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The Dispatch

THE LIVELIHOODS AND HEALTH ISSUE



UNUSUAL UNION:

Artist's representation of a Farmer and a Doctor



TOTAL CASES: **27,67,273**



ACTIVE CASES: **6,76,514**



DEATHS: **52,889**



Azim Premji
Foundation

THIS IS OUR FOURTH ISSUE.

Tens of millions of rural and urban households are currently battling COVID-19. This is a time of shortages - be it food, health services or secure livelihoods. Our responses to it have been three-fold and continuous - A large and immediate humanitarian response of providing dry ration and other essentials, a concerted health effort in Bangalore and across India along with a nationwide thrust to support livelihoods.

On health, it has turned out to be a race between the growth in the number of cases and the ability of the health system to scale up proportionally. We are doing whatever we can to support the healthcare system in this endeavour.

Our interventions on livelihoods have been informed by our ongoing works on improving incomes and well-being of poor rural households by ensuring food grain production, livestock, nutrition gardens and collection and trade of non-timber forest produce by forest-dependent communities.

While innumerable stories from all over the country speak of uncertainties, anxieties, and despair, no less are those of innovation, courage, and hope. We have spoken of a few of them here.

Our health coverage sees two leaders of large Bangalore hospitals speak to us about their efforts in battling COVID.

On the livelihood front, we carry stories of the resilience of women farmers in Rayagada, words of wisdom from an elderly person in Daarukona, a story of two lives in Dhamtari, differentiated by their luck and circumstances and a heart-warming story of Gram Sabhas from Melghat in Amaravati.

And finally, in the supplement, there is a different lensed story from as far away as the USA. Meet the Supply Chain Superhero from Memorial Sloan Kettering Hospital. It's amazing how similar the COVID challenges are, anywhere in the world.

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ज़रा हट के, ज़रा बच के



A number of hospitals across the country have been working to increase their capacities to manage the Coronavirus outbreak. We caught up with two doctors in Bengaluru. They have been at the forefront of community outreach in two large institutions. Excerpts from our chat with them.

IN CONVERSATION WITH DR. BOBBY JOSEPH ST. JOHN'S HOSPITAL

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How is life in the times of the pandemic. Can you describe the situation?

St. John's was the first hospital to set up a separate fever clinic. This helped us identify whether patients suffered from a regular flu or COVID. We had a 30 bed ICU at that time. Till June we had about 4 cases. All hell broke loose after that. We went from having capacity to not being able to manage, overnight.

What have you done to enhance capacity?

We have been working our hardest to increase capacity. One of our new wings that was to be used for admitting regular patients is being turned into a COVID Care Wing with Intensive Care Unit, Intensive Treatment Unit and an Isolation space for 100 patients.

What about working with the Government and the BBMP? How has that been?

The Govt. and the BBMP, in spite of the pressure are doing a very good job of referring cases to hospitals. I don't think the health system in general can add beds at the rate of the increase in cases. It will be hard. We are running at absolutely full capacity and just yesterday we had to turn away 60 patients.

How are your staff coping with the increase in the number of cases?

We are lucky to have the most committed, capable and hardworking group of people that work on the COVID cases on a daily basis. They have been taking forward our mission very capably.

Have some of them contracted the virus?

Naturally they have, the number is at about 50-60 positive cases. There has been one mortality unfortunately- one of our Electricians passed away just on July 27.



Has the COVID virus had an impact on other parts of your operation?

In some parts. People are anxious and are scared of the pandemic. They are staying away from everywhere and everything. Hospitals are no exception. Many of our patients are postponing their visits to the hospital whenever they have a choice.

We continue to work on issues like fractures and more serious conditions like cancers. That's on the one hand. On the other, people are choosing to wait it out in areas where there is no immediate need to get treatment like ophthalmic surgeries, diabetes, hypertension etc.

What will happen in the days ahead? How will this thing play out?

We have to hope for the best. The vaccine and herd immunity offer hope but I am not sure of the time that it may take. We continue to remain committed to our mission of making healthcare affordable to all sections of society and continuously increasing our readiness to manage the pandemic.

TALKING TO DR. CAROLIN ELIZABETH GEORGE

BANGALORE BAPTIST HOSPITAL



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People here have a number of big problems that they have to cope with; Corona is just one of them.

The world looks, sounds and feels very different when you are poor - our fellow human being looks down at us.

We are a Christian mission hospital that works almost wholly for the poor.

We were founded by staff who had graduated from CMC Vellore. The founding principle is that hospitals are a good way to alleviate suffering.

Devara Jeevana Halli is the full name of what is known to everyone today as DJ Halli. The slums here have a population of in the low 30 thousands but I am sure the number is more than that. Most people here are migrants; the men work in the informal sector, with a large number working in construction while a number of the women work as domestic help to households in and around the area.

People here have a number of big problems that they have to cope with; Corona is just one of them.



There are so many extraordinary individuals and groups that work to make life better for these people- self-help groups, faith groups, youth leaders, NGOs who strive tirelessly. These people have been working before and during the pandemic. They need all our support.

It's not like it is at the forefront of their minds. They are worried more about disappearing jobs, leaky roofs and lack of basic services like water and electricity than they are about the spread of the virus. Which is not to say that the spread of the virus is not an issue amongst the community here, of course it is.

Poverty can end up breaking the back of even the most resilient amongst us. Being poor, especially when one can see prosperity in the immediate vicinity of where one lives is a bitter pill to swallow.

The city needs its slums.

They are a source of cheap labour that allows the urban way of life to thrive. The poor, as is probably well known, live in far worse conditions than the privileged. Government services are hard to access, there is poor physical infrastructure, poverty and exclusion. Then there are social ills like alcoholism and domestic violence that play out in their daily lives. It's not a very good picture at all.

But there is hope...

There are so many extraordinary individuals and groups that work to make life better for these people- self-help groups, faith groups, youth leaders, NGOs who strive tirelessly. These people have been working before and during the pandemic. They need all our support.

Education and Health hold the key to a better society, that's never going to change.

बात कुछ बन ही गयी

KARNIPADU, RAYAGADA, ODISHA

RAJIB ROUL



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Seven women farmers had cultivated vegetables for the first time in the Kharif season of 2019. It was so successful that in the next year, they decided to scale their produce in a larger tract of land. All 9 acres of it. The production went as planned- it was a good harvest.

This was in Karnipadu village, Rayagada district, Odisha. Suddenly and without warning, in came the pandemic lockdown. Everything shut. It was total. They were looking at their vegetables helplessly. If they did not act, these would perish.

The women farmers were not about to give up without a fight. They had borrowed money from the self-help group that they were a part of and topped that up with their savings. All to grow this crop. On the assumption that the money generated would be able to feed their families. The lack of markets and suitable prices would not only lay waste to the harvest but would mean mounting debt with no income.

The stakes were just too high. Something had to give. The lockdown had taken the wholesale traders out of the equation. Selling in bulk was out of the question. The produce needed to be sold.

The answer lay in going direct-to-customer but how would they do it? Was it a chance worth taking? Could they pull it off?

In quick succession, they called the block level NGO co-ordinators and asked for their support in organizing transport to sell their produce. They managed to reach the block administration and managed to procure a pass for an auto in which they could stock and sell vegetables.

They first went to the nearby villages. Lo and behold... families purchased almost all of what they had to offer. This meant doorstep delivery for many households and a good income for the women farmers. This went on for 10-12 days.

Having tasted success with selling to their communities, our farmers sensed an opportunity in driving 15 kms to Rayagada district headquarters and the nearby industrial area in J.K.pur to sell their produce. They sold 10 tons of vegetables to Berhampur market in this crisis situation.

The group earned unexpected profits selling around 30 tons of brinjals and other vegetables to the tune of 2.1 lakh rupees, which in turn meant an income of Rs. 30,000/- per farmer.

The women farmers were staring at a potential loss and falling into debt, recovering from which would have taken lots of time. But they just turned the situation on its head and made adversity work for them.



काहे का झगड़ा बालम

DAARUKONA, RAYAGADA, ODISHA
RAJIB ROUL AND NITASHA SHRIDHAR



The 45 families of the Kondh Adivasi community, who reside here, have a unique approach to the concept of 'kutumb.' It includes not just individual families, but the larger social and natural eco system - land, water, soil, animals, customs, sacred sites and rituals, healing practices and shared knowledge.

While Covid-19 has had an across-the-board impact on our lives, it is heartening to see that some pockets of the country are dealing with the pandemic in innovative ways.

Daarukona village in Rayagada district of Odisha, is a shining example of how small communities can successfully combat a lockdown to remain self-reliant and confident.

Daarukona displays a high degree of ecological consciousness, which encompasses all aspects of life in and around the community. The 45 families of the Kondh Adivasi community, who reside here, have a unique approach to the concept of 'kutumb.' It includes not just individual families, but the larger social and natural eco system - land, water, soil, animals, customs, sacred sites and rituals, healing practices and shared knowledge. They realise that everything they do has a cascading impact, hence their decisions are always taken in the best interests of the community.

They follow a system of collaborative and consultative farming, growing everything that the inhabitants of the village might need.



This evolved sense of awareness is evident even in their agricultural practices. They follow a system of collaborative and consultative farming, growing everything that the inhabitants of the village might need - millets, sorghum, niger, sesame, maize, paddy, and vegetables. Leafy vegetables, roots tubers, mushrooms, mango and jackfruit come from the forest. Therefore, the lockdown - or the fact that the nearest market is 35 KM away - has not affected Daarukona.

In fact, even their cropping practices show a high degree of sensitivity towards the soil: for example, a combination of nutrient-enhancing and nutrient-depleting plants ensures that soil balance is maintained optimally.

Nothing reflects their respect for nature and community better than this statement by an elderly Kondh woman: “The food we get from soil is not ours to own and profit from, but it is ours to share and eat.”

बड़े धोखे हैं इस राह में

KASPUR/KHARENGA, DHAMTARI, CHHATTISGARH
PURUSOTTAM SINGH THAKUR



Two stories, two genders, one a migrant and a coronavirus survivor, the other a woman who does not migrate but needs to work to stay alive. Each getting on furiously with the daily business of living.



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“Left to myself I will not be returning to Mumbai. But there’s hardly any work here. There may be MNREGA work for some days, it is not regular.” Says Okesh Kumar Markam a coronavirus survivor migrant labourer from Kaspur village, Dhamtari district, Chhattisgarh.

He adds “In Mumbai you will not only get regular work but also get over time wages for doing the extra hours”

Okesh is a higher secondary educated, twenty seven year old tribal man, who used to work in Mumbai as a construction labourer. 8 hours of work earned him INR 600; the overtime bumped it up to 900/day. Overtime happened often.

He says with a tinge of regret in his voice “You know, my real aim was to join the paramilitary forces; it did not work out. I tried many times...” His voice trails off.

And then the bad thing happened. The outbreak. Coronavirus. He stayed home for 2 months in Mumbai and waited for it to pass. It did not. He then applied in the Chhattisgarh government’s portal to return home.



"We are labourers and have only our hands and legs, we don't care about corona, if we do not work, we will die of hunger, we cannot afford this luxury of staying at home and staying safe"

Mumbai to Raipur-Train - Free! Raipur to Kukrel-Bus - Free! Life was good.

In Kukrel village he tested positive and was quarantined. Treatment at AIIMS Raipur followed and it was successful. The virus did not bother him too much.

Upon returning to his village in Kaspur, about 85 kms from Dhamtari, he was asked to be under home quarantine for 15 days. We are now standing with him in his village fields, as he plants paddy along with his father and a younger brother.

This is the time of the kharif crop. Under the sun, farm hands plant paddy on both sides of the Koliari-Kharenga village road. Most of them are women. "We plant about 2 acres every day. The price to plant an acre is Rs.3500, so we get about 250 to a little less than 300 rupees as wage. We are labourers and we have only hands and legs, we don't care about corona, if we do not work, we will die of hunger," says Bhukhin Sahu a lady farm labourer and a leader of the group.

Two stories, one a migrant and a coronavirus survivor, the other a person who does not migrate but needs to work to stay alive. Each getting on furiously with the daily business of living.

Okesh will probably head back to Mumbai for work in the days ahead while Bhukin Sahu, will probably stay on and work the fields.

(As per the data provided by the Labour officer 1,84,668 labourers live in the district. Among them 1,14,710 belong to the un-organized sector)

काहे घबराए

MELGHAT, AMARAVATI, MAHARASHTRA

SAMITA VASUDEVAN AND ASAVARI RAJ SHARMA



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The lockdown has interrupted many critical routines for rural India. One such is the collection and sale of non-timber forest produce. This revenue is critical to the livelihood of many forest dwelling and Adivasi communities. Despite exceptional produce and yields for both Mahua and Tendu leaves in Melghat, Amaravati, there were no buyers due to the uncertainty related to movement and transport of produce. Additionally, MGNREGA work was delayed by the lockdown, leaving these communities without sources of cash income, vital for investment in the upcoming Kharif season.

KHOJ, our partner, works with a few Gram Sabhas – 45 villages and approximately 6000 households on enabling better prices, payment norms and sustainable management of the Tendu leaves.

Many households participated in the collection of Tendu leaves. This normally leads to earnings between INR 2500 to INR 6000 from Tendu leaf collection as wages (for about 10 days of work in a season), and they receive a further bonus depending on the rate of sale of the entire lot. This year, despite three rounds of tenders, there were no buyers. The produce was around 2800 standard bags of tendu leaves at the rate of INR 3000 per bag.



Despite exceptional produce and yields for both Mahua and Tendu leaves in Melghat, Amaravati, there were no buyers due to the uncertainty related to movement and transport of produce.

After a long period of uncertainty, along came a buyer- a regular with the Federation. Unfortunately, he was unable to pay the entire value of the transaction as advance, due to the uncertainty of the coronavirus situation. There was tension all around as around INR 70 lakh was required for urgent payment of wages.

Finally the buyer came forward with INR 30 lakhs. The deficit was INR 40 lakhs...

KHOJ approached the Tribal Development Minister who agreed to route the funds through the Gram Panchayat and not directly to the Gram Sabha. The autonomy of the Gram Sabha is one of the key foundations of self-governance. Accepting funds through the Gram Panchayat would mean diluting the DNA of the Gram Sabha and the offer was declined. KHOJ helped secure the needed cash through a crowd funding campaign and support from well-wishers.

Wages were thus paid out. This year, the villagers will have to forego their bonus but regular wages will help them see through their basic needs for some time...next year promises to be better.

WE'VE ALL SEEN LOTS OF STORIES ABOUT THE HEROIC HEALTHCARE WORKERS ON THE FRONT LINES OF THE **COVID-19 CRISIS**. BUT THE DOCTORS AND NURSES AREN'T THE ONLY ONES IN THE HOSPITALS. WE DON'T HEAR MUCH ABOUT THE JANITORS WHO CLEAN UP THE OPERATING ROOMS. OR THE HOSPITAL CAFETERIA STAFF. OR THE PEOPLE WHO WORK BEHIND THE SCENES TO GET THE MEDICAL CENTERS THEIR EQUIPMENT.

THIS IS **THAT** STORY -- AND OF ONE VERY STRESSFUL DAY AT A NEW YORK CITY HOSPITAL IN THE MIDST OF THE PANDEMIC...

"SUPPLY CHAIN SUPERHERO"

By Josh Neufeld



Jake Neufeld -- MY brother -- is the **Enterprise Resiliency Manager** of Memorial Sloan Kettering (MSK), one of the world's preeminent cancer hospitals.

As a cancer hospital, MSK didn't get sent any COVID-19 patients, but they got hit hard by the virus nonetheless.



At any one day, the network had over 1,000 doctors, nurses, administrators, and other employees who were out sick.



My team talks to the other hospitals, to trade organizations, to government agencies...

I help the supply chain team manage disruptions.

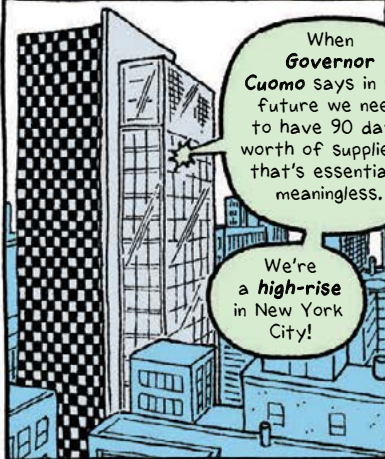
Between March and June, about 400 of our cancer in-patients ended up getting COVID.

About 70 of them died.

And like every other hospital in New York City, MSK wasn't prepared for the **PPE** issue. For one thing, there's no room to store anything.

When **Governor Cuomo** says in the future we need to have 90 days' worth of supplies -- that's essentially meaningless.

We're a **high-rise** in New York City!



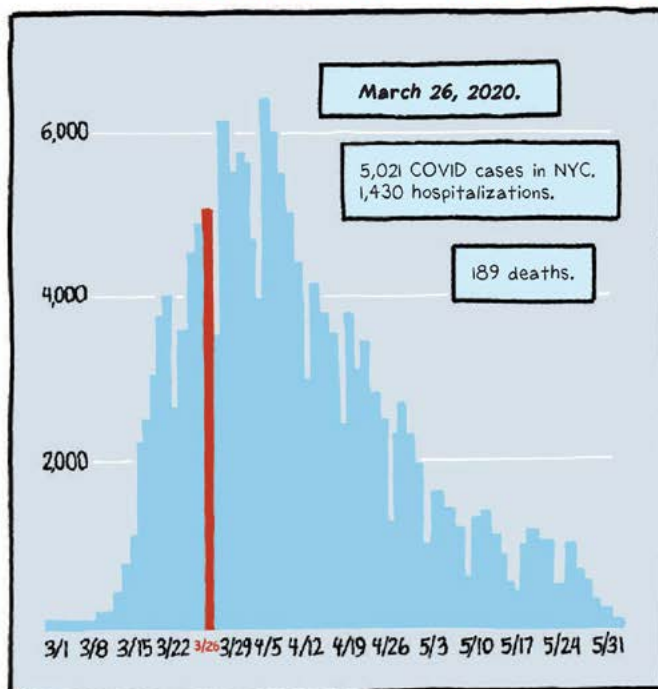
"You have to remember, pre-COVID, the hospital would go through 40,000-50,000 N-95 masks PER WEEK."



"They were used and tossed aside with regularity. People didn't think twice about them."

"And then they became like **gold**."

JAKE'S "WORST" DAY



"I'd gotten this call from the O.R..."

We're almost out of gowns, and we can't do ANY surgeries without 'em. Can you get us more -- stat?



During the crisis, MSK had to perform **more than 50** vital surgeries per day.



"While all that was going on, a friend from Pathology called..."

Um, do we have a plan if we run out of **body bags**?



"My boss ordered us a bunch of **contractor bags**... just in case."



That same day the NYC Dept. of Health called, asking if we were gonna need a **body collection point**...



A body collection point is a refrigerated truck.

That's how bad things were getting in the city.



If you remember, a number of hospitals had multiple trucks parked right outside, **filled** with dead bodies.

"But our head of facilities said if it came down to it he'd rather convert the hospital's unused refrigerated rooms and labs into temporary morgues."

Dead people need to be indoors.



"Anyway, the truck wouldn't have fit in our loading dock, so we said, 'No.'"



"To top it off, the chief attending doctor in the intensive care ward called..."

I've got a COVID cancer patient who has ripped out his chemotherapy port.



"The patient was spraying **blood** and **virus** all over the room."



The patient **died** in the room.



"They needed **PPRs**, because a team had to go in and clean it all up."

I had to arrange it.



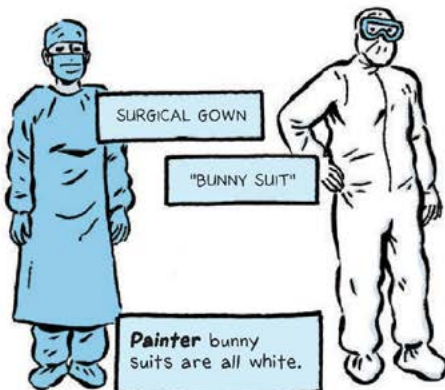
"But right around then I got a call about the surgical gown issue... It was the Hospital for Special Surgery, and they had an offer."

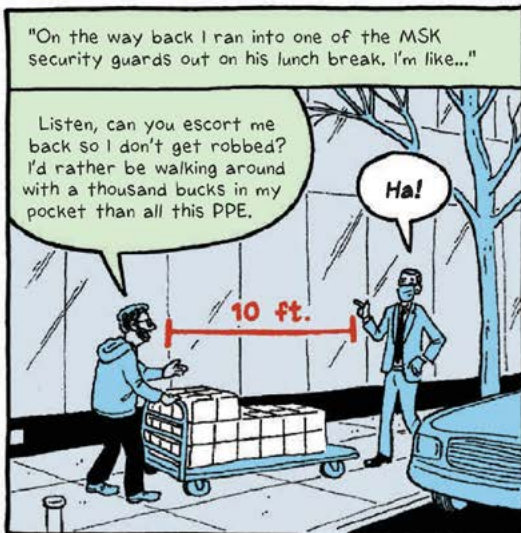


All we have are bunny suits.

PAINTER bunny suits.

A "bunny suit" is a clean room suit. Like an all-in-one coverall.





Sure, bunny suits aren't optimal for surgery. But at least MSK could now perform those life-saving operations. As Jake's mentor used to say...



