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Local rural institutions response to COVID Pandemic

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Abstract

The COVID-19 pandemic had negatively impacted the entire world economy unprecedentedly, and India is no exception. The informal sector was hit hard by the lockdown and saw an unprecedented fall in its economic activities. The pandemic turned out to be more disastrous for the migrants. As reported in various newspapers, most migrants and their families were left unattended by their employers. According to a survey conducted during the lockdown in April 2020 by the Stranded Workers Action Network, 90 per cent of migrant workers in the country did not get paid by their employers, 96 percent received no ration from the government, and 70 per cent did not get any cooked food, during the lockdown. These migrants' worker was primarily from eastern UP and Bihar. Even rural health infrastructure was not adequate to fight the pandemic in Bihar. With COVID came an array of misinformation which to some extent changed social norms in society. In this study, we use personal interviews done in Ahwarkudia village panchayat to study how rural institutions responded to the pandemic.

Keywords: COVID, Reverse migration, Rural institutions

Context and motivation

The COVID-19 has taken the entire world by surprise and has affected every aspect of human life. Countries are fighting tirelessly to control the spread of the virus and also trying to find a cure for the virus. The Government of India is taking several measures to control the spread and to safeguard the economy. To find a cure the Government is providing enormous support to indigenously develop a vaccine. As an immediate measure, a nationwide lockdown was vehemently implemented from March 24, 2020. This was a much-needed step to control the spread, but it impacted far-reaching economic and social consequences. The direct impact of the lockdown is observed in the Indian labour force. Here it is important to first acknowledge the composition of the labour force to assess the impact. Of the total labour force, 90 per cent is said to be associated with the informal sector. Unfortunately, this sector represents economically vulnerable workers who

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heavily rely on daily wages. With lockdown enforced and without sufficient social security in place, harder days waited for these workers and their families. The situation is worse for the migrant workers. If we look at the trend of migration, we can observe an enormous growth over the census periods. 1991, 2001, and 2011 Census of India reported an estimated 232 million, 314 million, and 454 million migrant workers in respective years (Naveen Kumar, 2021). This represents roughly around 30 per cent of the Indian population (the number and percentage are expected to be higher based on the past trend) who have been affected immediately from day one of the lockdown periods. Additionally, the marginalized workers, other than the migrant workers of farmers and informal sectors workers have also been severely affected. In this health crisis, the role, influence, and impact of institutions and governments have been tested. They have been called on to control the spread of the virus; regulate the economy, finance the health facilities and provide testing and vaccination. This article discusses, analyses, and examines the sensitivity and severity of the COVID threat and its corresponding response to the rural institution in parts of Bihar. Our site of the study was a village named Ahwarkudia. We conducted personal interviews of different stakeholders in the village. Through personal interviews and narration, we analysed how social, economic and local administrative institutions responded to lockdown and pandemics.

Ahwar kudia is a village in the Paschim Champaran district of Bihar. It is almost equidistant from the two towns of Majhowlia and Jagdishpur and is well connected to both. The village falls under Majhowlia block and lies in the catchment of the Dhanauti river. The embankment of the catchment area makes it a better place for fish farming. The primary occupation of most inhabitants of the village is agriculture. Land distribution is skewed, and there are many small and marginal farmers in the village. One family in the village owns nearly 250 acres and another family nearly 75 acres. A large number of households own only residential land. The majority of households have less than half an acre of land and large areas of land are used to cultivate maize under cash leases. The cost of a lease (for maize cultivation) varies from Rs 13,000 to 18,000 per acre depending on the quality of the land. A resident of this village also migrates to Kathmandu and Delhi for work. The people of this village are dependent on remittances from Kathmandu and Delhi. Some individuals are self-employed in non-agricultural occupations, such as running small shops (there is a small chowk in the middle of the village with 20-30 shops, including one relatively big fertilizer distributor who caters to about five nearby villages), or driving auto-rickshaws or small carriage vehicles (the vehicles are usually owned by the family of the driver) (Naveen Kumar, 2021).

India has seen two strict lockdowns between March to May 2020 which disrupted the lives of especially marginalised communities. The sudden imposition of lockdown caused reverse migration. Despite low infection in rural areas, the impact of lockdown was huge. Social distancing and wearing masks were made mandatory with restrictions on travel. As the wearing mask was new, people used gamchha (a multipurpose cotton piece). Essential services like credit services and healthcare centres were open to people but were inaccessible due to travel restrictions. In the rural credit market, the rate of interest of informal moneylenders quadrupled as limited credit was available from the formal banking system. With reverse migration and no income in hand, people were dependant on these moneylenders. With no work, the migrant worker took the money and used it for small businesses primarily buying mango and litchi fruits from the orchard, since borders were closed so they had to dump it at a low price. In this case, they had suffered a double loss, one from interest they have to pay to moneylenders and losses they suffered due to low prices. Rural health infrastructure is poor. If a sub-primary health centre is present in a village, doctors do not come regularly. The rural population is mainly dependent on local untrained practitioners. During these times medical practitioners were not ready to attend to the patient despite paying high fees too. ASHA workers were doing door to door surveys without having a PPE kit and mask despite their central role, incentives and payments were delayed for them. People have temporarily shifted to farming and

allied services like horticulture during that period as they had no other alternative (Naveen Kumar, 2021).

The rest of the essay is divided into three sections COVID and social norms, COVID and reverse migration and COVID and rural health institutions. COVID and social norms discuss about change in social dynamics. How asymmetry of information can lead to conflict in society? How social institutions have responded to the pandemic? In the section 'COVID lockdown and reverse migration,' we have analysed the sudden imposition of lockdown which led to reverse migration and how it changed the economic institution of the village. In the last section' COVID and rural health', we had seen how vulnerable rural health has responded to the unprecedented pandemic. We have tried to use narration, personal interviews and case studies to discuss the broader issue of development policy and community welfare.

Coronavirus and social norms

Since the dawn of the pandemic, the health, economic, and social crisis have already been overwhelming causing havoc in the system. In addition to this turmoil, infodemic- which is false and/or misleading information- has been exacerbating the current outcome and weakening the social structures in society. With the spread of the virus, people are also attaching social stigma along with it. This social behaviour once again is promoting segregation (like caste and class) in society. This pandemic will be defeated, and the human race will prevail. However, the divide created and promoted in this time will tag along in the post-pandemic era causing a social divide but the free and unregulated flow of information can be dangerous, just like unregulated bodily contact. We know that caste and class segregation regulate body contact. The pandemic not only deepens such segregation but becomes a matrix for multiplying the effects of bias. Mental blocks, prejudice and social indifference sanctioned by caste, creed and class, can multiply with suitable stimuli.

Case-1

Shivmani is a marginal farmer with a landholding size of less than one bigha. With the onset of the pandemic, he found it difficult to adopt the use of masks and sanitisers as he had rarely used soaps to wash his hands. He found a mask is similar to jaab equipment weaved with bamboo to prevent cattle from eating crops. Apart from this masks were not easily available and even if available, their prices were very high. In this context, he was more comfortable with the use of gamchha as they were easily available, part of the culture and endorsed by an authority as important as the prime minister himself.

Case-2

Rekha devi is a resident of a hamlet on the outskirts of the main village which is mainly populated by people belonging to the Dusadh and paasi caste. The primary occupation of these people is brewing local drink called taadi which is sold in the local market. Apart from that, some families rear hens and own butcheries. With COVID came misinformation and rumours that eating poultry can lead to COVID infection. Prices crashed in the chicken market as low as 30 Rs per kg. Even people were referring to Malechh (primarily Dalit and Muslim) for spreading coronavirus. Rekha remembered an incident when a minitruck carrying chicken met an accident and none of the villagers touched any chicken, unlike earlier times when such an incident would lead to loots.

Case-3

Ahwar kudia is a village panchayat consisting of twenty-two small hamlets. Each hamlet has a homogenous composition in caste/religion. All these hamlets and people are connected in economic and social relations. Rabia Khatun is a resident of one of these hamlets. She works as a daily wage

farm labourer in the fields owned by people residing in her hamlet or adjoining hamlets. But after a slander campaign about the members of Tablighi Jamat spreading the covid which was covered by several prominent media houses, these landlords become sceptical and stopped hiring Muslim labourers. This aided in the economic misery of people and led to a small altercation that had the potential to lead a communal tension among communities living peacefully for years.

Case-4

Balisah is a resident of Ahwar kudia . He has a landholding size of two bighas. Bali has also got formal education up to senior secondary education. His primary occupation is farming. During the non-farming period, he migrates with a group of labourers to Kathmandu. He manages their accounts of financial affairs since most of them are uneducated. Last year he came during Holi festivities and couldn't return due to the imposition of lockdown and closure of borders. Due to financial stress, he took fish farming as an alternative at the embankment of the Dhanauti river. Since ponds at embankments were common properties, he chose that place. After he put different fish breeds in ponds, people started complaining that people have their land in ponds. Since no one knew about ownership and everyone claimed that they are the true owner of the land. He introduced daali system to resolve the dispute and governance of common properties. Distribution was done based on the cumulative land they had. He delivered the promised amount to their home.

The onset of the COVID 19 pandemic the subsequent imposition of lockdown did impact the existing social norms substantially. People took on regular use of amenities like masks, soaps sanitisers. While for a large number of the population it was a minor tweaking of their lifestyle, there existed a large number of people like Shivamani for whom it was a giant leap. Media with its deep penetration effective outreach in every corner of the country also played its role. On one hand, it ensured the swift dissemination of new information changes being brought in protocols, on the other misinformation campaigns about branding a particular community for transmission damaged the delicate fabric of social harmony in the society. "Change in social norms" means the different ways in which society adapts to a change. And this is governed by a large extent to the economic security stability of particular groups. While for the likes of Rabiya Khatun, this lockdown the changes introduced with it ended the existing social-economic relationships pushed them towards a zone of struggle tension (Kumari (2020). For others like Bali Sah, this lockdown was an opportunity to innovate make new relationships.

Covid lockdown and Reverse migration

Despite the several attempts to ensure that people society get Aatmanirbhar, constitutionally India is still a socialist country only. At the grassroots, people still expect that the extended hands of the state will take care of them. It is because of these expectations only that the politicians in Indian democracy have turned into demigods. In normal times people expect that the state/govt. will provide them with ration, roads, work, houses, etc in exchange for votes to those in power. Off late with the surge in freebie politics, the list of expectations has expanded to include items like televisions, mobile phones, laptops also.

From these examples, it is very much evident that it is very much reality for a migrant worker to look up to the state in the times when we are witnessing a crisis that even octogenarians claim to have never witnessed in their life.

With sudden lockdown and its implementation has led to a state of confusion and despair. People thought that humanity is going to end. People desperately wanted to reunite with their families at any cost. Besides that, they were told to leave their rooms by their room owner. They had no work in cities. This led to huge reverse migration and created a situation of havoc(**?**). All these migrants are impacted by this pandemic differently their response, as well as expectations from the state, were

also different. But there is one common complaint which they all have; i.e. If the state/govt. had good intentions then it would have curbed misinformation and would have ensured that exact true information was available accessible to all of them at the same time. But this was not the case. For example, a student from IIT Delhi or DU got hints about a countrywide lockdown on around march 15th only, which was seven days before the actual announcement and thus allowed him to prepare in advance. And in the same area, a factory worker staying in the Munirka area got to know about this on the 22nd and had very little response time.

Thus, access to information played a great role in an individual's response to this pandemic and it was the responsibility of Governments; the states and the centre to curb this asymmetry by taking some extra measures through cooperation, collaboration and coordination. A common notion towards this pandemic crisis has emerged that the rich have got richer the poor have got poorer. And indeed, we are witnessing this globally when finding that on one hand for the first time in human history the net worth of an individual has crossed the limit of 200 billion dollars, on the other, we are witnessing that a large number of families from the middle class have slipped to lower class. However, this is not limited to the global level only. In the course of this section through examples of several cases, we will establish that how it was earnings that went to rich's account and sufferings to poor's account.

Case 1

Mr Bansi is a migrant worker from Bihar. He has worked under various work profiles; a labourer, mason, driver (if license not required). This year he had come home from Bhatinda on the occasion of Holi. After Holi, he left for Bhatinda on 15th march and reached there on 17th to work as a labourer carrying gunny bags of rice at a rice mill. Hardly had he settled when the lockdown was announced. He had no savings as recently he had been to the village. With no work, he could not afford to stay in Punjab. Thus, he with a few others decided to take on foot to Bihar. The journey was completely not on foot. Usually, he got a lift from passing by vehicles. Yet he reached his village by mid-April in one of the last batches. Keeping in mind the sufferings he swore not to go out of Bihar in search of the job again. He was happy that the ration limit has been doubled and he will also get 500 rupees in his PMJDY account. Rest he could supplement with some odd jobs in the village only. But by July he realized that there are no jobs in the village as the village economy was running on the remittances of workers like him. In July the owner of a rice mill in Punjab informed him that he is sending a bus for workers to Bihar. And now Mr B has left from Bihar as one of the first batches of workers to leave.

Case 2

Mr Anurag used to work in a UPSC coaching centre in Delhi. Along with him his family also stayed there only. At the announcement of lockdown, he felt like a holiday as he was getting his full salary. But after the end of the 21-day lockdown period, a lot of his co-workers were fired and his salary was reduced to half because coaching classes shifted to the online platform. With the savings and half salary, he managed to run the household as he was not paying fees of school tuition for his children. But in June he booked a truck shifted to the village. In the village, his life is good as the expenses are less and also, he need not pay the rent above all he is still employed with half salary. He has no plans of leaving until the lockdown is removed completely. But the irony of his life is that every time his children come to him discussing the ease and amazement of taking online classes, he fears that he may lose his job.

Case 3

Mr Hiraman is not a migrant (or rather is an internal migrant within the state only). He used to work at a shop in a nearby town only where he used to go in the morning and returned by evening.

Since he travelled by the same bus every day, he didn't take a seat and generally travelled standing or on the roof of a bus. In this way, he didn't have to pay the full fare of 40 rupees and instead paid rupees 5 or 10. But now during this pandemic, the govt. has capped the no. of travellers on a bus and if he travels by bus, he will have to take a seat and will have to pay full fare meaning he will have to dole out 2400 out of his 6000 monthly salaries for travelling only. To overcome this now he cycles 24-kilo meters up down daily. He misses govt. buses now whose fare would have been 12 rupees but has been dysfunctional for years because of nexus between state govt. private transporters.

Case 4

Mrs Ruplal is a teacher in govt. school her husband works at a factory in Gujrat. Since he has accommodation in staff quarters there, he didn't bother to travel during the lockdown period. After a certain period, the factory reopened with precautions and he went back to work. Mrs R is a govt. the employee is getting her salary also. They are not paying school fees for their children. So, they have decided to use this time to repair and renovate their house, given the fact that a lot of workers masons who used to work outside the state are available in the village now. So, for them, this crisis has been an opportunity to reinforce themselves financially.

Case 5

Satnarayan is a doctor who runs a private school in the area. The school is closed since April. Since no children are paying fees, he was not paying to staff. But since July the school shifted to online classes, he is paying half his salary to them. But this is not sufficient for teachers to manage their households, so most of them have borrowed money from Mr R, who is one of the few licensed moneylenders in the region who happens to be Mr S elder brother. Apart from this, there has been a constant inflow of patients to Mr S's clinic. A few days back there was a patient who tried to commit suicide because of financial problems. For his treatment, Mr S gave a bill of 92,000 rupees which could be paid after selling a piece of land, which was bought by Mr S only. Apart from this, there is a phenomenon in this village called" Fagun Chadhna " which refers to the fights which used to take place between villagers on various issues ranging from drunken brawls to property disputes in March, as this was the time when most of the people used to be in villages. The injuries from these fights have again added to the earnings of Mr S. These fights also result in court cases for which people are borrowing from this family only. Overall, this family seems to have utilized this opportunity(crisis) to the fullest if we include the mortgaged lands as well, currently, this extended family controls half of the agricultural lands in this village and adjoining areas.

With no money in hand and no credit facility from banks. In the rural credit market, the interest of informal moneylenders quadrupled as limited credit was available for the banking system. With reverse migration and no income in hand, people were dependant on this moneylender. With no work, the migrant worker took the money and used it for small businesses primarily buying mango and litchi fruits from the orchard, since borders were closed so they had to dump it at a low price. In this case, they had suffered a double loss, one from interest they have to pay to moneylenders and losses they suffered due to low prices. It is not only Ambani Bezos who are getting richer, we have our desi versions as well.

These all examples very aptly indicate that how the remittances-based economy of a village has crumbled only those who have a steady income flowing in have overcome this crisis. Rest other factors are immaterial. In this situation, many people have different expectations from govt. While some want the government bus service to restart, others wish that if govt. could provide them with the job to them near their homes.

During a pandemic in this regard one govt. the scheme needs to be mentioned especially; PMGKY- Pradhanmantri Gareeb Kalyan Yojna. This scheme was rolled out to employ migrant workers in infrastructure-related works. But a major drawback in this scheme is that those seeking

employment cannot apply rather the authorities will identify them. In this case, the representatives from panchayats have been given this discretion to identify prospective workers. Two factors are affecting this. First, it is the migrant workers who generally do not bother to come back to vote in elections, these representatives have a grudge against them and for them, it is the payback time. Secondly, since the state elections are knocking on the door the local leaders are using this scheme to strengthen then political fortress to increase their bargaining power with prospective MLA candidates. So instead of registering eligible migrants, they are registering people based on political considerations.

The targeted public delivery system during the pandemic was successful. The end-to-end computerisation of TPDS operations has brought a silent revolution of TPDS operations. The digitised list of 23.5 crore ration cards covering more than 80 crore beneficiaries under NFSA across the country is on respective public portals of state for enhanced transparency and participation. During the covid crisis, country technology-driven PDS swiftly came to the fore by successfully scaling up to distribute almost double the quantity of food grains during the pandemic. PDS distribution was successful in rural areas also. Since the traditional black market for grains collapsed due to restricted movement and closed borders. Dealers have no alternative to sell their products. Although in some cases, only two months ration were provided in three months. This technology-aided PDS led to creation of rock-solid infrastructure to provide ration to the people and at the same time giving discretion to local authorities and dealers to include the people who missed on this computerised list provided necessary flexibility in this system. (UNICEF (2020b))

Another take out from this situation is the hollowness of the claim that this crisis will help people adapt to technology will empower them in future rather than taking away their jobs. Everyone whose jobs are impacted by this is not in the age of adaptability. For example, teachers can resort to teaching online, Mr A's children can study online but how to what technology is Mr A who is tasked to distribute study materials to students in coaching is going to adapt to at the age of 45(UNICEF (2020a)). Children from marginalised sections of education are hugely impacted by COVID lockdown. The demand for mobiles and tablets suddenly rose in the month of July. With a lack of availability and unaffordability of tablets and mobiles, children distanced from the learning process. Even people who were afforded the digital gadgets were not able to attend classes due to slow bandwidth speed. lockdown and online education have aggravated the existing difference in educational outcomes between marginalised and privileged sections. If we see intrahousehold dynamics than female students were the biggest loser in educational spending.

Rural Health institution and Lockdown

Ahwar kudia is situated eight-kilo meters away from the primary healthcare centre. With a population of three thousand, it has not got any sub-health centre. People of the village are dependent on local unauthorised medical practitioners popularly known as Bengali doctors. In 22 tolas only 15 Asha workers are employed. During our study, we talked to ASHA workers, Sevika and local medical practitioners. The imposition of lockdown led to large scale reverse migration that increase the chance of the spread of coronavirus. lockdown led to shutting down of everything excluding essential services. Doctors and healthcare workers were unwilling to return to hospitals and healthcare centres. In this way, inefficiency in rural public health infrastructure has made Bihar dependent on private healthcare centres and private practitioners, most of which are not competent enough.

Case-1

Mr Sarman owns a local dispensary in the village and is popularly known as a Bengali doctor in the village. He has no formal medicine degree and has learnt medicine from being an assistant to a city doctor. Since there was restricted movement. People prefer to consult local doctors for their

health-related issues. He doubled his consultation fees. Even his dispensary was selling masks at a high price along with medicine. People had to buy it from him as they have no better alternative. During this time, he had got another floor on his home.

Case-2

Mrs. Ritu is Asha worker. During the pandemic she was responsible for door-to-door surveys, checking temperature and reporting about returned migrant workers to the primary health centre. She narrated that during her door-to-door survey, people were not cooperating with her. Some people even threatened her if she asks them to get quarantined at common places. She had to take help from her male counterpart available. She also acknowledged that the condition of the quarantine centre was not good. As quarantine centre in her village was a school and it had poor toilet facilities. Even food was not provided. So, despite government incentives to complete the quarantine, migrants were not ready to complete it. Even those who completed did not get promised amount. Even ASHA workers were not paid their incentive on time. Case-3

Mrs Dhano devi is Anganwadi Sevika which serves around 40 children identified as prone to malnutrition. Prior to the pandemic, there was no argument on how the selection is done. During the pandemic, people started questioning the screening process itself. They argued that why their children won't be the part of the programme. Few serious arguments took place between Sevikapati and others. They were demanding their son's share which was transferred to the centre. Prior to lockdown, no services were provided to them as Sevikapati manipulates the mothers of children about the scheme.

Case-4

Sarita is Asha facilitator and she handles around 20 ASHA workers. She was given a strict deadline to complete door to door survey during the lockdown. ASHA worker demanded protective equipment, mask and gloves but due to short supply, she didn't get them. She narrated that even in villages there are rising cases of tuberculosis from 0 to 7 which was unusual. People were unwilling to use primary health centres for childbirth due to contracting infections.

These cases describe the scenario health workers condition during the time of the pandemic. During this crisis, ASHA members said that they were the one who went to doorsteps and collected data on incoming temperature (Cheetham (2020)). They used to inform the primary health centre and ward members about returned migrants. Asha workers started collecting data by a survey about health status including COVID. They were required to go door to door and ask people about their health status. Ahsa workers were not provided with any protective equipment. In the first three-month people were unwilling to go to the primary health centre for the delivery of the baby (Kumar (2021)). Reena Devi who is ASHA for turha patti told that in her village there is a sudden spike of tuberculosis cases to 7 from 0. (Rai, Singh, and Ishan (2021))

The workload for ASHAs has increased manifold during COVID-19, increasing the hardships they face in their work. An ASHA worker with whom we spoke in early July told us that, since March, neither she nor her colleagues have received any payments for their work of facilitating institutional deliveries. The only money they have received in the name of "corona duty" since the lockdown began was '2,000. In Bihar, some ASHAs told us that they are still waiting to receive any money for their COVID-19-related work, even though they have been going out and doing door-to-door work. Unfortunately, this is not a rare occasion when ASHAs are struggling to get their entitled incentives. The ASHAs in the past have been instrumental in improving the rates of immunisation and institutional deliveries, and there is no doubt that they can help in check-ups and contact tracing as the pandemic unfolds in rural India. But by not paying them on time, not providing them protective equipment and the necessary training, we are demotivating them. If governments continue to not care about these front-line workers, we will not only hurt them but also the rest of the citizens.

The rural population is heavily dependent on the local unregistered practitioner as primary and sub-primary health centre are inaccessible. If PHCs are open than doctors are unavailable and if doctors are available than give little time to the patient. Patients are persuaded to visit their private clinic. Local quacks can give medicine at cheap rates. During the strict lockdown, the movement was restricted that increased dependence of rural mass on quacks for healthcare services. They doubled their consulting fees. Local dispensary charges a high price for masks and sanitisers. The state government has allocated funds to distribute masks and sanitisers in villages but those masks were distributed only on paper. If distributed were targeted for kins of local panchayat office bearer including ward member and panch.

A typical Anganwadi centre provides basic health care in a village. It is a part of the Indian public health care system. Basic health care activities include contraceptive counselling and supply, nutrition education and supplementation, as well as pre-school activities. The centres may be used as depots for oral rehydration salts, basic medicines and contraceptives. But these services were rarely provided. During the pandemic, funds were transferred through direct benefit transfer. People demanded the money per head allocated for their wards. Sevikapati has to transfer the money to them.

Conclusion

During our study, we interviewed multiple stakeholders of the rural institution. Through their narration and story, we have observed changes in the social and economic dynamics of rural society. With pandemic came infodemics which aggravated the divide in society. Imposition of norms like a compulsory mask and social distancing was adapted differently in society. Imposition of lockdown and exodus of migrants towards villages show the vulnerability of a remittance-based economy. Migrants were saying that 'Marenge to wahi jakar' as their employer didn't provide the required support. Large scale reverse migration increased the chances of COVID infection in villages. Some schemes like the targeted public delivery system and pradhan mantri jan kalyan yojana got success in delivery and implementation. The flexibility of these schemes was utilised for political vote bank policy in villages. Rural health needs extra attention. ASHA and Anganwadi centre need proper monitoring.

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