

Editorial

Creating Community-based Resilience in Response to Crisis, with special emphasis on COVID

In 2020, a year hit by the global COVID-19 pandemic, India experienced a noticeable surge in solidarity networks and community-based resilience as vital social and political responses to the burgeoning public health crisis. Adapting to the changing circumstances, people across the country adopted diverse coping mechanisms, and actively worked on building more resilient communities.

Even prior to the outbreak of the pandemic, India had witnessed various innovative community-based initiatives that presented unique ways of fostering resilience in response to crises. In the southern state of Telangana, for example, the women sanghas (collectives) of the Deccan Development Society had rallied several thousand women from across 75 villages who were on the margins of casteist, patriarchal structures to practice sustainable and community-led organic farming. By reviving their dryland, millet-centred agriculture through indigenous methods, they increased the overall production while retaining control over land, seeds and water, through local knowledge systems. Their experience of having achieved *anna swaraj* (food sovereignty) and self-sufficiency, afforded the necessary impetus to also assume leadership in the COVID-19 response initiatives that fostered resilience in their communities. They contributed 10 kilograms of food grains per family to the district relief measures, and fed 1,000 glasses of nutritious millet porridge to health, municipality and police workers in the nearby Zaheerabad town with a population of 71,166 (Kothari 2020).

In the western state of Gujarat, the village of Kunariya has had a rich history of participatory structures of local governance, robust implementation of government social schemes, transparent budgeting, emphasis on self-sustaining production and strengthening the voices of women in local decision making. During the pandemic, the village set up a crisis management team, used social media to raise awareness about COVID-19, and facilitated house-to-house health surveys. 316 needy families, including those of disabled individuals, single-women and other marginalised groups, were assured all basic necessities using panchayat (village council) funds or local donations (Kothari 2020), to mitigate the additional privation of COVID.

The Tribal Health Initiative (THI) dedicated to the welfare of the local Malevasi Adivasi community in the southern state of Tamil Nadu, serves as another inspiring example of community-based resilience. In addition to offering public health services, it has initiated a community outreach programme, an organic farming collective, a craft initiative that aims to revive traditional forms of embroidery, and a programme for mobilising women entrepreneurs (Shabani Hassanwalia 2021). When COVID hit, the existing community initiatives ensured that despite the need for physical distancing due to the virus, ongoing practices of social proximity facilitated a resilient transformation. The Tribal Health Initiative collaborated with the panchayat (village council) to make frequent announcements on COVID protocols on auto rickshaw loudspeakers, introduced a token system for ration distribution to prevent crowds, ensured physical

distancing in public spaces, quarantined migrants returning to the village, and started a local income generation initiative by encouraging local tailors to stitch masks in bulk for the villagers (Shabani Hassanwalia 2021).

There have been other such stories of resilience from different parts of India, away from mainstream media, that highlight the possibilities of a community centric, participatory model of engagement in situations of crises.

Challenges to Creating Resilient Spaces: Gender-based Violence and Crisis of Care

There are multiple sites of community based resilience in India and during the pandemic several networks/ organizations assumed leadership to foster care and support. However, this is only one side of the pandemic story. On the other side was a ‘crisis of care’ which was most apparent in situations of gender based violence during the pandemic, across the globe. Women and other vulnerable individuals who were ‘trapped’ in homes with abusive relations were left without any form of support during the lockdowns that were imposed to control the spread of the virus.

The global pandemic significantly exacerbated gender-based violence, disproportionately impacting women and girls. As early as April 2020, the United Nations had declared domestic violence as a ‘shadow pandemic’. The UN Secretary-General, in the UN Policy Brief, *The Impact of COVID-19 on Women* (2020), called for a global ceasefire and an end to all violence everywhere so that attention and resources could be directed towards combatting the pandemic. He foregrounded that ‘violence is not just on the battlefield. It is also in homes’. António Guterres (2020) urged governments to ‘make prevention and redress of violence against women a key part of their national response plans to COVID-19’. Subsequently, the Director General of WHO, Tedros Adhanom Ghebreyesus stressed that ‘there is never any excuse for violence’, calling on countries to ‘include services that address domestic violence as essential service that must continue during the COVID-19 response’. These essential health services include emergency contraception, post-exposure prophylaxis (PEP) for HIV prevention among survivors of rape and sexual assault, psychological first aid and referrals to additional support for survivors of any form of gender-based violence (Guidorzi 2020).

As the pandemic deepened, it led to increased economic and social stress, along with restrictions on movement and social isolation measures, which exacerbated gender-based violence exponentially. Many women were forced to ‘lockdown’ at home with their abusers, while services designed to support survivors became disrupted or inaccessible (UN Women 2020). In the UK, organizations like Refuge, Women's Aid, and Southall Black Sisters reported a substantial increase in domestic violence cases. In response, the government acknowledged the anxiety caused by coronavirus-related household isolation instructions for those vulnerable to domestic abuse.

Consequently, the government amended the lockdown provisions emphasizing that, ‘there is never an excuse for domestic abuse, no matter what the circumstances are. Household isolation instructions as a result of coronavirus do not apply if a person needs to leave their home to escape domestic abuse’ (Krishnadas et al 2020).

Additionally, the UK government introduced the Ask for ANI (Action Needed Immediately) national domestic abuse codeword scheme to help victims access emergency support by using a codeword in local pharmacies¹. The scheme emphasized community response to domestic abuse by strengthening the capacity of bystanders to effectively intervene against domestic violence². A key aspect of the scheme was its commitment to inclusivity, ensuring that survivors facing significant barriers to support, including Black and marginalized women, migrant women, hearing impaired and disabled women, and LGBTQ+ survivors, were well-supported.

India also witnessed an escalating issue of domestic violence during the pandemic. According to the initial report dated April 3, 2020, the National Commission for Women received 257 complaints in the short period between March 23, 2020 and April 1, 2020, among which 69 cases were of domestic violence. This represented a significant increase from 30 complaints received between March 2 and March 8 (Kumar et al., 2020), suggesting that cases of domestic violence were not being contained but were on the rise.

It is now well established that certain marginalized groups, such as women with disabilities, Muslim women, LGBT+ individuals, women living with HIV-AIDS, and sex workers, faced substantial challenges in accessing basic amenities and healthcare during the pandemic in India (Gupte and Dalvie, 2020). A report from the International Disability Alliance, based on data gathered from Odisha, Gujarat, and the Telangana Women with Disabilities Network (March 30, 2020), highlighted an increase in violence from partners and personal attendants as stress levels within households rose. This situation underscores the pressing need to enhance facilities for women to report incidents of domestic violence, especially in a context of prolonged mobility restrictions. It is crucial to recognize that discussions on domestic violence often overlook and invisibilize violations faced by women with disabilities, young adult women living with parents, transgender persons forced to live within the home and detached from community, women who live by themselves and in non-conventional forms of living arrangements (Sen 2020).

During the pandemic, while women faced increased domestic violence, they also played a crucial role in community healthcare. A World Bank study reveals that women constitute up to 70% of healthcare workers in 104 countries. Moreover, eight out of ten nurses are women, which means they are at higher risk as frontline health workers due to their exposure to the virus. In India, 83.4%

¹ <https://uksaysnomore.org/get-involved/ask-for-ani/>

² A joint statement on the codeword scheme, released by Women’s Aid Federation Northern Ireland, Welsh Women’s Aid, and Scottish Women’s Aid highlighted the need for a minimum level of mandatory training for bystanders, ensuring that ‘codeword’ responses were available to ensure were reached.

of nurses and 38% of all health workers are women. In response to the pandemic, the government enlisted its 3.5 million underpaid women community health workers as frontline responders to combat COVID-19, none of whom were at the table when decisions on rolling out services and restructuring crisis response were taken.

Healthcare workers, including *Anganwadi* workers in community childcare centres, ASHAs (accredited social health activists) at the village level, and auxiliary nurse midwives, were inadequately equipped with personal protective equipment (PPE) at the height of the pandemic. They carried out a wide range of crucial responsibilities, including door-to-door food distribution, screening for the virus, tracking migrants on their journeys home, performing contact tracing, reporting suspected COVID cases, and facilitating medical care for the sick. Despite their success in reducing infection rates in high-density areas, these dedicated workers predictably faced COVID-19-related illnesses and fatalities.

They were publicly ‘celebrated’ with pot-banging by the ‘quarantining’ middle class at the Indian Prime Minister’s official request, just like in Barcelona, Paris, London, and New York, where people came out on their balconies and on the streets to bang pots and pans in noisy gratitude to nurses and other underpaid and overworked health workers (Enloe 2020). However, women health workers in India were also attacked in public, evicted by their landlords for fear of contagion, and harassed by their neighbours as potential vectors of contagion (Lal 2021). There were several instances of ASHAs facing stigma, as they were seen as carriers of the disease. For example, in the state of Odisha, Matilda Kullu, an ASHA who had featured in a Forbes’ list, faced situations where people initially offered her water but later refused to touch the glass (Sen and Rajeev 2023).

During the pandemic, the opacity of decision-making processes and the closing of spaces that can reveal multiple layers of exclusion, especially for women, created an information lacunae on an unprecedented scale. Public safety was often invoked to obscure the issues that needed to be highlighted and publicly discussed. With the shrinking of spaces of articulation, both in the public and private spheres, the opportunity for mobilization among women and efforts to build solidarities were further curtailed. The scarcity of resources for the special protection of women care workers in particular was stark. But given the circumstances, it became increasingly difficult to publicly debate the issues. There is clearly a need in situations of crises, like the COVID situation presented, for women’s political engagement and solidarity networks to ensure transparency and the requisite allocation of resources, for women in particular.

Furthermore, the care crisis that was revealed during the pandemic highlights the urgent need for systemic changes in the provision of care. In a post-pandemic world, gender-just and inclusive recovery necessitates a wider transformation in the private and public spheres. In the private sphere, there is a compelling need for the redistribution of care and domestic responsibilities within families to tackle gender inequities. Addressing the social costs associated with gendered care

systems in the public sphere is also crucial. This includes rectifying issues such as the lack of workplace benefits for parental leave, the scarcity of public childcare and eldercare services, the absence of minimum wages for privatized care work, and the inadequacy of social security and health benefits for care workers. These are essential components that should be considered in the broader transformation (Lal 2021).

Lessons from the COVID Pandemic

The pandemic demonstrated and heightened the inequalities of an already unequal world. But in situations of crisis there are always future lessons to be learned. The historical importance of self-sufficient resilient communities was re-established during the pandemic. In addition, the ethical values of trust and interdependence came through – there were numerous stories of healing nurses, feeding religious institutions or supportive neighbours. But the human kindness and interpersonal resilience demonstrated during the pandemic should not remain only as memory of an exceptional moment. Instead, it can offer pathways for ‘building better’.

In various parts of the world with already receded states and collapsed public health systems, COVID led to widespread suffering and loss of lives. Far from being a ‘universal leveller’, the pandemic exacerbated already prevalent global inequalities. The philosophy of public health, as noted by Walby (2021), suggests that ‘if one is sick, all are potentially sick’. Therefore, the risks and costs of COVID-19 should be collectively shared by society. This includes not only care for the hospitalized but also for those isolated due to infection, requiring interventions that rely on democratic governance and participative, scientifically informed decision-making. It also nudges a shift in the discourse from merely celebrating ‘COVID warriors’³ to embrace the role of ‘COVID healers’.

The concept of resilience acknowledges the resources that people draw upon to cope with adversity, emphasizing their agency and adaptability in uncertain or difficult circumstances. In times of uncertainty or fear, one looks for someone to trust: a parent (which?), an expert (what sort?), a reliable institution (are there any?), or a credible leader (evidenced by which actions?) (Enloe, 2020). Responses to these questions are vital to determine who can be trusted.

In the Indian state of Kerala, for example, during the pandemic, K. K. Shailaja, a former schoolteacher who served as the state's health minister, gained widespread trust among the local

³ “COVID Warriors are all public healthcare providers including community health workers, 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. Private hospital staff and retired/volunteer/ local urban bodies/ contracted/ daily wage/ ad-hoc/ outsourced staff requisitioned by States/ Central hospitals/ autonomous hospitals of Central/ States/UTs, AIIMS and Institutes of National Importance (INIs)/ hospitals of Central Ministries drafted for COVID-19 related responsibilities are all included.”
<https://pib.gov.in/PressReleasePage.aspx?PRID=1673965#:~:text=Reminding%20everyone%20that%20the%20definition,direct%20contact%20and%20care%20of>

population, reportedly due to her bottom-up approach to health education. Before the COVID-19 crisis, she ensured that people from all economic classes had access to community-based medical clinics. In an interview, she said, ‘at the outset, we prepared our own protocol and standard operating procedure, which have been followed meticulously. Our state is cash-strapped, but with people’s support, we could bring changes in the health sector. Over the last four years, we strengthened the network of primary and family health centres with modern facilities and made them people-friendly’ (Mathew and Ghosh 2020). Compassion and care on the one hand, and meticulous preparedness and transparent communication on the other hand are crucial elements in evoking trust in communities and form the foundation of effective leadership during crisis management. Shailaja’s commitment was clear when she stated, ‘No one with the coronavirus should die because of our lack of care. That was our thinking.’ (James 2020).

During the pandemic, nurses gained unprecedented attention in global news media, being interviewed and featured more extensively than ever before in history. They were portrayed as focused, skilled, caring, and selfless, despite experiencing exhaustion and inadequate access to resources. However, they were rarely depicted as policy makers and public decision makers, seldom placed ‘at the decision making table’. Notably, countries that excelled in managing the pandemic shared a common trait: early establishment of widespread civic trust. Among these countries were Finland, Iceland, Denmark, South Korea, New Zealand, Australia, Taiwan, Greece, and Germany. Commentators have observed that a majority – but not all (not South Korea, Greece and Australia) – of these countries had women in prominent leadership positions, thus prompting the obvious question: Are women-led governments more likely to be civically responsible and inspire public trust and compliance with health rules compared to governments led by men?

The pandemic also pushed the envelope on new imaginations of solidarity, resilience and community. According to the anthropologist Miriam Ticktin (2020), COVID-19 has led to certain practices of coming together, which include: a) building friendly fridges—providing food, medical assistance, neighbours taking in children when adults are infected, and b) choosing pods or quarantine bubbles necessitated by location and circumstances or queer kinships, rather than blood-based relationships.

One of the challenges that the pandemic presented was the dearth of food and resultant hunger among large sections of people in India. While policies were instituted to distribute ration to the urban poor, these efforts were inadequate in the face of the scale of the crisis. Moreover, many of the labouring poor felt humiliated to stand in long queues for hours waiting for inadequate quantities of food. Embedded in local dynamics were the likelihood of unevenness in decision-making about food distribution, shaped by extant inequalities and prejudices (Kundu, 2020). In such a context, community-run kitchens became sites of food provision without making people feel invisible and disenfranchised. Community kitchens that ran in the cities of Lucknow, Kolkata, Delhi, and across the state of Kerala, were critical sites of organic solidarity. Cooking together,

one of the oldest forms of showing solidarity was rediscovered (Banerjee 2022). Following all the requirements of hygiene and distancing, these kitchens saw strangers banding together to prepare meals to be distributed among those suffering from food shortage. In a caste-based society like India, where there are significant anxieties around touch and stigma around washing dishes and cooking together, community kitchens played a crucial role in challenging and addressing these social disparities. A notable exception to this has always been the Sikh community, with their intrinsic ‘sewa’ philosophy of serving food to those in need in the form of ‘*langars*’. During the pandemic also, in Delhi, since the start of the COVID-19 lockdown, one-lakh meals were cooked every day at the Gurdwara Bangla Sahib alone, with the sevadars working 18-hour shifts. This helped in feeding the migrant workers who were rendered jobless in the early days of the lockdown. Later, the Gurdwara also started an initiative called “Meals on Wheels *Langar*” to take food to the remote corners of the city.

Places of worship also became sites of solidarity and meeting, although primarily for men. Local mosques in the city of Dhaka in Bangladesh encouraged people to continue to attend Friday prayers until April 6, 2020. Sanitation and physical distancing protocols were practised inside the prayer rooms. Moreover, for most people, the mosque was viewed as safer than other public places such as crowded markets, because it was considered a sacred space, leaving some to assume divine protection against transmission of the virus. The comfort and security of meeting others in the mosque also overrode any fears of infection. Religious beliefs and faith in the divine were viewed as a protection against COVID-19. (Rashid et al 2021).

Feminist Solidarity at the Global Level

These situations of resilience and trust were acknowledged at the global policy level as well, urging UN Women and other international agencies to propagate a comprehensive intersectional relief strategy for the most vulnerable of the world. Two years into the COVID-19 pandemic, insights on resilience began to emerge, shedding light on factors that strengthen, safeguard, and enhance adaptability, as well as those that do not. According to UN Women, without comprehensive efforts to mitigate the pandemic's gendered impacts, COVID-19 has the potential to reverse hard-fought gains in women's rights. It is imperative to reconsider how we protect and support vulnerable populations to build global resilience and prevent a recurrence of challenges experienced in 2020. Key to advancing gender-sensitive policies and budgeting is promoting women's leadership in crisis response and recovery processes, along with prioritizing data collection on the gendered effects of the pandemic. Joining forces with the World Health Organization (WHO), UN Women underscored the importance of providing up-to-date data on COVID-19 cases by sex and age. They conducted rapid gender assessment (RGA) surveys with approximately 100,000 people in 58 countries, focusing on five areas of concern: 1) economic activities and resources; 2) unpaid domestic and care work; 3) access to goods and services, 4) emotional and physical wellbeing; and 5) relief measures. As the COVID-19 crisis reveals the interconnectedness of various forms of

discrimination that must be collectively addressed, the current moment also presents an opportunity to radically rethink conventional policy approaches and introduce new, decentralized forms of organization. (Kristina Hinz and Izadora Zubek).

Women, and particularly women of color, migrants, refugees, and those employed in informal settings are among the most heavily affected groups of the COVID-19 pandemic, but they are also leading the way in finding sustainable solutions, resisting injustice, enhancing solidarity, and thus making their communities more resilient to this crisis and others to come. Women play a critical role in conflict prevention, mediation, peacekeeping, and peacebuilding, from the local level to the global stage. Although COVID-19 has taken attention away from the anniversary of the Security Council Resolution 1325 on women, peace and security, it is just as important to remain committed to the agenda, and in particular to women's participation in peacebuilding and peace processes. (Rahmaty and Jaghab 2020) The Secretary-General's call for a global ceasefire and the mobilization of efforts to respond to COVID-19 across the UN system provide a critical opportunity for the international community to re-energize and refocus attention on inclusive possibilities for peace. The following recommendations can ensure gender-inclusive, formal peace processes during and beyond the COVID-19 pandemic:

- Continue to call for and support women's meaningful participation in ceasefire and peace negotiations
- Press for dedicated measures to promote women's meaningful participation in formal negotiations
- Provide specific support to women on negotiating delegations
- Increase support to women's civil society organizations
- Call for the inclusion of gender-responsive COVID-19 commitments in agreements
- Ensure women are engaged as a vital constituency in the implementation of agreements
- Apply a gender lens to navigating the shift to mediation over digital platforms
- Ensure dedicated gender expertise to support the work of peace processes (UN Policy Brief No 19, 2020)

In the post-pandemic recovery phase, there is hope for an expansion of women's rights and participation in public affairs to enhance global resilience to future crises. Every COVID-19 response plan, recovery package, and resource allocation must address the gender impacts of the pandemic. This involves: '(1) including women and women's organizations at the heart of the COVID-19 response; (2) transforming the inequalities of unpaid care work into a new, inclusive care economy benefiting everyone; and (3) designing socio-economic plans with a deliberate focus on the lives and futures of women and girls' (UN Policy Brief 2020).

Philosophical Underpinnings of the Evolving Ideas on Resilience

Experiences from the pandemic foreground that the ways of dealing with COVID, especially in a gender just manner, need to be reconsidered. Here resilience literature is very valuable, within which several concerns can be situated and new pathways imagined. Resilience literature has proliferated over the years. In popular terms, resilience is having the capacity to persist in the face of change, and to continue to develop with ever changing environments. Resilience thinking is about how periods of abrupt changes enhance the capacity of people, communities, societies, and cultures to adapt or even transform into new development pathways. It is about how to navigate the journey in relation to diverse pathways, and thresholds and tipping points between them (Folke 2016).

Multiple methods of coping, adapting and transforming towards resilient living and reaching out to build communities were undertaken as a response to the pandemic. There is clearly a great deal to learn historically from feminist solidarity narratives, which have over the years created spaces of support and nurturance.

It is noteworthy that COVID-19 has given rise to an abundance of metaphors, in an attempt to frame the virus in ways where we can make meaning of the pandemic experience at the social, philosophical and cultural levels. It is ironical that while on the one hand there were calls towards ensuring inclusive peace during and after the pandemic, the majority of the discourses on the pandemic used war metaphors. Santos (2020) presented three metaphors, where the first two are squarely within the realm of combat, while the last one opens spaces for dialogue and engagement: the virus as enemy, the virus as messenger, and the virus as pedagogue.

The enemy metaphor is effective in conveying the gravity of the threat and the patriotic need for unity in the fight against that threat. The enemy metaphor does not help us imagine a better society, *i.e.*, one that is more diverse with regard to intercultural experiences, more democratic, more equal, more just, and more resilient. The next metaphor is of the virus as a messenger – a messenger from nature. In this metaphor, the specific details of the message are irrelevant, for the message resides in the virus's very presence. It is a performative message. It is also a horrible message, because it spells death or the threat of death.

The pedagogue metaphor is the only one that makes us interact with the virus, as it turns it into a subject worthy of holding a dialogue with. It is certainly a cruel pedagogue, who does not waste time explaining the reasons for its behaviour and simply acts as it is supposed to act. But it is not an irrational being. It has its own reasons for coming to the human world at this point and in the way it did. Therefore, humans need to think about it so that they will gradually be able to think with it, until humans can finally start thinking from the virus' point of view. Humans are, therefore, co-present, and that is the basis upon which communication should be established (Santos 2020).

The COVID-19 crisis required finding ways to continue many normal economic activities, while reducing the risk of transmission. Although the resource requirement of the direct public health response, which included tracing, testing, isolating, and treatment, was much lower than that for a major war, if we didn't find ways to keep large parts of the economy working, the welfare costs would be quite high. The war metaphor privileged a command-and-control mode of thinking. This was useful for some time, but as the crisis dragged on, this approach meant that democracy's key advantages — the ability to adapt and experiment and harness voluntary mobilisation and community action based on freely available information — was slowly lost. It was not by cultivating the image of warriors that governments convinced people to continue to comply with health authorities: it was by appealing to civic duty, solidarity and respect for fellow human beings. This shift in perspective was necessary. If we want to resolve not only this crisis, but other global emergencies, including climate change and the depletion of the planet which are, as the World Health Organization has indicated, inextricably linked with the spread of infectious diseases, we need to bring these ideas centre-stage.

As anti-militarist feminists, thinking about how best to address the serious global and local challenges presented by the coronavirus, we try to craft approaches that enhance *social justice, gender equity, and sustainable peace*. We may imagine that this inspiring *triad* is the polar opposite of war waging. Today, one can imagine that waging “a World War II-type war” against a fast-spreading disease is a desirable strategy *only* if one wilfully ignores the findings of feminist historians and refuses to absorb the crucial political lessons they have taught us about the actual costs of turning any collective civic effort into a “war.” To mobilize society today to provide effective, inclusive, fair and sustainable public health, we need to learn the lessons that feminist historians of wars have offered us. To do that, we need to resist the seductive allure of rose-tinted militarization. Histories of peacebuilding in South Asian contexts requires that we remain with discourses around care, resilience, solidarity rather than the militaristic statist communication around the pandemic.

Recommendations

It is significant to remember that 2020 not only marked the 20th anniversary of the UN Security Council resolution 1325, as mentioned earlier; but was also the 25th anniversary of the Fourth World Conference on Women and the adoption of the Beijing Declaration and Platform for Action. It also marks the five-year milestone towards achieving sustainable development goals. With all these international conventions as important background context, the essays in this special issue of *Peace Prints* bring together gender, community, resilience and solidarity from different contexts and situations.

The paper by Aishwarya Rajeev and Dipa Sinha, *Women's Work and the Pandemic in India: Essential Work, Non-essential Workers*, examines the role that women played in 'essential services' a term that became commonplace in India during the pandemic. Essential services included reproductive, maternal, new-born and child health, prevention and management of communicable diseases, treatment for chronic diseases to avoid complications, and addressing emergencies, according to the Ministry of Health and Family Welfare. This paper makes an important co-relation between essential services that women were engaged in as also the unpaid domestic work that women continuously do.

In the paper, *The Misnomer of "Stay Home, Stay Safe": Survivor Resilience during COVID-19*, Kirthi Jayakumar challenges the Stay Home Stay Safe call by the government of India juxtaposing it with narratives of feminist resilience manifesting as bystander intervention to support survivors of gender-based violence, enabled and made accessible through technology.

Nandini Ghosh's paper, *Pandemic, Persons with Disabilities and Resurgent Networks* uses the example of Covid Crisis Support Network (CCSN) in West Bengal to understand how through this group there was relief and medical support during the pandemic. The uniqueness of this was that this was a parents' group, usually a collective considered marginal in the rights based understanding of solidarity formation and claims.

Nidhi Kaicker and Aashi Gupta, use the consumer pyramids household survey in their paper, *Food Insecurity and Coping Mechanisms during Covid-19 in India* to provide empirical evidence on food security and the coping strategies of households belonging to varied socio-economic and demographic characteristics during the COVID-19 pandemic.

Renu Vinod in her paper '*We Need to Provide Education*': *A Phenomenological Study of Female School Leaders During the COVID-19 Lockdown* explores leadership roles and responsibilities among women school principals in their attempt to create social cohesion among a broader education community during the difficult and changed pandemic time teaching learning process.

Pranami Tamuli and Aparna Sanyal's paper, *Engaging with Resilience: A Program with a Purpose* the authors engage with a specific programme of a mental health organisation nurturing emotional well-being through a resilience science model, effective during times of crisis like the pandemic which witnessed a heightened mental health disturbance among most people.

Debarati Sen and Rinzi Lama's paper *Resilient Solidarities: Community Based Responses to Covid-19 in Darjeeling* looks at how the pre-existing neighbourhood ties called *samaj* (like the ones that have been referred to through Ashish Kothari in this essay above) helped mitigate some of the pandemic related crisis in Darjeeling, West Bengal.

Suchisree Chatterjee and Sarmistha Pattanaik through an ethnographic study in the Ajodhya Pahar region of Purulia, in their paper *Gendered Solidarities and Activism in the Politics of Forestland: A Case Study of the Tropical Dry Forest Region of Ajodhya Pahar, Purulia in West Bengal* argue that women are most often conscious political actors in forestland politics and not simply ‘victims’ of male domination and manipulation, exemplifying resilient solidarities.

In From the WISCOMP Archives section, this issue republishes Ashima Kaul’s reflective piece on *Transcending Faultlines: A Quest for a Culture of Peace* where she discusses reconciliation and peace in the complex political landscape of Kashmir.

The special issue brings together the concepts of resilience and collective formations, by centering gender in this intersection. The papers make different inter-connected recommendations, which can have far-reaching impact in a post-pandemic world:

1. Need for a broader vision which recognises and rewards social reproduction work done outside the home as well as inside
2. Need to centre ethics of care and emotional labour that women provide at the heart of domestic violence related disaster preparedness
3. Need for building solidarities in times of crisis between care-based disability associations and rights based civil society groups
4. Need to revamp public distribution systems and restoration of supply chains with improved transport systems eradicating hunger
5. Ensure and facilitate empathetic teachers, with wellbeing of the students centre stage as a counter collective resilient strategy by school systems
6. Promote mental health related discussions and a culture of listening through support groups
7. Nurture and strengthen everyday local community based peace building initiatives in contexts which regularly face ecological and political conflict

The COVID-19 crisis has prompted social scientists and grassroots practitioners to revisit the importance of fostering local, community-specific, neighbourhood connections and solidarity building. Resilience goes beyond individual survival and liveability; rather it is an affect shaped by sustained dialogue, community initiatives and transforming vulnerability into a foundation for hope.

References

- Banerjee, Supurna. 2022. "Community Spaces in India: Constructing Solidarity during the Pandemic". In *Social Movements and Politics during COVID-19: Crisis, Solidarity and Change in a Global Pandemic*. Edited by Breno Bringel, Geoffrey Pleyers. Bristol University Press. <https://doi.org/10.2307/j.ctv2qnx5gh>
- Enloe, Cynthia. 2020. "Femininity and the Paradox of Trust Building in Patriarchies during COVID-19 as part of Feminists Theorize COVID-19: A Symposium". <http://signsjournal.org/covid/enloe/>
- Enloe, Cynthia. 2020. "COVID-19: 'Waging War' Against a Virus is NOT What We Need to Be Doing." 23 March 2020. COVID-19: "Waging War" Against a Virus is NOT What We Need to Be Doing - WILPF.
- Folke, Carl. December 2016. "Resilience (Republished)". *Ecology and Society*, 21(4).
- Gonyea, Judith G., Grenier, Amanda. 2021. "Precarity in Later Life". *Generations: Journal of the American Society on Aging* 45 (2), Precarious Aging and Late-Life Poverty, Summer 2021: 1-12.
- Guidorzi, Brianna. 2020. "The 'Shadow Pandemic': Addressing Gender-based Violence (GBV) During COVID-19." In *COVID-19 in the Global South: Impacts and Responses*. Edited by Pádraig Carmody, Gerard McCann, Clodagh Colleran, Ciara O'Halloran. Bristol University Press.
- Guaterres, Antonio. 2020. "UN Chief Calls for Domestic Violence 'Ceasefire' Amid 'Horrorifying Global Surge'." <https://news.un.org/en/story/2020/04/1061052>.
- James, N. 2020. "In Kerala's Fight against the Coronavirus, Saving Lives is Our Priority": Shailaja Teacher." *The Hindu Business Line*, 13 May 2020. <https://www.thehindubusinessline.com/news/variety/in-keralas-fight-against-the-coronavirus-saving-lives-is-our-priority-shailaja-teacher/article31565215.ece>
- Krishnadas, Jane and Hayat Taha, Sophia. 2020. "Domestic Violence through the Window of the COVID-19 Lockdown: A Public Crisis Embodied/Exposed in the Private/Domestic Sphere." *Journal of Global Faultlines*, 7 (1), June-August 2020: 46-58.
- Kothari, Ashish. 2020. "Corona Can't Save the Planet, But We Can, if We Learn from Ordinary People." *Interface: A Journal for and about Social Movements*, 17 April 2020. <https://www.interfacejournal.net/wp-content/uploads/2020/04/Kothari.pdf>

- Kundu, R. 2020. "As Hunger Grows, Mumbai's Community Kitchens may Hold Lessons on Ensuring Nutrition for the Poor." *Scroll*. 27 July 2020. <https://scroll.in/article/968612/as-hunger-grows-mumbais-community-kitchens-may-hold-lessons-for-ensuring-nutrition-for-the-poor>.
- Lal, Jayati. 2021. "Coronavirus Capitalism and the Patriarchal Pandemic in India: Why We Need a 'Feminism for the 99%' that Centers Social Reproduction." In *Being Human During COVID*. Edited by Kristin Ann Hass. University of Michigan Press.
- Mathew, L. and Ghosh, A. 2020. "Health Minister K K Shailaja on Kerala's Covid-19 Success: 'Our Strategy is trace, quarantine, test, isolate and treat'." *The Indian Express*, 19 June 2020. <https://indianexpress.com/article/explained/kerala-health-minister-k-k-shailaja-teacher-covid-19-6456240/>
- Muzu, Constanza. 2020. "War Metaphors used for COVID-19 are Compelling but also Dangerous." *The India Forum*. [War metaphors used for COVID-19 are compelling but also dangerous | The India Forum](#).
- Rahmaty, Masooma and Jaghab, Jasmine. 2020. "Peacebuilding during a Pandemic: Keeping the Focus on Women's Inclusion." New York: International Peace Institute.
- Rai, Suyash and Verma, Rahul. 2020. "An Epidemic is an Epidemic, a War is a War: An Analysis." *The Hindustan Times*(online). [Covid-19: An epidemic is an epidemic. A war is a war | Analysis - Hindustan Times](#)
- Rashid, Sabina Faiz et al. 2021. "Scarcity and Resilience in the Slums of Dhaka City, Bangladesh." In *Viral Loads: Anthropologies of urgency in the time of COVID-19*. Edited by Lenore Manderson, Nancy J. Burke, Ayo Wahlberg. London: UCL Press. <https://doi.org/10.2307/j.ctv1j13zb3.21>
- Santos, Boaventura de Sousa. 2020. "Metaphors in Progress in Questioning Corona: A Symposium on the social impact of the virus." *Seminar*, #733, September 2020. [733, September 2020, Questioning Corona \(india-seminar.com\)](#)
- Sen, Rukmini. 2020. "Stay Home, Stay Safe: Interrogating Violence in the Domestic Sphere." *Economic and Political Weekly* 55 (22). <https://www.epw.in/engage/article/stay-home-stay-safe-interrogating-violence>.

- Sen, Rukmini and Rajeev, Aishwarya. 2023. "Recognition for Gendered Work: A Post-Pandemic Hope and Demand." 1 May 2023. <https://www.gender.ed.ac.uk/recognition-for-gendered-work-a-post-pandemic-hope-and-demand/>.
- Ticktin, Miriam. "Building a Feminist Commons in the Time of COVID-19." *Feminists Theorize COVID-19: A Symposium*. <https://signsjournal.org/covid/ticktin/>
- United Nations. 2020. "UN Secretary General's Policy Brief: The Impact of COVID-19 on Women." UN Women. [UN Secretary-General's policy brief: The impact of COVID-19 on women | Digital library: Publications | UN Women – Headquarters](#)
- Walby, Sylvia. 2021. "The COVID Pandemic and Social Theory: Social Democracy and Public Health in the Crisis." *European Journal of Social Theory* 24(1): 22-43.