assistant Director, Ministry of Defence
19	Sri Lanka		Dr. Asanka Wedamulla	Medical Officer, Ministry of Health