

KRISHNA TRUST

Annual Report (2022-23)

1. The Tenth Krishna Trust Memorial Lecture and Awards was held on February 10, 2023, at Hotel The Sojourn, Salt Lake, Kolkata. Like other years, this year too, it was jointly organised by Krishna Trust and Mahanirban Calcutta Research Group. Giving recognition to women who work as educators, health advocates, and carers to improve the health and education of women and girls has been a focus of Krishna Trust and Calcutta Research Group for almost a decade. Krishna Memorial Award is a humble attempt to recognise the world of work and the contribution women themselves make to ameliorate the condition of gender and inequality, and the Award as a gesture of appreciation was initiated by the Krishna Trust.

2. This year, two public libraries, *Aharnish* and *Piyalir Bioghar* (a project of *Ebong Alap*), received the Krishna Awards. The awardees shared their opinion on the role of 'care' not just as emotional support but as a necessary condition of life system support that often comes from women 'caregivers' while sharing their experiences of living with persons suffering from Alzheimer's disease. Scholarships from the Krishna Trust were awarded to Sagarika Sardar and Shibani Patra, two girl children of Bali Dweep in the Sundarbans. The session was presided by Prof. Prasanta Ray and Rajat Roy, a senior journalist and member of the Calcutta Research Group handed out the awards. Apart from this year's awardees, awardees from previous years were also present. Amina Khatun (Priya Manna Bustee), Anil Mistry (Sunadarban), and Jinat Rehana Islam (educationist from Murshidabad) all of whom had received the award in the previous years, were present to share their experiences in their respective fields. Anil Mistry shared his experience of working for the welfare and development of Bali Dweep and how his organizations have been running different educational and skill training workshops and setting up self-help initiatives. Many ASHA workers also attended the event.

3. The Award ceremony started with Ranabir Samaddar speaking briefly about the activities, goals, and vision of Krishna Trust. This was followed by the conferral ceremony. Last year [2022] Krishna Trust planned a compilation of the experiences of grassroots social leaders in the difficult time of the pandemic. The primary survey on the gendered experience of Covid-19 and social leadership that emerged during the pandemic was carried out by Sangbida Lahiri under the aegis of Krishna Trust in collaboration with Calcutta Research Group with the support of the Institute for Human Sciences, Vienna. The Report "*Covidkale Bipannata O Sanghati*" was published by Progressive Publishers, Kolkata. The report was formally released by Sabyasachi Basu Ray Chaudhury, Director, Calcutta Research Group. Dr. Sunandan Basu's public lecture 'Humanity in the Covid-19 Era' delivered at the Ninth Krishna Memorial Awards was published by the Trust on this occasion.

4. The Tenth Krishna Memorial Lecture on 'Innovative Public Actions, New Politics of Health, and Life Emerging from the Pandemic' was delivered by eminent public health activist Dr. Abhay Shukla. He recalled how ordinary people like Anganwadi workers, autorickshaw drivers and common man became heroes, relentlessly serving people during the pandemic. A new politics of health developed through voluntary mobilization of the 'public' and collaboration between effortless synergies of public and private to contribute to society—it was a turn when the individualistic mindset of the society was taking a turn towards the building up a health system for the 'common' good which was the reflection of the collective spirit of the society. In the pre-Covid times, the three arms of the healthcare system—the government healthcare system, the private healthcare systems and the common people the recipients of the healthcare system—were not working in tandem with each other. A new system of

collaboration through solidaristic coproduction of healthcare practices developed through interventionist regulations and checks and balances to regulate the healthcare facilities and behaviour delivered. The logic of healthcare not just as a corrective and prescriptive facility but as a space of equitable access to facilities took the frontstage during the Covid. Such an initiative was based on the concept of social accountability, especially from the providers of private healthcare facilities as during the pandemic when health facilities available fell far less of the actual demand not just for the Covid patients but for other persons suffering from diseases other than Covid and even basic healthcare facility was difficult to avail, and private hospitals and clinics capitalised the demand and charged exorbitantly. The earlier trends of de-centralisation in healthcare that led to this capitalist splurge in health facilities once again took a turn towards centralisation of health systems as the government started issuing health advisories and guidelines to regulate this behaviour. Also, to fill the gaps of the requirement in facilities, many civil society organizations, activists came together, not just providing health facilities but hosting migrants, providing food to the informal workers, thus the public themselves were enlarging the concept of the public from an official domain to a more general connotation. Dr. Shukla calls this the Public-public partnership. And this solidaristic partnership could be one possible alternative to the Public-Private partnership. He stressed on the 'co-production of health' for the optimal use and maximal beneficial effects of healthcare to reach the common man. So, people were not just only getting cured by healthcare professionals at public/private healthcare centres but became the pro-active catalyst in correcting the facilities provided and behaviours of the staffs by sharpening the edges of 'people's inspection'. It was a time when health as a politics from above and agencies from below were frequently mixing up in creating a new vision of an egalitarian new health system through the 'social accountability' model. Despite centralised government actions, he highlighted on 'solidaristic production' or 'co-production of health' appearing through people's collective action. Sharing experiences from the state of Maharashtra, the worst hit state in India, he harped on the role of joint task forces set up by the civil society in several parts of the state. In order to check irregularities by the private healthcare sector, Arogya Abhiyan organised a state-level hybrid public hearing allowing patients and caregivers to share experiences in private hospitals during COVID, which was attended by around 130 participants. This included documentation and presentation of 30 patient testimonies on private sector violations. He in his lectures highlighted the role of the public in mitigating health crises. He also gave a call for a new politics of health and life, which is premised on 'social-class alliances', and demanded a 'social wage' for all people. Even if they were transient and temporary, they emerged in embryonic form, they show us the potential of taking alternative approaches to health systems by advancing publicness of health systems—a new health system that should not only think of pathological normally through the logic of profit but a people-centred 'social logic' beyond the neoliberal capitalist system.

The lecture was well received by the audience comprising, former awardees, members of the Calcutta Research Group, friends of Krishna Trust, activists, academicians, and journalists who always enrich such events. The event concluded with a formal vote of thanks by Rajat Kanti Sur.

5. The Trust's web portal (http://www.mcrg.ac.in/krishna_trust/index.html) hosted by the CRG as part of its website (www.mcrg.ac.in) continues functioning with new material being added.

6. As in previous years, the Trust acknowledges the generous help of the Calcutta Research Group and its staff in organising the annual Krishna Memorial event, and hosting Krishna Trust's web-based material.

