

Global Recovery and Preparedness for the Pandemic



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ABOUT THIS ISSUE

The COVID-19 pandemic has had unprecedented consequences for humanity. The mortality, morbidity as well as the negative economic impacts of the pandemic are widely discussed in the policy circles today. However, there is scarce assessment on recovery and preparedness aspects of the pandemic. As the world staggers towards normalcy, it is important to deliberate on the recovery and preparedness aspects of the pandemic to prevent a crisis such epic proportions in future.

This issue of *Southasiadisasters.net* is titled 'Global Recovery and Preparedness for the Pandemic' and focuses on the various recovery and preparedness concerns related with the pandemic across the world. Focussing on recovery is important because preliminary evidence (World Bank) suggests that the recovery from the crisis will be as uneven as its initial economic impacts, with emerging economies and economically disadvantaged groups needing much more time to recover pandemic-induced losses of income and livelihoods.

Similarly, focussing on pandemic preparedness by harnessing the lessons learnt in the previous two years is vital. Such planning to pandemic preparedness and response is the only way ahead to evolve resilient communities, societies and economies. ■

- Kshitij Gupta, AIDMI

INTRODUCTION

Global Recovery and Preparedness for the Pandemic

By *Mihir R. Bhatt*, All India Disaster Mitigation Institute, India

Very little is known about long term recovery and pandemic preparedness planning at the global level. This is primarily due to two reasons. Firstly, it is due the unprecedented nature of the event (pandemic) and the way it unfolded across the world. Secondly, it is due the scattered nature of global efforts, time and resources spent on addressing the challenges of the pandemic. Perhaps the time is right to compile these efforts into a consolidated compendium of normative best practices that can help us navigate future global disruptions like the COVID-19 pandemic.

I draw the above observations from my interactions with a variety of stakeholders including the community leaders in the delta of Sundarbans, Panchayat heads in Uttar Pradesh; purchase officers of cotton crop in Maharashtra; truck drivers of salt pan owners in Gujarat; and pastoralists of coastal Kutch. "But how do we recover from COVID-19, better?" and "What can we do to be prepared for next pandemic?". These were the two questions that I was repeatedly asked. I tried to find and answer but neither to my satisfaction, nor to theirs.

With the above questions in mind, I have prepared the following list of questions to capture long term recovery and pandemic preparedness needs, experience, and emerging expertise.

- Are we prepared for cascading pandemics?
- Do we know how to deal with pandemic in complex contexts?
- Is it possible to have better accountability to affected populations?

- Has women's leadership and well-being been properly addressed in planning for pandemic preparedness?
- Are we mindful of spatial justice in pandemic preparedness planning?
- Who will be financing local recovery and pandemic preparedness?
- Why are we not talking about long term recovery and pandemic preparedness for the displaced?
- What are the additional challenges of design, architecture and city planning for long term recovery and pandemic preparedness?
- How to set up a planning community for local recovery and pandemic preparedness?
- How can protest and public interest litigations (PIL) be used as effective tools pandemic preparedness?
- What are contested health and wellbeing commons as we plan for pandemic preparedness?
- Are we balancing transformative power of "natural" and "social" sciences of pandemic preparedness?
- There cannot be a global plan per se alone but it has to be a "planning" process that is iterative and circular simultaneously between the local and global actors.

AIDMI hopes that these and many more local related and contesting questions come up in the global discussion, debates and decision making from a variety of stakeholders including ranging from the affected populations to the global policy makers and institution leaders. ■

Nepal: Efforts for Preparedness and Risk Reduction of Pandemics

By *Manisha Pantha*, BSc (N), MA, Training course materials specialist; and *Ganesh Kumar Jimee*, PhD, Deputy Executive Director, NSET (National Society for Earthquake Technology), Nepal

Introduction

Nepal is a multi-hazard prone country. Epidemics, floods, landslides, and fires are among the numerous catastrophes that occur often. Epidemic-related deaths have been a prominent cause of mortality in Nepal (MoHA, 2022). (Figure 1)

Nepal was hard hit by COVID-19. As of 19 July 2022, more than 1988 of COVID-19 positive cases are still active, 9,68,118 have recovered, whereas above 11,954 of cases have lost their life (<https://covid19.mohp.gov.np>) (Figure 2)

Nepal adopted the preliminary actions such as placing the health desks at the airports and the ground crossing Point of Entry and country-wide lockdown since 23 March 2020. In addition to this, variety of public health and social measures, like

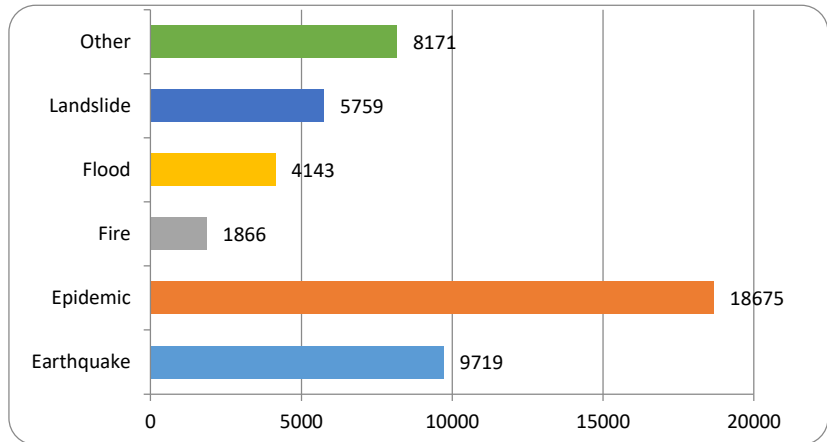


Figure 1: Five main reasons for Deaths in Nepal (1971-2022).

quarantine management, risk communication, investigation and contract tracing, surveillance, hospital-based interventions, laboratory, and referral services have been implemented. The reaction to COVID-19 in Nepal was made more difficult by pre-existing poor health facilities and a shortage of human resources.

Policy Environment for Health Care System

Nepal had two major long-term plans; First long-term Health plans (1975-1990) and Second Long term Health Plan (1997-2017) with the objective of developing the overall improvement of health of the population. The Constitution of Nepal 2015 declares health to be a fundamental human right. The Nepal Health Sector Strategy (2015-2020) and the National Health Policy 2014 both aim to accomplish this constitutional responsibility. Nepal has achieved great progress in health, as evidenced by the fact that all Millennium Development Goals (MDG 4) and 5 indicators, as well as the majority of MDG 6 indicators, are on track (NPC 2016). Similarly, Sustainable Development Goal (SDG) 3 aims to guarantee that people of all ages enjoy healthy lives and promote well-being (MOHP and ICF 2015).

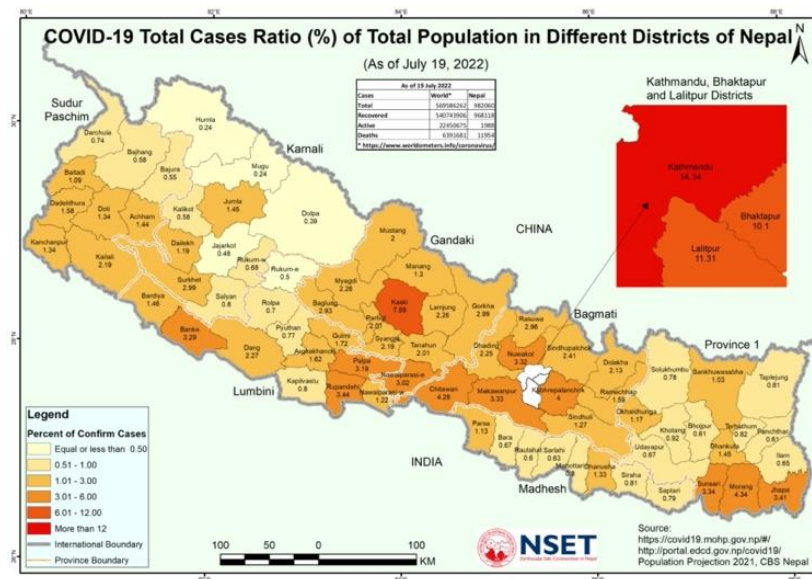


Figure 2: Total cases of COVID-19 as of 19 July 2022.

MOHP anticipated to focus on growing federal academic hospitals,

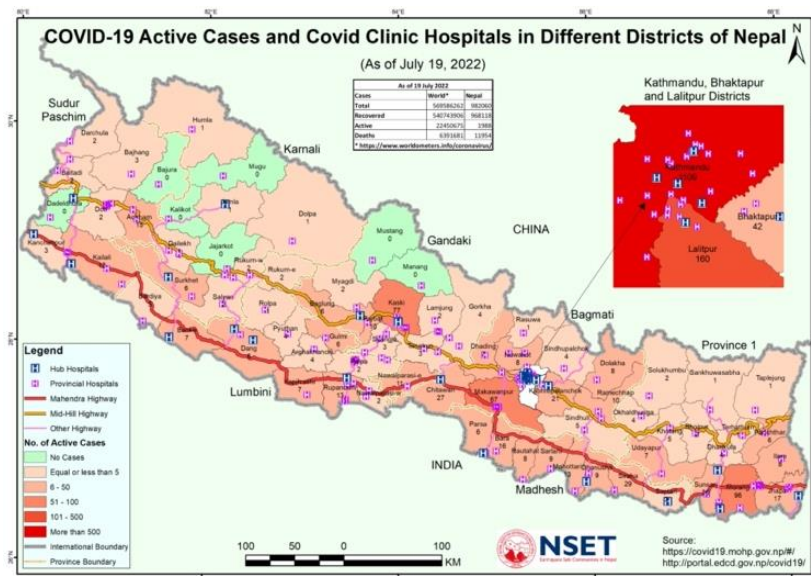


Figure 3: Current number of hospitals in Nepal.

super specialty hospitals, and tertiary hospitals, according to the Nepal Health Infrastructure Development Structure 2017. (Figure 3)

The main responsible body of the government for the management of disaster is the Ministry of Home Affairs (MOHA) under which, National Emergency Operating Center (NEOC) was established in 2010. Health Emergency Operation Center (HEOC) has been established in 2014 under Ministry of Health and Population (MoHP).

The federal government has legal authority during any epidemic or pandemic emergency response situations under the Constitution of Nepal 2015 and the Infectious Disease Act 1964. Similarly, the Disaster Risk Reduction and Management (DRRM) Act 2017 and the Public Health Services Act 2018 provide a legal framework to impose public health emergencies and manage disasters, including epidemic outbreak.

Gaps and Challenges

According to the Universal Health Coverage, low-income nations

should spend at least 5% of their GDP on health, which equates to USD 86 (NPR 9,630) per capita in Nepal. This analysis indicates that government health expenditures as a percentage of GDP is substantially below the anticipated amount (1.8 percent in Fiscal Year (FY) 2018/19) (MOHP, 2019).

Nepal had the chance to act strategically as the first case was seen much later however, the response came too late, after the disease had already spread across the population and the first line of epidemiological measures had been compromised. Nepal should learn from the experiences from other countries and should focus in preventing the spread of the infection rather than to spend huge amount in the treatment.

One strong reason for the spread of COVID-19 in Nepal was the open border to India. Due to the returnees were not screened at the border and many disobeyed the quarantine and chose the unauthorized routes into Nepal causing the increase in COVID-19 cases.

The federal government is responsible for handling Level 3 disasters, such as those caused by COVID-19. Provinces and local governments should also work with federal agencies to manage disasters. Local governments should play a vital role in ensuring that their local communities have the resources and logistics facilities in place in the event of a major emergency.

The National Disaster Risk Reduction and Management Authority (NDRRMA) as a newly formed entity should develop a national disaster database system and improve its collaboration with other federal agencies. Similarly, coordination and collaboration with international organizations and other development partners is key to the disaster management strategy in Nepal.

Conclusions

The COVID-19 outbreak has become a wake-up call, especially to Nepal. Owing to a lack of medical practitioners, affordability, quality of treatment, and health-care advancement, Nepal's health-care system is insufficient. Despite the fact that health policies are well documented, they are not well articulated in the health sector. Due to diverse topography Nepal is prone to a variety of disasters, there may be a range of future catastrophes generating public health emergencies. All government agencies at the state and local levels of other ministries have an equally important role to play in this. COVID-19 catastrophe has taught a valuable lesson that will aid in the development of a resilient and robust health-care system capable of responding to the next potential public health emergency. ■

LESSONS LEARNT

Myths of Preparedness: What We Have Learnt from the Pandemic

By Dr. Terry Gibson, Director, Inventing Futures, UK¹

Introduction

Is preparedness for the pandemic and other disasters a *myth* or a *reality*? Whatever might be claimed at *national* or *global* level, the test of preparedness is what happens at *local* level. In the midst of the pandemic in early 2021 a group of locally based CSO members shared their experiences and produced a report 'Turning the World Upside Down' which revealed the challenges faced locally in facing often chaotic situations². At that time there was much talk of the need for holistic recovery and better preparedness, but what happened in practice? 13 contributors shared their views in an email group in August 2022, as the immediate impact of the pandemic has subsided in many cases. These have been collated in the *discussion* below, leading to several *conclusions* highlighting ways in which Civil Society Organisations can help to turn the myth of preparedness into a reality.

This is a short summary of the full report: <https://inventing-futures.org/myths-of-preparedness/>

Discussion

Pandemic politics - response, recovery and preparedness are politicised.

This happens *locally*, where contributors found pandemic



Protesting against government oppression of development workers. Courtesy: Center for Disaster Preparedness, Philippines.

response was used to bolster political power. It also affects *national* outcomes, where 'pandemic politics' strongly affected access in different countries to vaccines. There seemed to be generally much lower access to vaccines in poorer countries, unless they were strongly aligned with a donor country.

Beyond response and preparedness to risk reduction and sustainability
Contributors called for strategic long-term rather than reactive short term response and preparedness, taking particular account of the most

vulnerable and resisting the temptation to forget when the immediate crisis is past. Resilience building based on a holistic and coherent, rather than single-issue response is seen as key to more robust preparedness

Civil Society and Citizenry

Civil society should be seen its totality, including at risk communities, community based organisations, trade unions, networks and other civil entities rather than just NGOs. Contributors saw a strong role for a united civil

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² <https://globalfundcommunityfoundations.org/news/turning-the-world-upside-down/>

society in calling governments to account and in mobilising citizenry to call for justice, countering actions such as draconian and violently imposed lockdowns. However, it was also noted that partnerships between Civil Society and others are often weak, limiting their ability to mobilise action. They are also under-resourced as the talk of 'localisation' of resources has not often become reality.

Conclusions

What can we learn from this discussion about turning preparedness from myth to reality? These conclusions focus on the roles of civil society:

Learning: Psychologists suggest one response to trauma is to try and forget the event, and several contributors highlight the failure to remember and learn, so that actions are short term and reactive. A sustainable and just future facing pandemics and other challenges such as global warming starts with

learning. Civil society has an important role in stimulating both citizenry and governments to reflect and learn, seeking socially informed rather than simply economic solutions.

Politics: Outcomes locally and nationally are strongly affected by 'pandemic politics'. It is important that people's lives and livelihoods are not determined by short term political goals. Civil society has the ability to mobilise citizenry to influence politics at local and national level, but only through forging stronger partnerships to shift emphasis from 'top down' political solutions to strengthening of local communities and infrastructures.

Social Cohesion: The pandemic revealed the limitations of individualistic societies and politics and the potential for civil society strengthening an active citizenry to shift from short-term reactive approaches to more sustainable ones. Disasters can't be managed

effectively unless vulnerable and marginalised people are involved in disaster risk reduction planning, implementation, monitoring & accountability. This is a big challenge for civil society actors, whose capacities and resourcing have been reduced in the wake of the pandemic.

Coherence: (*linking together developmental actions in a holistic approach for a sustainable future*): Many contributors highlighted limitations of short term single-issue responses. The pandemic shows that we need to look at the bigger picture. Health crises, natural disasters, conflict, climate change, and poor governance all lead to increased suffering and pain for local populations who are often ill-informed about the causes. Building coherence can strengthen resilience of local populations making preparedness and sustainability a reality. ■

LOCAL PREAPREDNESS AND RESPONSE

“Desa Seduluruan” (Sister Villages) of Mount Merapi: Local Preparedness for Pandemic

By *Asitha de Silva, Prof. Dilanthi Amaratunga, & Prof. Richard Haigh*, Global Disaster Resilience Centre (GDRC), University of Huddersfield, UK; and *Dr Taufika Ophiyandri*, Andalas University, Indonesia

Located at the centre of Java Island, Indonesia, Mount Merapi is an active volcano rising to 2911 meters, where Merapi means the fire mountain. Indonesia is home to more than 120 active volcanoes, and Mount Merapi remains one of the most active. After the last significant eruption in 2010, it recently erupted in November 2021 and March 2022, where 253 people were evacuated from the area in March. It was a dual challenge for all

stakeholders of disaster resilience due to the uncontrollable spreading of the SARS-COV-2 virus not only among local but also among global communities. The Sister village concept is one of the strategies introduced by the local authorities implementing self-evacuation during a threat of volcanic eruption with two locations where people living in a high-risk zone have a permanent evacuation point in another safer location.

“Balerante” village is in the high-risk zone within the first ring (5km) from Mount Merapi. “Purwobinangun” village is in the safe zone where shelter houses or evacuation centres are located. Community members of the “Balerante” have adopted a self-evacuation plan that makes people aware of what actions to take and where to go during an eruption. They have identified evacuation routes and transport modes and vehicles (trucks, motorcycles) for the

evacuation. Village officers are actively involved in disaster mitigation planning, conducting the annual survey and inventories, keeping livestock (cow) records and documenting backups in an emergency.

“Purwobinangun” in the safe zone has permanent evacuation centres for the people coming from “Balerante”. The main shelter has been used as a basketball court for the host community when it is not occupied. It is also free, where anyone can practice or conduct sports events. During COVID-19, the shelter was converted into cubicles to avoid cross-contact. Each cubical was assigned to a family, and they were advised to keep minimum contact with other families or the cubicles. Moreover, the shelter was equipped with sanitization measures like hand washing, sanitization gels and spray, face covering and social distancing to minimize the cross-contact. During the pandemic, host communities restrict them from visiting evacuation shelters to avoid contact. The measures were very successful

where no recorded cases of COVID-19 during the March 2022 evacuation.

The mechanism adopted under the sister village concept is self-evacuation where people do not need to wait for the government authorities to come and support them. The whole evacuation process is managed by the members of the community. They have identified local resources like vehicles for transportation, even for the cattle. They have separate locations for the cattle in the “Purwobinangun” closer to the shelter, where people do not need to worry about the safety of their livestock.

The bond between sister villages is based on a mutual agreement between both communities. They have separate cultural events between the two villages to strengthen the bond between the two communities. These events consist of cultural activities, games, and sports. Apart from that, both communities update their evacuation plans and

mutually identify new resources with government officials' support.

“Desa Seduluruan”, or the sister village concept along with self-evacuation planning, looks pretty successful in disaster evacuation in Mount Merapi, where community-based disaster risk reduction is practised to its best. The adopted strategies during the pandemic and the zero cases of COVID-19 during the March evacuation confirmed the successful battle against the dual challenge of hazards using community-based approaches. Therefore, strengthening local communities with knowledge and capacities will increase community resilience to face multiple hazards successfully.

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Risk-Informed Development: Opportunity and Initiatives for Disaster Risk Reduction in Cambodia

By *Hepi Rahmawati*, GNDR Regional Coordinator for Europe, East & South-East Asia and the Pacific

Views from the frontline (VFL) 2019 is one of GNDR's flagship program funded by EU, the largest independent global review of Disaster Risk reduction at the local level. It aims to strengthen the inclusion and collaboration between at-risk people, civil society and government in the design and implementation of policies and practices to reduce risks and strengthen resilience. VFL 2019 establishes a local baseline and local monitoring process to measure progress towards achieving an inclusive "people-centred" approach to resilience-building, as promoted within the Sendai Framework for Disaster Risk Reduction (SFDRR) and other frameworks part of the Agenda 2030.

In Cambodia, Church World Service together with Mlup Promviheathor Center (MPC) and Rural Development Association (RDA) conducted Views from the Frontline (VFL) survey which interviewed 1,059 people in 15 communities including randomly selected households, civil society consultations, local Government in-depth interviews, and Focus Group discussions to collect views from the local communities. Main conclusion from the survey findings are:

1. The government does not involve the communities completely or to a limited extent in the assessments, planning, implementation and monitoring. The development activities are not addressed to the needs of communities while they are not included to participate in the planning process.



The community pump well in Ang Cheung Village is located near the settlement.

Communities' voices have not been heard related to their priority needs and there is no sense of ownership in the development activities, communities not able to monitor the quality of development activities.

2. The development in Cambodia is not risk informed. At least 60% of the respondents have stated that local development plans do not take into consideration the DRR and climate issues and the local investment plans do not take into consideration DRR and climate issues.
3. Majority of the respondents have stated that the local government plans do not take into consideration the disaster risks and climate issues (59.40%). And 65.86% of respondents have stated that the local investment projects do not take into consideration the risks.

Consultative workshop was conducted where community members together with local government to validate the survey findings, discussed the priority of risks that the communities faced due to disaster and climate change and identified communities' priority of local actions to respond to those issues. The Local Action Plan implementation of the 15 communities were carried out by the Village Committee and community representatives who are responsible for the implementation and monitoring of the activities. The VFL project provides a small stimulant fund to support the implementation, and the village committee mobilises local resources through accessing local government development budget (alignment with commune investment plan) and seeking contribution from the community members for the additional cost

needed. Example of local action plans being implemented: drill community pump wells which make water more accessible for the community, canal restoration to address community's water shortage during drought and or dry season, install water pipe to bring water from the lake, restore community pond and install water reservoir with pumping motor and solar panel. Those activities were completed in April 2020.

Two multi-stakeholders workshop were also conducted in Battambang and Koh Kong Provinces to present survey conclusion and develop the following key recommendations to influence policy makers and relevant stakeholders in building resilience through risk-informed development:

Local Authorities and other relevant stakeholders should disseminate information about development initiative/plan to their community members regularly by including the community representative in the information sharing team.

Government and relevant stakeholders including private investment sectors, community members should take into consideration to reduce the negative impacts of multi hazards of disasters and climate change issues in development planning and intervention activities.

Increase community's participation in development planning and implementation process and enhance stakeholders' capacity on implementation of development plan and monitoring to ensure

integration of DRR activities in development processes.

By the end of the project, there was formal recognition from the local government on the community risk mapping and prioritisation of action plans in which the actions were integrated in the commune investment plan. Local governments have also conducted the awareness raising for the communities on Hazard Vulnerability and Disaster Risk Reduction; formed the emergency response team consisting of Commune Council members, Village Leader, and Police Officers; and agreed the plan to maintain and repair the above-mentioned activities. In total there were 2,248 families with 9,234 members including 4,959 women directly benefited from the project. ■



Restored Canal in Kouk Trab Village to prevent floods during the rainy season.



During the dry season farmers use the stored water in the canal to water the farms.

Role of BERDO in the Pandemic Recovery and Preparedness in Bangladesh: A Report

By Md. Saidul Huq, Executive Director, BERDO Bangladesh

BERDO (Blind Education and Rehabilitation Development Organization), a national level community-based organization of Bangladesh, has been working in the field of disability sector since its inception in 1991. But the organization had shifted its goal and started working in other sectors of social importance like Disaster Management including preparedness, response, early recovery and adaptation, Gender equality, Climatic Change, Women Empowerment, Education for Children with Visual Impairments (BERDO has been running a “Residential School for the Blind Children” since 2006 where children get everything free). Besides, BERDO has recently installed a most ultra-modern Braille Press and established a big Braille Library and Braille Books Production Center to promote education to Blind Children and people as well in Bangladesh.

As a preparedness process of COVID-19 Pandemic particularly at the beginning of first wave, BERDO had conducted an awareness campaign and mobilized target population like poor, vulnerable women, persons with disabilities and people living in slum areas about the safety measures in line with WHO prescription to prevent transmission and spread of COVID-19. BERDO distributed many IEC and BCC materials to above vulnerable population. In addition, BERDO had distributed many safety tools like Masks, Disinfectants, Gloves, etc. to destitute and people of low-income groups.

In addition, BERDO distributed a package of rice, oil, pulses and other items to about 4200 most poor, and hardest-hit vulnerable slum dwelling people at Dhaka city and other and other working areas.

BERDO has been striving to recover the loss COVID-19 inflicted to poor segment of community people who lost their investment and livelihoods due to movement restriction and other barriers. Those poor and vulnerable populations could not recover despite lifting up of COVID-19 restrictions as those hard impacted populations ate up all investment during period of sitting idle at homes. BERDO has supported them restoration of lost livelihoods by other project through distributing micro-finance support to initiate business again.

BERDO has intensified its efforts coordinating with other NGOs and networks working in Humanitarian assistance sector to expedite early recovery. There is reason to believe that all our efforts will contribute in early recovery. ■

Participatory Visuals: Recovery and Preparedness from the Pandemic

By Nikeeta Prajapati, AIDMI

A group of eighty women leaders from three states of India involved in different self-employed informal businesses came together in five workshops to list out the lessons for the pandemic recovery and preparedness. The workshop was designed with high focus on participatory visual methodology. Some important points that came out are listed below for effective recovery and preparedness.

1. Health and WASH is must.
2. Diversified livelihood source of income - farm and farm.
3. Finance, technology and digital literacy is must.
4. Food and nutrition security in day-to-day life.
5. Being environment friendly at every level.
6. Investment in preparedness development rather than emergency response. ■



Inclusive Policy Response in Preparedness to Pandemic: A View

By *Muhammad Badiuzzaman*, Research Coordinator, Centre for Peace and Justice, BRAC University, Bangladesh

The impact of the COVID-19 pandemic is likely to increase various forms of economic inequality in wealth and income. This is because the income of the poor was adversely affected more, both because of the already present technology driven trends in unskilled labour substitution, but also because the types of employment that the world's poor engage in was most severely disrupted by COVID-19, and the subsequent public health response. Covid-19 pandemic brings a heterogeneous impact with multiple dimensions (e.g., geographical location, socioeconomic development, health and hygiene related practices, and so on) and varying degree across the globe. While the impact of Covid-19 is not static and varies in different dimensions and extent, the recovery and resilience pathways are necessarily heterogeneous. At the one side of the spectrum, due to historical, political and structural reasons, populations at the margins of power and influence face Covid-19 induced immediate and devastating consequences. On the other end, public policies have been known to employ a reductionist approach that put more stress on government legitimacy and accountability rather representing public demand and aspiration, especially of marginalised communities, resulting in risking the humane perspective of any policy decision.

Empirical evidence collected through a representative household panel survey of marginalised groups namely; ethnic minority, slum dwellers and rural poor in Bangladesh exhibits heterogeneous impact of Covid-19 and related relief, recovery and resilience measures. A decrease in income and loss of livelihood was reported loudly by



Pandemic impacts on the urban poor. Source:

<https://www.eastasiaforum.org/2020/11/13/corruption-complicates-banqladshs-fight-against-covid-19/>

the majority of the marginalised community while only 28% marginalized households mentioned of receiving some kind of government support package. Borrowing money (71%) followed by change in location of the residence (51.4%) and reducing food consumption (41.6%) were the primary coping mechanisms. They are most affected by the pandemic with little amount of government support indicates that their voice and agency are barely represented in policy making spaces and processes which continue to be top-down and reductionist. With a prolonged crisis like Covid-19, the compact between the state and citizens, especially with those at the margins, plays a critical role in shaping responses and crafting policies to mitigate the debilitating effects in an inclusive and sustainable manner.

For a grave health and humanitarian crisis like the Covid-19 Pandemic, with wide ranging effects not yet fully known but expected to run deep and last for long, there is an

urgent need to establish effective and inclusive feedback loop to ensure that public policies and responses are adequately informed by the needs, aspirations and perceptions of citizens, especially those at the margins of power and influence. To uphold the citizen's status in the state crafts policy response will be featured by four distinct but interrelated elements to make it inclusive. The first element is empowerment—putting citizens at core of service provision and incentivising targeted service delivery; while the second element is inclusion - ensuring that those in the margins of development have an opportunity to get their voices heard in policy making spaces. The third component is participation— including citizens in policy design and implementation; and the final element is informed decision making - providing an opportunity to policy makers to use real time credible feedback to target interventions to real issues and in nuanced ways and thereby design evidence based policy response. ■

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