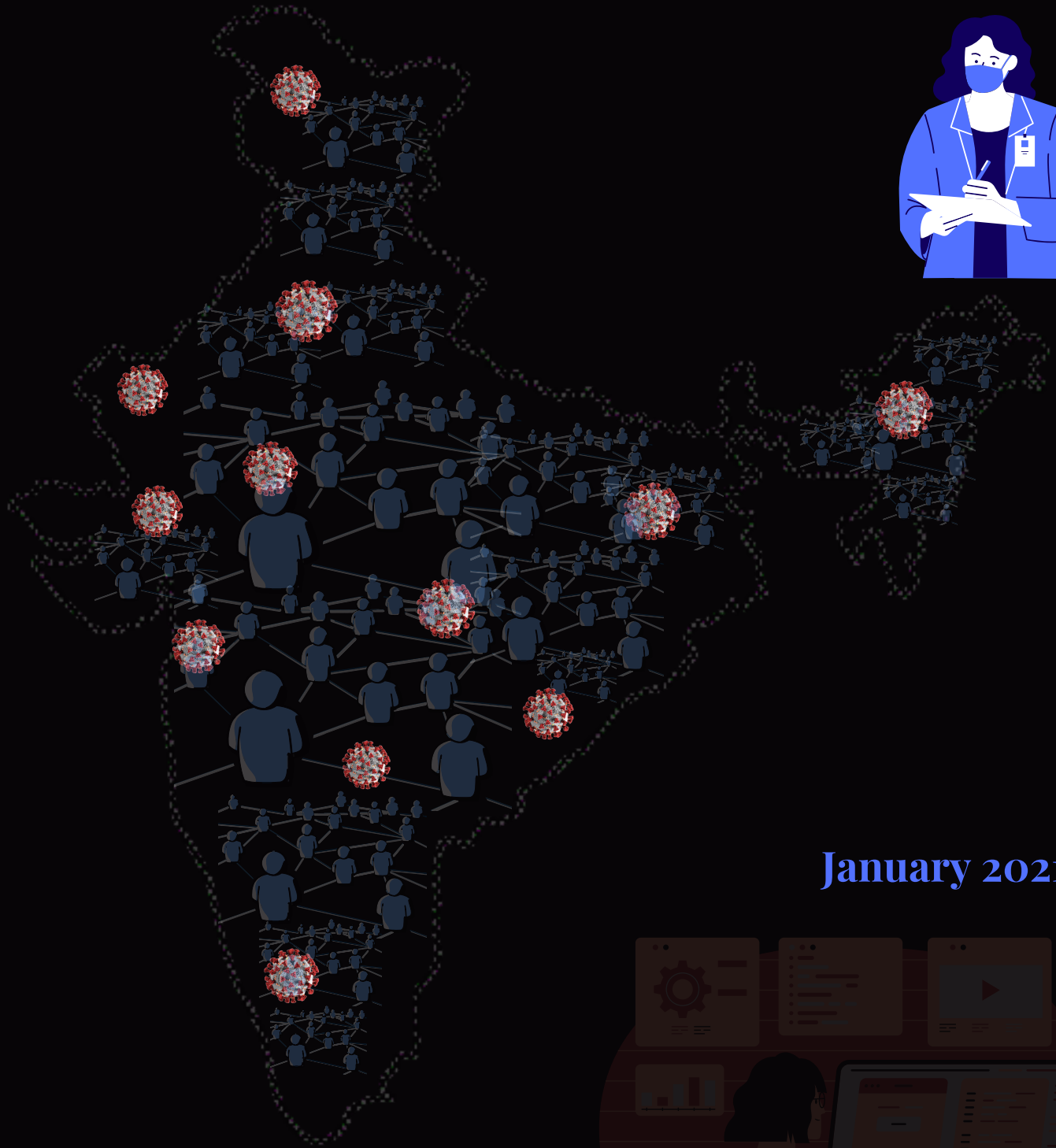
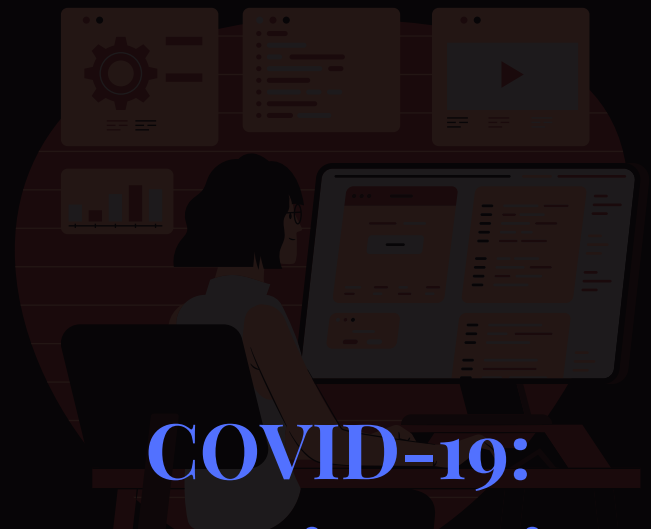


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**COVID-19:
A Year in Review**



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No responsibility for the views expressed by the authors in this journal is assumed by the editors or by the School of Development Studies, Tata Institute of Social Sciences, Mumbai.

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Editorial

Safdar Rahman, Tavishi Ahluwalia, Teresa Vanmalsawmi, Urwa Tul Wusqa

The idea for this journal came from our classmates, Durgesh and Satyam, in June of 2020, with the aim to make use of the diverse regional locations of our batch in order to highlight through ground reports “the already present fractures in the governance, healthcare” and how these have been aggravated by the pandemic. The plan was for it to be a “student-driven flagship programme” and to have it published officially under the banner of Development Studies if it met the required standards. Sub-teams were created based on consensus and a few articles were submitted and sent back with suggestions by the end of July 2020. Unfortunately, the work could not proceed according to schedule as students were busy with their internships and classes resumed shortly after.

The four of us were in the editorial team then as well and were sad to see such brilliant articles by our classmates go unpublished. So, in the middle of December 2020, we decided to pick up from where we left off, but without restricting submissions to the COVID theme. However, we later decided to make it a two-part series, the first on COVID and the second on any development-related theme.

It was a joy to work with our classmates who were open to feedback and were prompt in getting back to us with their subsequent drafts. And so here we present eight excellent articles. Included in the collection are analytical pieces on migrant workers, gender, religion, and mental health in the context of the pandemic, as well as reports that give us insight into how the different groups in different parts of the country were affected, and bring to light the creative responses that came up to meet the challenges.

Since the articles were written in the first phase of the pandemic, we have subtitled it, “A Year in Review.” Indeed, it is interesting and even surreal to note now the panic, the paranoia, and the lack of preparedness in preventing proliferation among the population almost a year ago. Amidst all this, what shines through is human resilience and inventiveness, leaving us with the hope of building better governance structures and health infrastructure to aid our communities.

The Political Economy of Governmental Responses to the Covid-19 Crisis: A Migrant Workers' Perspective

Kanika Tomar

“No oppressive order could permit the oppressed to begin to question: Why?”

Paulo Freire

1 Introduction

A crisis by its very nature possesses an element of surprise. The question is whether that can be a vindication of the State's failure to safeguard its people and their rights. In this essay, I will not argue whether the State's actions can be qualified as a failure. I believe a policy response that leaves particular sections of the society stranded, systematically and repetitively, is reason enough to presume a failed state. This essay is an attempt to answer the 'why' of it all. Why did the government introduce a hastened lockdown when 92% of its labour force comprises informal workers and State sanctioned social security is negligible? Why did the 'experts' fail to foresee the migrant labour crisis? Why was the State's response to the labour crisis excruciatingly inadequate, qualitatively and quantitatively? Lastly, and most importantly, was this an error of ineptitude or a systematic error? In the course of this essay, I will propose and substantiate that the failure was deliberate.

The essay is divided into two broad sections. The first section delineates relevant literature pertaining to decision making by the State. The second section offers an analysis of the

immediate policy response by the Indian government to the coronavirus crisis. The essay will conclude with a very brief discussion on the limitations and key findings of the essay.

2 What does the literature say?

Within political economy there are three main aspects of analysing government decision making: collective action, institutions, and credibility (Keefer, 2004). Given the dynamic nature of a crisis, we will focus on the two aspects that rapidly adjust to changes and events - collective action and credibility, with information (imperfect and asymmetric) as a proxy for the latter.

Collective action helps us understand how different groups acquire different positions in policy preferences. Olson (1965) argues that the cost of political decision making is mostly borne by those economic interests that are least able to overcome collective action problems so as to project their demands on politicians. The group's size and organizational ability determine the influence it might have. Internal cohesion of the group

as well as the gain/loss it will incur on account of the policy change determine the influence exerted by the group (Freiden, 1991). These arguments hold greater relevance juxtaposed with Broz's (2002) research that claims responses to international crises may appear driven by executive decision making but are, in fact, shaped by the usual factors of legislative politics.

Looking at policies with targeted groups, Keefer (2002) argues that there may exist patron-client relationships that are based on repeated interactions between patrons and clients where politicians make credible promises to particular groups. When voters are uninformed about candidate characteristics their decisions are swayed using political campaigns and advertisements funded by special interest groups as an attempt to buy targeted policies (Baron, 1994). The transactions acquire a cyclical character.

Congleton (2005) narrows in on the political economy of crisis management. He writes that traditionally, imperfect information has denoted complete data sets, that is, there is data on all dimensions but the data is limited. He expands this definition to propose imperfect information in the form of ignorance. He argues that particular to a crisis, data sets are not complete, they do not provide information on all dimensions, and hence, lead to ignorance. Interestingly, he adds, "Individuals are "rationally ignorant" when they realise that unknown dimensions or parameters exist, but decide not to learn anything about those unknown dimensions or parameters (Congleton, 2005, p. 4)." He further argues that during the "fog of crisis management," as the usual review processes

become less thorough, the government in an imperfect democracy (as opposed to a well-functioning democracy) will tend to pass policies under the pretext of urgency, advancing its own interests that are unrelated to the present crisis. He highlights that as far as the crisis increases information asymmetries, it will also exacerbate the agency problems relative to those under ordinary policy formation. This, he concludes, makes the policy formation more error prone and "more likely to systematically deviate from those that advance the median voter's long term interests in times of crisis than in less urgent times (Congleton, 2005, p. 14)."

3 Response Analysis

Background: A Chronology of Events

India reported its first Covid-19 case on 30th January, 2020 (Kumar, n.d.). Through the month of February, notifications from the government primarily focused on travel advisories - suspending visas of Chinese nationals and screening of all international travellers at the airports ("Major Notifications", PRS India, n.d.). Notifications of some importance came on 16th March and 18th March announcing the closure of enclosed public spaces (educational institutions, gyms, museums, cultural and social centres, swimming pools and theatres) and cancelling all sporting events ("Major Notifications," PRS India, n.d.). There is no publicly available data of covid tests done in February: one plausible explanation is the extremely limited scale of testing. Testing data appears from March onwards only to reveal testing rates as low as 1000 tests a day (or less than 0.01 tests per thousand people) (Roser et

al, 2020). The window for effectively tracing, testing, and treating was missed.

The Prime Minister (PM) addressed the nation on 19th March announcing a one day lockdown called the *janata curfew* to be observed on 22nd March (Chandana, 2020). While some speculate that the purpose of the curfew was to prepare people for what was to come, others argue that it was rather ceremonial. On 24th March, the PM announced a 21 day nation-wide lockdown starting at midnight of the same day (Kapur, 2020). The government of a country with abysmal levels of social security provisions, 92% of the labor force comprising informal workers, 60% of the population living on less than \$3.2 per day¹ and accompanying low household savings, gave a few hours to its 1.2 billion people to prepare for a 21 day complete shutdown (various sources). The lockdown was extended thrice with minor relaxations, only to end on 1st June after 68 days.

The rationale of a lockdown is to reduce the reproduction rate of the virus by limiting human movement and interactions (Gallagher, 2020). Its success in the first world countries could not possibly be replicated in developing nations such as India with their glaring income inequalities and high population densities, especially in urban areas (Alon et al, 2020). The only saving grace of a lockdown in India would have been an attempt to rapidly increase and improve the health infrastructure. At the end of the lockdown, the health minister reported that India had expanded capacity to 31,250 ICU beds (“Lockdown period utilised,” 2020).

¹ The World Bank poverty line for lower middle income countries.

With total cases nearing the 3 lakh mark as early as the first week of June, this expansion was glaringly insufficient (Dutta, 2020).

In reality, the cost-benefit of the lockdown could favorably align, if at all, only for the economically well-off sections, with salaried jobs and the capacity to observe social distancing norms. The poor, on the other hand, were instantly deprived of livelihoods with no social safety net to fall back on. The lacking communication from the government only made matters worse as people adjusted their expectations from the government, and rationally so. It is in this context that the migrants workers’ crisis unfolded.

The Migrant Workers’ Crisis

Reports emerged as early as two days after the lockdown was imposed that scores of migrant workers had started walking back home, covering hundreds of kilometers on foot, in the absence of any transport services (Lalwani, 2020). India has a migrant workforce of 470 million dispersed across the nation. Majority of these workers live in rented shanties, with their families or with other workers (Kapur, 2020). The lockdown deprived them of their daily wages. With the fear that “hunger can kill us before the virus,” they had little choice but to walk back home, lugging along their children and tied-up belongings (Agarwal, 2020). With literally everything in lockdown, the workers struggled to find food and shelter along the way. A report by SaveLIFE Foundation found that 198 migrant workers had died in road accidents from March till May (Dutta, 2020). Given the scale at which the crisis was unfolding, soon civil society members, organisations, and volunteers worked to provide food and other aid to

migrant workers, and several Public Interest Litigations (PILs) were filed immediately seeking relief for the workers. When the petitions were heard on March 31st in the Supreme Court (SC), the government claimed that there were no migrant workers on the roads “as of 11AM on March 31st” and they had all been provided shelter (“Coronavirus: ‘No migrant’,” 2020). Yet, throughout April there were repeated reports of migrant workers continuing to walk home, being mistreated by the police, and dying of starvation, exhaustion and police violence (Agarwal, 2020). The events beg the question: Why did the government not intervene? Olson (1965) and Freiden (1991) provide pertinent insights towards a plausible explanation. Migrant workers in India are one of the most disenfranchised citizens. Living in cities hundreds of kilometers away, they can not afford to travel back to their domicile to practice their voting right. They, therefore, represent interests that are hardly ever organised. Their inability to overcome problems of collective action and lack of internal cohesion as a group mean that they tend to bear the brunt of political decision making. They fail to be heard.

The analysis becomes more complex when we consider a group that is highly organised and cohesive with interests antagonistic to those of the workers, especially during this crisis - the corporate sector. The workers wished to return to their hometowns but the industrialists wanted the labor to stay for when the industries would be restarted (“Industries in deep,” 2020). Organisation and cohesion alone can not explain the extent of influence that the corporate sector needed to have over the government for a favourable

policy outcome. Invoking Keefer (2002) and Baron (1994), I argue that the corporate sector and the government function in a patron-client relationship. The Bharatiya Janata Party (BJP) is the present ruling party at the center. A brief examination of party funds shows that for the year 2018-2019, the BJP received 800 crore in donations, a majority of which can be traced to corporate or corporate-backed groups. The Progressive Electoral Trust backed by the Tata group alone contributed Rs. 356 crore (“BJP got donations,” 2020). The party spent a whopping Rs. 27,000 crore on campaigning for the 2019 Lok Sabha elections and won a second term (“BJP spent nearly,” 2020). Interestingly enough, in 2017 the BJP government introduced a system of electoral bonds which enables donors to make donations to a party anonymously (Tanwar, 2020). As a result, it is now difficult to establish a clear link between corporate funding and government decision making but one must speculate on why the government felt the need to institute a questionably democratic mechanism. On the other end of the patron-client relationship, the government has worked incessantly to ‘simplify’ business processes. India has consistently improved in its ranking in the World Bank’s Ease of Doing Business index - 100th (2017), 77th (2018), 63rd (2019) (Mishra, 2020). Thus, the government’s actions, or rather lack thereof, during the migrant workers’ crisis are perfectly in line with keeping its end of the patron-client bargain. I will briefly consider two government interventions to further strengthen my argument.

After prolonged outrage from civil society and explicit orders from the SC, special trains

called shramik trains were started by the government from 1st May to take migrant workers to their hometowns. The government decided to charge the stranded migrant workers an extra 'corona surcharge' for tickets - a paltry Rs. 50 ("Fact Check: No," 2020). It is highly doubtful that the amount made a dent in the government's coffers but it effectively contained workers pressed for means. Online applications for tickets made the service even more inaccessible to the workers who are often illiterate (Mitra, 2020). Those who were able to board the trains did not get food or water during the journey that lasted tens of hours, sometimes even days. The Railway Protection Force reported that 80 migrant workers died on special trains between 9th May and 27th May, that is four people everyday ("Covid-19: 80 migrants," 2020). The case for shramik trains as a welfare intervention for migrant workers does not stand scrutiny. The Karnataka government's decision to suspend shramik trains after meeting with a group of builders who urged the government to halt the return of migrant workers, only reaffirms this. The trains were later resumed after widespread public outcry over the decision (Philip, 2020).

The other intervention pertains to several state governments' misplaced attempt to resuscitate the economy. Several state governments including those of Uttar Pradesh, Madhya Pradesh, Rajasthan, and Gujarat have relaxed labor laws in a bid to revive businesses. The relaxations provided vary across states - some allow for 12 hour workdays and increased lay-offs threshold, others impact workers' union rights. It would be valid to question whose economic growth is being supported at whose cost. ("PUCL condemns States," 2020)

Does the Defence Stand (Scrutiny)?

Three popular lines of defence are extended, time and again, for the above mentioned policy failures. One, the government could not have predicted the migrant workers' response to the lockdown. Two, the response strategy was designed and developed by experts, the government only executed it. Three, the government is stretched out for means and is doing all that it possibly can.

To tackle the first line of defence I argue that the State's failure lies not as much in the fact that the migrant workers' crisis happened but in how the State responded to it. The evidence presented above underscores multiple events where the situation was brought to the government's notice but to no avail. If at all it can be argued that the government did not know, it has to be argued with the qualification that the government did not know by choice. The questions raised by the civil society and later by the apex court substantiate the fact that the government was, as Congleton (2005) terms it, 'rationally ignorant' of the concerns of the migrant workers. As for the second line, Chomsky & Herman (2010) provides a fitting response. They start with the premise that respected experts that give dissident views weaken a government's stance. The government solves this 'problem' by "co-opting the experts," it puts them on the payroll, and funds their research. This ensures that the views of the experts are in alignment with the views of the government and its favored groups, whoever they may be. Lastly, the third line of defence effectively implies that all government resources are devoted to managing the crisis at hand. Yet, instances have emerged indicating divergent priorities. In the month of April, the

environment ministry's expert appraisal committee met 9 times virtually where it considered and cleared several industry, mining, and infrastructure projects without adequate public consultation. The project review process was fast-tracked even for environmentally sensitive projects (Nandi, 2020). At the same time, the government has proposed a new Environmental Clearance Assessment draft that dilutes environmental safeguards in favor of easy expansion of projects - it goes as far as to allow the initiation of projects without environmental clearance (Aggarwal, 2020). These developments have no relevance to the crisis at hand, on the contrary, they considerably undermine present democratic processes. As Congleton (2005) predicts, typical of dysfunctional democracies, the government uses the crisis to further its own agenda under the pretext of urgency.

4 Conclusion

The essay is limited in its scope because it studies the effect of the government's response on just one section of the society and bases its analysis on the (extremely) short run effects. The essay also lacks for its overemphasis on the central government and its functionings, and does not sufficiently engage with state governments' dynamics. I would argue that the limited scope in terms of subject - the migrant workers - does not take away from the essay's relevance. I think it is sometimes essential to highlight the state of a singular group disjoint of other groups so that the others do not become a possible justification for its ill-treatment.

The key finding of the essay is that the crisis response reflects the neoliberal political

economy. The policy priorities have highlighted that the corporate sector's interactions with the government tend to be more powerful than welfare considerations, even in a democracy, even during a crisis. I, thus, reiterate that the State has failed the migrant workers and the failure is not incidental. It is not a failure of ineptitude. It is a failure that has been slowly structured into society and will reproduce itself time and again.

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Chronicles of the Shadow Pandemic: Advocating a Gendered Development Approach

Urbee Bhowmik



Representative image. Photo by Rad Pozniakov on Unsplash

The world is in the midst of a pandemic - one that has been raging since early 2020. The novel coronavirus or COVID-19 has raced across the planet and fundamentally altered how humans have led their lives all along - it has introduced forms of distanced sociality, in view of the dangers of rapid transmission that face-to-face interactions pose. In light of this,

all but the essential human interactions have been brought to a halt - much of work and business has moved onto online platforms and our device screens are sometimes the only spaces where we get to interact with people who, till the other day, occupied a large chunk of our daily 'real-time' routines. Even as non-essential services kick back to life, the

multiple restrictions which are accompanying this bout of reopening are clear indications of the essential changes that life has undergone - few things can be restored to normal; there was a 'before' and there will only be an 'after'.

In view of circumstances such as these, certain questions have had to revise themselves, wherein the former versions have proved themselves to be sufficiently redundant, when taken in context. One of the foremost among these has been the idea of development. Despite claims of having been able to incorporate approaches that emphasize qualitative and humanistic improvements, the discursive as well as the action-world of development practitioners has often remained tied to indicators and indices that only look at people's lives in terms of abstracted figures. Projects in this respect have also been geared towards achieving a propulsive movement ahead with set notions of the ideal linear trajectory. For possibly the first time in the history of development, however, professionals have been compelled to sit up and take notice of the stark changes that call for newer adaptations in the dominant development models - the relevance of civil society-centric approaches strikes deeper now due to the very nature of the crisis, a humanitarian one. Humans for once then need to be placed centre-stage in the agenda of development.

One example of the crises in humanity that the pandemic has driven is the extortionary hardships that migrants have had to go through in the country. With formal as well informal establishments shut down for an indefinite period, inter-state migrants found themselves deprived of any source of livelihood. The temporary contract-oriented

nature of their jobs meant the absence of any authority that could be held directly accountable for their predicament. State governments, while enterprising to transport various sections of the middle-class population across the country through multiple initiatives, looked the other way while the migrants were left fending for themselves by undertaking journeys to return to their home states by foot. Compelled to do the unbelievable, they had nothing to say but highlight the tremendous mockery society and the State had proved themselves capable of. Many of them died on the way, while the others, on arrival in the home states, were shoved into quarantine centres that have been notorious for lacking basic amenities. The general attitude towards migrants has thus been one that makes them out to be an encumbrance and a liability.

Among the multiple aspects of humanity that development has ignored for the longest time, women's and gender concerns have possibly been the most neglected. Despite multiple attempts to get development practitioners to integrate gender concerns in their work, the latter keeps getting relegated to one section of the larger mainstream - one chapter in a book and one office in an organization. Such an approach to the element of gender has been detrimental in general and has perpetuated structural inequalities, in specific. The latter, then, weighs down heavily in times of any crisis, such as the current pandemic. The initial days of the pandemic witnessed dominant media outlets enthusiastically claiming the pandemic to be the great leveller, in how it stood out in affecting all equally. However, studies and surveys gradually brought to light the differences in the impact of the pandemic on different sections of the society.

One such dimension is the effect of the pandemic on the lives of women. Surely, women cannot form one unified category - distinctions in the way the pandemic has affected the lives of women can be delineated across axes of class, caste, ethnicity and disability in the Indian context. Broadly, however, women's issues, from whichever section they be hailing, have been left out of the contemporary discussions on the pandemic. In this respect, it becomes pertinent to point out the major facets of women's added deprivations that have been fuelled by the pandemic, many of them being pertinent to targeted sections of women.

- A major blow that has been dealt has been in terms of economic equality. Conventionally, women have been pushed into the informal sector and in leisure, entertainment and care-related service sectors. This has accounted for much of the feminization of the workforce. In times of the pandemic, informal establishments have expectedly laid off their workers and leisure and entertainment sectors have borne the worst brunt of it due to these being categorized as non-essential services. In this respect, women have been the first layer to be dismissed - reinforcing notions of women's paid work as being non-essential and ornamental. Clearly, in this respect, migrant workers have been pushed to the brink as they account for a large section of the informal workforce.
- The pandemic is a health crisis by all means women have been affected in this regard on two fronts. On one

hand, women are mostly posited as frontline healthcare workers like nurses, due to the hierarchical nature of medical organizations which usually have a male core - this coupled with discriminations in supplies of adequate medical equipment leaves them most vulnerable and susceptible to getting infected. On the other hand, women, due to their histories of being excluded from formal as well as informal education, knowledge and information networks, have been deprived of equal access to necessary medical particulars.

- Another problematic aspect of women's lives that has existed even in normal times has been the burden of unpaid care work. Women, across diverse strata, have, through time, been encumbered with the responsibility to tend to caregiving work - to children, to adults, to the sick and to the elderly. This has clearly expanded in times of the pandemic. Provided people have been encouraged to stay at home and hospitals and other medical facilities are increasingly streamlining their services for COVID-19, women have increasingly been thrust into positions of unpaid care work vis-a-vis those in need of constant care, like those suffering from chronic ailments.
- Social aspects of women's lives have been severely hit and much hard-won progress has been undone. Education, a considerably important factor in allowing women to fight structural inequalities as well as mobilize themselves, has almost become conspicuous by its absence. Not only

are inequalities perpetuated in terms of access to education, that has increasingly become online today, but also girls from major sections of the society who struggle to continue their education face increasing precarity due to prolonged periods of severance from their schools - in light of this, threats of child and underage marriage have grown exponentially. Again, these situations have aggravated in the lives of girls from migrant communities as they turn almost itinerant.

- Perhaps, one of the most crucial strands of women's lives that has had acute implications for women's health and agency has been the issue of reproductive health rights and abortion services. The trajectory of these services is already poor in a country like India, where women's bodies remain tied to notions of honour and autonomous power over their own bodies is hardly enjoyed by women. It does not come as a surprise then that these services have been rendered even less accessible amidst the pandemic. Unwanted teenage pregnancies are on the rise due to the surge in gender-based violence during the lockdown. Among adult women as well, reproductive services have become a sparse commodity, evident from the sudden surge in demand for informal reproductive arrangements; abortion services are also in dire straits. In this respect, the politics of what is categorized as essential services and what is excluded assumes significant meaning. Migrant women are, of course, the worst off - in

a situation that sees them braving excruciating journeys by road, institutional deliveries are a dream; they have had to resort to informal deliveries with different people providing them assistance.

- Changing definitions of work has also had substantial implications for women - work-from-home arrangements have increasingly become the norm, a troublesome bearing of which has been the expanding conversion of domestic spaces into organized, formal spaces of work. When these are occupied by men, women have to confine themselves into even smaller sections of the house, despite having to toil away invisibly to create the perfect sanitized workstation. When women occupy these spaces, however, they find themselves having to continuously alternate between domestic responsibilities and the work at hand. This, then, leads us to question the very problematic terminology - 'work from home' - a phrase that almost denies the reality of women's unpaid and unrecognized housework. What about the work at home? When will we start talking about that?

- Largely, then, the lockdown has had far-reaching adverse effects on women's lives. These range across multiple facets - on one hand, increased confinement to homes has led to men making greater demands on women's labour, as seen in the way staying at home has been touted as cause for celebration, with the work

behind these celebrations being the onus of women; on the other hand, cases of domestic violence and abuse have registered a sharp increase, with women increasingly having to live with their perpetrators.

All these and many other ways in which the pandemic has worsened the already straitened circumstances women find themselves in have exhibited the glaring gaps in development work. Development deficits and lags in implementation are only symbolic of a larger epistemological shortcoming - the reluctance to integrate gender dynamics with questions of human development. The coronavirus pandemic might have swept over the world, but what has accompanied it, yet not garnered its deserved attention is the ripple effects of the pandemic. In terms of gender and women's lives, this has meant another wave of discrimination, exploitation and violence - what the UN Women has termed the "shadow pandemic". Interestingly, the pandemic has also paved the way for a dangerous trend of making the case for regimes of protection, surveillance, technology and medicalization of human life - sanitization has become the perceived need of the hour. This poses a grave danger to the fabric of democracy and hard-won rights of the country and its people - women palpably are having to bear a double burden because of this.

The pandemic is clearly here to stay - the 'new normal' is being proclaimed to be the order of the day. While humans scramble to restore some semblance of the past and the routine to their lives, some things that have changed probably cannot be cast into their earlier forms. Concerns about ecology and

environment are among these - build back better being the catchphrase of the revamping initiative. In this global moment, development becomes all the more pertinent - it needs to come back, not only with greater force, but also with greater sensitivity and awareness. The 2030 Agenda including the Sustainable Development Goals are in full view - however, alarmingly, developmentalists have committed a mental compartmentalization and marked out the SDGs for the business of environmentalists. Until a harmonious and sound amalgamation of development and environmental concerns is achieved, the world will continue to be what it is.

The need of the hour is to reframe prevalent paradigms to make way for subjects and discussions that have been evaded for the longest time - women's issues and larger gender concerns will continue to stick out as long as a generalized male standpoint is adopted that grossly fails to capture the nuances of women's lives. A cursory glance at the syllabi of development studies programmes across the country exhibits this gaping hole in the pedagogy of development. Gender and women's concerns call for expeditious attention, essentially from development practitioners in the time of the pandemic as a smooth incorporation of the former with larger policy responses is the only way to turn the otherwise distant dream of an egalitarian world into reality.

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Fighting a Global Pandemic at Local Level: The Volunteer System in Andhra Pradesh

Santhoshi Srilaya Routhu

1 Introduction

Every morning in Bommuru, a suburban village in Andhra Pradesh, a Village Volunteer along with an Accredited Social Health Activist (ASHA) worker and an Auxiliary Nurse Midwife (ANM) staff member visit each household in the village. The area has been recently declared as a 'containment zone' due to an increase in the number of COVID-19 positive cases. At every house, the volunteer inquires if any person in the household has been showing any of the symptoms of the COVID-19 virus. The ANM staff member or ASHA worker checks upon them and advises accordingly when someone has declared to be showing symptoms. The volunteer marks the house in her form to keep a watch for a follow-up visit and moves further. When nobody declares to be showing symptoms, the response is again recorded. This door-to-door survey has been happening every morning since the area has been declared a red zone, to map the extent of the virus spread and will continue to do so until there is an improvement in the situation.

The Village/Ward Volunteer system, initiated on 15th August 2019 was one of the campaign promises of the newly elected Andhra Pradesh government. The volunteer system was instituted to 'revamp delivery systems'¹ such that all government services may be available at the 'doorstep of all eligible households irrespective of caste/creed/religion/gender and political affiliation'². Under this system, A

Village Secretariat is established for every 50 houses in rural areas and a Ward Secretariat is established for every 100 houses in urban areas³. Volunteers deployed in these secretariats coordinate with the government to ensure that the welfare schemes reach the intended beneficiaries without any hassle. Since the volunteer system has been initiated, volunteers have been instrumental in ensuring the last-mile delivery of welfare benefits and during the ongoing pandemic, they have proven to be indispensable.

2 COVID-19 in Andhra Pradesh

The COVID-19 pandemic has put every administration across the world to a hard test. In India, public health being a state subject, the containment strategy and consequently the extent of the spread of the virus has differed among the states. While few state administrations have taken suitable measures to manage the pandemic, few others have failed. Andhra Pradesh has been praised for doing an impressive job in containing the spread of the virus. From Table 1, we can see that as of 19th July 2020, Andhra Pradesh recorded a total of 49,650 positive cases of which 5041 cases were recorded in a single day. The state has been facing a recent surge, as indicated by the average growth rate of positive cases (from one week), due to increased frequency of inter-state travel. This surge has also increased the proportion of active cases and depressed the recovery rate. However, the number of cases in Andhra Pradesh is relatively

smaller compared to other larger states like Tamil Nadu (1,70,693 cases) and Karnataka (63,772 cases). Although similarly populated states like Telangana (45,076 cases) and Odisha (17,437 cases) have recorded a lower number, the low testing rates of these states indicate that there might have been many unrecorded cases.

administration have not been studied or observed on a similar scale.

STATE	POPULATION	TOTAL NO. OF POSITIVE CASES	NO. OF DAYS FOR 10K CASES	RECOVERY RATE	MORTALITY RATE	AVG. GROWTH RATE	TESTS PER MILLION
Andhra Pradesh	4.97 crores	49650	103	46.10%	1.29%	10.00%	25192
Telangana	3.52 crores	45076	114	71.96%	0.92%	4.00%	6789
Tamil Nadu	6.79 crores	170693	70	69.08%	1.45%	3.00%	24830
Karnataka	6.41 crores	63772	107	36.17%	2.09%	8.00%	15515
Odisha	4.37 crores	17437	114	71.42%	0.68%	4.00%	8841
Gujarat	6.27 crores	48441	58	72.01%	4.43%	2.00%	7892
INDIA	135 crores	1118107	73	62.64%	2.49%	5.22%	9994

Table 1: Few COVID-19 Statistics of Similarly Populated States as of 19/07/2020

(data source: covid19india.org)

Andhra Pradesh is in fact one of the first states to ramp up testing on a massive scale⁴ and has consistently maintained a high testing rate, which is currently more than twice of the national average, an important fact to be borne due to its implications on the authenticity of the statistics. Among these larger states, barring Telangana and Odisha, Andhra Pradesh has also seen the slowest spread as indicated by the number of days it took to reach the 10,000 cases mark. It has also recorded one of the lowest mortality rates (1.29%) which is way below the national average (2.49%) – indicating early detection. In the southern states, Andhra Pradesh is arguably only next to Kerala, in managing the pandemic. While the tremendous success of Kerala has received its well-deserved media attention which brought to light the necessity of empowering local governance⁵, the strategies employed along similar lines by the Andhra Pradesh

3 Administrative Efforts to Tackle the Virus

Decentralization of administration has been the core of Andhra Pradesh’s management strategy of the COVID-19 pandemic. In early March itself, district collectors were sensitized on containment and surveillance strategies of the new virus and also asked to closely monitor District Level Rapid Response Teams and ISDPs (Integrated Disease Surveillance Programme)⁶. The state has taken early measures to aggressively expand its healthcare infrastructure such that there are designated COVID care hospitals in every district. Private hospitals were also roped in for COVID treatment under the Disaster Management Act⁷ and the treatment charges for COVID-19 patients in these hospitals were covered by the government. With carefully planned resource mobilization, it was made sure that every district had adequate institutional quarantine centers⁸ and testing labs. During early March,

the state had only one testing laboratory equipped for COVID-19 testing. What followed was an early expansion on war-footing level and as of 6th July, each of the 13 districts in the state were equipped with one VRDL lab and at least three Truenat labs run by the government⁹.

The state has made great use of foot level health workers and local administrations for mapping virus clusters and preventing further spread. Right after the first case was observed on March 13, 2020, ASHA Workers and Village/Ward Volunteers were instructed to trace foreign returnees¹⁰. For surveillance and tracing, the state administration adopted a two-pronged approach¹¹. The first level of surveillance was done by the 'Primary Health and Surveillance Teams' (PHST) consisting of Village/Ward Volunteers along with the ASHA worker accompanied by the ANM of the Village/Ward Secretariat. They conducted door to door surveys for surveillance of COVID-19 symptoms. In urban areas, there were different approaches to Migrant Workers/Homeless, Slum Areas and Non-Slum Areas¹². The first round of this door to door survey in the last week of March covered 1.44 crore households in the state¹³. Differing across areas, this exercise of door to door survey of every household in the state has been conducted 4 to 6 times from March to July. In marked containment zones, the exercise happens everyday until the red zone status is lifted. The Second Level Surveillance at the level of the Primary Health Center, with a 'Secondary Health and Surveillance Team' (SHST) consists of one Medical Officer and Paramedical staff of the PHC. They are responsible for cases of high risk and symptomatic people identified in the primary

level of surveillance. In some areas, technology was also deployed to maintain data on the virus. Volunteers used special mobile applications with GPS tracking to keep record of the status of their areas.

Thus, it was made sure that each district was self-sufficient in its surveillance, testing and hospitalization capacity. Furthermore, even before the nationwide lockdown was declared, after the first recorded positive case on 13th March, under the Epidemic Diseases Act, 1897, district authorities were empowered to impose a complete lockdown and bar entry/exit on 'any defined geographical area' if they reported positive cases¹⁴. This strategy of decentralization allowed for a better understanding, faster decision making and flexible strategizing based on feedback loops.

4 Village/Ward Volunteers: The Bridge between People and Government

Although there was an administrative resolve towards decentralization, the strategy in practice would have been difficult if it wasn't for the efforts of the Village/Ward Volunteer system. The implementation of development programmes in developing countries like India has always been marred by failure of bureaucracy to deliver at the ground level. Although top-down administrative culture has historically been a part of Indian society for a long time, it has largely existed for revenue collection and police machinery. It is only in the post-colonial period that bureaucracy was deployed for developmental programmes on a massive scale¹⁵. Despite well-meaning intentions, the reliance of the state on centralized colonial forms of bureaucratic structures created a hindrance to properly

reach out to the people. In many places, bureaucrats became a class on their own, riddled with elitism and cumbersomeness. The gap between this Weberian-style bureaucracy and agrarian feudalism in India has also led to emergence of the ubiquitous local 'fixer' or 'broker' who acts as a middle agent between people and the bureaucrats for implementing development programmes¹⁶. Although these fixers are efficient in 'greasing the wheels of administration', their lack of accountability and motive for personal profit is problematic. Local fixers are also known for often exploiting beneficiaries and widening leakages, which again highlights the necessity for accessible and responsive administrations which are less complicated and centralized¹⁷.

With this context, we return to the newly instituted Volunteer system. As mentioned before, the Village/Ward Volunteer system was originally instituted for delivery of welfare scheme benefits to the targeted beneficiaries. Volunteers are often referred to as 'bridge between people and the government' in local news media and even by the government¹⁸. It is still early to draw a conclusion on how much of a success volunteers have been in bridging the gap, as the system is yet to be fully rooted on a long term basis. However, there seems to be an improvement in implementation of welfare schemes. The biggest gain seems to be in enlisting beneficiaries accurately without leakages. Galavilli Govind, a village volunteer in Vizianagaram district observed that *"People are now more aware of what schemes they are eligible for. Earlier some 2 in 10 people would have known what schemes are eligible for and others even if they knew had to visit offices somewhere 10-15 kilometres from here to get registered. Now they can directly contact us and*

it is easier as we live in the same area." At times, this communication apparently also runs the other way around when Volunteers have to make people understand why they are not eligible for a certain scheme. Apart from mapping beneficiaries and serving as a link to higher bureaucrats, Volunteers are deployed for several other purposes like issuing tax notices to commercial establishments, awareness programmes, grievance redressal in delivery of benefits, etc.. In a few areas, volunteers also deliver pension, alongwith money transfer amounts and ration directly at the doorstep of beneficiaries. Since volunteers must be from the same village or ward, they are generally trusted by locals.

A striking feature of the volunteer system is the overwhelming female participation. Although there is a 50% reservation for women in this system, both the secretariats whose volunteers I interviewed, had a majority share of women (14 out of 16 in one and 19 out of 30 in another). They mentioned that the case was similar in almost every secretariat that they knew of. However, the official statistics on the number of female volunteers is not available. The reason behind this high female participation is believed to be the low pay – volunteers are paid a monthly honorarium of a meagre 5000 rupees. Given the low pay, the volunteer system has mostly become a vocation or part time job for local lower-middle class domestic women who can add to the family income. Meduboina Parvathi, a ward volunteer for the 24th ward of Rajahmundry city, remarked that most women volunteers set out to discharge their duties in their free time after sending their children to school.

Volunteers have come incredibly handy for the state administration during the COVID-19 pandemic. Each Village and Ward defined under this system has been used as a unit for surveillance and tracing. As noted before, Village/Ward volunteers have been deployed at the grassroots level in PHST Teams. They keep an eye on their Village/Ward area for anyone showing the symptoms and report to health workers at higher levels in such cases. In the beginning of the pandemic, they were mostly concerned with tracing foreign returnees and as the pandemic grew, so did their responsibilities. Volunteers monitor the health of any new entrants or returnees into their respective areas. B. Lavanya, a village volunteer told The Hindu, *“Volunteers along with ASHA workers are enquiring about the health condition of the returnees and their close contacts at regular intervals. We upload the information on a special mobile application created for the purpose and it is reviewed by the higher officials¹⁹”*. Srinivas, a resident of Navbharatnagar, Rajahmundry said that after a COVID-19 death in their locality, the volunteer informed on the right protocol for the funeral via a Whatsapp group that consisted of the volunteer and a person from each of the 50 houses in jurisdiction. During the pandemic, volunteers have taken several other responsibilities like engaging in sanitation works, performing last rites for abandoned deceased patients²⁰ along with disbursing pensions at doorstep²¹.

5 Conclusion

The experience with the COVID-19 pandemic across the world shows how decentralizing decision making and empowering local governments and administrations is an

effective pathway to deal with the crisis. In a looming crisis, it is necessary for the state to have an organic relationship with its citizens. Andhra Pradesh’s modest success in dealing with the pandemic with the help of an extensive volunteer network strengthens this point.

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Onward and Homebound: COVID Narratives from Migrant Workers of Janjgir-Champa, Chhattisgarh

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1 Introduction

According to the 2011 census, there are about 56 million migrants across states in India. It has been estimated that 79% of migrants in urban cities are daily wage labourers. These migrant workers are a part of the ‘informal’ workforce which constitutes 93% of the total labour work force. (Sen 2020) In spite of constituting a significant proportion of the workforce, migrant workers constitute a nameless, faceless, invisibilized mass. This is evident from the way in which the sudden lockdown on the 24th of March with only a few hours’ notice was planned and executed. The lockdown resulted in thousands of migrants fleeing from the cities to their native places. In the absence of any transportation, many walked for long distances, paid exuberant costs for private transportation and undertook debt and battled hunger and fear to reach their villages. In the villages, the returned workers faced an uncertain future, lack of employment, debts and food insecurity. The landless brick kiln seasonal workers who constitute a majority of the respondents (81%) are one of the most vulnerable sections and need special and urgent state support.

Our study of the migrant workers who had returned to Janjgir-Champa due to the lockdown restrictions in their cities of work revealed that 62.71% of the respondents did not receive any wages during the lockdown period from their employers/contractors starting from March 2019 while only 8.47% of the migrant respondents received payment for all three months. Most of them cited unemployment and lack of income as a reason for reverse migration. 92% of the migrants interviewed did not have any savings and about 61% of them did not have any employment in the native village. Further, 74.5% of the respondents reported some form of indebtedness. This can have long term impacts on nutritional security, indebtedness, education of children and wages. 97% of the migrants interviewed demanded to be given employment in the village or state so that they do not have to migrate in search of employment.

2 Background

Janjgir-Champa is one of the six districts under Bilaspur Revenue Division of Chhattisgarh. It is known as the ‘Heart of Chhattisgarh’ due to its central location. Migration, especially rural migration in Chhattisgarh, had been identified as a formidable challenge even before the pandemic and lockdown brought to light the teeming millions returning to their native states under pitiful conditions. In 2015, The Pioneer highlighted the failure of conditions like fertile lands and food sufficiency and welfare schemes in keeping the rural poor from migrating to urban areas and other states. Janjgir-Champa district got special mention as the district from which migration outflow was the highest. The article also located Uttar Pradesh, Bihar, Jammu and Kashmir and Madhya Pradesh as the prime destinations, and construction work and brick kiln work as the main occupations (“Rural

migration is still Chhattisgarh's biggest challenge", 2015), which, five years later, still stands true from our data. Official reports put the number of migrant workers from Janjgir-Champa stranded in other states at 11,159 - the second highest after Balodabazar ("Migrant workers of Chhattisgarh are trapped in 20 states and four union territories of the country", 2020). Evidence of in-migration was also seen during the lockdown. Housing, food and health tests were arranged for 130 migrants from other states in Janjgir-Champa ("Janjgir-Champa: 130 people stranded", n.d.). While Chhattisgarh had the largest number of stranded workers (Mishra, 2020), the number for Janjgir-Champa district is considerably smaller than the number of returnees from other states.

The arrangements put in place for receiving the returnees on the Shramik train bound to disembark at Champa station on May 12, 2020 included health tests, transportation to the quarantine centre, provision of hand sanitizers, dry breakfast, drinking water, etc. while maintaining social distancing. Apart from this, the personal information of workers was to be registered by the Health Department. Hostels run by the Tribal Development Department were identified as Quarantine Centres ("Janjgir-Champa ready to welcome migrant workers with precaution & rules at railway station, here is plan", 2020).

The Chhattisgarh chapter of the Migrant Workers Tracking Project under TISS-Hyderabad is an attempt to document the lived experiences of migrant workers who have returned to Chhattisgarh due to the COVID-19 pandemic and subsequent lockdown, and to connect them to NGO's and workers on the ground so that their needs are met. Telephonic interview was used to get basic information and more detailed understanding about the migrants with respect to education, social conditions, work, income and expenditure, support received, the impact of the lockdown on their social life, work, family and health as well as stories of their travels back home, as reported by the migrants themselves.

3 Sampling Method and Approach

The study aims to understand the lived experiences of the migrant workers during the Covid-19 lockdown through the exploration of the narratives of reverse migration of Chhattisgarh workers. To actualise the objectives of the study, telephonic interviews of those workers were conducted who had migrated back to their native places in Chhattisgarh during the lockdown. The questionnaires used were composed of close-ended questions that had elaborate sections on the social, economic, occupational and financial profile of the respondents along with open-ended questions that were intended to unravel their experiences during the lockdown. As already mentioned above, the sample was chosen from the Janjgir-Champa district of Chhattisgarh. Out of a total data set of 98 migrants that was procured from Kalp Samaj Sevi Sanstha, an NGO working in the state, a sample size of 59 respondents was chosen. Stratified sampling, a probabilistic method of sampling, was employed to choose the sample, wherein the stratification was based on age and gender. The data set was divided into strata based on three age slabs: slab 1 had all those migrants who were 25 years of age or below; slab 2 included all those who were in the age group of 26 to 54 years; and lastly slab 3 included all those who were 55 years old or above. Based on the proportion of migrants in each slab to the entire data set, the initial sample set was chosen.

Since females constituted a mere 10.17 % of the total data set, therefore, all the females in the list were included in the sample and stratified sampling based on age was applied only to the male members in the data set. However, a considerable number of migrants who constituted the initial sample had provided invalid numbers, as a result of which they could not be contacted. This, coupled with no responses from many of the migrant workers and refusal to participate in the interviews, culminated in the final sample being chosen by employing the convenience sampling method.

4 Socio-Economic Profile of the Respondents

The report commences the extensive analysis of the lived experiences of the migrant workers with the study of the socio-economic profile of the respondents. Since, the district assigned to our group was Janjgir-Champa, hence, all the respondents belong to the same district with considerable variation in the blocks and villages that they live in. Out of a total 9 blocks in the district, majority of the respondents hail from Jaijaipur block (66.10%), followed by Bamhindih (18.64%) and Dabhara (10.16%) blocks, respectively (See *Figure 1*).

Percentage of Respondents (Block Wise)

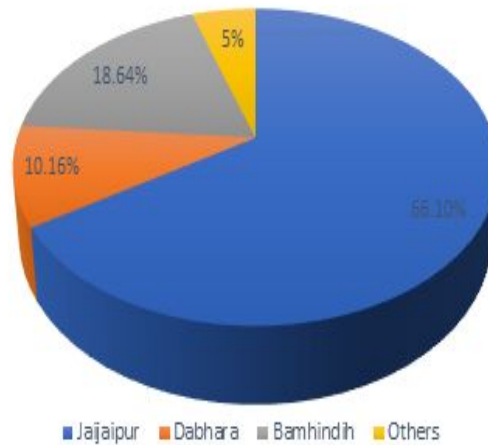


Figure 1 Percentage of Respondents (Block Wise)

A vast majority of the respondents constituted a part of the informal sector workforce in the work states/places, with a whopping 45 respondents (81%) who worked as brick kiln labourers, followed by daily-wage labourers, construction workers, tailors, automobile and weaving machine maintenance workers. The worst hit amongst the migrants were the unskilled labourers working in the brick kilns and elsewhere.

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Some of the major states that the respondents had migrated to, for work are Uttar Pradesh, Punjab, Haryana, Jammu and Kashmir, Odisha, Tamil Nadu, Maharashtra, Jharkhand, Madhya Pradesh, Karnataka and Gujarat. Intra-state migrants working in different parts of Chhattisgarh were also part of the respondent group. *Figure 2* clearly shows that 33.89% of the respondents had migrated to Punjab, followed by 18.64% who had migrated to Uttar Pradesh. Further, 15% of the respondents were working in Haryana before the lockdown while 8.47% were working in Odisha. Intra-state migration for work was very low (only 3.39% of the respondents had migrated within the state) which might suggest the lack of work and livelihood opportunities for the poor population in Chhattisgarh.

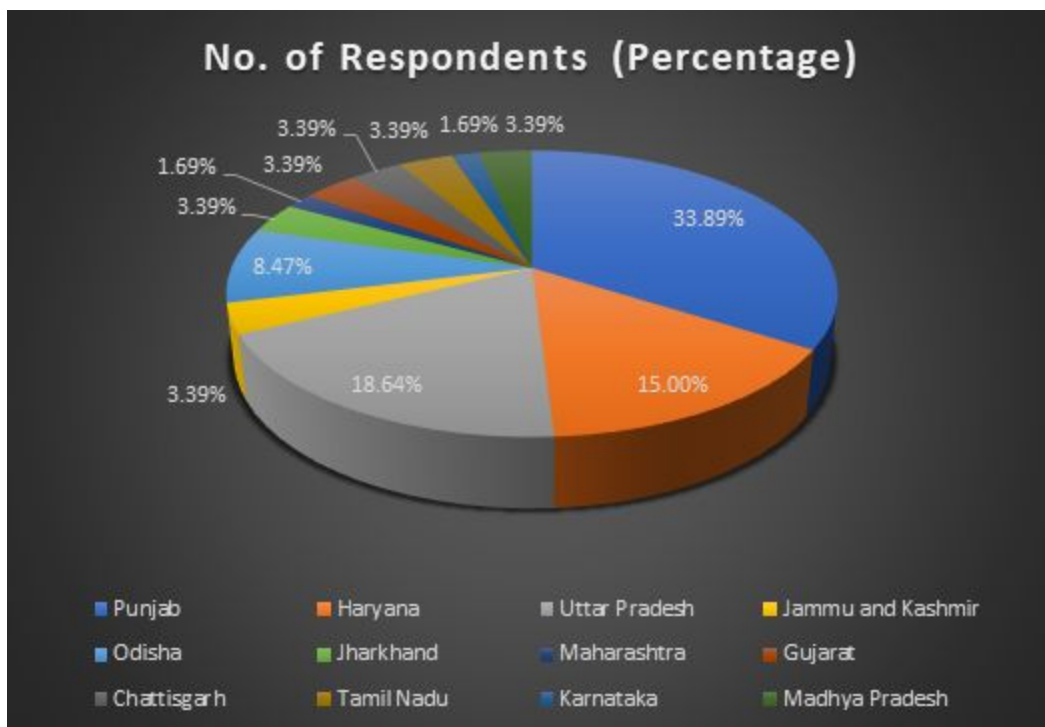


Figure 2 Work State (Migrated to) by Percentage

28.81% of the total number of respondents fall in the age group of 25 years or below, with 5.88% of the group respondents being females and 94.11% of the group respondents being males. A vast majority of the respondents (64%) fall in the age bracket of 26-54 years, signifying the bulk of young workforce amongst the migrants. 94.73% of the respondents in this age group are males while females constitute a mere 5.26% of the group. The age group of 55 years or above has the least number of respondents (2) constituting only 3.39% of the total sample. The sex-based profile of the respondents reflects the asymmetry in the migrant workforce which is dominated by males, wherein out of a total 59 respondents, only 6 (10.17 %) are females. Often this has been cited as "Masculine migration" in migration studies (Tumbe, 2016).

The educational background of the respondents highlights the pathetic situation of the Indian education system and its inadequate reach or rather near absence in the lives of the marginalised sections of the society. Approximately, 30% of the respondents had passed either 8th standard or below and a mere 15.25% of the respondents had made it to the higher secondary level. In terms of higher education, only 1 respondent had completed his bachelors degree which again reeks of the structural injustices perpetrated and perpetuated against the Indian migrant workforce or the poor population in general.

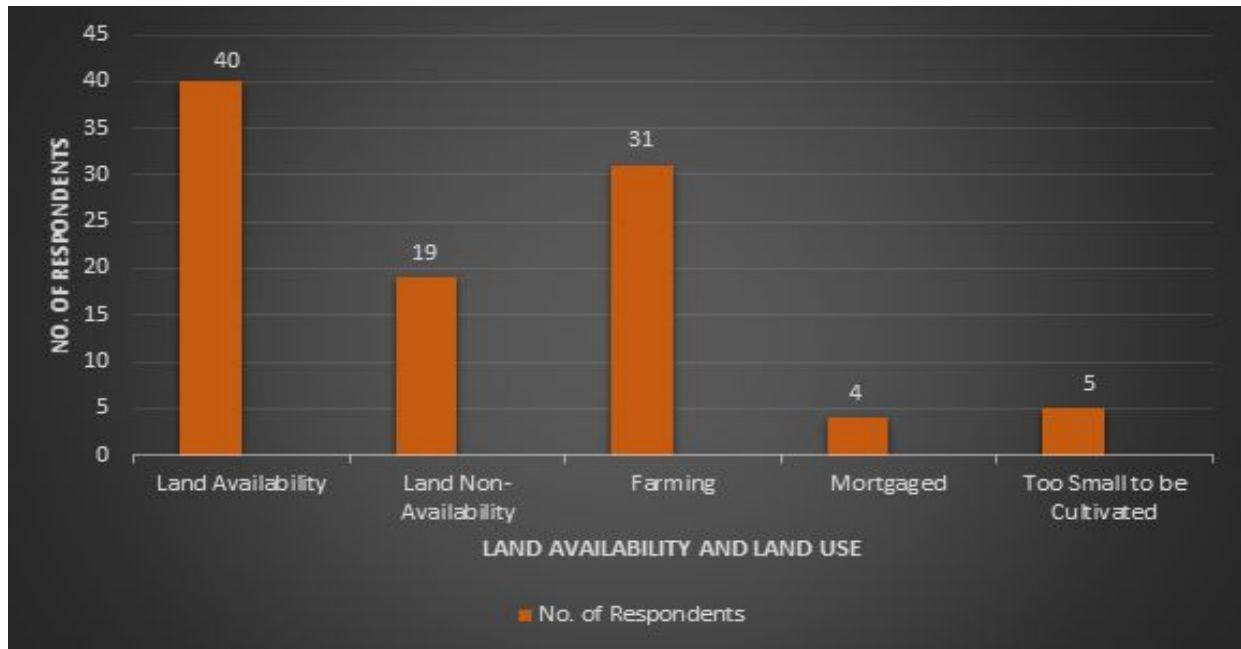


Figure 3 Land Availability and Land Use

Figure 3 highlights the availability of land to the respondents and the use that they have put their respective lands to. Around 67.79% of the respondents stated that they have land in their native villages, out of which, 77.5% of the respondents were using their lands for agricultural and farming purposes. 12.5 % of the respondents claimed that their lands are too small to be cultivated while 10% claimed to have mortgaged their lands. Majority of the migrants whose families own land are seasonal migrants who cultivate the land when they are in their native villages and their respective families take care of the agricultural work when they are away. A vast chunk of the land owner migrants are marginal farmers with small plots of land that ensure subsistence at best.

5 Understanding the trends of migration

Seasonal migration is common in many districts across Chhattisgarh. The Janjgir-Champa district has rice monoculture and limited irrigation facilities due to which farmers are able to cultivate only one

rice crop in a year. Thus, agriculture and agricultural labour at best provide seasonal employment which leads to large-scale seasonal migration among the residents of Janjgir-Champa.

The absence of any productive assets and alternative employment opportunities further contributes to migration. People belonging to scheduled castes, scheduled tribes and Other Backward Castes constitute a major portion of the migrants (Murali 2014). This trend was also visible in the interviews with the migrant workers of our study. Around 50% of the migrants had been working outside their village for more than 5 years while around 29% had been migrating for work for more than 10 year which highlights the prolonged deprivation of the migrant workers and lack of adequate sources of income within the state. Additionally, a vast majority of the respondents were seasonal migrants who would emigrate to repay their debts in the village.

Around 46% of the respondents said that they had no employment opportunities in their native village which forced them to seek employment outside. Around 30% of the respondents said seasonal agricultural labour in other farms is the form of employment available in their village while only around 11% of the respondents said they could practice seasonal crop cultivation in their field. The seasonal nature of agricultural work and the precarity of daily wage labour in the villages where the wages are much less compared to the cities pushed many respondents in a cycle of distress seasonal migration. Some of the workers migrated to faraway textile hubs as traditional weaving declined in their villages. Workers also highlighted the problems faced in Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) like delayed payments, no allocation of work despite demand and the short duration promised under MGNREGA. Thus, according to the interviewees MGNREGA due to its many deficiencies in terms of implementation proves ineffective to curtail distress migration.

Reasons for migration

Since the employment opportunities in the village either do not exist or are seasonal and inadequate, migrants have to seek employment elsewhere. In a significant majority of the interviews, the workers referred to migration as a necessity to survive and the migration appeared to be predominantly distress-seasonal migration. *“I have to go to feed my family”* is the common narrative across many interviews. According to a study conducted by Murali and Tamer, “The remittances play a role in maintaining food security within the households; the household survey revealed that the remittances are mostly used in food consumption, followed in order by health care, purchase of consumer goods and repayment of debt” (Murali 2014). The major reasons for migration according to our interviews are debt, illness of a family member, landlessness or small landholding with unviable agriculture, selling land due to medical expenses, land acquisition by the state, saving to build a pucca ghar and loss of traditional weaving work. The nature of distress migration can be understood by the words of one of the interviewees, *“We are poor people and don’t even have a house and own no land, if we don’t go outside then we will not have anything to eat. Only if we work outside do we get enough to eat. We are unemployed here, so there is no other option”*.

Indebtedness and Migration

74.5% of the respondents reported some form of indebtedness. Many of the respondents had taken loans to survive during the Covid-19 pandemic and lockdown which had rendered them jobless. The pandemic also adversely impacted their debt paying capacity.

Around 66% of the respondents mentioned moneylenders being one of the primary sources of debt for them. While 23.7 % of the respondents mentioned borrowing from Relatives/ Acquaintances at some point. Only about 7% of the respondents mentioned taking bank loans and 7% borrowed from Self Help Groups. One of the respondents explained the difficulty in accessing formal credit and the difficult terms of repayment as follows,

“I have no land, I have no assets, so the banks don’t lend me money. In the village, if someone feels some sympathy towards me then only, they give money as loan. That too they will take back after 5-6 months irrespective of whether you live or die.”

The presence of intermediaries and contractors

61% of the respondents reported going to work through a contractor. The percentage increases to 75.5% for brick kiln workers. The brick kiln workers in the interviews narrated how *Jamadaars* (contractors) are sent to their village by the *seth* (owner of the brick kilns). The *Jamadaars* offer advance payment (initial debt) to the workers to start work in Brick Kilns across many regions including Haryana, Punjab, Jammu and Kashmir, Odisha, Uttar Pradesh etc. Many respondents in the interview said that they chose the work location based on the most lucrative advance offered. Some brick kiln workers who had worked for a long period of time said they do not go to work through contractors. However, many preferred to go to work through *Jamadaars* due to the advance payment given.

Neo-Bondage

The mode of payment in brick kilns also renders the migrants susceptible. The situation of indebtedness in which migrant labourers work in brick kilns is referred to as “Neo-Bondage” by Jan Breman in his work, “Neo-Bondage: A Fieldwork-Based Account”.

“The bondage relationship usually started with a debt; the seasonal worker cannot leave the brick kiln until he has worked off the advance payment. Once the debt has been cleared, he should be free to leave, but his wage is then held back after a deduction of a weekly amount to cover his daily requirements, and paid in a lump sum when he returns home at the end of the season. If he leaves the kiln prematurely, he loses the net balance of seven months’ work. He can ask for a new advance in the meantime, but if he does, too often he may have very little left at the end, perhaps just enough to pay for the journey home. Sometimes the migrant may even leave the kiln with a debt if he has received a large advance from the owner” (Breman, 2010).

In the interviews with the migrant workers, a similar trend was observed. The brick kiln workers reported taking advance loans from the Jamadaar ranging from Rs 5,000 to Rs 20,000. The workers received allowance for expenditure, *kharcha*, either weekly or bimonthly. They used this money for their basic sustenance while working in the kilns. The earnings depend on the number of bricks made per day. Most migrants worked with their spouses or even families consisting of children who migrated with their parents. The workers worked for long hours in difficult physical conditions to make as many bricks as possible. Around 40% of the respondents worked for more than 12 hours per day and around 66% of the respondents worked for more than 10 hours a day. On rainy days, when the brick kilns don't function, workers are unable to make bricks and incur loss as there is no payment on such days. Many workers in the interview talked about the twin shock of early onset of rains and lockdown which prevented them from earning money this season. The final payment is done towards the end of the season where the initial debt taken and the weekly allowances is deducted from the net earnings and the remaining amount is paid. The final payments vary for different workers and are dependent on a number of factors but are meagre enough for workers to be in need of debt at the beginning of the next work cycle. The indebtedness at the beginning of the work contract leads to neo-bondage. Neo-bondage differs from older feudal forms of bondage because it's purely economic in nature, unlike the patron-client relationships and traditional relationships that existed prior to it (Shamindra Nath Roy 2018).

One of the workers narrates,

"We don't have money to give to Saabukar (Moneylender) that's why we have to go to work in kilns where we are given advance money. In the brick kiln we are given money just enough for ration every week (Rs2000-2500). It is very expensive there, so we have to buy rice at Rs28-50 per kg. We have to pay for our own electricity and medical expenses. We work for 15- 16 hours in the sun so we often become unwell and have to pay the doctor. We get the remaining money at the end, when the work season ends (i.e when rainfall starts). We cannot tell how much we earn in a month because if it rains, we have to sit without work and eat using debt money. The monthly income is not fixed and only if we work and make bricks do we get money. When we are not able to work for some reason and ask for ration money (kharcha) , they give us less money and we can barely meet our daily needs. Sometimes we have to take money from the moneylender of our village to repay the employer and come back to the village. Only if we pay them the money will they allow us to return to our village otherwise we will have to do some other work there."

Under such exploitative conditions of work, bonded labour is often reported. In a recent news report from January 2020, 91 bonded labourers were rescued from brick kilns in Jammu and Kashmir. There were 41 children among them. All these labourers were from Janjgir-Champa and Raigarh districts of Chhattisgarh (Markam, 2020).

Working Conditions, Income and Savings

The working conditions in the brick kiln represented conditions of extreme exploitation and no bargaining power with the workers. Representing the hours that the respondents would spend working in their work states per day, Figure 4 throws light upon the inhuman conditions that the

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migrant workers were subjected to. 40.6% of the respondents worked for more than 12 hours per day which clearly indicates the highly exploitative work schedule that the informal sector workers, especially the migrant labourers have to go through. This, combined with the 25.4% of the respondents who worked for 10-12 hours per day and 23.72% who worked for 8-10 hours shows that 89.72% of the respondents worked for more than 8 hours each day.

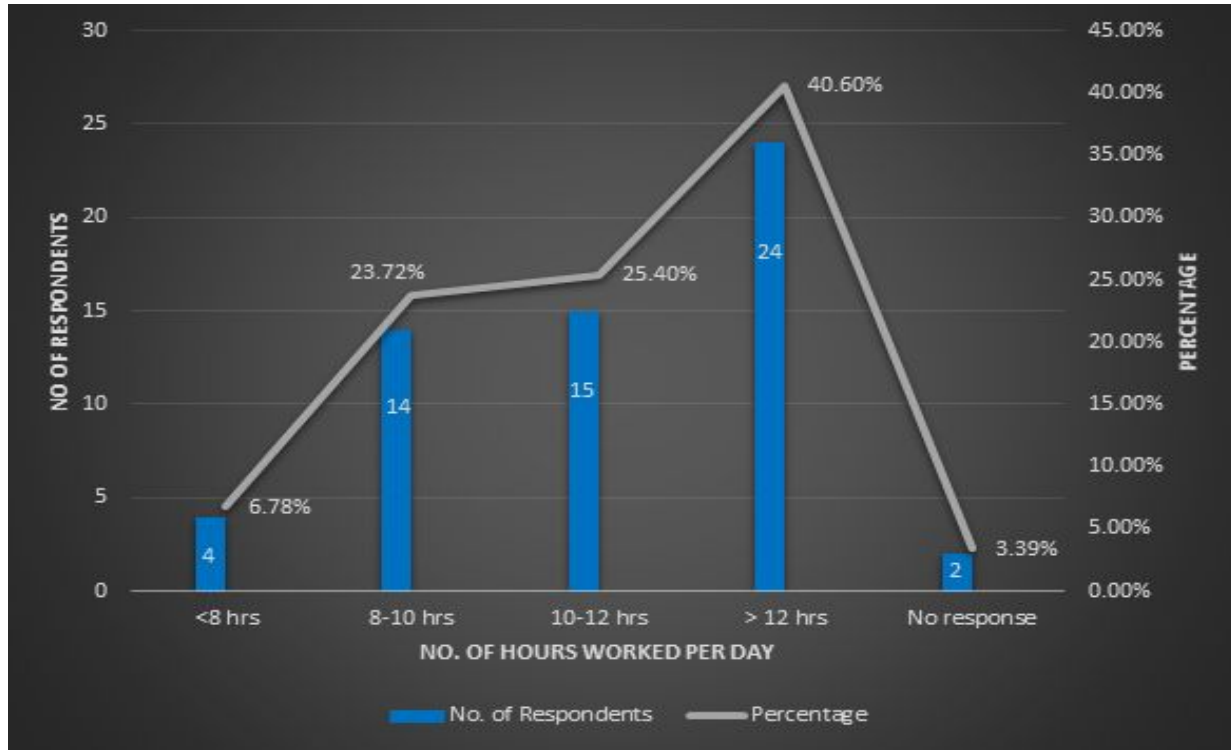


Figure 4 Working hours per day

The monthly family income of the respondents in their work states/places is represented by Figure 5. The figure shows that 35.59% of the respondents' families earned a monthly income of 10000 to 20000 rupees while 33.89% of them earned an average of less than 10000 rupees but more than 5000 rupees per month. Only 16.94% of the participants stated their family income to be more than 20000 rupees per month which showcases the precarious situation of the migrant workers. Figure 6 shows the number of respondents' families who had savings at the time when interviews were being conducted. The number is next to negligible and should come as no surprise, given the state of the informal sector migrant workers in the country. The fact that out of a total of 59 respondents, only five answered in the affirmative when asked whether or not their families or them have been able to save anything from the money earned is nothing short of a sorry state of affairs. Those who had no savings or had savings had spent whatever they had earned before and during the lockdown on daily expenses and the transportation fare while a vast majority of them had exhausted their savings by repaying a portion of their debts. Further, according to our study, around

76% of the migrants spend more than 50% of their earnings in the living expenditure at place of work leaving only meagre amount to be sent to home as remittances.



Figure 5 Monthly Family Income of the Respondents

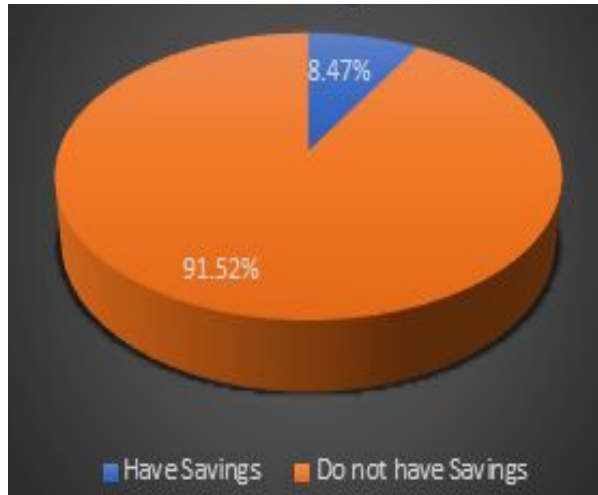


Figure 6 Respondents' Families With/ Without Saving

6 Reverse Migration due to Covid pandemic and lockdown

74.5% of the respondents said that shutting down of work and lack of employment was the major reason for returning. They talked about mounting debt, diminishing savings and food insecurity that pushed them to return under dire circumstances.

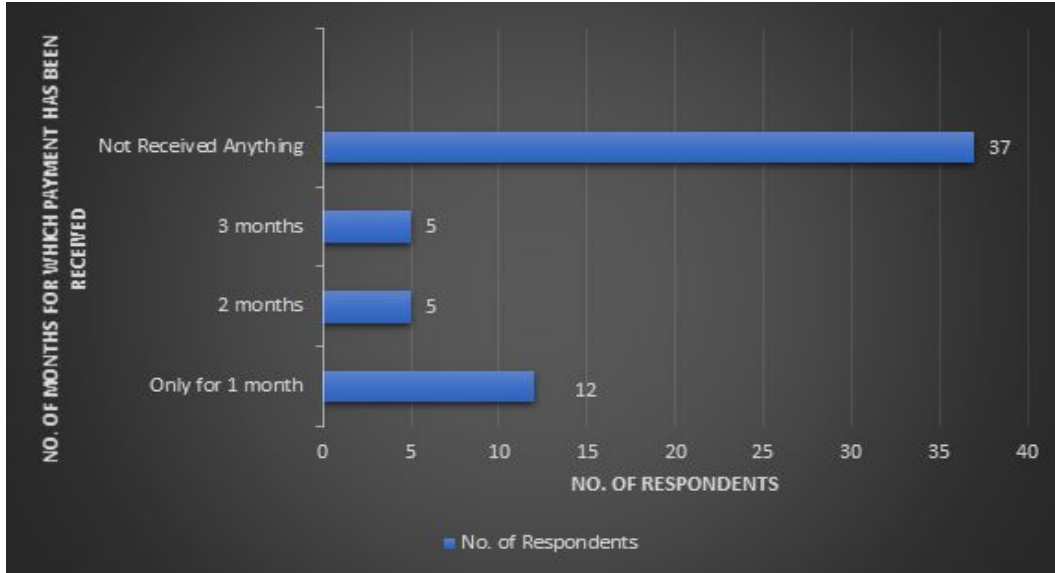


Figure 7 Time Period for which the payment has been received by the workers.

It is clear from *Figure 7* that a vast majority of the respondents (62.71%) did not receive any wages during the lockdown period from their employers/contractors starting from March 2019 while only 8.47% of the migrant respondents received payment for all three months, that is, from March to May. Around 20.33% of the respondents received their wages for only one month while 8.47% received wages for two months. This is indicative of the absence of income and social security nets in the informal sector which has aggravated the state of the migrant workers during the pandemic. The vulnerability of the migrant workers can be further understood from the fact that 88.1% of respondents did not have a pucca ghar in their village.

Thus there was an immediate need for lump-sum monetary transfer in addition to the provision of PDS since many workers had mortgaged their agricultural lands due to debts which they are unable to service due to shutdown of the brick kilns. 53% of the respondents said that some member of their family received monetary support in their Jan Dhan account during the lockdown. The amount received varies from Rs. 500 (9 respondents) to Rs. 1000 (one respondent) to Rs. 1500 (6 respondents). However, if we see the percentage of individual respondents (not family) who received some monetary support from the government, the percentage drops to just 12%. This is contrasted to the average amount of monthly expenditure incurred in meeting basic requirements. The graph (*Figure 8*) shows that Rs 8300 is the average expenditure incurred by families when living in the native village. The expenditure incurred by them in place of migration was told to be much more than this and unsustainable by the respondents.



Figure 8 Monthly Expenditure

7 Experience of Travel

The mode of travel depended largely on the state from which the migrant workers were returning. For instance, a majority of workers returning from Punjab travelled through Shramik trains, while a majority of those returning from Uttar Pradesh travelled by buses/trucks. Around 32% of the respondents reported receiving no support in transportation. They had to bear the entire cost of travel and food and make arrangements for transportation on their own. Some migrant workers said that the exuberant transportation prices cost them the money that could have sustained their lives in the village without pushing them to more debt. Describing the difficulties in accessing food during the travel, one of the respondents said,

“We were not allowed to get off the bus. Even the shopkeepers on the way refused to accept notes (money) from us. The journey was very difficult”.

One of the female migrant workers from Punjab narrated the challenges she had to face in accessing transportation to return to her native village due to the lockdown,

“We went to the Radha soami Mandir where the workers/officials (karamchaari) used to chase us away with big sticks. Even when there was heavy rainfall and thunderstorms we were lying on the road. I felt very pained (“aatma khal gaya”). So much so, that I thought I’ll die on the train tracks. We were anyways dying due to hunger and no shelter in the rain. It seemed better to end our lives on the train track. We were 38 people on the journey, (some from other villages). Somehow we got train tickets and were given seats in a train otherwise 38 people would have killed themselves under a train that day.”

Many migrants travelled in overcrowded buses and trucks and feared being discovered by the police and being punished for breaking the rules of the lockdown. The help received by the government was limited to free tickets for Shramik Train and food provided in them received by around one quarter of the migrants. Some of the migrants travelling by Shramik Trains complained about the lack of social distancing being followed and the inadequate amount of food provided. Some highlighted the lack of dignity in the way food was thrown in the train from the platform. Others complained that not everyone had access to food due to the competition to grab food packets being thrown from the platform.

8 Experience of Quarantine

Around 40% of the respondents said they felt they were treated well in the quarantine centre. They were happy to receive two meals a day or uncooked rations. However, some of the respondents reported several challenges they faced in the quarantine like poor quality of food given, food not being served at proper timings, lack of toilet facilities, no provision of masks and sanitizers.

One of the respondents reported discrimination in the Quarantine centre,

“We were kept in quarantine in a nearby village, we were not given food at the night we arrived. They said we can't give you food at night, you can ask someone from your house to give you. So, we called someone in our house and arranged for our own food. Next day we were told that we cannot provide you with cooked meals so you have to cook yourself and eat. We were given ration but we had to cook for ourselves. The main reason that they did not give us cooked food was because the Sarpanch there was of a higher caste and due to caste discrimination, he told us to cook ourselves.” Another migrant described being ill-treated at the centre, “They were throwing and giving us food so I don't feel like staying there. Doctors used to come but did not check the people in quarantine. They only used to check the people on duty in quarantine centre.”

64.4% responded in affirmative regarding the adequate provision of food and water in the quarantine (both at quarantine centre and home quarantine), while 35.6% were highly dissatisfied with the food being provided during the quarantine. Some respondents complained of inadequate amounts of food ration being given at the quarantine centres. They complained of non-availability of vegetables in the ration. Only about a quarter of the migrant workers received soap/masks/ sanitizer at the quarantine center. One of the migrant workers complained about the lack of toilets which forced them to defecate in the open. Another migrant worker described the quarantine experience as follows,

“There were 180 people in one school which should not be allowed. There was only one washroom and no scope for social distancing there. Long queues to get food also caused a problem. Four people were given one soap there. The officials there were afraid to come near us.”

The migrants who were asked to stay in home quarantine were provided with no aid in terms of ration or money and many reported great difficulties in arranging food since they could not go outside the home. Many were dependent on the goodwill of relatives, family and neighbours for support during this period.

9 Lack of Employment opportunities in the villages during the pandemic

61% of the respondents said they had no work in the village at the time of the interview while 32% worked in the Agriculture sector. A significant proportion of those working in the Agricultural sector worked as Agricultural labour on others' fields and many expressed the uncertainty of getting work as agricultural labourers in the immediate future. Around 92% of the respondents had said that they did not have any savings and the lack of employment has pushed migrants to food insecurity and poverty.

A very high percentage of the returning migrants were unskilled (70%) while 25% were exposed to some skill training. These numbers make the role of wage guarantee programmes during the COVID 19 pandemic much more significant. Further the effectiveness of self employment schemes is brought into question given the abysmally low awareness of the respondents about various self-employment /rural entrepreneur schemes to earn a living in the village. A whopping 92% replied that they have no awareness regarding the various self-employment and rural entrepreneurship schemes.

10 MGNREGA

According to the survey, around 60% of the respondents had at least one MGNREGA card holder in their household. Further around 54% of the non-card holders had applied for it. However, it is quite telling that despite a majority of workers possessing the MGNREGA card, at the time of the survey, none was employed in MGNREGA work. On the question of willingness to work under MGNREGA, which can be used to assess demand for MGNREGA work, 78% showed willingness to join its 100 days wage employment.

However, many respondents shared the problems in MGNREGA implementation , the most common being delay in wage payment. One of the respondents said,

“We do not receive the money for the work we have done there so we don’t feel like working in MGNREGA. They keep saying that you will receive the money tomorrow, but it has been one year like this and still we have not received our payment. I have not got money for the work done in 2016 and 2018. That is why I don’t feel like going there now.”

Other prominent challenges were low wages, infrequent MGNREGA work openings, favouritism in allocation of MGNREGA work and corruption, lack of bank account (1 respondent) and lack of awareness about the MGNREGA scheme (2 respondents).

Some pointed out the dire necessity of daily payment of wages:

“Do not talk about MGNREGA at all. The 100 days of wage employment you are talking about actually means 100 days of dying due to hunger. I will go hungry for 100 days but will not do MGNREGA work because they do not give money on time. I hate all sorts of employment guarantee schemes. Instead, tell me about work that entails daily payment, not MGNREGA. Even if such works include cleaning toilets, I will do it as long as they pay me on a daily basis.”

11 Impact on living conditions

As is clear from *Figure 9*, 62.71 % of the respondents stated that they were out of work for the first time in their life due to the repercussions of Covid-19 and the ensuing lockdown. This brings to light the grave impact of the pandemic on the income sources of the informal sector workers especially the migrants.

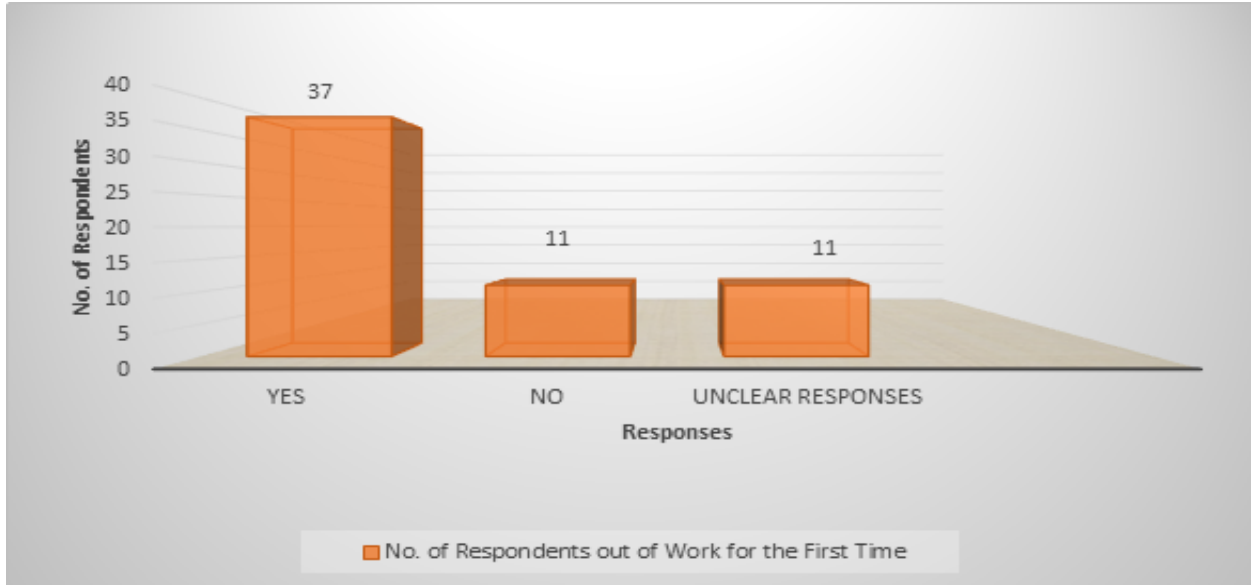


Figure 9 Respondents Out of Work for the First Time Due to Covid-19 Lockdown

In the interviews, the workers talked about the impact of the pandemic and lockdown on their lives. The major challenges faced by them were loss of employment, increased indebtedness, inability to pay back old debts, food scarcity, no money, difficulty to fulfil basic daily requirements, restrictions on travel, change in social relationships. One of the respondents explained the impact of lockdown in the following words,

“It has affected us badly as we do not have any work or money left to support our family. Earlier we were poor and post Covid, we have become poorer.”

Food insecurity prevailed among many respondents especially those whose Ration cards were either not made or were suspended. Some of the respondents likened the condition prevailing to that of a famine,

“This pandemic has created a situation similar to a famine. We can't get any work and hence no money to buy food.”

The failure of the State to ensure nutritional security and the impact it had on the diet of the workers is understood from this account by a worker,

“Our diet has changed so much. Earlier we could afford green vegetables which we are not able to buy now. We are able to buy even potatoes with great difficulty due to lack of money. We are buying rice at Rs 25 per kg but not able to buy any vegetables so how can we live?”

12 Returning to cities and brick kilns post Covid

When asked if they would want to return to their work after the lockdown, the responses from the migrant workers were mixed. Around 46% of the migrants did not want to return for work because of the difficulties faced during lockdown and in returning home. Around 43% of the respondents wanted

to return to work, while around 11% were not sure about the future. Of the respondents who expressed their willingness to return to work, most said they would have to go back to work outside the village because there was no employment opportunity in the village. This is further highlighted by the fact that as high as 96.6% of the respondents stated that if they get employment in their native village or state they would not have to migrate for work. Around 50% mentioned money/cash transfer as an important aid from the state in preventing out-migration. While 22% of the respondents also mentioned land as an important need to sustain life in the native village.

13 Recommendations

Awareness : In the context of social protection, it is quite clear that the degree of information dissemination and awareness about benefits is quite low and migrants are unable to benefit from the protections that are available. The Working Group on Migration recommendations assume significance in this context. The establishment of Migrant Helplines for providing information about the protections and benefits available to them and to connect the migrant to support services that may be required to secure his or her rights, for example, in claiming unpaid wages or access to medical care (Ministry of Housing and Urban Development, 2017)

Housing: The housing of migrant workers is an important issue as revealed by our survey. We found limited options for migrant housing at destination as well as the source village. 88.1% of the migrants reported having a kutchra house. The Working Group on Migration 2017, has recommended that states should consider the utilisation of Construction Workers Welfare Board (CWWB) funds towards provision of housing for migrant workers in construction and related industries on a priority basis (Ministry of Housing and Urban Development, 2017). Our report highlights a demonstrated reluctance to furnish the PM Awas Yojana (PMAY- Rural)/Indira Awas funds to the already enrolled beneficiaries. It must be pointed out that in the hope of receiving the money under the PMAY- Rural/Indira Awas, many beneficiaries took loans for the construction or repair of the houses. But due to undue delay in receiving the funds they are unable to service their loans.

Financial inclusion: Unlike the popular belief, the survey found out that a majority of migrants were aware about the Jandhan account and were aware about the operating processes of the bank account and ATM card. However, the report indicates very low levels of monetary support disbursed by the Government for COVID-19 relief. As recommended, the rural economy in general and government safety nets in the form of DBT in Jandhan accounts as COVID-19 relief for rural distress may have to be scaled up to support returning migrants and their families (Sengupta and Jha 2020). However, in terms of borrowing, we found that around 66% of the respondents mentioned moneylenders being one of the primary sources of debt for them. Another 23.7% of the respondents mentioned borrowing from Relatives/ Acquaintances at some point. Only about 7% of the respondents mentioned taking bank loans and 7% borrowed from Self Help Groups. Many workers explained the challenges in obtaining formal credit ranging from lack of debt security to illiteracy.

Food Security: Various discrepancies were found relating to the ration card. Some workers complained of revocation of their ration card without prior notice. The portability of ration cards to

ensure the workers receive subsidized grains in place of migration is very important for seasonal migrants who have ration cards made at native villages but spend considerable months working in other states. It was reported that by March 2020, the Food Corporation of India held 77 million tonnes of rice and wheat stocks i.e. than three times the required buffer stock. Eminent economists like Amartya Sen, Abhijeet Banerjee, Jean Dreze, Raghuram Rajan etc. advised universal PDS for one year to tackle food insecurity and hunger (Amartya et al., 2020). This would have been a significant positive step given the food insecurity and debt faced by the migrants during and after the lockdown.

Employment/Livelihood/Wages : Since the survey found that more than 90% people are interested to join the MGNREGA wage work, it is recommended that people without the job card be given MGNREGA job cards on priority basis. There is a need to put the money into the pockets of the people so they have some disposable income. Disbursal of MGNREGA money on time and providing work to those who demand it is essential. According to some recommendations by the working group, small farm ponds can be dug to create “medbandis” in Chhattisgarh. This soil that comes out of this land is fertile and can be used in agriculture. Fruit bearing trees etc can be planted under MGNREGA in common lands to provide income support to the community (Ministry of Housing and Urban Development, 2017).

Cash Transfer in times of Pandemic: Over 300 economists, social scientists, activists and former public servants had jointly signed a charter of recommendations to the government in which they demanded a cash transfer of Rs 6000 per month to each household that did not have a formally employed person or taxpayer (The Wire 2020). According to our study this could have been a crucial intervention and still has the potential of improving the condition of migrant workers if implemented soon. The average monthly expenditure of migrant households interviewed was Rs 8300 while staying in the village. Since around 60% of them were unemployed at the time of survey, this cash transfer could prove extremely useful.

Health: The survey indicates poor health infrastructure in the Janjgir-Champa district. The public health system, especially at the primary and secondary care level, needs to be strengthened, and investment should be increased on creation and maintenance of health infrastructure. The issue of low number of health workers and doctors at village level should be focused along with the fulfillment of drug supply and equipment's need.

The working group had recommended that the NSSO includes questions relating to migration in the periodic labour force survey. This could cover whether the worker is a migrant, the length of time he has been in the destination, the village (district) of origin and intention to return. The current data released does not permit study of district to district flows of migration. This is especially important in the context of the pandemic, when the lack of data on migrants has proved to be a handicap in providing aid and relief (Ministry of Housing and Urban Development, 2017). A larger structural overhaul such as creation of a statutory body for migrants, creation of a separate ministry of interstate migrants at centre is needed. Incremental changes such as strengthening of the Interstate Workmen Act, provision of portability of votes, inclusion of special sections for migrants in the Street Vendors

Act, rolling out of large-scale projects on cheap rental housing in the urban centres must be undertaken. The migrant crisis must act as an eye opener for the policy makers to focus on the migrant issue as a humanitarian crisis which has built up over time.

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Epidemics, Religion, and Us

Hitesh D. Potdar

1 Introduction

Many religious activities had been initially blamed for the spread of COVID-19 all over the world. This is evident from how religious congregations in Korea and China were blamed for the rapid spread of the disease. In South Korea, the spread of the disease was attributed to the Shincheonji religious group, while in India, Tablighi Jamaat was blamed for the same. Prayer meetings with public healing sessions were also held responsible for the rapid spread. This pandemic also proved to be an opportunity for fringe elements to exploit the situation and make their presence felt. This article deals with the fundamental theological tendency of human beings to respond to a crisis of such magnitude and historical significance and the role politics plays in shaping this human behaviour.

2 Primitive Societies and Religion

In our society, religion is so powerfully effective that every social question gets religious flavours. As 'all' religions in Asia are still in their medieval forms, in our pre-tradition, the boundaries of religious and social issues have never been clearly demarcated. Therefore, both the religious life and the social life are mixed in India. The understanding of this couldn't be built without discussing an idea of genesis of religion and response of primitive humans to it.

In the primitive society, people had little to do with their independent personality and potential capacities in the wake of the natural

forces. Most of the forces of nature were/are incomprehensible to humans. There are things which are beyond human control, beyond their conceiving power. They are constantly aware of their helplessness, and frequently convinced of the blind and unruly rules of creation. Nobody would be spared from attacks of such forces, neither the innocent nor the sinner, everyone has to suffer the consequences of that trauma. Human behaviour is driven by astonishment, fear and curiosity. From these experiences, thoughts of supernatural powers and seeds of religious ideas were sown in their minds. The inevitable restrictions of creation cannot be avoided. Therefore, it is believed that this universe operates according to the divine plan. They surrendered themselves to these divine things which eventually became God and religion came out of its culture. Further, religion makes sure that no matter how passionate and resourceful you are, there is no escape but relinquishing yourself to it. The life of a human being is made up of the three components- cognitive, emotional and functional; religion takes hold of all the three and shapes our moral consents. Hence, religion effortlessly controls our social life.

Paul Zacharia said in his 'The New Indian Express' article, "it is in Marx's piece of harsh, abstruse polemics, unfinished during his lifespan, he provides an investigation of religion that is exceeded by nothing else before or after him in the span of a few short paragraphs" . Marx says in the 'Critique of

Hegel's Philosophy of Rights' that, "...Religious suffering is, at one and the same time, the expression of real suffering and a protest against real suffering. Religion is the sigh of the oppressed creature, the heart of a heartless world, and the soul of soulless conditions. It is the opium of the people". This sums that the religion has always been brought forth by humans only either to justify, legitimise their sufferings under the cloak of past-sins, self-pity or to ground their own helplessness of fighting the oppressive establishment. Further clarifying it, religion becomes the tool of the oppressors to control public outrage. It is used by the establishments to evade their responsibilities to people. Thus, according to Marx, religion becomes illusory happiness of the people.

3 Epidemics, Plague and Religions

Whenever any calamity comes in or people face any catastrophe, their normal tendency is to run to religion for relief. The Gallup Research demonstrates that since the 1960s less than 40% of Americans believed religion had any influence on their lives but this trend changed after the attack of 9/11. Because it was catastrophic, shocking—something "beyond their control". The need for faith suddenly shot up to 71%. The 14th Century Bubonic Plague was also considered a punishment of God, for people's sins, penance for one's sinful way of life .

The tendency of linking endemics/diseases to something divine or god or supernatural could also be seen in Chinese societies (Glahn, 2004). Like misfortunes, the Chinese attributed disease either to adventitious affliction by some evil force or to the retribution imposed on the victim for their own moral transgression. The

'Wutong' was considered as the God who inflicted such punishment on Chinese people for their moral deterioration. Chinese believed in its cycle of yin and yang and diseases as part of the yin.

There's nothing more repressive than assigning moralistic connotations to a disease. Something is said to be disease-like implying that it is disgusting or ugly. The bubonic plague was also known as 'pestilence'; derives from the word 'pestilent' whose Dictionary meaning is "injurious to religion, morals". As Susan Sontag calls it 'disease as a metaphor', which is used for racism, casteism and religious fundamentalism.

In *Les Misérables*, Hugo compares civilisations of Spain and Tibet with the patients of epidemics (TB) which depopulates, confine and castrate their own people.

4 Indian Epidemic, Religion and Society

Indian resistance to epidemics has always been influenced partly by caste, class, religion and occupation. Ira Klein in her paper on 1896 Indian Plague, notes such influences—fatalistic Muslims; Brahmans concerned about the impact of plague measures on caste-standing, Rajput 'unyielding' in their devotion to *purdah*. (Klein, 1988)

Klein further notes—

"Plague incursions often were met with 'religious revival', while demons' heads appeared on carved stakes around villages as 'supernatural guardians'. Villagers generally 'trusted' the charms and incantations of their spiritual advisers in preference to the counsels of government... Some Indians poked holes in

hut roofs, fumigated with sulphur, camphor or neem leaves, or exposed infected articles to fresh air and sunshine, under government advice against contagion, methods not much more effective than demons' heads".

In India, during the Devi/Smallpox epidemic, people thought it was due to the fury of Mari Aai or Shitala Devi. The disease is considered to have originated from the forehead of the Egypt Pharaoh Ramses' mummy and that is why in the Yoruba tribe it is assumed to be the devil's outbreak. In Judaism, the onset of the worst epidemic is said to be witnessed in times of their most celebrated prophet- Moses. In their sacred texts the disease is metaphorically compared with downfall of worms, cockroaches and other lethal insects and snakes, of course occurred in calling to Moses to use his supernatural powers. Today also, it is believed that people who do wrong to Jews would face such furies. On the contrary, Nazis held Jews responsible for all kinds of epidemics Europe faced in the 18th and 19th century claiming Aryan's purity and demonizing other races.

However, there is a fundamental difference between the entities we blamed before and we blame today, they have been changed from something supernatural to something real, mostly humans that are dissimilar to you.

5 Capitalist Society, Epidemics and Religion

Pandemics like COVID-19 are a very urban phenomenon. They are products of Agro-Industrial Societies. As pointed out by evolutionary biologist Rob Wallace, coronaviruses such as MERS and SARS, together with similar pathogens like Ebola,

originate from an increasingly aggressive agro-economic industry. This industry devastates entire ecosystems by placing in close and explosive proximity animals deprived of their habitat, intensive livestock breeding, and urban suburbs with high population density and poor sanitation .

An amusing fact, as opposed to what is commonly believed, is that religion gets hold over people more easily in urban areas than in rural areas in times of crisis. The sociological concept of Gemeinschaft tells us that the urban social relations are shaped up by individualism, atomism and contractual relationships. Once we are in lockdown inside four-walls in a city, we are all alone. This loneliness leads us to godliness which provides comfort; we feel a void and religion extends its hand to us to relax us in such a period of turmoil. Religion fills that void where cultural forms are either colonial and the capital is primarily external/international. Here, religion also gives us new personal meanings. We lose all other identities in those four walls but the ascribed ones (religion, caste and gender). Therefore, when the culture of capitalist society or structure or system (here, neo-liberal state) fails either to provide us solutions to such problems like COVID-19 or any moral support, we get attached to religious obscurantism, banality to authority and male chauvinism in the form of domestic violence.

There also has been a lot of fiction written on epidemics and especially on plague years. Among such writers Eamon Duffy says, in his book 'The Stripping of the Altars'. — "...that no substantial gulf existed between the religion of the clergy and the educated elite". This could be enough to tell us how religion was

influential on the educated class too (largely found in urban areas) in the 18th century.

6 Politics, Religion and Epidemics

The biblical example of Egypt suggests, one people's miracle is another people's plague. Beyond this miracle, the epidemic also indicates the structure of power implied by the miraculous dependence on distinction between friend and foe. That is, it leads to division of society into 'we vs they' which is the formulaic Goebbels' agenda of fascist forces, resulting in the problem of 'enmity'.

The viruses like Corona are viewed as alien to the body, barbarian in nature which continue to grow and extend over each other in a 'chaotic' fashion, destroying the body's normal cells, architecture and function. The majority forces assume themselves as normal and others as foreign, alien which makes the former always be in a state of paranoia. The problem of enmity makes victims of epidemics/pandemics to be seen as a threat to the majority and their polity. This strengthens the isolation of minority communities, reconstituting them by isolation and separation from the polity and its benefits. In 1933 Wilhelm Reich also had argued that how the irrational fear of syphilis was one of the major sources of Nazism's political views and its anti-Semitism.

The theological understanding of epidemic operates in an automatic, subtle and invisible way which creates docile and obedient subjects. Religion controls humans as a biopolitical subject during such epidemics, taking command over them by various means for example- creating a fear and simultaneously acting like providing them mental relief by giving them some programs which would keep

them engaged. This leads to differential exposures of human beings to health and social risks (exclusion of migrant workers, women, Muslims, Dalits etc)—which is a salient feature of biopolitical governmentality. In Walter Benjamin's terms, it is also called 'divine violence'—law-destroying (Hammill, 2010).

Although Foucauldian analysis of biopolitics doesn't deal with religion, it certainly gives us the analysis of disciplinary control which is the basic fundamental of not just this lockdown but the very modus operandi of different religious and right-wing organisations. This disciplinary action coupled with theological control affects the political imagining of people.

One of the celebrated chroniclers of Plague Years, Daniel Defoe in his text 'A Journal of the Plague Year, 1722', witnessing nationalist xenophobia around the world, espouses permeable interpersonal and national boundaries that increase the vitalizing capacity of community interaction, particularly in response to the incredibly threatening potential of lethal, communicable disease (Nixon, 2014). Such nationalistic xenophobia makes us blame people of other countries, races, ethnicities. For example, people blaming China, Mongoloids, Muslims, Wet Markets etc. Another example could be French Ministers asking for mass testing of Africans and those belonging to Eastern nations.

7 You, Me and Us

These problems arise due to the dialectical relationship between human destiny and freedom. Basic human tendency is to ensure order and one's own happiness. But when human beings see their destiny in despair, and

when in such situations something (mostly religion) gives them even a false-hope, they surrender their freedom to it. We forget that we not only can shape our own destiny but also that of others, by guaranteeing their freedom & safety. Nonetheless, the humans under neo-liberal framework and religious influence tend to be greedy and try to ensure their own maximum 'liberty' at the cost of others, may be unconsciously; but that indifference for others' sufferings makes us inhuman. In such times, we need to fight together, raise concerns for those who are out there on the streets and on whose hands our stomachs depend.

8 Notes

¹<https://blog.oup.com/2020/03/how-religion-affects-global-pandemics/>

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³<https://www.newindianexpress.com/opinions/2020/dec/17/what-did-karlmarx-say-about-religion-2237307.html>

⁴<https://www.livemint.com/opinion/online-views/will-covid-19-weaken-the-base-of-organized-religions-11583938616621.html>

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The Role of Mizo Tlawmngaihna and the Local Task Force in the Response to COVID-19

Teresa Vanmalsawmi

Abstract

This paper examines the ethos of the Mizos during the coronavirus pandemic and the lockdown, a time of great social upheaval throughout the world. It argues that where the state government has been found lacking, the Mizo community has stepped forward to fend for itself, and has shown great adaptability in handling the new challenges thrown its way. By giving a brief overview of the responses of the government and the church to the situation, and delving into a case study of the situation as it panned out in one locality, this paper points to how the characteristic spirit of the Mizo community lies at the centre of the whole process.

1 Introduction

For the Mizos, community life is so central to an individual's life that it is often difficult to separate the two. There is a belief among the people themselves that the church as well as voluntary organizations like the Young Mizo Association (YMA) have allowed for the continued guidance of community life by 'close-knit, communitarian, and largely egalitarian principles of pre-industrial society' (Pachauu 2014, p.16).

It is in this context that the paper explores the accommodations that have had to be made in the social practices among the community-centric Mizos at a time when 'social distancing' has ruled conduct. It locates what the Mizos consider their main ethos, tlawmngaihna - self-effacement when performing social service out of a moral obligation to the society - in the ways in which

the community, through the local task forces, has time and again risen to the occasion in their handling of the pandemic.

The paper first gives a brief overview of the pandemic in Mizoram. Taking into account the centrality of the church in Mizoram, and the formidable force it poses in guiding the conduct of the people, the second part of the paper takes a brief look at the arrangements made by different denominations. Then a case study of Mission Veng locality is taken up to get a view of these arrangements by the government, the church, and the local level task force as they operate on the ground. This is followed by the conclusion of the article.

2 Overview of the COVID-19 Pandemic in Mizoram*

[*Summary of news articles from Vanglaini (March-July 2020) accessed from <https://www.vanglaini.org/> and

blog posts from Mizohican (March-July 2020) accessed from <http://mizohican.blogspot.com/>]

The state government must be given credit for its early preparedness and response to the pandemic. The first report of state intervention can be traced to 30th January, when the Health Department officials held a meeting at the Health and Family Welfare minister's office on the issue, and decided on screening entrants to Mizoram from outside, principally at Lengpui Airport, and also at border areas. They also discussed ways to send blood samples to testing

centres outside the state, and the funds that would be required for the same. The state government had already allocated the State Referral Hospital also known as Zoram Medical College (ZMC) at Falkawn to house those who were suspected of carrying the virus, and employees were already prepared to handle the situation if any case would arise. This was also the meeting in which the decision was made to create a Task Force Team to do the needful in issues pertaining to the virus. The Health Department also issued a notice to people to avoid rumours on social media and send their queries to their helpline.

In spite of the measures taken to keep the virus at bay, since no cases had been found in the state, the biggest cultural festival of the Mizos, Chapchar Kut, was celebrated in early March with great pomp and gaiety. February and March saw the setting up of screening points at border areas. Rumours circulating on social media were routinely dismissed by the government and FIRs filed against the sources. Blood samples were sent to Guwahati. 30 beds were prepared at The State Referral Hospital, and 5 beds in every district hospital for COVID patients. Schools were closed,

international borders were closed, and Mizoram Epidemic (COVID-19) Regulations, 2020 was invoked. A COVID-19 Medical Operational Team was also set up. The news of the closure of international borders led to panic buying and a spike in prices. This was met with warnings from the government and merchants' associations and the Central Young Mizo Association. A state-wide lockdown was implemented from 23rd March, and although it was initially planned till 29th March, it got extended along with the implementation of the nation-wide lockdown announced on 25th March.

Although PPE gear was brought in from the centre by the government, it was not enough, compelling ZMC to tie up with Women's Polytechnic, Aizawl to get the required number stitched. A PPE Donation Campaign was set up by a voluntary group of around 300 tailors and designers to supplement the shortage of PPE gear for medical staff and police personnel, as well as the local task force members. The amount required for the material was crowdfunded, and in no time, reached lakhs of rupees. Dr. Zorengi of ZMC and Dr. Doris of Synod Hospital took charge of supervising the group on how to stitch the PPE's according to technical requirements. The group maintained transparency by sharing the financial details with all the members, and keeping everybody in loop about the materials sent and received.

The first COVID patient was admitted to ZMC on 24th March. On March 25th, Mizoram woke up to the news of the first COVID-19 positive case in the state. WhatsApp groups were flooded with information, some even contradictory. Added

to that were unethical and illegal divulgence of the personal details of the patient. Doctors and nurses from a selected medical team packed their bags for an indefinite stay at ZMC. The patient recovered on 27th April, and was discharged on 9th May, after multiple tests turned out negative.

An interesting event occurred which can be taken as evidence of the people's sincerity in dealing with the pandemic, and the openness of the government to the demands of people in

this regard. On the night of 27th March, the Deputy Commissioner and District Magistrate of Aizawl issued an order easing the lockdown restrictions on Saturday between 7 AM and 5 PM so that people could buy their essential commodities. But medical professionals and the local task force members countered the move; the former pointed out how this would render the past few days of lockdown futile, and the latter expressing their apprehensions regarding the logistics of managing the public and enforcing physical distancing. Even the public was averse to the idea. So, the order was reversed after an emergency meeting at the DC office in the early hours of the next morning.

The COVID-19 Committee on Psychological and Social Guidance, a group of professors of psychology and sociology from different colleges in Aizawl and from Mizoram University, was set up on 1st April by the Department of Health and Family Welfare. Their main purpose was to facilitate cooperation between the public, the LTF, and the government. They also released a list of psychologists who could be contacted for people facing mental disorders, especially anxiety and depression, during the lockdown. They circulated a bunch of digital posters

carrying instructions for dealing with the pandemic. They visited government quarantine centres and interacted with the residents, providing counselling sessions to those who needed it. For children who were being quarantined with their families at these centres, they provided mood charts to track their mental wellbeing, as well as art and craft kits. Members of this committee also frequently appeared on TV for talks on the lockdown.

A notable event in the working of the committee was the counselling and free medical check-up session they organised for the workers of the Aizawl Solid Waste Management Centre under SIPMIU, in collaboration with a medical team. These were essential workers who handled the waste collection and treatment in the city, putting themselves at risk of contact with contaminated objects every day. The committee has also received requests from the Border Security Force for a counselling session, as many from their cadre have tested positive for the virus.

When April came around, the government urged the people to live frugally and not to spread rumours as April Fools prank. New task forces were set up. 337 prisoners were released on remission and PR Bond. Covid-19 Testing Laboratory was set up at ZMC. Intrastate migrants stuck in Aizawl were allowed to go home to their towns on state-sponsored buses. Some Mizos living in other states were reported to have contracted the virus. Lockdown was extended till 30th April with some modifications. The main issues were how to deal with people venturing out for bootleg alcohol and drugs during the lockdown, and

how to secure the interstate and international boundaries. Mizo migrants stuck in other parts of the country were being looked after by the Mizo Welfare Associations and state governments in their respective states. They were also given money from the CM Relief Fund in multiple installments.

Mizos stuck in other states in the Northeast were brought home at the beginning of May. They were quarantined at government quarantine facilities where they complained of an alleged discrepancy between the amount sanctioned for their stay by the government and the quality of food that was served to them. The central government's decision to extend the lockdown till 14th May was followed, with a few modifications to the rules already in place. The Mizoram (Containment and Prevention of COVID-19) Ordinance, 2020 was released, which listed the authorities charged with the right to arrest and fine people defying lockdown rules. Schools were advised not to charge more than 50% of the monthly fees during the lockdown. MLA's donated 30% of their basic pay to the CM Relief Fund. Most people complied with the lockdown, but another problem group emerged - people who were out on morning walks. Around 10000 Mizos were reported to be stuck in other states and willing to return home. In preparation for their return, the government assigned more quarantine facilities and requested churches to permit the use of their halls for the same. Lockdown was extended to 31st May, and the rules were once again slightly tweaked. The first batch of migrant returnees reached the state after a long journey by train from Chennai; they were subsequently followed by returnees from other states. The Chief Minister, who is also handling the Finance

Department, admitted that the state finances were in a sorry state and that they would have to owe some part of the government employees' salary from June to August.

The lockdown was extended for the fifth time, till the end of June. The 1st of June brought terrible news, with 12 people testing positive for the virus, ending Mizoram's streak as a COVID-free state. Thus began a steady spike in cases - all of them migrant returnees serving their quarantine period. The state went back to a total lockdown with stricter rules for two weeks starting from 8th June. The government was borrowing from the RBI and from its employees, but it still could not meet the required amount for providing food for people being quarantined in community quarantine facilities. On 13th June, for the first time, someone outside a quarantine centre or home quarantine tested positive, but there wasn't any sign of community spread. This month saw a lot of political drama over the government rejecting donations of RTPCR machines from opposition MLA's. There were also times when people quarantined in some centres went on hunger strikes because their test sample results were delayed. Many people volunteered to assist with COVID work for free. June witnessed multiple earthquakes on consequent days, especially near the Myanmar border that left destruction and trauma in their wake and aggravated the mental unease of the public.

The lockdown was eased from July onwards - businesses were allowed to open and vehicles allowed to ply on an odd-even scheme except on Sundays. The first week of July saw a huge spike in positive cases among the Border Security Force, and an FIR was registered against one of them for endangering civilians

by going to a shop. Another FIR was lodged against a doctor from ZMC who played futsal with other doctors before his test result came back positive. Luckily, it has been found that he has not infected anyone else. On 20th July, a government notification was released, absolving the government of the responsibility to pay for migrant returnees' stay at quarantine centres, their food bill during their stay, and the cost of their swab sample tests. It also specified the costs of these services, except for the swab sample tests which would be charged at the rate given by the Department of Health and Family Welfare.

3 Church Response

Even before the state-wide lockdown was imposed, different denominations had already made the required arrangements to comply with the Health Minister's request. Most of them had done away with large gatherings like conferences, etc. but left the decision to terminate local church services with the local church.

The Mizoram Presbyterian Church's officer's meeting decided to do away with gatherings at the local church, branch and presbytery levels as well as any travel programmes under its administration, from the period of March 17, 2020, to April 15, 2020. These included retreats, campings, crusades, consultations, seminars and meets of all kinds. However, it was up to the local churches whether they would continue with local church services. This order was extended by the lockdown, and now that the situation is seen to be under control, although church services remain terminated, in some churches, morning prayer services have reopened, as these gatherings are

rather small. The Baptist Church of Mizoram (BCM) also released a notice asking its members to obey government orders and did away with all gatherings except local church services. These were also closed after the imposition of the lockdown. Similarly, the United Pentecostal Church (UPC) of Mizoram and UPC-NEI also released separate statements giving the decision-making power to local churches on the issue of termination of church services, while putting a stop to other gatherings and urging members to refrain from travelling and to comply with government orders. The Salvation Army cancelled its international programmes, and while urging its members to follow government directives and cancelling church services at home, left it up to each corp to decide the way forward for its members. The Roman Catholic Church, following the Health Minister's request, temporarily ended all programmes except church services. Additionally, they decided to organise their yearly reenactment of the crucifixion on Good Friday and Easter Sunday in the church and not on the street.

The centrality of the church in any Mizo's life cannot be overstated. Joy L.K. Pachuau (2014) has gone to the extent of writing that church time governs time in Mizoram. This is not untrue. In the Presbyterian Church that dominates much of the state, there are prayer meetings every morning. There are church services every night, except on Thursdays and Fridays. Monday night's service is for the youth, Tuesday night for the women, Wednesday night for the whole community to study theme-based topics, pray together, and witness church proceedings like welcoming new members, or 'disciplining' members who have committed 'sexual sins'. On Sunday

morning, there are Sunday school services for different age groups; the afternoon services are divided into children's and youth's services and the main/adult group service; there is a congregation at night for the whole community. Apart from these, there are various committees and worship teams that members can be a part of, and they meet on non-church nights.

Hence, churches' suspending their activities has left a huge gap in the lives of Mizos, not only in terms of time, but also community and social lives. So, they turned to live crusades on TV, and some nights, you could hear shouts of 'Hallelujahs' and singing echo through the hills. Some localities also saw different families dancing to gospel songs on their rooftops in coordination with their neighbours. The lockdown was especially unfortunate in its timing for the church community because Palm Sunday, Good Friday and Easter Sunday, three of the holiest days for Christians apart from Christmas, could not be celebrated. Normally, children would take to the streets with palm leaves and shout, 'Hosanna! Hosanna! Blessed is He who comes in the name of God!' and sing their hearts out on the morning of Palm Sunday. And the Salvation Army's morning worship service, with their brass bands playing tunes for the occasion, would be eagerly awaited by all, regardless of denomination. This year, on Palm Sunday, the streets remained empty, but the hills were not silenced by the virus - each locality organised a short service on the community loudspeaker (tlangau), making time for speakers from each denomination, and adjusting their timing with neighbouring localities so that there would not be any clashes; and early though the hour was, the city reverberated with shouts of 'Hosanna'

from most houses. On other days, many households also filled up the time they would have spent in church at home with their families, holding worship and prayer services, and teaching Sunday school lessons and Wednesday themes to each other, some even dressing up as they normally would for Sunday church services.

It has also been remarked by senior citizens that this was the second time in the history of the church in Mizoram that churches have been shut down, the first time being during the insurgency in the 60s. This speaks volumes about the seriousness with which the church leaders perceived the pandemic, as they could have easily made a 'come-if-you-dare' rule, and many would have turned up anyway. The rigidity with which these arrangements were implemented even in mid-March before the pandemic had reached the Northeast can be seen in contrast with the many public gatherings, religious and otherwise, that were still being organised in other states.

Door-to-door collection of the monthly tithes could not go on. Some local churches designated a place and time for members to submit their tithe envelopes to avoid contact. As the collection from all churches state-wide is pooled into the central treasury, for example, the Synod for the Presbyterian churches, most denominations could not match up to previous months or years in terms of the amount collected as access to banks was difficult, and rural areas could not submit their collections. Moreover, the lockdown has left many jobless, and the state government had borrowed the salaries of its employees from June to August. Taking these into consideration, most churches reported that

there was not much difference in the amount pooled in.

Despite this financial hurdle, churches were actively contributing to the Local Level Task Forces, and helping their less well-to-do members, as well as donating to the Chief Minister's Relief Fund. As of 2nd April, 2020, church donations to CM Relief Fund accrued to almost 40 lakhs INR! Moreover, different churches were actively involved as part of the LLTF of their respective localities, and in other community service work like blood donation drives.

4 Case Study of Mission Veng Local Task Force

I have chosen Mission Veng as a site because it is one of the more prominent localities in Aizawl, owing to its importance in the history of the establishment of the Church in colonial times. It also sparks interest as it is the only locality where there was a threat of community spread. Here, I must disclose that I am a resident of this locality, and have been noting the developments through reports from my father, who is a member of the local task force. However, to maintain some objectivity, I have interviewed Pu Lalnunsiam, who was one of the more involved members on site, and it is through his input that I am writing this report.

There are two levels of internal organization within the task force. The core committee, the decision-making body, consists of the members of the local council, OB's of the two YMA branches in the locality, church representatives, and medical representatives, around 24 in total. The squad consists of executive committee members and section leaders of the two YMA

branches. Other civil society organisations, namely, the Mizo Hmeichhe Insuihkhawm Pawl (MHIP), that is, the women's association, and the Mizoram Upa Pawl (MUP), the senior citizens' association, could not be on ground support as senior citizens and children were advised to stay at home. However, they provided moral and financial support to the LTF.

The decision to form local level task forces (LLTF) was taken at a meeting on 17th March between the Health Minister, the Department of Health and Family Welfare, the Central Young Mizo Association (CYMA) and Aizawl City Local Council. The Mission Veng Local Task Force (henceforth referred to as LTF) was formed the very next day and on the 19th, the first meeting of the core committee was held, where more members were appointed, and a notice was issued for medical personnel in the locality to be on alert, and public places, including the Saturday bazaar, sports playgrounds and buildings were closed, and church gathering were put on hold. The church had also issued a notice from its side to stop services for a while. The LTF was on street patrol from 21st March, and ensured that the public followed the state-imposed lockdown from 22nd March, which was also the day of the Janta Curfew.

However, the people of Mizoram woke up to the news of the first COVID patient on 25th March, and when contact tracing was done, it was revealed that four residents of the locality had been on the same plane as the patient, and although they were being quarantined at home, members of their families were actively involved in the LTF and on street patrol, so street patrol was called off from that day. Thus,

the activities of the LTF also shifted towards helping the marginalised families in the locality by providing essential commodities, and also monitoring at-risk patients.

On 26th March, understanding that the residents would be facing a shortage of food due to the lockdown, the LTF procured vegetables from a nearby village, and distributed these to all the residents.

April flew by with the LTF continuing their services to the needy out of the contributions from generous donors. They also purchased bags of potatoes, onions and dal for this purpose. And since the international and state boundaries were closed, no new patients surfaced in the state. Those who had returned home before this closure were being quarantined at home for a minimum of 14 days in compliance with government orders.

May was a busy month owing to the mass return of migrant labourers from other states - about ten thousand people had reported for the same, and since the government facilities were not enough to house them all, the government had contacted churches to lend their buildings for quarantine centres. Thus, it came to be that the Mission Veng Church gave permission to use three buildings of the church as quarantine centres - the Sunday School Hall, the Centenary Building, and the Church Guest House - in addition to the Synod Conference Centre.

On 14th May, the LTF held a joint meeting which decided that the Sunday School Hall would be used to quarantine the residents of the locality for 21 days, out of the eight hundred returnees from Chennai, the first batch. Preparations were made for their arrival

on 16th May. Since this batch was followed by a series of other batches from different states, assigning them to the same space was not possible. So, subsequent batches were kept in the other buildings.

At the quarantine centre, breakfast was served at 9 am, they could order their own lunch from restaurants before they had dinner at 6 pm. Each person was given a garbage bag, which was collected and disposed of separately and not in the garbage trucks which come around the locality every few days. They were frequently visited by medical personnel. Their swab samples were taken between their fifth to tenth day of stay. The stipulated period of stay was 21 days, except for those with medical issues and pregnancy, who were released before 21 days, after testing negative on two tests.

Their mattresses and supply of mineral water had to be provided by their family, and they could also ask for food items from home. These were deposited at the LTF office, and the members of the LTF would deliver it to their rooms through the window, never entering their room. All safety procedures were strictly followed. The LTF office was open 24/7 for the public to apply for permits and to register their problems.

Measures were also taken to uplift their morale during their stay, as being in confinement for three whole weeks was sure to put one at risk of mental breakdown. The government-established COVID-19 Committee on Psychological and Social Guidance could be contacted on phone. Sunday services were also conducted on their behalf, with spiritually and psychologically motivational messages.

Their breakfast and dinner were supposed to be paid for by the government, but since these funds were distributed only later, the LTF paid for these with the amount that accrued from donations. Once the donations were close to running dry, those who could pay were also requested to pay for themselves, but those who couldn't were supported through this system. Their lunch was paid from the donations throughout their stay.

The quarantine centre at Mission Veng has been praised for their installation of high-speed internet wifi in all the three buildings. Taking into account how the internet speed was slow at some places, and that these people would be bored during their stay, and that some of them were students who had assignments and online examinations to take, the LTF paid for this facility from their funds.

We can see that donations played the main role in the entire process. Donations poured in from different corners - individuals, groups, political parties, NGOs, churches, MLAs, even from other localities. The revenue and expenditure has been documented by the Finance Department under the LTF, which is also responsible for directing funds to help the less fortunate. Besides this department, there is the Human Resources Department which maintained a list of workers and their skills - barbers, masons, mechanics, electricians, domestic helps who can clean and cook. Their contact numbers were circulated so that they could provide service at home for those requiring it, under strict discipline. There is the Medical Team that saw to testing and health monitoring of those in the quarantine centres, calling the ambulance and doctors when needed. There is also the Security Team which

regulated days when stores would be open so that people could buy their essential commodities, while maintaining social distancing and wearing masks. They were also responsible for assigning permits to those who had to go to work or attend to emergencies. This team was also in charge of dealing with the group that posed the biggest hurdle to the functioning of the LTF - drug addicts. Although drug abuse is a crime in the state, in the context of the pandemic, the issue was seen from the perspective of safety from the virus, as these people would defy the lockdown restrictions and gather with their friends from different localities, heightening the risk of spread of the virus in case one of them got infected.

The question also arises as to how the LTF decides who needs help. The locality is divided into different sections under the Young Mizo Association (YMA). The leader of each section knows the residents within their area well, and is able to verify who needs help in terms of money or food. They report to the branch level committee where decisions are made as to what type of help is to be given. This is important, as there have been cases where help in cash has been used for purchasing bootleg instead of the intended purpose. The whole process shows the level of collective work that has gone into dealing with the pandemic.

The LTF busied themselves with these responsibilities during May and June. But by the time July came around, there were fewer people returning, so admissions to the quarantine centre in Mission Veng were closed, as there was now space in government quarantine centres for these people. The last person was released on 21st July.

As I have briefly mentioned before, Mission Veng poses an interesting case as there was a threat of community spread at one point. Up till 13th July, all the positive cases were those in quarantine centres. The first case from outside was a bus conductor who had been part of the

team of buses that had gone to pick up the migrant returnees from the train station. Contact tracing was done by the LTF in collaboration with the police and Health Department. They traced the activities and places visited by the whole family, and some shops had to be closed. Those who had come into contact with the family were tested and the family was kept in isolation in their own home while the patient was taken to the State Referral Hospital. Later, the test result of the wife was also found to be positive. In cases like this, where the whole family had to be quarantined at their home, the LTF supplied ration and vegetables and essential commodities to them.

The pandemic has affected the migrant labourers most adversely, in different parts of the country, as can be seen from numerous coverages of their exodus from the main cities. In Mission Veng as well as other parts of Mizoram, the migrant labourers who had no way of getting home, were taken care of by the LTF. They pooled their own money for their tickets, and the LTF took care of the necessary permits from the police, and documents. Once the state borders were closed, some of them were still stuck in Mizoram. So the LTF supplied them with essential commodities, kerosene, and food, and provided them with a list of contacts for their daily needs. They also issued badges for them, in order to make sure the limited resources were used for residents of

the locality only, and also to help them get access to shops and other kinds of help they might be needing. They were also informed of the centrally-sponsored schemes they could make use of, and through this, they were able to receive Rs. 1500 each.

There were some adjustments that had to be made in terms of death rituals. Normally, for those who die before 9 am, the funeral is organised at 1 pm on the same day, and for those who die after 9 am, the community stays up with the relatives overnight, and the funeral is organised at 12 noon the next day. During the pandemic, the former remains the same, but for the latter, the funeral is organised early the next morning and not at 12 noon. This varies from locality to locality. Moreover, funerals used to be a time for gathering in hundreds among relatives and neighbours, but now, only the leaders of the YMA and close family members, around 30-40 people are allowed to be present. The singing would hardly cease at a funeral home from the time people start gathering at the news of the death till around two to three weeks later. But now, singing has been banned on these occasions, as masks have to be worn, and there is a high chance of droplets falling from the mouth while singing. Apart from these, all programmes of the YMA and the church have been put on hold. The monthly door-to-door collection of tithe was also suspended for a while, but has now resumed. Same goes for the circulation of digital copies of newspapers before the continuation of physical copies.

When asked whether he has any regrets or wishful thinking about how things could have been done differently, Pu Lalnunsiam admits that in the earlier days, they had been gripped

by panic and might have overreacted in some instances like in the case of restricting the opening of shops, and monitoring of those who were not immediately at risk. Due to the fortunate presence of doctors in the LTF, some of these were curbed to an extent. For example,

they used to wear the whole PPE gear while delivering food to the residents of the quarantine centre even though there was no contact, but based on the doctors' expert opinion, they did away with what was later seen as an unnecessary precaution. Besides, thanks to the advice from these doctors, even when cases like that of the bus conductor's came up, they did not issue a complete lockdown of the locality, thus avoiding unnecessarily inconveniencing the community.

Today, this quarantine centre has been closed but the LTF office remains open to the public.

5 Conclusion

Mizoram's geographical location has been both a blessing and a curse in the context of the pandemic. Its remoteness and inaccessibility can be seen as one of many factors for the low number of cases in the state. However, since the state is far from being self-sufficient economically, and therefore, relies on imports from neighbouring states like Assam, Manipur and Tripura, as well as from neighbouring countries, Bangladesh and Myanmar, with the lockdown and closure of borders - both inter-state and international - there was reasonable panic in terms of food supply in the early days. The 510 kilometre border it shares with Myanmar and the 318 kilometre border it shares with Bangladesh have also contributed to worry in terms of border control and regulation of movement of people and goods.

The pandemic has brought to light the spirit of community service that the Mizos have always prided themselves in - even though many were left without work for the time being, they fully devoted themselves to the needs of the community. This can be seen in the context of the Mizo traditional ethos called *tlawmngaihna* - selflessly helping others with no expectation of personal gain - that can be traced to days of yore, and remains a guiding principle of social life for the Mizos today, traces of which can be seen in community service work like *hnatlang*, where some members from each household gather to take care of public services like cleaning the locality, rebuilding houses destroyed by natural disasters like landslides and earthquakes, out of a sense of social responsibility. It would not be an exaggeration to state that the social, political and economic fabric of the Mizos would have fallen apart in the absence of *tlawmngaihna* during this pandemic. The pathetic state of the government's finances could not be expressed more clearly than by the Chief Minister, who is also the Minister of Finance, who proclaimed that nobody, not even himself, could tell or even guess the financial condition of Mizoram, except God! What a statement to be made by a political leader in the midst of a pandemic!

Thus, we can also see the reason behind the early response of the government to the pandemic in the lack of medical facilities in the state. The State Referral Hospital, Falkawn, also known as Zoram Medical College (ZMC), was designated as the main treatment facility for COVID-19 patients. It has 11 beds in the ICU. One can only imagine the speed at which the entire Mizo population (1.09 million in 2011 Census, and projected to be around 1.2 million in 2020) might have been wiped out

and their existence relegated to the pages of history books had the virus spread here like it did in Mumbai or Delhi.

We have looked at a brief outline of the way the pandemic was handled in Mizoram by the state and civil society, and taken a peek at the working of the Local Level Task Force in Mission Veng. This article does not claim to be an exhaustive account of the situation. It relies on secondary sources, namely, Vanglaini, the leading daily newspaper in Mizoram, and Mizohican, a popular online blog, apart from inputs provided by Pu Lalnunsiamia in an interview about Mission Veng Local Task Force, and Pu Zonunmawia, on the working of the COVID-19 Committee on Psychological and Social Guidance, of which he is a member. Initially, I had planned to include a section about the use and misuse of social media during the pandemic, which will have to do for another paper, which would preferably include interviews of people who were actually quarantined, and migrant labourers too, so that the perspective of those who were on the other side of the story can be brought to light.

The coronavirus pandemic has introduced novel practices, albeit temporary and necessitated by the situation. For instance, the local information system, called tlangau, a traditional form of announcement in the locality via loudspeakers, mostly used to inform about deaths or timings for going to the ration shops or lining up for LPG cylinders, were operated in Mizo, English and Hindi, for the first time ever, to accommodate migrants who could not return to their homes. The pandemic has also shown the proactive approach of the people in organising, planning, and implementing projects to meet the needs

of the society where the state falls short, as can be seen in the widely covered case of the PPE Donation Campaign - a manifestation of tlawmngaihna. Most importantly, the pandemic and the lockdown have reinstated the need for Mizoram to become self-sufficient. At the micro-level, this was seen in the rise of small food businesses popping up and working solely through instagram accounts. These have allowed us a glimpse at the Mizo ethos as it operated during the coronavirus pandemic.

While highlighting the impeccable discipline and co-operation shown by Mizos in his photo-essay that went viral, Kima, alias Mizohican, placed emphasis on the way nobody was left to starve, not even migrant labourers without Inner Line Permit, as donations in the form of cash or food poured in, and the local task forces distributed these to the needy. He made an important link between this spirit of 'making sure nobody goes to bed hungry' and the separatist movement of the 1960s to 1980s, which had been triggered by government negligence during the great famine of 1958.

At the time of writing this article (31st July 2020), the total number of cases in the state has risen to 408, with 174 active cases and 0 deaths. Most of the active cases are cadres of the Border Security Force and the Assam Rifles. Life in the city has been restored to the usual bustle, with businesses and offices fully open. There are plans to lift the night curfew. The police vigilantly go around imposing fines on people who do not wear masks in public. Schools and colleges are busy with admissions - quite a scramble, as many students who would have applied to institutions outside the state

under normal circumstances are left with no option but to get enrolled in local institutions, which anyway never had the infrastructure nor the funding to cater to the demand. Most people are looking forward to churches getting reopened soon, although no notification has been issued from the government or the churches regarding the same. If you were to visit Aizawl today, you would find a scene reminiscent of days before COVID. In these darkest of times, it is with hope - in God (for most Mizos), and in people (that they uphold their end of the social contract) - that we look forward to the day we can finally doff our masks and breathe in the fresh mountain air that needs no filtering, dress to the nines for church, and celebrate weddings in full ceremony and mourn our dead the way they deserve to be mourned - with weeks of sombre singing.

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Mental Conditions of People in the Times of Lockdown

Girish Jagtap

Mental Health is as fundamental to the wellbeing of the individual as is physical health. Mental health refers to psychological, behavioral, and emotional well-being. It's about how individuals "think, feel and behave" (Felman, 2020). Individuals typically use the term "mental health" to mean the absence of a mental disturbance. However, WHO insists that one must go beyond mere absence of disorders or disabilities and adopt a more holistic understanding.

"Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community" (World Health Organization, 2005).

This article looks at mental health during the period of lockdown imposed in response to the global coronavirus pandemic.

In the context of COVID, psychologists say that being anxious is not a bad thing because it would help in taking precautions, but that being overly anxious, for example, watching news related to corona every five minutes, could be detrimental to mental health. (Bai, 2020) They also say that keeping yourself busy and doing some exercise, yoga, meditation, etc. would help, as would increasing contact with the most intimate people. (Bai, 2020) It is important to remember that we are not alone in feeling like this.

In the United States, a third of citizens were reported as showing signs of clinical anxiety or depression, with the Washington Post even calling it the "most definitive and alarming sign yet of the psychological toll exacted by the coronavirus pandemic" (Fowers & Wan 2020).

In India, a 9th standard Dalit student in Kerala died by suicide as she was not able to attend online classes. Her family did not own a smartphone and their television set was out of order which made access to virtual classes impossible for the girl (Philip, 2020). The pandemic has threatened the everyday existence and survival of those at the margins of the society. The challenges arising from inequality and discrimination should not be understood only in terms of material deprivations. The mental health and well being of those impacted is an equally important area of concern.

But it is not always about suicide. Mental Health can be seen in terms of the utility concept of Bentham, which says that the larger the utility, the larger the happiness. This means that there should be more happiness than sorrow to make life a successful journey. Even if the person does not go to the length of dying by suicide, the mental distress that they are suffering from is enough to substantially bring down the quality of their life.

A friend, who wishes to remain anonymous, confided to me,

“I am doing my best to adjust, but yesterday, I couldn’t stop crying. It all just feels unfair and I feel so angry that this is happening to us. I’m struggling to care for my kids and work from home at the same time, and I’m worried about my parent’s health. I watched the news and it’s just...”

It seems that for some people, the free time that the pandemic allowed them to have was far from pleasant. Instead, they could not help but be reminded of the terrible things they had gone through in their past. Tortured by such traumatic events, they were also worried that such things might happen to them again. They also developed negative feelings towards the people they associated with these bad instances.

The pandemic affected all areas of our lives. People were not able to move out of their homes. They felt trapped, as if they were jailed in their own homes. The effects were different for different age groups. Small children could not go out to play with their friends. Teenagers had to stay home with their families, and for some of them going through their rebellious phase, this led to heightened situations of aggression, which caused great friction in their relationships with their parents. Older people were kept apart from the others because of their low immunity.

There was a lot of stigma attached to being infected with COVID. This can be explained in terms of social shame with regards to wellbeing. There was a relationship between the infected person and others in the

community wherein the infected person was named and shamed, shunned, segregated and discriminated against, and looked down upon solely because of their illness. This can negatively affect the infected person as well as their family and friends. In the case of COVID, there was also social discrimination against individuals of certain ethnic backgrounds.

There were indirect effects of the lockdown as well. One example can be drawn from weddings. There were cases where weddings were postponed and even broken despite engagements already in place. Some weddings on the other hand, were conducted in a hurry. Another example is death rituals and the fear of attending them as there was a high risk of infection due to large gatherings.

The pandemic and lockdown also resulted in people using virtual platforms for learning and social media for interaction more than ever before. There could be positive and negative effects to this. My neighbor, who is in the 8th standard, went into depression due to the online sessions of her school and tutorials. I got to know that she was in the state of suicide when she shared her feelings with her family. She was crying that day because her internet connection was not working. She told her parents that whenever the link for the online session comes, she is horrified and wants to finish the class as soon as possible. Due to this tension she spent nearly 12 hours studying daily. But now, she completely hates studying. This was a horrifying experience for her parents. She has been given psychological treatment due to this and so she is now stable.

On the other hand, at a time when we were not able to meet our loved ones in person, social media allowed us to keep in touch with them and not feel so lonely and disconnected.

The lockdowns were aimed at reducing the spread of COVID, but they affected the jobs of millions of informal workers, cutting off their daily wages and putting them at the risk of starvation. Even though the government announced packages for them, starvation was a greater threat for them than getting infected with COVID.

Due to the pandemic, all work came to a stop. Reverse migration took place on a large scale as migrants working in big cities were laid off and had to return to their native places. I interviewed some migrant workers who had returned to Chattisgarh. They told me that their situation was far from normal. They were spending most of their time sleeping and in boredom. Even though some of them have land for farming, they were uninterested in doing it as there was nobody to buy the produce. So they spent most of their time sitting idly. This led to clashes among the family members on small topics. As the saying goes, an empty mind is home to the Devil. Sitting at home with no job and little income, they felt hopeless and turned to alcohol and drugs. This has affected them mentally and physically.

Alarming reports came up during the pandemic. There was more than a twofold rise in gender-based violence in India during the lockdown, according to the records of the National Commission for Women, with the number of complaints rising from 116 in the first week of March to 257 in the final week

(Roy 2020). NCW chief Rekha Sharma said that most of the complaints were lodged via email as the victims are scared of the harassment getting worse if they lodged a police complaint (Roy 2020). The team at NCW shifted them to hostels or to their natal homes (Roy 2020.) The indirect effects of the pandemic in the form of job loss and salary cuts led to tense relations at home, with women bearing the brunt (Roy 2020).

The transgender community faced the denial of healthcare due to the lockdown restrictions, with their surgeries delayed and their access to hormone therapy and counseling services being affected, and this has led to mental health problems for them (Mohan 2020).

From the above discussion, we can see that this pandemic and lockdown affected people's mental health to a great extent. We could also see how age, gender, caste and class determined the pattern. Even though we see the stigma around mental health slowly lifting, and people being much more aware of mental illnesses and more open to seeing mental health professionals, there is still a long way to go.

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Unfolding the lives of ground level warriors – ASHA and Anganwadi workers’ role in fighting the pandemic - Kerala’s Experience

Asika V M

When the global pandemic hit the country, we started to realize and recognize the cracks and holes in our health system. The state of Kerala has been showing an extraordinary example in fighting COVID-19 with its well established and deep rooted public health system. The work by the state has been recognized globally, including organizations like the United Nations.^[1]

While assessing this little success recipe of the state, the key point to note is its community-centric approach and successfully decentralized governance. From the very beginning, the government had initiated necessary steps to spread awareness across the state. They had started off a special campaign called #BreakTheChain^[2], trained and prepared the health department to handle the situation. Even if we have perfectly tailored policies and plans to fight such a pandemic from above, many previous experiences showed that it can still miserably fail at the ground level. What makes this resistance remarkable is the hard work and contributions of ground level workers’, the real foot soldiers in this battle, ASHA^[3] and Anganwadi workers^[4]. When we appreciate and recognize the hard work of doctors, nurses and other health workers, we often forget to mention this work force that actually makes things happen in the ground reality.

Here, my attempt is to unfold the experiences of these work forces and depicting how their role has been pivotal in handling the pandemic.

This piece tries to incorporate the insights from my conversation with an ASHA worker and an Anganwadi worker from my village and an attempt to walk in their shoes.

In my Panjayath(Pattithara) there are a total of 21 ASHA workers, who have been selected through interviews and are from the nearby locality. Mrs. Prema , an ASHA worker with whom I had a telephonic interview, tells about her routine during the early stage of pandemic, “it’s really risky, but we are trained and paid for this. If we don’t come forward,who else will?” She talked about how hectic it had been from the beginning of March. ASHA workers had prior training for handling this situation in their respective wards. When the COVID-19 cases in Kerala began to rise, the government asked ASHA workers to conduct a detailed door-to-door survey for collecting data on migrant returnees from other countries and states.

Mrs. Prema said they already had detailed data on each household from their previous surveys, so she visited houses with out-migrants (for job, education or other reasons). They prepared a list of the people returning from other countries and states, then checked and verified whether they have facilities for home-quarantine. She had prepared a database on this and fed that to the higher authority for formulating a future plan of action. If there weren’t enough facilities for home quarantine, ASHA workers had to report the same so that authorities could arrange for alternatives.

Towards March end, there had been a tremendous flow of people from other countries (especially from Gulf countries) and states. The ASHA worker has the responsibility of a ward along with the elected member of that ward (ward representative) to make sure that these people are staying in quarantine for 14 days. They have to visit their homes regularly and talk to them personally. Even before the migrants arrive, ASHA workers visit their home, set up everything for their quarantine, teach the other family members how to take care of the person in quarantine. Mrs. Prema had to go to some houses in the early morning to set up all these facilities and to make disinfectant mix for sanitizing the arriving person's luggage and other belongings. All the families supported and cooperated with her.

She also shared some of her experiences during her daily visits to the field. "It's really tricky talking to people in quarantine as they are in so much stress and sometimes I have to talk to them for hours to make them feel better."

The state government has also started community kitchens^[5] in each ward to make sure the lockdown does not push anyone to hunger. This initiative has assured food for people in quarantine also, the ASHA workers acted as the facilitators in this initiative. They identify who is in need and connect them to the system.

Mrs. Prema also talked about the support she got from her family and neighbors'; she said she wasn't made to feel any stigma or exclusion due to her profession. In her words, "even though we don't earn much money, we have earned respect and love". She walks to her field everyday sometimes accompanied by members

of the ward, visits all the people in quarantine, updates on their health conditions and delivers any needed medicines etc.

In addition to the ASHA workers, Anganwadi workers' are also part of the all-women army that has come forward to resist the pandemic. They have worked with the community kitchen initiative and also assisted in the initial survey. Mrs. Dhanalakshmi, one of the Anganwadi teachers in our panchayath, said, "we have always been loaded with many tasks other than teaching. Now that kids can't come to Anganwadi, we don't have much to do, so it's our pleasure to help." They have worked with the volunteers in supplying food around the ward and also facilitated between the people and health authorities in various situations. She said that, it's easy for them, because they know the people around here and the personal relations are actually helping them in spreading awareness'.

The importance of community-oriented approach in governance is evident from their experience. They have been acting as the primary agents in this system by incorporating people to the public health system. Since the ASHA and Anganwadi workers are chosen mostly from the same locality, they can connect to the larger community more effectively. So this acts as the foundation of Kerala's resistance model and has been a crucial part of its success. We can have well thought-exhaustive plans for the resistance, but if it's not reaching the people, then it is of no use. Since the decentralization level is better in Kerala, which gives us an upper hand when it comes to community approach.

From my conversations with these warriors, they are fully aware of the gravity of this

situation. They are handling the high stress, working with people in the field, with the risk of transmission. At the Same time, willing to take that risk because they consider it as their responsibility. As Mrs. Prema said “we are all trying so hard to control the situation but still some people don’t care, nor for themselves neither about others, and that’s really frustrating”. The lockdown isn’t the same for us all, some people are giving so much, risking their lives, with under-paid labour, so that we can sit at home until all this is over.

As a labour force, ASHA and Anganwadi workers are still not united enough. Their struggles and hard work isn’t well paid. When we are discussing the need of the public health system to emerge more effectively, we need to talk about these two labour forces, which are predominantly filled by working class women. Their role as a key development agent in the community based approach, especially that of public health in time of COVID-19 needs recognition and also more sophisticated studies, which will be useful when we are framing similar strategies for various areas. The labour of these women shouldn’t be romanticised as a narrative of caregiving nature of the gender, rather it should lead to the workforce being more organized and better compensation and respect for their labour. Now we have survived through almost an year of global pandemic, these two workforce are still working round the clock, trying to fight the virus until vaccination becomes a reality for all. Further, without a second thought we can say that services of these workforces will be pivotal in ensuring full vaccination in the country.

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