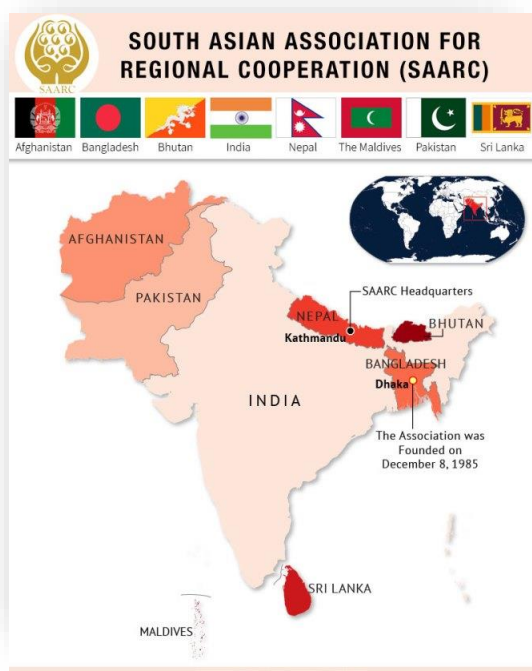




First Learning Conference

6th May 2020

Record of proceedings



SAARC COVID-19 Collaborative

The South Asian Association for Regional Cooperation (SAARC) was established with the signing of the SAARC Charter in Dhaka on 8 December 1985. SAARC comprises of eight Member States: Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka. These eight countries together account for about 21% of world population and 3% of the world's area.

Background Note

In January 2020 the World Health Organization (WHO) declared the outbreak of a new corona virus disease in Hubei Province, China to be a Public Health Emergency of International Concern. The disease was named COVID-19 (Coronavirus disease) and the virus that causes it severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Since then WHO has declared it as a Pandemic affecting 212 Countries and Territories around the world, with 3181634 confirmed cases as on 1st of May 2020 as per WHO Dashboard: of these 64262 cases were in SAARC region. Since the new coronavirus can spread easily through respiratory droplets, many governments have felt the best way to ensure people have minimal contact with each other is to order total

lockdowns, with some relaxations to people with serious illness or other special needs.

Currently, lockdown measures are implemented in countries in SAARC region. However, in the post-lockdown scenario it will be equally important to follow the key preventive measures. This may require a change in the way we travel, shop, work. Even school / college education will have to be relooked for implementation of physical distancing norms. While the governments will take administrative measures, a lot will have to be done by the society to make those measures successful.

COVID-19 has also given us many lessons for food and livelihood security, health and nutrition. It is time we have an interagency approach to handle issues that such emergencies can throw at us and be prepared to face disruptions in public life. This thought process gave rise to the setting up of a voluntary network of CSOs / CBOs / NGOs working with communities in SAARC nations. The initiative to get the collaborative started was undertaken by Envisions Institute of Development (EID), New Delhi, India.

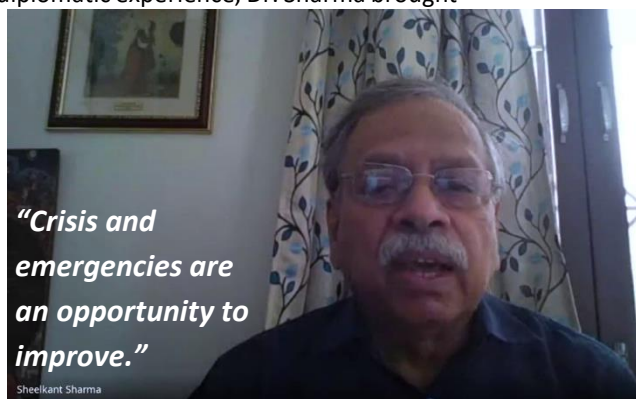
The First Learning Conference on COVID-19 Post Lockdown Collaborative was held on May 6, 2020 at 11:00 AM IST, on the Google Meet platform. The Agenda of the First Learning Conference is given at Annexure I. Ms. Varsha Chanda, CEO, EID, moderated the meet. She welcomed the participants and introduced the panelists.

This was followed by opening remarks by Mr. Nisar Ahmad, Executive Director EID. He set the tone of the meet by saying that the present COVID situation requires innovative means for us to handle and live with the virus till a solution to overcome the virus is found. The meet was therefore an effort to bring together like minded Civil Society Organisations who would imagine and implement actions relevant to COVID-19. (Participants' list at Annexure II and Members' List at Annexure III)

Keynote Address: Dr. Sheel Kant Sharma, Former Secretary General, SAARC

H.E Dr Sharma expressed his happiness on the formation of a non-formal SAARC Collaborative which would help in reaching out to the grassroot level. Sharing a page on SAARC from his vast diplomatic experience, Dr. Sharma brought attention to four key areas where synergies could be found to deal effectively with COVID-19.

1. The geographical placement of the SAARC countries enables the movement of the virus across the borders. Therefore, disaster management in the region has to apply to all the countries without politics. The countries need to work together for mutual synergies and betterment. Handling of the pandemic in SAARC therefore has to rise above petty issues.
2. People of the region have to transcend habits of thinking which are very necessary to cope with the Pandemic. Longstanding cultures of have to be foregone to make way for a new normal. NGOs and CBOs become the vehicle of transformation
3. People of South Asia are separated by state boundaries yet there are vast similarities in the cultures and governance which should be used to its advantage in fighting the pandemic. Transparency and openness amongst SAARC countries will build confidence in relationships. Continuous monitoring of rumours, mis-reporting by social media is needed so that efforts are fast tracked.
4. Collection of funds by SAARC countries should be transferred to the needy using Gandhiji's dictum: "Whatever you do, think about the person at the lowest end of the spectrum".



Role of Risk Communication and Community Engagement in Disasters and Emergencies



"Risk Communication should be granular and address community issues."

Ms. Anu Puri, International Consultant: Risk Communication and Community Engagement

Ms. Puri focused on different aspects of RCCE and the relevance of RCCE for COVID-19 pandemic. Unlike regular communication which is one way from government to people, RCCE is a 2-way exchange of information, technical advice and opinions between officials and the people facing the threat. This communication helps people in making informed decisions to mitigate the effects of the disaster.

Normally, Risk Communication (RC) intervention happens in phases which include: Anticipation and preparedness; Early detection and response; Containment; Mitigation. In case of a new disease outbreak like COVID-19 the spread has been very fast making all countries enter Risk Communication from the response mode.

Communication for COVID-19 is very generic at present: e.g. communication on handwashing ignore unavailability of water and the communication on physical distancing overlooks the scarcity of physical space in slums. Therefore, key takeaways for the SAARC collaborative are:

- Risk Communication has to be granular.
- Need to look beyond health response and include Nutrition, WASH and Environment.
- There should be harmonized communication bringing all the partners together.
- Never miss listening to the community.
- Significant monitoring of misinformation by making media a partner in the process.
- Have an outreach through all communication media.
- All preparedness and response has to be linked with recovery and resilience.

Role of CSRs in Emergencies: Ms. Sayeeda A. Nessa, Head of Corporate Sustainability, HSBC, Bangladesh

Ms. Sayeeda gave a CSR perspective on the work happening in Bangladesh in response to COVID-19. Although HSBC bank was aware about the epidemic unraveling in China they did not expect Bangladesh to be impacted early on. As cases of COVID -19 infection started emerging, HSBC bank embarked on its first CSR initiative for COVID-19 and this was in helping the doctors and health care workers stay safe and deliver the services to the people. HSBC CSR therefore made available good quality PPE sets for all health workers in the field. A move that was appreciated by the doctors

The second CSR initiate taken up was to provision of food and hygiene package for the underprivileged population or for those whose livelihoods were challenged by the lockdown to deal with the Pandemic. Food packages made available under the program catered to a two-week supply for an average sized 5-member family. These services were given out through Partner NGOs working with the HSBC CSR in the slum areas.

HSBC was supported by WaterAid who involved the doctors and Sajeeda Foundation for delivering the goods. The Bank CSR division is open to accept projects to support in relevant areas.

"NGOs and CBOs can seek out CSR collaborations with corporates to help out at the grassroot level."



Syeda Afzalun Nessa



Handling the stigma epidemic of COVID-19: Dr. Bhawani Shankar Tripathy, Communication for Development Expert

Dr. Tripathy began by narrating his first exposure to stigma at a very young age that created a lifelong impression on him: a leper couple in the market and people maintaining their distance from them.

Stigma is seen in all walks of life. It is age-old and multidimensional starting right from homes to friends and workplace. Stigma is behavioural, cultural, gender-related, related to messaging and information communication.

Quoting findings from a study carried out by an Udaipur based physician which found no COVID-19 positive case among a group of 1129 migrants, who had recently returned from big cities, Dr Tripathy busted the myth that migrants returning from cities carry infection to their villages.

The challenge is how a message should be interpreted correctly and not lead

to stigmatization. Explaining the drivers and facilitators of stigma, he told that fear was the biggest driver of stigma in a pandemic. Lack of correct knowledge and the inability to differentiate between correct and incorrect information facilitates stigma.

Manifestation of stigma related to COVID-19 results in creations of divisions in the society. It leads to people committing suicide, running away from quarantine facilities or refusing treatment. All this leads to delay in diagnosis and taking correct preventive measures.

Therefore, the SAARC COVID-19 Collaborative should focus on:

1. Finding out (1) the drivers and facilitators of stigma related to COVID, (2) indicators of stigma behavior related to people with COVID, and (3) impact of stigma on people affected with COVID;
2. Measure levels of perception to address stigma. This should take into account perception of the community and the health workers regarding COVID stigmatization; and
3. Design interventions that will reduce stigma. Measure the impacts, carry out small research and quick interventions and activities, which are measured to give a feedback.

Emergencies and Global priorities for sustainable socially responsible policies, Mr. Kamal Singh, Executive Director, UN Global Compact (UNGC), India Country Office

Achievement of sustainable development goals (SDG) and synergies between corporate sector and civil societies to facilitate it was the main focus of Mr Singh's presentation.

Countries adopted the Paris Climate Accord in 2015 to address Climate Change. Highlight of the accord was the 17 Sustainable Development Goals (SDG) which are meant to be implemented to make societies more sustainable. The goals are very ambitious with 169 targets. The UN Global Compact was mandated to drive the SDG in the corporate sector. Every country has an office of the UN Global Compact. It ensures that the corporate sector is driven towards meeting SDG targets.

The GOI appointed Niti Aayog as the Indian agency to implement these goals and drive the Central Government and the State government. Five hundred organizations have joined Global Compact in India. These include private and public sector organizations, NGOs, CSOs, academia and also small enterprises.

Partnerships play an important role in achieving SDG targets. Activities undertaken in CSR can be reported as SDG. On the implementation side NGOs/CSOs support CSR and UNGC facilitates bringing the corporate sector and NGOs/CSOs together.



Discussions on Next Steps: Prof Nisar Ahmad, Executive Director, Envisions Institute of Development

To take the collaboration forward and work together the participants were requested to give their suggestions on the following questions:

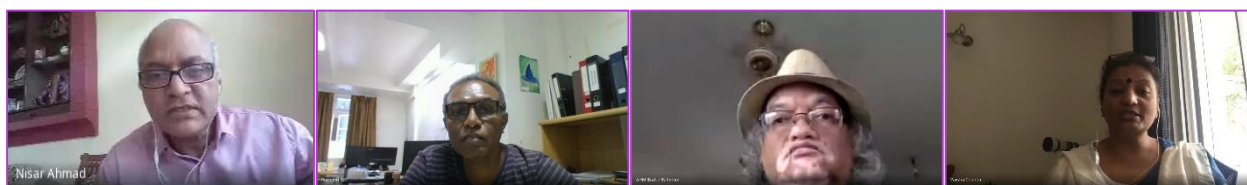
- What we do together? (Scope and objectives of the collaborative)
- Organisation? (Organisation and structure of the collaborative)
- How often do we meet? (Frequency of meetings)
- Life after COVID-19 (Change in scope and objectives post COVID-19)

The suggestions received from the participants have been grouped accordingly and are given below.



Scope and Objectives

1. Mr AHM Bazlur Rahman (**BNNRC**) suggested that some immediate focus areas for the collaborative could include (a) Need to develop guidelines about strategic use of social media in COVID-19 era, (b) Need to develop post COVID-19 plan, (c) Resource mobilization plans with in South Asia, and (d) Approaching SAARC Development Funds for resource mobilization.
2. Mr Rezwan Alam (**ManusherJono Foundation**) expressed the need to touch the issue of inequality both in wealth & income, which will further widen in post COVID situations. He also suggested that the next webinar can be on sharing of respective COVID learning.
3. Mark Manash Shah (**BNNRC**): “Many studies revealed that this pandemic situation will continue long and expect up to 2024. So, how can we connect grassroots level and engage people to prevent this at their own level. What can be the interventions”.
4. Mr. Rasheed Bari (**Watercare**): “COVID-19 situation has demonstrated the importance of food and water security strategies to build resilience to survive global supply chains in lockdown that we are currently experiencing on the uncertainty of the extended situation in the future.”
5. Dr. Bhawani Shanker Tripathi said, “As regional-level collaborative, you may consider how you position yourself as a Regional Body with Regional knowledge. In this case think more regional, and less local. Regional interventions to achieve impact”.
6. Mr Prachet Kumar Shrestha (**ECCA**): “Capacity building of NGOs working at the village level on how to connect with and mobilize communities is important and we expect the collaborative offer it.”
7. Mr Rajat Mitra (**EID**): “what would be the strategy to address psychological crises at micro level”.
8. Mr Neelay Srivastava (**Institution for Disaster Emergency and Accidents**): “we can make a consortium and approach SAARC Disaster management center, India or other International Regional with these concepts for resource mobilization within South Asia under government logistics”.
9. Mr Hemant Kirolikar (**EID**): “It also requires us to focus on SBCC with relevance to COVID-19 pandemic. Also make use of video films or clips as done during the BRIDGE training programme”.
10. Mr DV Khobragade (**EID**): “There is lot of misinformation running through the community. This could be arrested by providing authentic information from reliable sources. Capacity building of FLWs in terms of building their communication skills with SBCC inputs including stories & example. To my mind there should not be a separate communication on stigma. However, it must be a strategic part of our communication, more particularly in health related communication”.
11. Dr Akhilesh Srivastava (**EID**): “One type of stigma we continue spreading is by using the phrase ‘social distancing’ in community. I would suggest that we must communicate “Physical distancing”.



12. Mr MV Shet (**EID**): “A lot needs to be done including communication for the society to accept all diseases without stigmatizing the person who suffers from it. Even today some people prefer not to reveal disease like cancer. Communication needs to acknowledge and respond to audience’s perceptions”.
13. Mr Rezwan Alam (**ManusherJonno Foundation**): “Since the original SAARC is having govt funds. Can we explore as CS groups whether we can access that funds from government as a collective body. It is important to establish linkages with SAARC secretariat”.
14. Ms. Pooja Saxena (**Institution for Disaster Emergency and Accidents (IDEA)**): “We have done hazard vulnerable profile for SEARO countries for WHO - we have the data of SEARO countries which we can make available for this platform to use & work on that. We can basically also workout with some kind of matrix, not only for COVID but also we can look at a bigger picture and develop plans keeping strengths and weaknesses of each country in mind. Apart from that we also have suggestion of initiating a health emergency leadership programme where we could engage & encourage the agencies, CSO and those who are on this platform to come up and show case their work and also technically support them to take these things next level”.



Organization and Structure

1. Mr Prachet Kumar Shrestha (**ECCA**): “I am more concerned about developing guidelines on how we can connect to the grass root level people in the village”.
2. Mr Rasheed Bari (**Watercare**): “We may have to appoint a National focal person and terms of reference along this line for the focal person for how to interact”.
3. Ms Pooja Saxena (**IDEA**): “Can we also work with SAARC Disaster Management Center because they are also loaded with lot of resources, we could also get a lot of support from them”.
4. Mr Mark Manash Shah (**BNNRC**): “We should have a country focal person who can organise in-country meetings more frequently.”

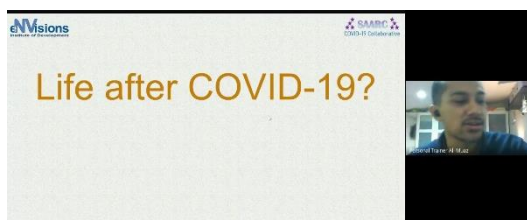


Frequency of Meetings

1. Mr Ali Muaz (**Tiny Hearts of Maldives**): “The information which we are passing at this platform is very interesting and informative. I think that is a way forward for all of us together as a whole. As we are thinking about appointing a country coordinator, I think if country coordinator could meet up more frequently”.

SAARC Collaborative after COVID-19

1. Mr AHM Bazlur Rahman (**BNNRC**) suggested that after COVID-19 we must be promoting health communication in SAARC countries.
2. Mr Mark Manash Shah (**BNNRC**): “We don’t know what is next but one common thing for SAARC countries is disaster. In Bangladesh you face cyclone every year and same is the case with India and Myanmar. We can use this platform for disaster management or something”.
3. Mr Umesh Upadhyay (**EID**) suggested that there should be a long term and short term strategy. Secondly there will be some unintended consequences of what actions we are taking whether it is an excessive use of sanitizers or excessive washing of hands, these are the current problem but what impact it will have, like soap containing chemicals can contaminate water, so we can also focus on that.
4. Ms Pooja Saxena (**IDEA**) suggested to call ourselves SAARC Emergency coordinator after COVID.
5. Mr Ali Muaz (**Tiny Hearts of Maldives**): “It can continue to work as an information sharing and knowledge management platform”



Based on the suggestions and feedback received, the objectives and operational guidelines for the SAARC COVID-19 Collaborative are given below.

Objectives:

1. This collaborative will work as a think tank to guide communities and societies for prevention and control of COVID-19.
2. Membership will be open to all non-political, not-for-profit organisations working on Sustainable Development Goals in SAARC region. Membership will be open to development professionals from SAARC region.
3. The SAARC COVID-19 Collaborative will support member organisations to create innovative solutions through brainstorming, dissemination of correct information, training of local NGOs in their reach, support communities in prevention and control measures post lockdown.
4. To develop social listening platforms for grass-root level feedback for quicker and appropriate response to improve community engagement and increase participation of vulnerable sections of society like women, children, and other marginalised communities.
5. The Collaborative will leverage funding opportunities from SAARC and other regional bodies as well as CSR to promote field level research and capacity development through member organisations – it will also provide technical assistance to member organisations for direct sourcing of funds.

Secretariat:

1. Select Country Coordinator for each country. For the start-up phase (ending 31st December 2020) the coordinators will be selected on voluntary / nomination basis. Subsequently, the Country Coordinators will be decided through online voting by the respective country member organisations.
2. Role of Country Coordinator will be to
 - a. Invite other organizations and independent professionals to become member
 - b. Organise online meetings periodically and share the report with the Secretariat hosted by Envisions Institute of Development
 - c. Support in development of country specific proposals for research, capacity development, and social listening, etc.

Secretariat Role:

1. Online seminars and periodic reviews.
2. Platform to project member organisation's work.
3. In due course a dedicated website will be hosted to showcase collective work and facilitate learning.
4. Post COVID-19, this Collaborative will be converted into SAARC SBCC Collaborative extending work to women and child health, WASH, DRR, education and dignified livelihoods.

ANNEXURE –I AGENDA

Time (India)	Topic	Presenter
11:00 – 11:10	Getting together and registration to the Conference	
11:10 – 11:15	Opening remarks	Nisar Ahmad Executive Director, Envisions Institute of Development
11:15 – 11:30	Key note address	HE Dr Sheel Kant Sharma, Former Secretary General, SAARC
11:30– 11:45	Role of Risk Communication and Community Engagement in Response and Containment measures for emergencies	Ms. Anu Puri, International Public Health in Emergencies Expert
11:45 – 12:00	Role of CSRs in Emergencies	Ms. Sayeeda A. Nessa, Head of Corporate Sustainability, HSBC, Bangladesh office
12:00 – 12:30	Handling the stigma epidemic of COVID-19	Dr. Bhawani Shankar Tripathy, Communication Expert
12:30 – 12:45	Emergencies and Global priorities for sustainable socially responsible policies	Mr. Kamal Singh Executive Director, UN Global Compact, India Country Office
12:45 – 13:15	Open forum	Partner NGOs
13:15 – 13:30	Closing remarks and Way Forward	Nisar Ahmad

ANNEXURE II – PARTICIPATING MEMBERS

	Country	Name	Organisation
1	Afghanistan	Abdul Sami Zhman	Cooperation for Peace and Development (CPD)
2	Bangladesh	Rokeya Begum Shafali	AID-COMILLA
3	Bangladesh	AHM Bazlur Rahman	Bangladesh NGOs Network for Radio & Communication (BNNRC)
4	Bangladesh	Mark Manas Shah	
5	Bangladesh	Rezwan-UI-Alam	Manusher Jonno Foundation
6	Bangladesh	Evalin Rafia	Shuchona Foundation
7	Bangladesh	Md.Arifur Rahman	YPSA (Young Power in Social Action)
8	Maldives	Ali Muaz	Tiny Hearts Of Maldives
9	Maldives	Mohamed Rasheed	Water Care
10	Maldives	Shadhin Rasheed	Water Care
11	Nepal	Prachet Kumar Shrestha	Environmental Camps for Conservation Awareness (ECCA)
12	Nepal	Sumeera Shreshtha	Women for Human Rights single women group
13	Nepal	Hum Prasad Bhandari	NGO Federation of Nepal (NFN)
14	India	Pooja Saxena	Institution for Disasters Emergency & Accidents (IDEA)
15	India	Neelay Srivastava	Institution for Disasters Emergency & Accidents (IDEA)
16	India	Unnati Banker	VIKALP
17	India	Amlan Biswas	Concern For Human Welfare
18	India	MD Fareed	Healthier Hearts Foundation
Communication for Development Professionals			
19	India	Nisar Ahmad	
20	India	Varsha Chanda	
21	India	Dr. Riaz Ahmad	
22	India	PK Bajpai	
23	India	DV Khobragade	
24	India	Umesh C Upadhyay	
25	India	Maneesha Gopalakrishnan	
26	India	Prof R S Goyal	
27	India	M V Shet	
28	India	Hemant Kirolkar	
29	India	Rao Irfan Ali Khan	
30	India	Indumathi Ravishankar	
31	India	Shabeer NK	
32	India	Maya Balu	
33	India	Meena Reddy	
34	India	Peeyush Gautam	
35	India	Vrinda Gautam	
36	India	Kavita Sharma	
37	India	Akhilesh Srivastava	
38	India	Rajat Mitra	
39	India	Mazhar Khan	
40	India	Shweta Rajput	

Annexure III – Member Organisations

	Country	Name of the Member Organisation (May 2020)
1	Afghanistan	Cooperation for Peace and Development (CPD)
2	Afghanistan	New line social organization
3	Bangladesh	Aid Organization
4	Bangladesh	Aid Organization
5	Bangladesh	AID-COMILLA
6	Bangladesh	Bangladesh NGOs Network for Radio & Communication(BNNRC)
7	Bangladesh	Manusher Jonno Foundation
8	Bangladesh	Shuchona Foundation
9	Bangladesh	YPSA (Young Power in Social Action)
10	Bhutan	Tarayana Foundation
11	India	AIM EDUCATION & RESEARCH SOCIETY
12	India	Concern For Human Welfare
13	India	DHRUVH SOCIAL AWARENESS FORUM
14	India	Envisions Institute of Development
15	India	Healthier Hearts Foundation
16	India	Hope Ek A.S.H.A.
17	India	Institution for Disasters Emergency & Accidents (IDEA)
18	India	VIKALP
19	Maldives	Hope for Women
20	Maldives	Tiny Hearts Of Maldives
21	Maldives	WaterCare
22	Nepal	Environmental Camps for Conservation Awareness (ECCA)
23	Nepal	NGO Federation of Nepal (NFN)
24	Nepal	SAMUHIK ABHIYAN
25	Nepal	Voice of Animal Nepal
26	Nepal	Women for Human Rights
27	Nepal	Women for Human Rights single women group
28	Pakistan	Awaz CDS-Pakistan
29	Pakistan	Help4help
30	Sri Lanka	SERVE

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