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Editor

R.K. Verma

Supplement on
Covid-19 Pandemic: Policy Issues

Indian Institute of Public Administration

Bihar Regional Branch, Patna

Indian Institute of Public Administration Bihar Regional Branch ,Patna

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INDIAN INSTITUTE OF PUBLIC ADMINISTRATION

Bihar Regional Branch

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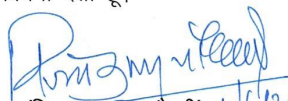
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संदेश

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(विजय कुमार चौधरी) 11/6/2021

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From the Desk of the Chief Editor

The fresh wave of new strains of Covid-19 pandemic has shaken India more than other parts of the world. No doubt we are in dearth of medical infrastructure and administrative strategies to contain the explosion of corona virus infection. This attracts our attention towards the task of throwing light on policy issues that need to be urgently addressed. With this view in mind, the Editorial Board has decided to bring out a special number of Bihar Journal of Public Administration on 'Covid-19 Pandemic: Policy Issues'.

I have immense pleasure to present the Vol. XVIII No. 1A 2021 special issue of Bihar Journal of Public Administration before the readers. The processing (internal and external reviews, as well as computer typography) of the contributions took place amidst tough time of Covid-19 pandemics. As the Journal has been receiving a large number of contributions of good quality in shape of research papers, research notes, book reviews etc. from across the disciplines and the country, it becomes difficult to publish them in two issues. Thus we have endeavoured to provide a separate space for pandemic, related to our polity, society and economy as special issue.

The Branch has been conscious of maintaining quality and punctuality of the Journal in order to make it useful for teachers, researchers, students, policy makers and administrators. I express my thankfulness to the editorial team, anonymous referees, learned contributors and institutions of higher education that have rendered helping hands to our venture.

Prof. S.P. Shahi
Chief Editor

Editorial

The second tidal wave of Covid-19 infection has posed daunting challenges before Indian government(s) and the people. The glaring adverse impact of the fresh wave of the pandemic on polity, governance, administration, society, political economy and market economy irks every sensible citizen to think seriously on the appropriate public policy to contain the spread and mitigate its disastrous effects. This requires articulation of issues and need of bringing them on policy agenda. Secondly, the insisting factor to bring out the present supplement issue of BJPA is the fact that we have received a number of well researched contributions, highlighting varied issues on Covid-19 pandemic. In view of the above situation, the editorial board has decided to provide separate space for the learned contributions on the subject, hence this supplement of BJPA.

The return of new strains of corona virus with more devastating effects has brought several issues relating to governmental, intergovernmental and non-governmental efforts to check the tidal spread of corona infection on the fore. There is no doubt that disruptions in health infrastructure have been a global phenomenon but India witnessed the worst. The second wave of the pandemic exposed the massive gaps in health infrastructure, despite the heroic efforts of medical staff to make the best of the available resources (EPW: 1 May, 2021). Our governments (both central and state governments), even after the passage of a year since last outbreak of the pandemic, have paid less premium on preparedness for prevention and treatment; rather they either kept waiting for its natural end or gave priority to electoral prospects over the pandemic management. The dominant political hegemony of NDA regime, emerged in last few years, tended to centralise the decision making for delivery of health services and welfare benefits under its domain (HT, Patna 27 April, 2021). But recently the Central government has begun to relinquish the responsibility of preventive protocol (lockdown), treatment and vaccination drive to the state governments. The above trends indicate towards a shift in nature of Indian federal system.

The fresh surge of Covid-19 pandemic has also witnessed a new phenomenon of 'vaccine nationalism' (HT, Patna, April 26, 2021), particularly in the context of making provisions of antivirus medicines and vaccines by the countries for their respective citizens. This phenomenon poses a great challenge before human concern and raises a striking question - what about citizens of those countries which are poor and incapable to provide medicines and vaccines? The head of WHO has rightly argued that if the entire world is not vaccinated, the world economy cannot be brought back on track and suggested that it is better to give 'vaccine to some people' in all countries rather than all people in some countries'. The needs of the incapable nations have to be met in the interest of humanity and for the revival of

the global economy. Besides, the political cohesion among the nations, irrespective of political or trade rivalries, has to be assured and at the national level, there should be consensus on the issue of crisis management among the competing political parties irrespective their ideology or rivalries.

During the sudden lockdown last year, the most adverse consequences were on migrant workers, resulted into pathetic miseries faced by them while returning home. It has not only left the governments bewildered but also revealed the multilayered relationship between the migrant workers and virus in the shape of their vulnerability in terms of mobility, social security, health and above all the livelihood or employment. Even after a year, things did not change and reverse migration has been repeated out of fear of last year's horrific experiences. The phenomenon has disproportionately affected the different states of India. The capacity to respond to the crisis is also different in different states. There have been a number of socio-economic impacts of reverse migration on the home states like Bihar, Uttar Pradesh, Jharkhand etc. This calls for a fresh design for the emergency response in terms of the challenge of reverse migration and livelihood, particularly in case of Bihar.

The policy on the health services is the key to the management of the pandemic. The scarcity of the hospitals, hospital beds, oxygen, medicines and health service providers etc. is the major concern of the present crisis. We have also witnessed the shortage and black marketing of medicines, oxygen and other facilities. The recent trend of the governments' leaning towards neo-liberal approach has allowed private sector to earn super profits from the already crippled masses. This makes an urgent imperative to assess the health policy in general and emergency health policy in this crisis situation in particular. The public expenses on health services have to be assessed in the light of its inadequacy to meet the emergency needs. Another important policy issue is concerned with private health care providers and out of pocket expenses amidst the economic fallout.

The most disastrous effect of the pandemic was on the 'food security', particularly in the context of the poor, labourers, workers of unorganised sectors etc. The impact of pandemic on food administration, implementation of various food security schemes and beneficiaries has to be looked at in the light of the policy aspects. The roles of the public distribution system, civil society and the corporate world need to be assessed in the present critical situation.

The gender based issues of the pandemic have drawn the attention of the whole world. In India, and Bihar too, the pandemic has generated various issues as significant policy concerns in various ways - namely, enhanced role of women at home during lockdown, role of women corona warriors amidst hazardous conditions (BJPA Vol. XVII Nos 1 & 2 2020), women in voluntary roles, violence against women, increased domestic violence and so on. These gender based issues, arising out of pandemic, require to be addressed.

The impact of the pandemic has also been witnessed on defence sector. The recent policy reforms in areas of aerospace and defense industry, maintaining stock

of aerospace and defence products, defence public sector enterprises and its financial aspects have come into light. The situation has also stimulated the scholarship for assessing the public policy and governmental strategies in an objective manner, also in the context of management information system (MIS).

Further, the psychological consequences of pandemic, i.e. maintaining mindfulness among people need to be considered at policy level.

Last but not the least, the police administration has had to play challenging roles, in addition to their regular business. The police manual or such other laws are almost silent on prescribing role of police in such queer conditions. Thus, it is the responsibility of the academia to suggest policies in this regard.

Thus, every endeavour has been made to incorporate the above mentioned policy concerns in the present supplement issue of Bihar Journal of Public Administration, Vol. XVIII No. 1 'A'. In this phase of acute crisis and challenges, the IIPA Bihar Branch and the Editorial team with external support of experts have collectively put their hundred percent efforts to bring out the present number of the journal. Finally, although we have taken utmost care, yet we still solicit suggestions for improvement in the Journal.

R.K. Verma,
Editor

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INDIAN FEDERALISM AND THE ONGOING PANDEMIC: SYSTEMIC TRANSFORMATION AND ALTERED FEDERAL ARRANGEMENTS

Rekha Saxena* and Rounak Kumar Pathak**

Abstract

In wake of the cataclysmic pandemic, the expected cooperation between centre and state, in containing the outbreak, has only increased manifold. This appreciated the fact that no single level of government is equipped to this health crisis single-handedly. This also resulted in rigid compliance of the existing laws, viz. Epidemic Disease Act and Disaster Management Act. The significant role of various level of government needs to be acknowledged, while centre's focus has been essentially in achieving economies of scale in vaccine development, in setting up guidelines and directives for the entire administrative units in the country at all levels; states have persistently played a significant role in executing effective responses to health crisis. However, the series of conflicts between and centre and state governments around varied issues cannot be ignored. Such contentions in inter governmental reactions have been around the conduct of the exams, opening of the public spaces etc. Yet, the spirit of cooperative federalism remains an absolute requirement and necessity towards overcoming such health crisis.

Keywords: COVID-19, Cooperative Federalism, Centre-state relations, Epidemic Disease Act, Disaster Management Act, Dharavi Model, Bhilwara Model, NEET/JEE, Schedule VII, GSDP

The global pandemic has forced federal systems across the world into a cataclysmic ordeal. The exceptional spread of COVID-19 has emphasized the requirement for strengthening cooperative federalism to effectively react to this situation. As promising as it sounds, the role played by centre and state in handling and

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containing the ongoing pandemic, in their own ways and through cooperation and collaboration, needs to be understood from a federal outlook. A key feature of India's reaction has been the aforementioned cooperation between central and state governments. The necessity for reinforcement of cooperative federalism has become very evident with the collective and widespread realization that no single jurisdiction or level of government is equipped to handle and react to this health crisis all by itself.

Like in most federations, in India, the constitution lists healthcare as a responsibility allocated to state governments. In unusual circumstances, which the coronavirus outburst is classified as, the constitution allows for the Union government to support and coordinate between states. In hindsight, the early response of the centre, as was made evident by the pan-India imposition of the 1st and 2nd stages of the lockdown being implemented without consulting any state governments, seemed to be centralizing, highlighting the unitary tilt in the Indian federal structure. The all-pervasive guidelines issued by the Union trespassed upon areas that fell severely within the area of the State (State list in 7th Schedule of the Constitution). This included the State government offices (Entry 41), hospitals (Entry 6), shops and markets (Entry 28), industries (Entry 24), agriculture (Entry 14), and many others; said infringement eventually ended up paralyzing state finances.

Examining the size of active cases country-wise, India is positioned as nearly the seventh infected country in the world. Nevertheless, fatalities and total cases place India on third and second respectively. Whereas the recovery rate in India is on a constant recovery rate (94.74%), the fatality rate is at 1.45%. The rise in active cases have varied across the states/UTs. The rise in caseload has been regularly diversified from Maharashtra to Kerala to West Bengal and then to Delhi. Punjab (3.15%), Maharashtra (2.57%) and Gujarat (2.23%) have been the worst states/UTs with regard to fatality rates. Around thirteen states have observed their fatality rates higher than the national average. Though Maharashtra has been the most infected states, the states of Karnataka, Andhra Pradesh, Tamil Nadu and Kerala in the south have followed with most affected states. Further, there is a different level of disparity with regard to highest test positivity rate (percentage of people testing to be positive for COVID-19 infection). Nonetheless, Maharashtra with 16.29 is the forefront followed by Goa (13.45%), Chandigarh (11.77%), Nagaland (9.96%) and Kerala (9.62%). Yet, highest number of tests per million population have been conducted in Delhi, Jammu & Kashmir, Andhra Pradesh, Karnataka and Kerala (Business Standard, 2020).

However, one can also argue that, through the Prime Minister's video meetings with various Chief Ministers, Administrators, and Lt. Governors, input and proposals from states were gradually taken into consideration. This signified

the larger reinvigoration of leeway of the states. Additionally, when it comes to the gradual lifting of limitations and extension of relaxations, lockdown 4.0 was markedly different from the earlier stages. In contrast to the previous phases, states were given larger autonomy (for instance, they had control over the classification of red, orange, and green zones) Moreover, states were now able to seal their borders (e.g. UP, Haryana, Karnataka) to stop the entry of people from neighboring states for the purposes of containment. Starting at Unlock 1.0 (from June 1 2020), both the centre and the states started to play pivotal roles in further reopening the economy. Additional autonomy was protracted to the states as they were able to declare any area within their territory a buffer zone (and subsequently implement containment restrictions).

In terms of executive federalism, it was enthralling to observe India's attempt at a pandemic response through executive order (which is in line with approaches adopted by several other federal countries). All previously enacted laws have been utilized to deal with this situation. The legislature in question did not make an unnecessary or redundant appearance. Australia was likely the only federal system where the parliament actually had to exactly pass legislation to deal with the present pandemic.

COMPLIANCE OF DIRECTIVES

A better understanding of federal framework requires further inspection, not only of the existing division of power between the centre and the states, but also of the available laws that were used in containing the outbreak. In the majority of federal countries, including India, the constitution lists healthcare as a responsibility that belongs to the state, but, as aforementioned, the central government assumes a larger role in extraordinary circumstances, as it has in this pandemic in form of a multifaceted lockdown, which, in turn, has aggravated economic downturn. Since economic and social planning is a subject in the concurrent list, it was, once again, the central government that assumed accountability for the general management of the economy during the lockdown.

We also observed the skillful utilization of the Epidemic Diseases Act 1897 (which is a central law in India), that was used to constitutionally back up both the central and state governments in their regulation of the increase of epidemic diseases. Provisionally, state governments/union territories are empowered by this act to take preventive action and enact regulatory measures for the purposes of outbreak containment. For instance, the legislation allows states to impose such provisional regulations as banning public gatherings, closing educational institutions, random checks/inspection of persons travelling by railways or otherwise, etc.

As the situation seemingly worsened, the state of Karnataka was the first to execute the act on March 11. Haryana, Maharashtra, Delhi, Goa, and others also implemented the act soon after. Eventually, the central government also directed all states to invoke provisions of section 2 of the act in order for the health ministry advisories to be rendered enforceable.

Additional noteworthy act is the Disaster Management Act of 2005: constitutionally, Disaster Management is part of the residuary power of legislation which, according to Article 248 of the Indian constitution, lies with the Indian Parliament. While the Disaster Management Act 2005 belongs to entry 23 of the concurrent list (namely, “Social security and social insurance, employment and unemployment”), it was intended to deal with disasters at both central and state levels. The union government officially classified COVID-19 as a “notified disaster” on March 14. The act allows both the central and state governments to levy a complete lockdown and regulate people’s movement/activity.

RESPONSES TO PANDEMIC BY MULTI LEVEL GOVERNMENTS

While centre’s focus has been essentially in achieving economies of scale in vaccine development, in setting up guidelines and directives for the entire administrative units in the country at all levels; states have persistently played a significant role in executing effective responses to health crisis. The frenzy of efforts that the central government has made towards widening coronavirus testing and intervening in the financial sector to alleviate growing public concerns should be evaluated in line with the tangential efforts of various states. These states had to come up with (and implement) innovative methods in dealing with the crisis. In regards to the declaration of relief measures, actions taken by state governments reemphasize the necessity of a strong federal structure for effective governance. For instance, Kerala was the first state to publicize a stimulus package of INR 200 billion (USD 2.6 billion). A week later, the central government declared a stimulus package worth USD 22.6 billion to help people during the crisis. This relief package included free food grains and cooking gas for the poor (lasting three months), along with cash incentives for women and low-income senior citizens (for the same amount of time). Yet another important initiative was taken by the state of Odisha, even before coronavirus cases began spreading in the state. The self-quarantine measure was promoted by Odisha, for the people who could return to their family/homes amidst pandemic. Consequently, almost 84000 of the state’s population were quarantined for effective containment of COVID-19. An online portal for the mandatory registration of the people entering the state was also launched and put into effect. Such a measure could aid the govt. in tracing the infected and carry out futuristic screening. The micro-containment and house-to-house surveillance strategy that the Punjab government employed in tackling the outbreak received

praise from Prime Minister Narendra Modi, who would go on to ask other states to follow the same model (Tribune News Service, 2020).

It must be noted that district administrations have been incredibly proactive as well, in containing the pandemic. The efforts of the Bhilwara district administration in Rajasthan and the Dharavi Model of Maharashtra, in particular, stand out. The Bhilwara district administration agreed an effectively aggressive approach towards containment, especially the multiple screening of the residents. The dedicated hard work of officers at various levels within the district was responsible for district's surmounting success. This invited appreciation from all the corners, motivating centre to implement the so called the Bhilwara model of containment in the worst affected regions of the country. In Dharavi, the Brihan Mumbai Municipal Corporation began screening people on a gargantuan scale. Each household was visited and fever camps were set up. Aggressive use of thermal screening and gauzing the blood oxygen level using pulse-oximeter was ascertained. By screening about 400,000 people, around 15,000 potential cases were pre-emptively removed. Among those suspected to be the carrier of COVID-19 virus, symptomatic people were quarantined and checked afterwards. The people with COVID-19 symptoms were isolated in separate wards and those who tested negative were quarantined for an additional 14 days. While 'test-test-test' was the so-called general go-to measure, it was 'screen-test-screen-test' on the ground in Dharavi, a defining feature of the Dharavi model that demonstrated how efficient testing could provide a solution to potential resource and kit shortages (Kaur, 2020).

The utilization of proactive tactics by the Agra city administration in classifying symptomatic persons while pursuing testing meticulously and enforcing strict quarantine rules, proved highly efficacious. The city administration implemented a policy of compiling a list of people returning from foreign locations, along with logging their family and other close contacts (as a form of contact tracing). 'Hotspot' status was assigned to neighborhoods in which confirmed cases lived, with a three-km radius containment zone set up around them (along with another five-km radius area, which was designated as a buffer zone). Keeping the essence of cooperative federalism, the union health ministry consistently and enthusiastically supported the administrations' containment plans. At least 2,000 health workers were consistently working to keep the outbreak at bay, and over 3,000 ASHA (Accredited Social Health Activists) were enlisted to help with the door-to-door surveillance of over 160,000 households (which comprises over a million city residents). Agra's comprehensive and thorough containment efforts rendered it yet another case study for other states (and cities) to emulate.

However, the peak of cooperative federalism was viewed with COVID-19 management in Delhi. In response to the exponential rise of infected cases in June (which placed Delhi firmly in the grip of the pandemic), both the central

government and the government of NCT made a joint effort to come together in improving the situation in Delhi. (The Hindu PTI, 2020)

The pandemic also proved to be a source of much motivation for intergovernmental collaboration during the lockdown. In three months, the prime minister reached out to multiple chief ministers through video conference meetings. States confirmed their support for the extension of the lockdown while also seeking extra financial sustenance from the union in order to improve their gloomy financial health. Time and time again, the integrated decision to extend the lockdown was appreciated by the Prime Minister.

SERIES OF CONTENTIONS IN INTERGOVERNMENTAL RELATIONS

Despite the stellar efforts put up both centre and state, there have been instances of disagreements between them. The current pandemic has been indicative of the use of federal provisions by the centre to introduce important reforms. Most importantly, set of reforms have been introduced by the centre in areas such as agriculture which falls in the domain of states. Such instances question constitutional working of Indian Federalism which during the pandemic has not been in line with the actual relationship that exist between centre and the state government.

In between lockdowns, an instance of disagreement cropped up between the state of Kerala and Union Ministry of Home Affairs due to the state's decision to allow start of eateries and local public transport, a decision which the central government considered to be violative of previously agreed upon lockdown guidelines. Further, in evolving a nuanced observation of the ongoing pandemic containment in the country, the Union Ministry of Home Affairs identified certain districts where the coverage was classified as "especially serious". Seven districts in West Bengal, Delhi, Indore in Madhya Pradesh, and Pune and Mumbai in Maharashtra, among others were recognised. Inter-Ministerial Central Teams were sent to these locations to try and assess the situation and subsequently propose further preventive steps. Nevertheless, West Bengal Government objected to central intervention, citing doubts about the constitutionality of sending such group of people under the Disaster Management Act, 2005. The West Bengal state government without segregating the norms for the basis of selection of those districts in West Bengal, considered those measures to be antithetical of the spirit of cooperative federalism.

Throughout unlock 3.0, the Centre adopted a bleak view of most states issuing persistent restrictions on the inter-state and intra-state movement of people and goods. Such restrictions, according to the centre, only hindered economic activity (as well as employment rates). Consequently, the Ministry of Home Affairs conveyed these concerns over local restrictions that lessened the movements of people across various districts to all states and UTs. The Chief Secretaries of the

states were instructed to not go against paragraph 5 of the unlock 3.0 guidelines of the central government, and were told to abstain from further restricting inter-state and intra-state movements. (The New Indian Express, 2020)

By the time unlock 4.0 came around, local lockdowns could not be inflicted by the states or the UTs (beyond the containment areas) without prior approval being obtained from the MHA. Additionally, no restrictions on the interstate and intra-state movement of the people and goods were to be strictly adhered to. This provision was also extended to facilitate the cross-border trade between states and neighbouring countries. Most importantly, the requirement of the e-permit (or e-pass) for movement across the state (and states) was eliminated. (The Hindu, 2020)

The synchronization, resolution and upholding of standards of higher education was conferred upon the University Grants Commission. In July, the UGC released its rules for the conduct of national final year examinations. These guidelines were organized by an expert committee that suggested that universities conduct these examinations by the end of September in through offline (pen & paper), online, or blended (a combination of the first two) means. This decision promptly resulted in a steady stream of objections from multiple sources: not only students, but state governments as well, denounced the UGC-presented guidelines and subsequently took the matter to Indian Judiciary. (NDTV Education, 2020)

The state governments of Maharashtra and Delhi made efforts to cancel the final examinations by invoking the Epidemic Diseases Act and Disaster Management Act. Yet, the UGC argued that these pieces of legislation didn't have the ability to render the statutory provisions of the University Grants Commissioner Act insignificant. Decisions by each respective state could have potentially significantly impacted the standards of higher education, something the UGC considered to be an infringement upon role of parliament of coordination and regulation of excellence of higher education (falls in union list of Schedule VII of the Constitution). In its ruling on August 28, it was decided by Supreme Court of India that the act of graduating final year students sans conduct of end-year university exams-consequent of COVID-19 pandemic- cannot be undertaken by the state governments. The states were only given the leverage of requesting UGC to extend the deadline for the conduct go the end-year examinations. (Mahajan, 2020)

The conflict between the centre and the states also extended to the conduct of the NEET (the medical entrance exam) and the JEE (the engineering entrance exam). The centre extended full autonomy to the National Testing Agency (NTA)—which is an autonomous, independent, and self-sustained central government testing organization that specializes in conducting entrance examinations for admission/fellowship in higher educational institutions(National Testing Agency,

n.d.). The NTA would go on to finally conduct the exams after many months of delay; this still resulted in demands for even more postponement from many states.

Mamata Banerjee, Chief Minister of West Bengal prompted all Chief Ministers to move the Supreme Court (together) in an attempt to postpone the NEET and JEE exams for the purposes of preserving student safety. Subsequently, seven chief ministers of non-BJP-ruled states decided on jointly moving the Supreme Court with regards to a plea/demand for postponement. Some of the chief ministers who attended the meeting were West Bengal's Mamata Banerjee (TMC), Maharashtra's Uddhav Thackeray, who is heading the Shiv Sena-NCP-Congress government, Punjab's Amarinder Singh (Congress), Jharkhand's Hemant Soren (JMM), Rajasthan's Ashok Gehlot (Congress), Chhattisgarh's Bhupesh Baghel (Congress), and Puducherry's V Narayanasamy (Congress). In response, the NTA extended their support to better facilitate candidates' local movement in hopes that they would all be able to reach their testing locations/centres on time. Despite the states' fears regarding the nationwide examinations potentially exacerbating the spread of coronavirus, the NTA was able to conduct the exams well with the judgement of the Indian judiciary in their favour. In fact, the states inadvertently ended up actually supporting the conduction of the pertinent exams. Health secretaries were requested to help NEET officers and District Magistrates and police officers to guarantee an comfort of movement and manage crowds, as well as maintain general law and order. Thus, a massive centre-state conflict shifted into a collaborative and cooperative effort towards protecting the future of the students. (India.com News Desk, 2020)

COOPERATIVE FEDERALISM AND THE ROAD AHEAD

India has been receiving worldwide praise for its controlling of the outbreak, especially seeing its immense population density, but there were admittedly condemnations concerning the quick imposition of the nationwide Lockdown. The federal government could have managed the outbreak in a much more effective manner if they had consulted the states from the very beginning. Additionally, a few days' notice to ease into lockdown (instead of the abrupt one that occurred) would have allowed industries and manufacturers to adjust and make alternate arrangements. Above all, migrant workers and citizens should have been notified and assigned a proper deadline by which to return home in a prompt and timely manner.

Further, it would have been useful if funds from PM-CARES and PM RELIEF FUND had been transferred to state governments on the basis of each state's population and the proportional intensity/rates of COVID-19 cases in each respective state. An income tax rebate could definitely have been extended to contributions

made to the chief minister's fund. Before anything else, in place of having informal meetings, an official forum of the Inter State council should have been employed in establishing a standing committee that had the express responsibility of dealing with the situation. Assuming the amount of the far-reaching economic impairment that the states were put up with in the last 4-5 months, it would have been (and still is) more than necessary for the centre to announce past GST compensation dues as part of the growing fiscal catalyst.

The borrowing limits of the states have been increased from 3% to 5% of their GSDP (Gross State Domestic Product). But only first 0.5% is unconditional whereas the rest of the borrowing is dependent upon states' initiatives in introducing reforms in areas such as power sector, urban development, job creation etc (Burman, 2020). The states' capability to borrow should be unconditionally strengthened. This become even more imperative as by the end of 2020-21, most of the states are going to witness twice the increase in their gross fiscal deficits. This is consequential of the financial strain that the states are going through due to existing pandemic situation. The conundrum of facing decline in revenue as a result of the economic slowdown and incurring higher expenditure in order to contain the outbreak simultaneously, has paved way for a phenomenon called as scissor effect. Covid 19 has contributed the old school backward looking tax buoyancy foretelling models capricious therefore making the forthcoming years for the states unwieldy. As the growth is probably declining, tax revenues for the states are possibly going to be lessened in the years to come because the tax revenue drop sharply bitterly in contrast to the GDP. The prevailing scissors effect would only be extended due to heavy spending on health. Further, there would be cut down in the unforeseen liabilities (guarantees). The repercussion would be suspension of future investment projects that will in the end bring about growth losses. (Mathew, 2020)

Furthermore, for the effective rollout of the vaccination programme in the entire country in a phased manner, the centre issued directives to the state government and instructed them not to come out with an isolated plans for vaccine rollout of their own. To warrant this, an expert committee on vaccine administration was set up by the central government- the committee would oversee the vaccine rollout. It was expected out of the states to adhere to the directives given by the committee in ensuring the coordinated action of vaccine rollout. Although it may seem centralising on the surface however, this was done to only roll out vaccine in a planned, coordinated and cooperative manner. Thereupon, this was another instance of effective cooperation between centre and state in containing the outbreak. (The Hindu, 2020)

Highlighting the noteworthiness of cooperative federalism, Prime Minister Narendra Modi had emphasized upon the recognition of it as a hallmark in outbreak containment in times to come. It is crucial that, regard of the distribution of roles

and responsibilities, all levels of government work in close coordination with each other in the spirit of cooperative federalism- an absolute requirement and necessity towards overcoming this crisis.

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THE COVID-19 PANDEMIC AND THE MIGRANT CRISIS IN INDIA: AN ANALYSIS

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Abstract

The COVID-19 has posed an unprecedented challenge for India. One of the most significant and visible consequences of the pandemic is migrant crisis. Due to sudden and unplanned lockdown the migrant workers have to bear the worst burden of the epidemic in terms of lives and livelihood. Migrant crisis during the coronavirus pandemic has revealed multilayered relationship between the migrant workers and the virus. This paper seeks to analyse the contemporary migrant crisis highlighting the vulnerability of the migrant workers in terms of mobility, social security, health management as well as policy relief measures taken by the government.

Keywords: COVID-19, Pandemic, Supply Chain, Informal Sector, Health Care, Social Security, Mental Health.

The COVID-19 pandemic is the biggest and worst crisis of the history because it is a threefold crisis – health, humanitarian and economic crisis. Transcending the boundaries of nation-state, this highly contiguous corona virus has engendered the lives of millions of people cutting across several continents. The current crisis seems to be different from the previous crisis, e.g., Great Depression of the 1930s, as it is causing unseen disruption in both demand and supply. Impact of Covid-19 outbreak has strongly been felt by international trade and global supply chain.

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The Editor expresses grief on sad and sudden demise of the author. May God rest the departed soul in peace.

In this context various scholars contends that pandemic 'has affected the both supply chain and the demand causing labour market to shrink. The disruption in production creates ripples in the bottom of the chain affecting labour and result in deeper shocks and vulnerability' (Rajan et.al., 2020).

STATE RESPONSE TO THE PANDEMIC IN INDIA

The COVID-19 pandemic created nightmare worldwide, nation-state have focused on the management of public health by initiating a war against the virus through some legal responses, to curtail its spread at national and local level. Unlike the United Kingdom and Singapore India did not enact COVID-19 Law and relied on Disaster Management Act 2005 architecture and colonial Epidemic Disaster act of 1897 to tackle the Coronavirus pandemic.

In order to curb the spread of the virus, the government of India announced a nationwide lockdown from 25 March, 2020 (on the notice of 4 hours), which continued for about two months. It was the biggest and the most stringent lockdown enforced in the world. With businesses closed, supply chains disrupted, railways and inter-state bus services suspended, timelines extended and contracts terminated, this exercise has caused the organized sector unprecedented economic losses. In the unorganized sector there has been a complete breakdown with little or no legal recourse for those who are affected. While the lockdown aimed to contain the COVID-19, 'a legal and legislative audit of this exercise has evaded scrutiny so far' (Shunmugasundaram, 2020).

The state response to the pandemic reflects its internal fault lines in dealing a crisis situation as the COVID-19. The place of migrant labour in the crisis manifests these fault lines in a dense manner. The range of policy problem and debacles in handling the COVID-19 crisis 'arises from the ignorance of the phenomenon of mobility of the virus. The 'idea the threat is from outside has been the basis of a law and order approach to cope with epidemic' (Samaddar, 2020 b: 3). This policy perspective reveals the inherent contradiction of such an approach, which contributed to the making of the 'migrant crisis' and the 'public health crisis' in India.

THE MOST STRINGENT LOCKDOWN: WAR ON THE INFORMAL LABOUR

India according to Harsh Mander and Amitanshu Verma witnessed 'the harshest lockdown in the world coupled with one of the smallest relief packages' (Mander and Verma, 2020:1). Lockdown measures have disproportionately affected migrant workers (Kapoor, 2020). It has left in its trail catastrophic sufferings imposed by the state on the migrant labour. Economist and Professor of Development Studies, Barbara Harris White depicts the lockdown a 'declaration of war' on the informal labour through 'policy inaction' towards their survival.

Lockdown requires isolation, social distancing and sanitization, which are not possible in congested areas of slums. If 5-10 people live in a room, how is isolation possible? Frequent washing of hands is required but how is that possible without clean water and soap? In this context, Arun Kumar aptly remarks that 'while lockdown works for the middle classes and the well-off sections, who have the facility to work from home, it is next to impossible for the poor unless the state steps in and make arrangements. There has to be free testing and hospitalization, provision of essentials of life and clean water wherever the workers are. The prerequisite for a successful lockdown were not put in place enough, consequently the lockdown has been only partially implemented, allowing the disease to spread' (Kumar, 2020: 7).

One of the most visible consequences of COVID-19 pandemic is the migration of people from city to villages. The invisible became visible. The Indian government statistics had not computed the exact number of migrants swarming the city. The 2011 census puts it at 450 million who have migrated to different parts of the country, though it leaves out the short-term migrations. Using railways data and cohorts-based migration between 2011 and 2016, the Economic Survey of India has computed as annual average flow of close to 9 million people migrating between the states significantly higher than the census estimates (Economic Survey of India, 2017-18).

Migration is not a new phenomenon. What distinguishes the old from the new migration is the systematicity of movement coupled with unobtrusive logistics of management of migrants, on the one hand, and the viability and surety of returning home at the time of crisis, on the other. The returning home in the COVID-19 is one such example. The city's opulence could not sustain the migrants, thereby unveiling the rickety and unjust resource distributive systems, namely – health, education, wages, and welfare schemes – of the economy leading to reverse migration. It is the biggest ever reverse migration witnessed in the history of India. According to Amitabh Kundu and Mohanan's (2017) estimation, among 22 million people destabilized 12 million have returned home. According to another source, about 30 million people or 15-20 percent of the total migrants have returned. The informal sectors that account for 93 percent of migrants' employment suffered significant casualties. According to industry estimates, about 80 percent of India's 470 million workers are employed in the unorganized sector. Pulling rickshaws, selling vegetables, building, malls, or working as domestic help, they toil to keep the wheels of the informal economy turning.

The countrywide lockdown to contain the virus relegated the migrant labour towards a pathetic situation marked by hunger, homelessness and unforeseen miseries. According to a Survey of Migrant Workers Action Network (SWAN) conducted in middle of April 2020 (sample survey of 1,11,159 migrant workers)

revealed that 90 percent of them were not paid their wages in various states, 96 percent did not get ration from government outlets and 70 percent did not get cooked food during lockdown (The Hindu, 20 April, 2020).

The lockdown drove the migrant labour on the margins of further alienation, insecurity and humiliation. In the first few days of the nationwide lockdown, the country witnessed a mass reversal of migrant workers from cities to villages posing humanitarian and health challenge as well as an unprecedented logistical nightmare. The invisible migrant workers suddenly became visible into mainstream media with recurring images of unending processions of workers deprived of overnight of work, shelter and money marooned in cities, facing hunger and health risks, and leaving to their villages.

Trudging long distances with their families – men carrying young children on their shoulders, the women with their belongings hoisted their heads – going without food in their bellies for long stretches, often-risking the ire of policemen, with no relief in sight, they have been reduced to the status of detritus (Singh et.al, 2020:2). These migrants labour while walking to foot or suffered significant casualties on the way. It also shows a light on their Dickensian working condition, exposing the dark underbelly of India's labour industry (Kumar, 2020; Lal, 2020). Reports have highlighted how the underpaid workers remain outside the ambit of labour laws, with no social security nets to boot (Chaudhary et.al., 2020; Bales, 2020).

In this context Ranbir Samaddar contends: 'for the state, the migrant workers are a nightmare for the task of logistically organizing the society. For the migrant workers the programme of logistical reorganization of society is a nightmare. This is true of capitalist economy in general. It is true of India also. The logistically organizing society meant closure, closure of the modern economy, course of the border movement of bodies, and community living spaces. By constructing borders in the 'economy of life', the state began to erasure of people, made dispensable. How do we understand the simultaneity of visibility, presence in economy and absence in the formal sector?' (Samaddar 2020a: 14-15).

In sum, large-scale reverse migration has opened up a pandora box of how the role of labour viewed in India's growth trajectory. As Indira Hirway and Neha Shah remarked in their article, Labour scarcely makes it to the 'neo-liberal agenda. 'Neo-liberal policies do not directly address labour and employment in the sense that these factors are not at their core. Instead, their benefits were expected to trickle down to labour through the functioning of the market' (Hirway and Shah, 2011). Thus, it is also true that the adverse effects of the neo-liberal regime on labour are slow in receiving adequate and proactive attention.

The ruling classes ignore the right to dignified life to the labour and argue that the marginal improvement in material conditions of many workers is enough. They

even imply that the workers ought to be grateful for this slight unequal economic system. In the ruling economic ideology, equity is not high on the agenda. 'Consequently, neither the state nor the businesses grant workers their rights. For example, large numbers do not get a minimum wage or social security or protective gear at worksites. The fruits of development, in the last 75 years, especially since 1991, have been cornered by businesses by hook or by crook. They have made profits not only in white but huge sums in black too' (Kumar, 2020).

ABSENCE OF SOCIAL PROTECTION MECHANISM

The exclusion of informal workers from social-protection mechanism further enhances their vulnerabilities. According to International Labour Organisation estimates India's population is the most vulnerable in Asia and the Pacific region in terms of access to social protection provisions. In India migrant workers are 'largely left out in social security coverage as majority of the rural-urban migrants are mainly in casual wage sector or in self employed in the informal sector. There is a visible lack of social security coordination between the various states in India, though sometimes there is visible source and destination and most of the instances the 'invisible' nature of migration predominates in the labour market' (Rajan et.al. 2020).

The challenge of the pandemic is compounded by specific policies of dispossession and derogation of labour rights. The sudden and unplanned enforcement of the lockdown without any support measures for labour migrants had made the conditions of the latter extremely insecure, unsafe and chaotic. In this context one scholar contends 'the condition has worsened due to state negligence and apathy towards migrants also xenophobic attitude of communities towards returnee migrants' (Samaddar, 2020b: 20). One can observe the crisis of the labour migrants at three spheres: at destination, transit, and at source. Appropriate policy responses needed at all three spheres in order to ensure safety, security and dignity of labour migrants the governments did not ensure rent free accommodation for labour migrants, pay of wages and access 'legal entitlements' to public distribution system, cash transfers to the migrant workers have been few and far between. There is no policy to look after while ensuring their food, shelter and other minimum needs. There is likewise no policy to ensure their smooth and safe transportation back home. There is no mandatory registration of workers, so that their needs could have been attended in time of crisis like this (Ibid).

The central government announced on 9 April 2020 that Rs. 3000 corers had been distributed to 20 million registered construction workers. Also, the govt. announced free food grains to migrant workers and concessional credit to farmers (Times of India 10 April 2020, The Hindu, 10 April 2020). The finance minister announced 8 crore migrants will get 5 kg of grains and 1 kg of pulses free for two months (now extended upto November).

However, government announcements reveal its piecemeal approach to resolve the problem of migrant workers. A large number of construction workers fall under the category of the migrants, and like many of the migrant workers they are not registered, and are thus left out of the cash transfer scheme offered by the government same thing happened with food distribution. The government announced free ration for 3 months for 80 million people who had got ration cards. But the migrant workers have their ration cards in their home states, and thus when needed access to food in their respective workplace they were deprived of access to food. Thus, benefit of cash support and access to Public Distribution System (PDS), the stranded migrant workers were forced to come out from their shelters and take to the roads.

The existing pieces of labour legislation such as Contract Labour Regulation and Abolition Act 1970, Inter-State Migrant Worker Act 1979, The National Disaster Management Act 2005 and The Labour Code 2019 are merely paper tiger and have no relevance in addressing the current crisis faced by the migrants thrown out from the urban centres. It reveals the passive role of the Indian state in relation to migrant labour (Sen, 2020: 3-4). This manifest a close alliance between big capital and the ruling class indicated in official policies to protect the interest of big capital.

Now using COVID-19 as a pretext workers' right are being further curtailed. The even more cruel paradox is that instead of being shamed by their unreasonable neglect of labour rights of migrant labour many state governments tried to use pandemic to further weaken the feeble protections which law currently provides (Mander and Verma, 2020: 6; Sood Paaritosh, 2020). In the Uttar Pradesh, Madhya Pradesh and Gujarat atleast fourteen labour laws like the Minimum Wages Act and industrial Dispute Act are being suspended for three years in an effort to attract capital and revive economic activity.

Even before the new labour laws have been passed in the parliament, some states like UP, MP and Gujarat suspended existing labour laws and allowed the employers to have a free run their respective businesses. The workers would be forced now to work 12 hours working shifts, six days a week ruling out the provisions under Factory Act 1948, of paying overtime at double rate of normal rate for the extra hours. By further excluding desperate, vulnerable workers from the few feeble labour rights protections, this has been labelled by Shah and Lerche as their 'super exploitation' (Shah and Lerche, 2020).

MIGRANT WORKERS AND HEALTH MANAGEMENT CRISIS

During the lockdown the migrant workers have been the worst sufferers of the pandemic and the health management crisis. The pandemic has pushed the migrant workers under the grip of combination of fear, panic, insecurity, anxiety, stigma and depression. Coronavirus aggravated the existing vulnerability of migrant workers.

During the lockdown migrant workers received no support from the public health infrastructure in the places they were working or when finally reached 'home'. They were treated as they do not belong to 'public'. They were deprived of health insurance, minimum medical assistance card, and social security card or welfare measure (Samaddar 2020b: 8). The absence of strong public health system and Public Health Emergencies (PHEs) legislation in India has resulted in extreme containment measures coupled with coordination and communication failures, leading to the large-scale displacement of labourers (D'souza, 2020).

The effect of COVID-19 on the psychology and mental health have been varied and complex. Besides, the mishandling of migrant mobility, police aggression, mistreatment at hands of officials, delayed transport and scapegoating of migrants has ramification for the physical and mental health of migrant workers as well as trust deficit (Rajan et.al 2020). While COVID-19 pandemic is a great equalizer, and can attack everyone irrespective of class, caste, gender, age, ability, religion and region. However, migrant labours are perceived as carrier of disease. Migrant body faced new challenge of 'ostracization', social exclusion stigma as new surveillance mechanisms are enforced (Dey, 2020: 103).

In these tumultuous times, humanity and human sensitivity are being compromised under the spell of 'fear', the fear ranges from material to personal domains.... the fear is evident from the spray of chemical by the government official to emerging social tensions in the inter-community relationships' (Jha and Pankaj, 2020: 61).

CONCLUSION

The coronavirus crisis generated multi-dimensional adverse impact on the migrant workers. Migrant crisis also brings in the ethical and political implications of the pandemic in India, especially for country's migrant workers. It raises questions about the place of labour in the neo liberal economy, labour right regime and the issue of social justice. It is imperative to revisit and restructure alternative inclusive and migrant labour centric policies to mitigate the fallout of the pandemic and for the better management of migration issue in the near foreseeable future.

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CONDITION OF MIGRANTS OF BIHAR AMIDST CORONA CRISIS

Barna Ganguli* and Bakshi Amit Kumar Sinha**

Abstract

Covid-19 pandemic has brought a tidal-wave of consecutive impacts on social, economic, cultural and public health systems. While pandemics and their impact are not completely unknown to human beings, it seems the modern world was not very well prepared for this global-scale pandemic. As we learn by taking steps to manage and minimize its effects on the human population, it is important to consider the greater burden that COVID-19 has put on migrants, calling for a fresh design for the emergency response. The pandemic has disproportionately affected the states of India. The capacity to respond is also different in different states. For disadvantaged states like Bihar, where sizable proportion of the population have migrated to other states and country for earning, the pandemic raises the challenge of reverse migration and livelihood. In this pretext, the paper tries to answer some basic questions in the context of Bihar – (i) what is the pattern of migration? (ii) what is the impact of COVID-19 on migrant's health and psychology? (iii) what is the effect of Covid-19 on migrants and economy (iv) lastly, the government's responsiveness.

Keywords: Bihar, COVID-19, Economy, Hotspot, Labour, Migration, Remittance

Journal of Economic Literature (JEL): 015, J61, J6, R23

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INTRODUCTION

According to International Monetary Fund (IMF), the global growth is projected at (-) 3.0% in 2020, which is far worse outcome than of 2009 global financial crisis. However, in such adverse situation, the projection shows that several economies like India will grow but at a modest rate of 1.9%, which is 2.3 percentage points less than that of 2019 growth rate at 4.2%. As per CMIE (Centre for Monitoring Indian Economy), after five weeks of lockdown, India's unemployment rate has risen to 23.52% in April 2020 which is 14.8 percentage point higher than the previous month. But the situation appears to have worsened over the next few weeks as India is passing through one of the strictest lockdowns in the world to deal with the COVID-19 crisis. More specifically, the urban and the rural unemployment rates stood at 24.95% and 22.89% respectively. Among all states, the highest unemployment is in Tamil Nadu (49.8%), followed by Jharkhand (47.1%) and Bihar (46.6%). While the unemployment rate in India has been somewhat volatile between 21% and 26% during the lockdown period, labour participation rate dropped to 35.4% from 42.6% by April 26, 2020, implying that 7.2 crore people have quit the labour markets in April only.

The worst hit by the pandemic are the migrant labourers, who are panic stricken because of the problems being faced due to their job loss, daily miseries and stranded situation. Thus, majority of these workers are returning to UP and Bihar. The present article tries to ascertain the problems, which the migrant workers and consequently the economy of Bihar may face due to reverse migration in the coming time period.

HISTORY OF MIGRATION OF WORKERS

Bihar has a long history of out-migration and is widely known as a prime labour supplying state of India because all through the ages Bihar is a populous and agriculture dominated state. The root of current migration from Bihar can be traced back to colonial era when the 'Zamindari System' was prevalent in Bihar and there was abundance of landless labourers. The poverty and illiteracy were wide spread and the British Government also never took any initiative to industrialise the state or educate the society. So slowly migration started in mid-nineteenth century following the advent of railways and emergence of Bengal as the urbanizing and industrializing centre of India (Priyadarshini and Chaudhury 2020).

Since then the workers (skilled, semi-skilled, un-skilled) migrated to different parts of India to work as labour for both agricultural and non-agricultural activities. They are scattered all across the length and breadth of the nation, from Jammu to Kerala and Rajasthan to Assam. Though, the most favoured destinations for them

have been the economically prosperous states like Delhi, Haryana, Punjab, Gujarat, Maharashtra and Karnataka (GoB: 2020).

The workers specifically from districts of Siwan, Gopalganj, West and East Champaran often migrate to the gulf countries (Census 2011). While for women, marriage is a common driver of out-migration from Bihar, the significant share of these external movements is driven by male dominated labour migration to distant locations. Table 1 gives the picture of total out and in migration due to various reasons in Bihar.

Table 1: Reason of Migration in Bihar (2011 Census)

<i>Reasons for migration</i>	<i>Out Migration</i>	<i>In-Migration (Excluding abroad)</i>
Work/employment	22,65,021	57155
Business	1,46,140	5330
Education	1,18,237	5363
Marriage	18,18,091	814648
Moved after birth	1,73,803	12797
Moved with household	19,82,184	78884
Others	9,50,327	137777
Total migrants	74,53,803	1111954

Source: Census 2011, Registrar General and Commissioner of Census, India.

PATTERN OF MIGRATION

The incidence of out-migration from Bihar is probably higher than anywhere else in the country. A combination of circumstances, both natural and societal has created such a situation, where at least one member from the family has to venture out of the state to earn livelihood, the only way for survival. While migration from both flood prone and drought prone areas are not very new, the closure of a few finger-tip countable industries, low agricultural yields, as well as law and order problems and poor state infrastructures, particularly in sectors of health, education etc., have added to the outflow of the people. The state started to experience labour out-migration, which may largely be attributed to the pattern of regional inequality and underdevelopment, fostered in colonial period (Nandan and Bhagat 2015).

There is a marked increase in migration after the last bifurcation of Bihar in November, 2000, when the state of Jharkhand was carved out as a separate hinterland for the tribal dominated population. The migration data (in respect of the place of last residence) estimates that during the last decade Bihar experienced a noticeable increase in human movement. As per 2001 census, out of 82.99 million population of Bihar, in-migrants formed nearly 2.2% of the population, which means 1.83 million people were migrants. And as per 2011 census, out of

the 104.10 million populations, nearly 1.5%, which is 1.51 million people are in-migrants. Between 2001 and 2011, there has been an increase in out-migration and decrease in in-migration (Table 2). In 2011, the gross out-migration rates of Bihar were higher for high and middle income or industrial based states such as Haryana (5.2%), Punjab (4.7%), Maharashtra (7.6%), Gujarat (4.8%), Karnataka (1.2%), Delhi (14.8%), UP (14.8%) and West Bengal (14.8%). The main reasons behind migration for migrant workers were work and employment. (Chart 1).

Table 2: Total Migrants in Bihar (2001 and 2011)

Indicators	2001	2011	Variation (2001 and 2011)
Population	8,29,98,509	10,40,99,452	25
Total In-migrants (Inter-state &from abroad)	1831046	1510546	-18
Out-migrants	22,41,413	7453803	233
Net migrants (+/-)	4,10,367	59,43,257	1348

Source: Census 2001 and 2011

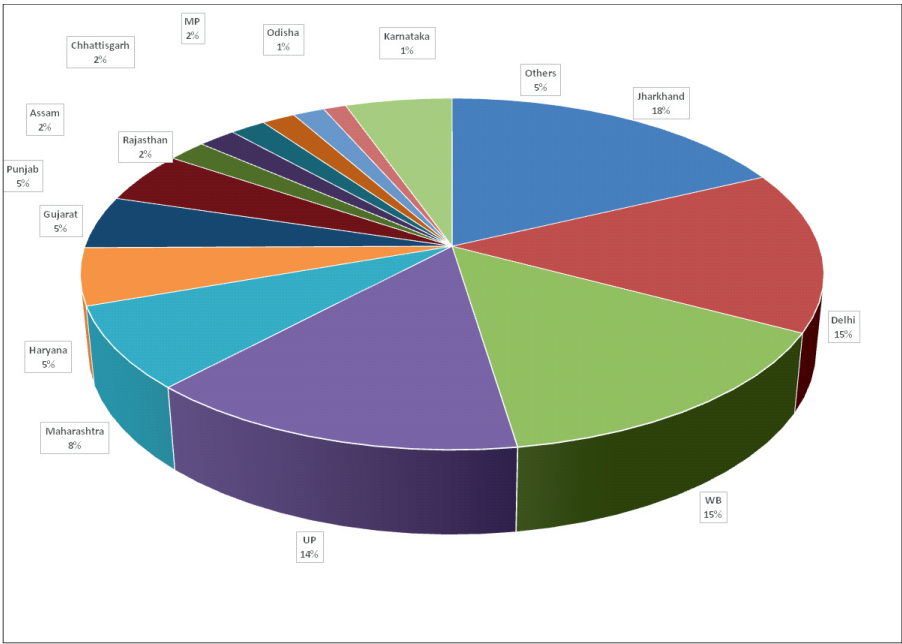


Chart 1: Out-migration to other States from Bihar (2011) (in percent)

Note: Others include 20 states which have negligible share in out-migration. These 20 states together add up to 5.4% of Migration from Bihar

The overall regional migration pattern in India shows a shift from agriculture-based states to industry-based states (Census 2011). It indicates the emergence of

new geo-economic pockets in the southern states of India, which have become more industrialised in course of time after the economic reforms of 1991, and has experienced more mobility than the agriculture dominated states of North India. Summarily, India's migration pattern is skewed. Uttar Pradesh and Bihar have a disproportionately high number of out-migrants. According to 2011 Census, about 20.9 million people migrated outside from these two states, which forms 37% of the total number of people who were inter-state migrants according to the enumeration. There is also an increase in the share of migration abroad. As per the figures of Protector General of Emigrants, Bihar is the second in the list with a contribution of 15% migrant labourers, particularly to the Gulf countries, whereas, Uttar Pradesh tops the list with 31% .

INTERNATIONAL MIGRATION

Despite growth in service sector, the overall proportion of informal workers in total employment in Bihar remained relatively stable, at around 86%¹. Hence, a majority of the workforce deals with some level of informality in their employment. Coupled with 6.8% rural and 9.0% urban unemployment rate in 2017-18, the opportunities to find formal employment with decent wages and job security are restricted. An ILO study shows that low-skilled migrant workers are earning approximately 1.5–3.0 times more wages in the destination countries (Kuwait, KSA and UAE), even when the wages are compared with the highest rate of minimum wages prevailing among the different Indian states. In such a scenario, emigration for work with formal contract and better wages are major driving motivations to leave.

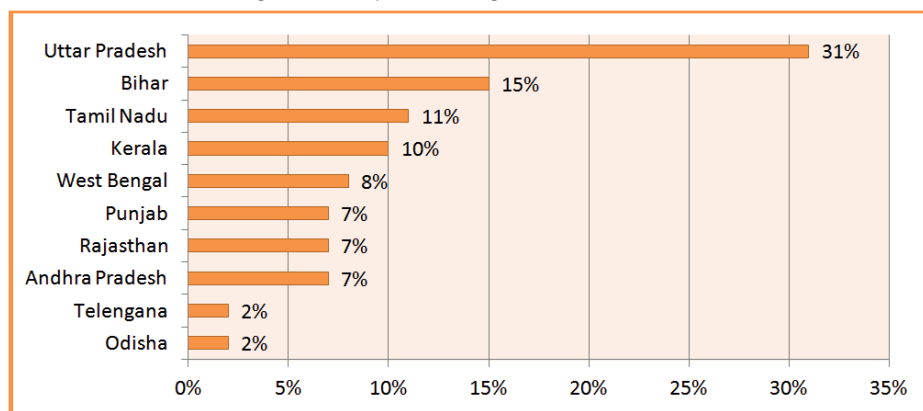


Chart 2: State-wise Emigration Clearance Granted (2011-16)

Source: Ministry of External Affairs, Government of India.

PSYCHOLOGICAL AND HEALTH CONCERNS OF MIGRANTS DURING COVID-19

Amidst the horror of Corona virus, the migrant labourers are in a state of confusion and returning back to their native places from different parts of India. Some of them walking hundreds of kilometres, barefoot even or riding bicycles, carrying their scanty belongings and literally dragging their hungry and thirsty children in the scorching heat to reach the safety of their homes. With the outbreak of Covid-19, the government had to impose a lockdown to check the community spread of virus. And due to this, unprecedented closure of factories, shops, work places and other economic institutions, the migrant workers find themselves between nowhere with a very uncertain future.

A majority of the migrant workers are daily wage earners and are facing an impending physical and psychological health crisis. In a horrendous situation like this, their paltry savings have dwindled, crisis of hunger is ahead and even thrown out of their shelters as they are unable to pay the house rents. They are the most marginalized and most vulnerable sections of our society, whose existence depend upon daily earnings and in times of such distress, concerns about the family, anxiety and fear of infection, they are forced to return to their villages or towns.

In the stir of Covid-19 disaster, the migrants are facing multiple traumas - losing jobs, leaving behind a good city life, exhausting all savings, physical exertion and finally un-acceptance by their native society. In normal situations the same remittance-sending migrants used to get warm welcome by their families on their return. But, due to the pandemic and fear of infection, migrant labourers are experiencing a kind of rejection by the community.

Like earlier, migration is not viewed with trepidation and fear, in fact it is a desirable social process that supported the cause of a global community. It is a distinctive process to improve one's economic status. We all know that Corona virus originated in a city of Wuhan in China and has travelled to all parts of the world. But there is a little argument over the theory that it is entrepreneurs, service-men, and entertainers, who travelled to various parts of the world, have contributed a lot to the dissemination of the virus in India (Tiwari 2020). This is especially true in the case of semi-skilled and unskilled migrants returning from the Middle East. Same is the case for migrants returning from Mumbai, Delhi, Uttar Pradesh, Madhya Pradesh, Rajasthan and West Bengal, where Covid-19 infection is rampant. Majority of the migrants are returning from hotspots (red zones).

Therefore, returnee migrants are at a higher risk of being carriers of infection. Almost every household in rural Bihar has someone staying outside the home, which is very much evident from the folk-song '*Bhave naahin bhavanan, ho ram, videsh gavanvan*' (*I don't care for palaces, Oh Ram, my beloved has gone to a foreign*

land). Thus, the crux of the story is while economic mobility adds to the GDP and foreign exchange reserves, it also brings with it negatives in the form of epidemics that have the potential to wreck large-scale destruction of humanity.

As migrants return from hotspots of different regions in Bihar, practising strict self-isolation will be the dire concern, as, 45% of Bihar's population live in one room, 30% in two rooms and 11% in three rooms (census 2011). The burden on government hospitals in Bihar, is almost double the national average. Similarly, the burden of each bed is five times higher than the national average (Kumar and Kumar 2020). In addition, poor sanitation adds up to this. However, drinking water conditions are better in Bihar, but the coverage under health insurance is very poor (Chart4). Thus, control of Covid-19 infection will be a challenge for the state.

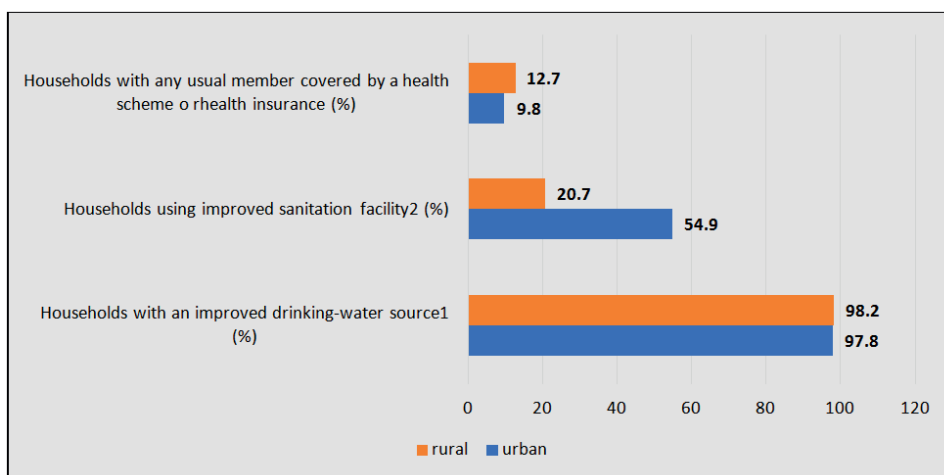


Chart 4: Health Insurance, Sanitation and Drinking Water (*in percent*)

Source: Census 2011

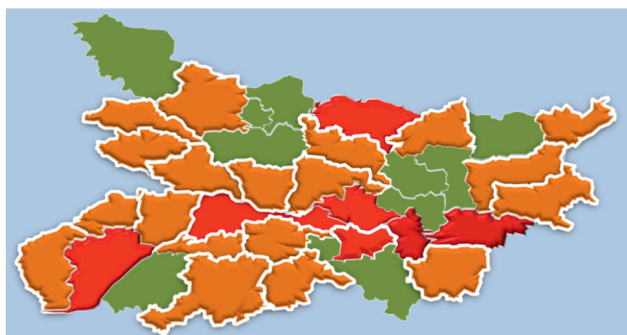
EFFECT ON ECONOMY

This covid-19 has also shown us the invisible power of migrants. Removal of them from the economy will paralyse urban and semi-urban areas, as they are there engaged as domestic helps to drivers, the vegetable sellers to the roadside food stalls or kirana store owners (Ghatak 2020). Six states (including Andhra Pradesh, Kerala, Maharashtra, and Tamil Nadu, which account for 30 % of construction activity) rely heavily on migrant construction workers from other states (Gupta et al 2020). The return of migrants would affect building activity in such states. The migrant labourers generally move from less productive sectors like agriculture to more productive sectors like manufacturing and services. But due to covid-19, most of these productive sectors are under lockdown. As per the Ministry of Health

and Family Welfare, 130 districts are in red zone, 284 in orange and 319 in green zones. Out of these, red zones account for 41% of national economic activity, 38% of industrial output and 40% of nonfarm employment, and more than half of India's consuming-class households (Gupta et al 2020). Thus, the informal sector labourers who have faced immense problem due to coronavirus, even after the crisis subsides, will not return to normal. To cope up, the wages have to be enhanced significantly. So, reverse migration in Bihar will have immense effect on construction and other sectors of the informal economy in the developed states of India.

IMPACT ON ECONOMIC ACTIVITY IN BIHAR

As the source of this virus is Wuhan in China, therefore, it has travelled from the foreign destinations through migrants, businessmen and tourists. It has spread rapidly in high economic activity centres. The migrants generally move to the destination where employability is high with better earning options. Due to lockdown, migrants got unemployed and, were bound to leave the work-place and go back to their destination villages. This will lead to income crisis of the vulnerable migrant workers as they mainly depended on daily wages. The central government has categorised the whole nation into three zones – Red, Orange and Green. In red zone, there is restriction on all activities except the supply of essential goods. While some relaxations were provided under orange zone and even more relaxation allowed in green zone with a strong condition of social distancing. Map 1 depicts the spatial Covid-19 status of districts of Bihar. As may be seen, seven districts including five high income districts (Patna, Bhagalpur, Begusarai, Rohtas and Munger) are falling in red zone. While, 20 districts come under orange zone and rest of the 11 districts are in green zone. It is important to note here that a total of 2.6 crore persons are affected by lockdown in red zone, which accounts for almost 22% of the population of the state. On the other hand, a total of 6.7% of the population resided in orange zone and 23.3% in green zone.



Map 1: Spatial status of zone under COVID19 of Bihar

Source: Developed by authors

Like other states, the impact of lockdown was also seen in different zones of Bihar. The covid-19 has impacted 41.3% of the overall economy in the red zone, 42.2% of the economic activities in the orange zone and only 16.5% of the economic activities under green zones (Chart 5).

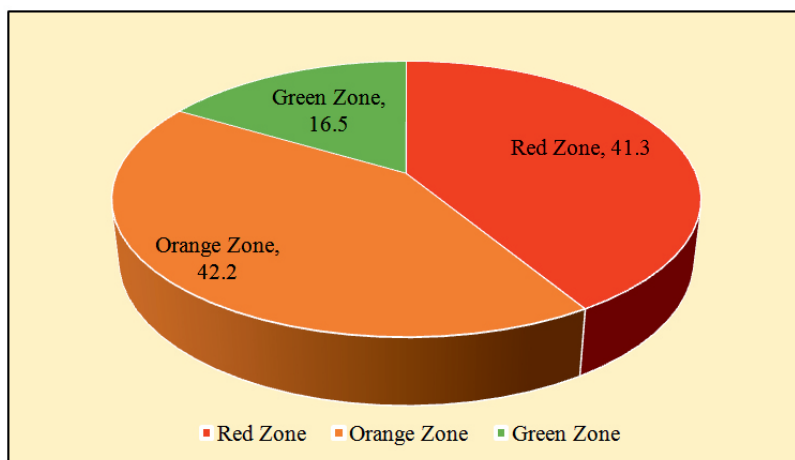


Chart 5: Impact of COVID-19 on All Economic Activities in Bihar

Table 3 highlights the zone-wise economic activities of Bihar. Except farm sector activities all other non-farm activities were under lockdown (excluding some services and manufacture of essential goods). The disadvantaged state of Bihar is doubly hit, on the one hand by slowdown in growth and on the other by reverse migration through unemployment. All these led to demand deficit and fall in supply. Out of 41% of economic activities in red zone, 36.4% comes under non-farm activities, of which industry is only 6%. However, industry sector contributes 9.0% under orange zone and rest of 3.7% in green zone. It is important to note here that industry sector contributes less than 20% in the economy. According to the broad category of economic activities, formal sector contributes around 57.3%, of which 31.7 % fall under red zone followed by orange (17.9%) and green zone (6.3 %). The data shows that the informal sector's contribution under red and orange zone is 9.7%, while the highest proportion is in orange zone (23.3%). Thus, the COVID-19 has impacted the Bihar's economy in a big way.

Table 3: Zone-wise economic activities in Bihar

<i>Economic Activity</i>	<i>Red Zone</i>	<i>Orange Zone</i>	<i>Green Zone</i>	<i>Total</i>
All Economic Activities	41.3	42.2	16.5	100.0
Farm Activity	4.9	15.3	6.4	26.7
Non-Farm Activities (including Services)	36.4	26.9	10.0	73.3

<i>Economic Activity</i>	<i>Red Zone</i>	<i>Orange Zone</i>	<i>Green Zone</i>	<i>Total</i>
Services	30.4	17.9	6.3	54.6
Formal Sector	31.7	18.9	6.8	57.3
Informal Sector	9.7	23.3	9.7	42.7

Note: The calculation of economic activities has been based on GSDP share of respective district as shown : Red Zone (7): (Patna, Khagaria, Begusarai, Bhagalpur, Rohtas, Madhubani, Munger); Orange Zone (20) : (Jehanabad, Katihar, Supaul, Buxar, Purnia, Siwan, Nawada, Gopalganj, Samastipur, Banka, Darbhanga, East Champaran, Nalanda, Gaya, Sheikhpura, Bhojpur, Muzaffarpur, Kishanganj, Saran, Kaimur); Green Zone (11): (Madhepura, Vaishali, Saharsa, West Champaran, Aurangabad, Araria, Sitamarhi, Lakhisarai, Arwal, Jamui, Sheohar)

INTERNATIONAL MIGRATION

International migration also has enormous implications on growth and poverty alleviation in both the origin and destination countries. According to Economic Survey of Bihar 2019-20, on an average, the number of passports issued from Regional Passport Office in Patna is more than 3 lakhs per year. It is assessed that in the coming decades, demographic forces, globalization and climate change will increase migration pressure. In 2018-19, inter-district variation in Bihar with respect to issuance of passport revealed that a large share of the passport was issued to the residents from Siwan (13.1%), Gopalganj (10.8%), Patna (11.0%) and Aurangabad (8.0%). These four districts together accounted for 42.9% of the total passport issued in 2018-19 (Table 4) . One can assume that this inter-district disparity is valid for other years too. It is widely known that majority of the migrants from Siwan and Gopalganj go to the gulf countries for work. Thus, in the period of pandemic, the work of all these workers will be affected, which may lead to decrease in remittances as well.

Table 4: District-wise Number of Passports Issued (2018-19)

<i>District</i>	<i>No. of Passport ('000)</i>	<i>District</i>	<i>No. of Passport ('000)</i>
Patna	34.0 (11.0)	Darbhanga	10.1 (3.2)
Nalanda	4.6 (1.5)	Madhubani	9.6 (3.0)
Bhojpur	5.9 (1.9)	Samastipur	5.1 (1.6)
Buxar	6.1 (1.9)	Begusarai	4.8 (1.5)
Rohtas	6.8 (2.2)	Munger	2.2 (0.7)
Kaimur	2.0 (0.6)	Sheikhpura	1.0 (0.3)
Gaya	7.9 (2.5)	Lakhisarai	1.1 (0.4)
Jehanabad	1.6 (0.9)	Jamui	2.9 (0.9)

<i>District</i>	<i>No. of Passport ('000)</i>	<i>District</i>	<i>No. of Passport ('000)</i>
Arwal	1.2 (0.4)	Khagaria	1.4 (0.4)
Nawada	4.9 (1.5)	Bhagalpur	5.0 (1.6)
Aurangabad	25.4 (8.0)	Banka	1.1 (0.4)
Saran	13.8 (4.3)	Saharsa	1.9 (0.6)
Siwan	41.7 (13.1)	Supaul	2.8 (0.9)
Gopalganj	34.2 (10.8)	Madhepura	1.1 (0.3)
W. Champaran	317.3 (4.5)	Purnia	7.0 (2.2)
E. Champaran	12.7 (4.0)	Kishanganj	4.7 (1.5)
Muzaffarpur	13.6 (4.3)	Araria	4.8 (1.5)
Sitamarhi	7.3 (2.3)	Katihar	4.6 (1.5)
Sheohar	0.9 (0.3)		
Vaishali	6.3 (2.0)	Bihar	337.4

Note: Figures in bracket denote percentage share

Source: Regional Passport Office, Patna

As discussed above, due to reverse migration in 2020, remittances flow to states are expected to drop. As per latest state-wise data for the year on emigration, about 3.34 lakh workers emigrated from India after obtaining emigration clearance. States of Uttar Pradesh, Bihar, Rajasthan, West Bengal, Tamil Nadu, Kerala, Andhra Pradesh, Punjab and Telangana, were the leading States in order of the numbers who emigrated in 2019.

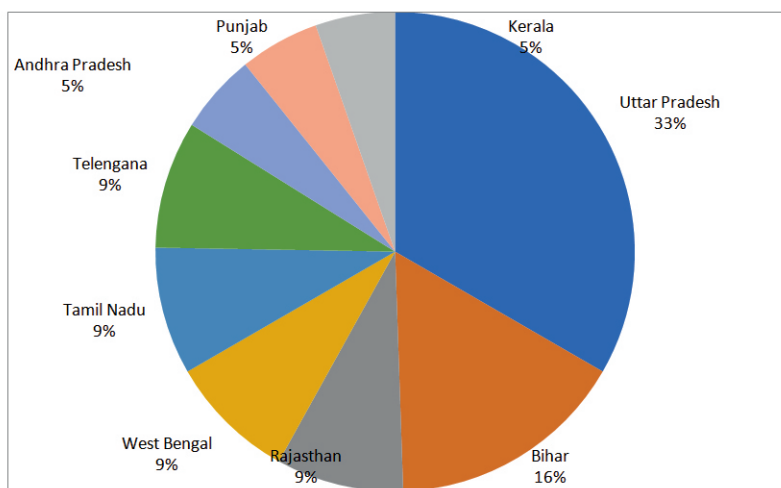


Chart 6: Emigration from India in 2019-20 (in percent)

Source: Annual Report, 2019-20, Ministry of External Affairs, New Delhi

For Bihar, remittances in 2007–08 accounted for approximately 5.5% of the GDP (Chanda 2011). The families of the migrants are heavily dependent on the size of the fund remitted to them. As per India's Inward Remittances Survey conducted by Reserve Bank of India in 2016-17, Kerala received 19.0% of the total remittances, followed by Maharashtra (16.7 %) and Karnataka (15 %). Among all states, Bihar stood at the 11th rank, with 1.3 % of the total remittances (table 3). As per findings of the report, almost 59.2% of total remittances was used primarily to maintain consumption at the origin households, while 20.0% remittances were used for bank deposit, followed by 8.3% for investment purposes, especially to purchase immovable and financial assets. When 59.2% is used for household consumption, then job loss will definitely affect their household status.

Table 3: State-wise Share in Inward Remittances (2016-17)

<i>Destination State</i>	<i>Share in total remittances (%)</i>	<i>Destination State</i>	<i>Share in total remittances (%)</i>
Kerala	19.0	Goa	0.8
Maharashtra	16.70	Haryana	0.8
Karnataka	15.0	Madhya Pradesh	0.4
Tamil Nadu	8.0	Odisha	0.4
Delhi	5.9	Jharkhand	0.3
Andhra Pradesh	4.0	Uttarakhand	0.2
Uttar Pradesh	3.1	Puducherry	0.2
West Bengal	2.7	Chandigarh	0.2
Gujarat	2.1	Jammu and Kashmir	0.2
Punjab	1.7	Others	15.8
Bihar	1.3	Total	100.0
Rajasthan	1.2		

Note: Others includes those remittances for which banks could not identify the specific destination.

Source: India's Inward Remittances Survey 2016-17, RBI

From the above write-up, it is clear that Bihar will face dual challenge of loss in income and engaging the pressure of reverse migration. The unemployment rate in Bihar was at 10.3 % in 2019 and ranked highest in the country. According to CMIE, the state's unemployment rate increased by 31.2 percentage points, rising to 46.6 per cent in April 2020, almost twice the national average. So, workers returning home with drained pockets and joblessness will be a mammoth issue for the state. In the absence of livelihood options, migration is commonly seen as the way to access employment in rural Bihar. But with pandemic like this all such opportunities are lost.

GOVERNMENT'S RESPONSIVENESS

Both the Union and State governments, have acted efficiently to meet the needs of migrant workers in this difficult situation. The Central Government has announced a relief package of Rs. 14,502 crore for migrant workers under Atmanirvar Bharat Abhiyan. Along with this, the Centre also launched an employment scheme with an outlay of Rs 50,000 crore for migrant workers, who returned to their home states during the coronavirus-induced lockdown. The 'Garib Kalyan Rozgar Abhiyaan' will be implemented on a mission mode in 125 days in 116 districts of six states -- Bihar, Madhya Pradesh, Uttar Pradesh, Rajasthan, Jharkhand and Odisha -- that received the maximum number of migrant workers back. It will help expedite implementation of public infrastructure works and those related to augmentation of livelihood opportunities. Under the scheme, the basket of a wide variety of works will ensure that each migrant worker is able to get an opportunity of employment according to his skill in the coming 125 days. Along with these schemes, the state has also announced Rs 100 crore relief package for the poor, which includes transferring Rs 1000 in the account of all 1.68 crore ration card holders of the state. The package also aims to provide food and temporary shelter to the needy. It has been decided to convert the schools into temporary shelters. Besides, 65 lakh poor families of the state will be provided with three LPG cylinders (free) under the Ujjwala scheme, while 25 lakh families may get 210 kg of food grains under the Antyodaya scheme. Shramik Koshangs (Labour Funds) have also been constituted at district level. Moreover, there is engagement of migrant labourers in MGNREGS works like har ghar nal ka jal or ghar tak pakki gali-naliyan or construction of government schools etc. Along with this, Bihar government is also mapping the skills of different migrant labourers so that they can be utilised in different labour-intensive sectors as per their skill. For agriculture-based state like Bihar, placing food processing industry as the lead sector in industrial development could be the best choice because of abundance of resources and inter linkage between the sectors (Saha and Ganguli 2017). Thus, Bihar can turn this challenge into an opportunity by proper planning and implementation of labour-intensive projects. Till June, the State government has spent Rs. 1888.94 crore to help the migrant workers and other vulnerable groups. Out of a total Rs. 1888.94 crore, Rs. 241.72 crore has been directly transferred to the accounts of migrant workers through Mukhyamantri Vishesh Sahayata and Pravashi Majdoor Nishkraman Sahayta.

CONCLUSION

The scale and diversity of migration flow in India as well as the distresses associated with them are vast. A rudimentary overview of this complex phenomenon is that,

in spite of the vast contribution of migrants to economy the social protections as available to them still remain sparse. It can be concluded from the above discussion that the population mobility in the country was attracted towards industrial and developed economy. In economics, there is always trade-off between welfare programmes and efficiency. But in case of poverty, such trade-offs are not followed. Thus, in such cases, a well-designed social protection architecture should be seen as a key engine for economic growth. Schemes such as the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS), public distribution system (PDS), and a modest universal income transfer can help the labourers and other vulnerable with a secured income and social security.

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COVID-19, MIGRATION AND THE EFFECT ON BIHAR

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Abstract

The year 2020 was gripped by the Covid-19 pandemic followed by more devastating second wave in 2021. The crisis has brought in its wake an unprecedented circumstance which the entire world is grappling with India being the worst hit nation. The Pandemic has been debilitating in more ways than one, the economy has seen a downturn globally and the Indian story is far from good. Besides, the scarcity of medical infrastructure, medicines, oxygen and vaccines has left the people bewildered. The crisis has hit the migrant labourers hardest and added to their miseries. As such, the present paper intends to concentrate on the process of labour migration, the causes and reasons propelling it, the saga of the reverse migration as it plays out in Bihar, the current poll bound state of India.

Keywords: Covid-19, Bihar, Economy, Reverse Migration

Labour migration is not the new phenomenon, rather practiced for centuries, but the most basic now is the migration of the unskilled labourer, who is barely able to make two ends meet in his native place, chooses to move to the city or to another part of the country in search of livelihood. An uneven and uncaring system is in place which has resulted in a skewed development where the gap between the rich and the poor has widened beyond repair. The poor person who moves to the city for a higher remuneration suffers untold ignominy in order to feed his family which very often remains in the village. This paper explores the migration of the labouring community from the state of Bihar to other parts of the country. It goes onto explore the hardships experienced by these migrant labourers due to Covid-19 pandemic and the current state of affairs when reverse migration is taking place.

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HISTORY OF MIGRATION

The history of people moving out of their homes in search of jobs and livelihoods is an age- old phenomenon. The earliest migrations from Bihar dates back to the 19th century. Earlier it was a seasonal migration and the choice of place was the Mymensingh district of East Bengal going as far as Burma. It was mostly the male member who travelled and chose to come back to his family every six months or so. As Kolkata developed as a city under the Colonial rule, there was a rush to Kolkata in search of jobs. This is a phenomenon that has continued up till the present times.

The saga of economically related migrations continued even after Independence and the 1951-61 enumeration lists at least 4 percent of the population living and working outside the state of Bihar. The preferred destinations now were Haryana and Punjab given the higher wages that the agricultural labourers earned in these places. Already the agriculturalists were headed for foreign shores leaving their lands to be cared for by the migrant labourers. These migrations were therefore rural to rural – from one farmland to another.

It is only much later that Delhi became a favoured destination for the Labouring class of Bihar. As the metropolis of Delhi grew and soon extended the National Capital region to include Noida in the East and Gurgaon in South West, the migration of the Bihari migrant workers has shot up considerably. Currently Delhi, NCR is the most favoured destination of the migrant labourers hailing from Bihar. (Tanwar Fazal, 95)

The states of Bihar and Uttar Pradesh are the greatest labour supplier states. The total moving population is as much as 44 per cent (Miranda Das, 2018). These are area specific migrations. A very interesting study has been done by Thomas Chambers who takes us through the migration of the wood workers from Saharanpur. He argues how the migration is essentially male and takes place based on an informal ‘understanding’ of the boys who are friends and think of this migration more of an adventure than a forced displacement. The presence of familiar faces makes the stay in the alien space more bearable and the remittances that they manage to send home lends some kind of a heroic status in their village. Chambers argues that most of these migrations starting from 1980 onwards and followed an intimate kinship model. However, this is just one of its kind. Internal migrations from Bihar are rampant and continues unabated even today. The crisis deepened with the ongoing Covid19 situation and the spate of reverse migration it has spawned. (Thomas Chambers, 22)

NATURE OF MIGRATION

A Times of India report dated 15th February 2020 quotes the Indian Institute for Population Studies saying that at least 50 percent of the Bihar households

are affected by Migration.¹ The survey covered 36 villages and 2270 households showing that the migration was predominantly that of the male member of the family. It cites a few areas as severely migration prone namely, Saran, Munger, Darbhanga, Kosi, Tirhut and Purnia. Most migrants are landless labourers who are forced to leave their birth state for subsistence. Many of these families are nuclear families which have run into debts while trying to eke out a living in their state of birth. The remittances from migratory labour is needed for the family's subsistence.

The out migration from Bihar is mostly from the rural to the urban sectors of comparatively more prosperous states. The 2001 NSSO report shows that more than 5.26 million people were found in other states of India. It also shows that there were more male migrants as opposed to female migrants. The male – female ratio was almost 7.1 male as opposed to 5.6 percent of female population. This trend has only grown over the years.²

There are many causes for the out migration from Bihar. Till date Bihar continues to be one of the poorest states in India. Every year it is devastated by severe floods which wreck human lives, livelihoods, cattle and agricultural lands. The devastation is so severe that in spite of successive governments trying to salvage things, economically Bihar has continued to be backward. This has resulted in its male landless population to venture out in search of occupation. Lack of higher educational centres have resulted in a large corpus of the student community moving out. However, that is out of the scope of this Paper.

GENDER AND MIGRATION

While migration affects people of both sexes, the problems faced by women tend to stand out because of its unique nature. In the earlier studies related to migrations, the focus on the women was missing since it was always about the bread earner and his ease with the home/host land as the case might be. Further studies in the area sensitised the researchers to pay attention to the gendered scope of migration raising the following pertinent questions:

1. Do women have an agency in migration?
2. Does she participate as a wife/ mother/ landless peasant?
3. Are there specific gendered problems in the migration story?
4. What is the status of the “left behind” woman in the out- migration saga?

The answers to these questions are complicated and varied. The focus on the woman is important as the problems faced by her is unique only to her and distinct from that of her male counterpart. It has been observed that women display an

1 <https://timesofindia.indiatimes.com/city/patna/half-of-households-in-bihar-exposed-to-migration-study/articleshow/74141815.cms>. Web. 15 Feb. 2020

2 https://shodhganga.inflibnet.ac.in/bitstream/10603/184698/10/10_chapter%204.pdf. Web. n.d

agency that is remarkable. Even as a hapless poverty stricken landless migrant, it is always the woman's lot to feed her children and ensure that her family is taken care of in sickness and disease. There are countless stories of the women rising up to the occasion inspite of severely hostile circumstances. However, in the larger scheme of things, she is seen to be without an agency. She is forced to accompany the male member of the family if he desires for her to do so. The migrant women's agency will be discussed at length later in this Paper when the covid19 related displacement is discussed.

The larger trend in Bihar is for the woman to be left behind while her man travels out in search of livelihood. According to Amrita Datta and Sushil Kumar Mishra "...Migration from rural Bihar is high, is almost exclusively male, and is embedded in the lives and life choices of the people. It is not just a livelihood strategy but a way of life in rural Bihar. While there is considerable research that studies the nature and pattern of migration from Bihar, the profile of migrant workers, migration destinations and other such correlates of a migrant's life outside the village, there is sparse literature on the impact of this migration on people, especially women who are left behind in the village." (Datta & Mishra 2011, 459) It becomes important to see how these women negotiate the world in the absence of the male member. It needs to be understood that the 'left behind' women don't exactly become rich and prosperous with the remittances their menfolk send back. It's just money enough for the family to survive but it adds on to the workload of the woman who now becomes responsible for taking care of the homestead and also of the work outside the house. Her labour increases manifold and she is subjected to an exploitation of a different kind. According to Datta and Mishra, "The additional income through remittances does not substantially change the economic status of the family, nor does it help the latter rise above the subsistence level. Instead, women left behind have to assume, in addition to familial and domestic responsibilities, the role of a breadwinner, and older daughters have to take up the household chores, and act as surrogate mothers to younger siblings." (Datta and Mishra, 460) More often than not women are forced to look for additional income to take care of the households. The family, very often, tends to be large comprising of old and infirm in laws and small children. In the absence of the man of the household, there is also a fear of sexual harassment which the woman faces as she steps out of the household to work. In a caste and poverty ridden scenario, the woman (particularly if she is a daughter or a daughter in law and is of childbearing age) is viewed with suspicion in the overtly patriarchal set up. The lack of education and narrow mindsets makes her doubly vulnerable.

The jury is still out as to the power structures within the family set ups. While Desai and Banerjee (2008) who have performed a massive survey examining thirty-three Indian states, argue that women in nuclear families take on roles of decision

makers. They go on to show that years of living by herself and performing tasks otherwise performed by the men, enhances the woman's power within the larger family structures. She, now, feels emboldened to take land related decisions which is accepted by the family. However, this is a contested position and varies from household to household. In the household of the landless labourer who has been forced to migrate, the family struggles to make their two ends meet with the meagre remittance the migrant labourer is capable of sending. The women in these set ups are marginalised and are forced to join the existing labour market to fend for their households. Very often the mother and the older children enlist as domestic workers or daily wagers as the case might be. Poverty renders these families helpless as each member tends to get exploited in their desperate bid towards survival.

The other complexity that results from the male migration is that of the straining of the rubric of marriage. While the male is relatively free to follow his passions in the city, the woman is expected to remain loyal to her partner. In the complex way in which patriarchy works, the woman is perceived as the upholder of traditions. She is expected to uphold her end of the marriage and continue with the care giving for her family while no such expectation is there from the male migrant. This leads to the entrapment of the woman as an extra burden is put on her shoulders in the name of 'culture'. More often than not, she carries this burden unquestioningly since she has been socialized into accepting the unfair social mores. The woman's bargain in the seasonal male migration is therefore, an unfair one. As the person who has been left behind, she is subjected to mental, physical and sexual abuse with an unequal burden to shoulder as opposed to her male counterpart.

There is a cultural trope popularised by the noted poet Bhikhari Thakur (1887 -1971) whose plays and poetry became immensely popular, so much so that he was christened the Shakespeare of Bhojpuri. Thakur's most popular work, a play titled *Bidesia* spawned a genre of musical performances similar to the Jatra of West Bengal. The *Bidesia*, in performance, shows the left-behind woman pining for her man who has travelled abroad. In the 19th century, the travel of the man to the British colonies was mourned but in the contemporary situation, it is the migrant labourer's absence which is depicted in the form of dance/drama. The popular *Laundanaach* where the male artiste plays the role of the woman is also part of this genre. This genre of ribald singing and dancing is performed in weddings and other occasions. Although the occasion is happy, the genre of *Bidesia* retains its theme of 'viraha' or separation. The situation of the left-behind woman is so commonplace that an entire genre of popular culture is devoted to it.

COVID19 AFTER EFFECTS

The Covid19 lockdown in India was a sudden affair where on the 24th of March 2020 the in a National address at 8pm, the Prime Minister called for a complete lockdown of nation. This was done keeping in mind the rising Covid cases and it was felt that the lockdown would successfully stem the curve and prevent the coronavirus from spreading. This resulted in the sudden halt of all economic activities and as always, the worst affected were the contractual labourer, the domestic helps and the migrant labourers who had come to the cities to eke out a living. People working in the informal sectors found themselves without a job almost overnight and were forced to rely upon their meagre savings to see them through. This propelled a huge exodus from the cities to the villages and for days together the Indian media showed the horrifying pictures of the migrant labourers walking for thousands of kilometres to reach their homes. These pictures were reminiscent of the Partition times and though the stories evoked pity and sadness, in reality very little was done for this mass of humanity which walked on the roads with their bare minimum belongings in order to reach their homes in the villages.

THE SAGA OF REVERSE MIGRATION

Bihar and Uttar Pradesh are among the worst hit by the reverse migration. Bihar, alone, has seen almost a million people who have come back to the home state for lack of jobs in the cities. It is impossible for this economically backward state to find employment for so many people. Also, almost six months of being without a proper job and wages has played havoc with the economy of the state. To top it all, Bihar goes to polls shortly stretching it's already stretched finances to the point of breaking. According to Sarkar and Tigga, "The economic impact of return migration on Bihar economy is substantially very high given the fact that it is one of the poorest, and among the least industrialized states in the country. In Bihar, the share of labour force participation in the industry is only 8 percent and holds 33rd position in the per capita GDP ranking across states. The occupational structure of the state suggests that roughly around 56 percent of the labour force is engaged in agriculture which is around 12 percent higher than the national average (Miranda Das, 2018). Further, only 8 percent is engaged in the industry which is 15 percent less than the national average. According to the estimates from the Periodic Labour Force Survey (PLFS) 2017-18 and 2018-19, Bihar has the highest number of informal workers in the total workforce which can be estimated to be between 90-94 percent. This suggests that the state government will face extreme difficulty in creating new jobs both in agriculture or industry." (Santosh&Tigga, 3) The recent CMIE report shows the Bihar condition to be fairly severe. The unemployment rate in Bihar rose to 46.6 percent in April 2020 which is far greater than the national

unemployment rate of 23.5 percent. The challenge before the government is the rehabilitation and the employment of all the displaced people.

Santosh Mehrotra and Baikunth Roy's report in *The Wire* categorises the various areas of employment. "The occupational structure of Bihar suggests that 56% of the labour force is engaged in agriculture (India 44%), 8% in industry (23% India) and 36% in services. Employment elasticity of output in agriculture is already close to zero or negative. Further, increasing informalisation and higher costs of living in urban areas over time have led to a gradual increase in circular migration. In 2017-18, the share of casual labour in Bihar (32.1%) was significantly higher than in India (24.3%). At over 10% growth, Bihar has registered higher growth than India in the last three years, however, one-third of its population is below the poverty line. Further, nearly 40% of Bihar's youth had no jobs and the unemployment rate had jumped to 7.2% in 2017-18 from 2.5% in 2011-12."³

Post Covid with approximately one million migrant workers returning to Bihar, the unemployment rate is at its peak. With the elections being round the corner, the incumbent government is trying to give the labourers sops to remain back and cast their votes. However, these sops are short term measures. In order to ease the poverty and increase employment, many long- term measures are the need of the hour.

SUGGESTIONS FOR THE PATH AHEAD

The way forward for the Government is to concentrate on reviving the economy while providing humanitarian support to the twice displaced masses.

Sarkar and Tigga have listed a six- point way forward for the government in order to tackle this deep economic crisis:

1. Boost Employment: A plea for boosting the demand by lowering taxes and encouraging consumer spending.
2. To generate employment: By implementation of MNREGA, Garib Kalyan Rozgar Yojna and such like.
3. Post Pandemic Protocol: Ensuring that everybody adheres to the pandemic protocols while they report to their jobs.
4. Creation of Sinking fund for migrant workers who choose to return to their places of work. The Government must ensure that their families must not be trapped into taking loans thereby falling prey to the loan sharks.
5. Divide the labourers as per their skill sets and ensure that they are employed accordingly.
6. Concentrate on welfare measures for the labourers as they are a vital part of the economy.

3 <https://thewire.in/labour/bihar-economy-reverse-migration-challenge>. Web. 23 Jun. 2020.

CONCLUSION

Thus, we see that the Pandemic has played havoc with the lives of the people who lost their employment overnight and were forced to trek back to their villages. The long travel saw several deaths, unforeseen child births, hunger and displacement which dogged the lives of all the migrant labourers who were forced to be on the roads in order to reach their homes in the villages. Sadly, the ones who were able to reach their villages were not accorded a hero's welcome. On the contrary, they were viewed with suspicion and disgust as they were seen as disease carriers.

The exploitation of the poorest of the poor and the gendered subject is not new but it has taken a sinister form in the current situation where the economy has depleted and the GDP has reached a 23 percent low. The situation of Bihar has always been tenuous but the current situation is by far the worst. Currently, in their own home state, many of them are jobless and their families in debts. It is incumbent for the government to provide immediate succour in terms of jobs and rehabilitation. There is need to revive the economy which has suffered a serious blow due to the lockdown. Bihar, essentially, needs to rebuild its cottage industries focus on small scale businesses alongside agriculture. Revival of the economy is the only antidote to the migrant problem faced by Bihar.

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RETHINKING POLICY REFORMS FOR INDIAN DEFENCE SECTOR IN POST COVID-19 PANDEMIC PERIOD

J P Dash* and Anuraag Dash**

Abstract

The Covid-19 pandemic and consequent nationwide lockdown have given demand and supply shocks to the Indian economy, impacting with GDP for the first quarter in 2020 sinking to a historical low. The crisis has prompted the Government to announce a series of monetary and fiscal relief packages to revive the economy and bringing back jobs to India through call for AtmaNirbhara Bharat. In this process Indian Government took steps to ban imports of 101 defence items to boost indigenous production. This entails greater capital expenditure (CAPEX) telling upon fiscal health. Further, the A&D (Aerospace and Defence) stocks have seen wide volatility coupled with the slide of the Defence Stocks on the announcement of disinvestment. The impact the pandemic on Aerospace and Defence (A&D) Industry globally has been hard. The effect on India is medium so far, with no clear sight of recovery. This raises questions - will the programme level reforms to drive self-reliance to be encashed by the A&D Industry? Are the policy reforms adequate and appropriate? In view of above facts and queries, the present paper examines critically, India's response amidst retreat of Globalisation for Localisation, the rise of China as Super Power, the forerunner for economic recovery in post-pandemic period. Further, it throws new light on the emerging policy issues for the implication of the pandemic on Defence Sector.

Keywords: Covid-19, Defence Sector, DPSUs, Slowbalisation, Washington-consensus, Indian Economy

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INTRODUCTION

Covid-19 is the biggest health crisis that has ever happened and could be the largest destroyer of jobs, markets and Industry. As the health sector continues to battle with the increasing number of cases with no immediate solution at sight, the new norms of social distancing reverse migration and the slump in the economy have impacted the world business and whole economies to a halt. The responses of various nations have centred on containment, risk mitigation or all-out suppression strategies. Although the degree of impact on multiple industries is different, Defence Industry with various externalities, political, economic, and social will be impacted badly, as the Nation's divert their funds for healthcare, social security and support measures to kick start the economy. A survey by Army Technology indicates that the impact on Defence Companies will be high to moderate (Eaves, 2020). Some of the steps for the Defence Sector have been on increase of FDI from 49% to 74%, corporatisation of Ordnance Factory Board (OFB), Sale of Public Sector Units (PSUs) except for four strategic PSUs and Ban of 101 Items for import for AtmaNirbhar Bharat (PIB Delhi, 2020).

India faces a very challenging strategic environment, with its close hostile neighbours possessing significant capabilities and militaries that are modernising rapidly (Pant & Bommakanti, 2019). The larger issue of National Security has to be examined in the Geopolitical Context with a volatile neighbourhood and hostile neighbours. It is important to recollect that during the 1971 war with Pakistan, leading to the creation of Bangladesh, Caltex the US company, refused to cooperate with the Government of India, driving India for nationalisation. In 1949, USA contemplated control over Japanese oil imports, as suggested by George Kennan, Chief Planning State Department of Policy Planning so that it can have "veto power" over Japanese military and industrial policies (Rao, 2019). The US helped Japan for industrialisation, but the US maintained control over its energy supplies (Noam, 1991). Holding the fort of companies with control by the majority share holding by the Government can help the Nation strategically. The issue of support and reforms has to be collectively addressed for strategic reasons. China factor will be playing an important role, as it asserts itself for Global supremacy, brought out in the forthcoming paragraph.

RESEARCH METHODOLOGY

The research methodology comprised for searching for all Policy Reforms undertaken by the Government of India and search of publications in the Elsevier (Science Direct), Emerald, ProQuest, Google Scholar, and Taylor and Francis databases by using the key words. However, there are hardly any papers published in the context of Defence Policy Reforms Post- COVID 19 for India. Therefore,

various schools of thought for policy reforms were analysed, linking it to the challenge of the A&D Industry in India, given the geo-political context.

This Paper brings out the geopolitical context through analysis of 'The Rise of China', and explains various schools of thoughts on the Washington Consensus, the WTO and consequence emergence of Trade Wars. This paper analyses the challenges faced by the Aerospace and Defence Industry in general, with implication for the Indian Industry due to Covid-19. The study makes a critique of the Policy Reforms by the Government with some new insights and recommendations. This Policy paper focusing on Analysis is targeted for implementation strategies, following the methodology and prescription of both (Anderson, 1994) and (Howlett & Ramesh, 1995) with an objective to influence policy outcomes and some choose to publish on these issues.

THE RISE OF CHINA

The term 'slowbalisation' is a new reality, as Globalisation is in retreat in post-Covid-19 period. The global economic interdependence comes with a price of vulnerability, and the impact could be harder, as there is a stalemate in the WTO talks and trade wars evident in the international landscape leading to building forts of insulation by nation-states, while China has been the first to come out of the Covid-19 crisis. China has been fostering its ambition of global dominance with its 'One Belt, One Road' could assert itself in the new scheme of things. The growth of China is evident in the past two major events that rocked the world, the first during the 9/11 attacks, which coincided with China joining the WTO. The second one, the 2008-09 global recession saw again the People's Republic of China dominating the Global Recovery, as it used huge foreign currency reserves with its relatively less debt to inject massive capital to stimulate growth. Both the events helped the dream of President Xi Jinping's for being the leader of a new order. China is the first Nation to register positive GDP growth in 2021, while other countries of the world are struggling with the shrinking of its economy. The 'Chinese Dream' under Xi and the associated desire to make China an innovation-driven economy with significant global presence and power must be taken seriously (Xi, 2014).

Repercussion and trailer of such a situation of rising China have led to the belligerent stance by PLA, which has been flexing its muscles in the Indo-China Border since 15th May in the Eastern Ladakh along the Line of Actual Control. This situation demands that the Post COVID 19 response not only kick starts the Defence Industry with foreign investment but helps India to build its Industry to reduce dependence on imports so that it can tackle the threats from China in a better way. India's strategy of reforms must be in line with the emerging global economic reality. The Crisis of COVID and consequent economic stimulus package need to be converted to an opportunity.

SLOWBALISATION AND RETREAT OF THE WASHINGTON CONSENSUS

The world has seen a path for Globalisation and liberalisation, ever since the formalisation of the doctrine by the Washington Consensus, promoted by prominent financial institutions such as the International Monetary Fund, the World Bank, and the US Treasury in the 1990s, which advocated structural reforms such as free-floating exchange rates and free trade that increased the role of market forces in exchange for immediate financial help from the IMF. Trade without tariffs, international travel with easy or no visas, capital flows with few impediments, cross-border pipelines and energy grids, and seamless global communication in real-time has been the in-thing, supported by State and Bretton Wood Institutions. Liberalisation and deregulation stimulated a significant rise in international trade, FDI and foreign exchange and portfolio capital, contributing to the Globalisation of the world economy (Bird, 1994). The “Washington consensus” philosophy by neoliberal economists has been criticised, as free-market forces failed to deliver the promised benefits of growth with equality and equity since the markets were neither free nor fair and the stronger economies like US protected their economies by providing huge subsidies while advocating the same for the developing nations.

The defence sector remained largely insulated from the Globalisation, as National Governments were concerned with maintaining their industrial and technological capabilities through their military-industrial complex. However, the growth of transnational defence companies and foreign direct investment has led to bucking of such trend. The rapid Globalisation of supply chains and the use of commercially developed technology has made the defence companies to seek efficiency in sourcing, as they feel the heat of reducing budget from the National Government. The need for security, which is broader than the limited definition of Defence Security has encouraged the nations to seek energy security, oil security, trade security in the blue oceans etc. The National Governments would like to ensure critical technologies in the home base while funding capital investment through FDI. They would like to source low-cost components from abroad while securing full job employment in their home base through counter trade such as offsets. Hence, the Globalisation has led to a mixed outcome in an internationalised world without borders.

As a thumb rule, the majority of nations allocate close to or over 2 per cent of their GDP, a significant amount, to defence (World Bank , 2020). The future of defence spending will depend on the availability of resources, which in turn will be and determined by both economic and societal factors. The COVID 19 pandemic will put pressure on the Nations to significantly increase the healthcare spending, which may necessitate capacity augmentation in hospitals, investment in new equipment, supporting the recovered patients for Post Treatment Care, which will imply less budget would be available for Defence spending.

The predatory behaviour of multinational corporations, backed by their home governments, can distort the market to the disadvantage of laggard players. Recently, People's Bank of China (PBoC) tried to raise its stake in India's largest non-banking mortgage provider HDFC (India Today, 2018). This was effectively thwarted by GOI's intervention that investments from China and neighbours will now require a clearance from the Centre, as part of the revised FDI Policy (MoneyControl, 2020). The time may not be appropriate to dilute holdings of the Government to such an extent for Defence Companies which can attract hostile takeover. The time may not be proper not to list any new companies in the market, as the market is trading at historic lows. The time may not attract the foreign investors to the home base through FDIs, as every country is trying to protect the job and market in Make in Their Own nation policy. These factors will determine new responses of the National Government in a COVID new normal world.

BACK TO KEYNES AS RESPONSE TO COVID-19

The Great Depression in the 1930s came as a shock to what was then the conventional wisdom of economics, which did not offer any pragmatic solution. The then-prevailing idea was shaped by 'Principles of Political Economy and Taxation', published in 1817 by David Ricardo (Ricardo, 2015) suggested that free markets would automatically provide full employment—that is, that everyone aspiring for a job would be getting it, as long as the job seeker is flexible in his wage demands in the long run. Ricardo's prescription did not show promise for the badly hit economy.

In turn, British economist John Maynard Keynes came up with an alternate theory. He suggested that in the long run, we are all dead. He indicated that aggregate demand—measured as the total of expenditure by households, businesses, and the Government—is the most important driving force in an economy. Keynes further challenged neoclassical economist that free markets have no self-balancing mechanisms that can lead to full employment. The Keynesian school argued for government intervention through public policies for full employment and price stability. Keynes's theory suggests when the private sector is unable to make an investment, it is important the Government Sector drives the investment for kick-starting the economy (Keynes, 1936). Combined with the desire of GOI for greater self-reliance, it may be time to support the Defence Sector with a huge dose of investment with high positive externalities that can benefit the Defence Public Sector Units (DPSUs) and Ordnance Factory Board (OFB) and the economy at large.

Nobel laureate, Joseph Stiglitz advised a change in the Capitalist Economy supported by Market Philosophy is on a roll. He has reminded that it is the prime

duty of governments to handle the crisis; as the market isn't geared for it. He says, "a well-directed public spending, particularly investments in the green transition, can be timely, labour-intensive (helping to resolve the problem of soaring unemployment), and highly stimulative – delivering far more bang than, say, tax cuts" (WEF, 2020). As the fear of stagnation rises, the economic consideration for stimulating growth and large spending needs to prevail over any worry for the fiscal imbalance with appropriate checks and balances.

There have been debates on how much of Government spending is right? There has been a drive for small Government since the 1980s. It is not per se the Government spending as a proportion of GDP that matters, but the structure of the same. There has been an impetus for small Government since the 1980s. Government spending may not be that high if a large component of the same is for welfare spending on social security with a focus on redistribution. The average size of Government in 2018 was 43% (pertaining to 28 member countries). The figure for many European nations was more than 50%, such as France, Finland, Belgium, and Denmark. The figure for the US was low of the pack, at 38% (Barr, 2018). Even a great proponent of Globalisation, IMF has begun to see merit in it, as it acknowledged in a paper titled welfare state can to absorb the risks more than market failure can produce. Although the size of Government needs to lower so that Government expenditure does not crowd out the private investment, the structure of the Government expenditure is more important in the above context.

A 2019 OECD study brought out that the average social spending of its 37 members was **above 20%** of GDP in 2018 (OECD, 2018). These 37 countries comprised of US and European countries in the basket. Many European countries were above while the US spent on the lower side. India has been spending is very low at less than 8% for the Centre and states combined (Ortiz-Ospina & Beltekian, 2018). Thus, there is an argument of increasing expenditure despite the fiscal deficit with a clear plan of containing that deficit. The nature and quantum of the investment towards the Defence Sector will determine its health in the shock of COVID 19 and can build its capability of India for Atmanirbhara India.

IMPACT ON THE ECONOMY AND DEFENCE INDUSTRY

No previous infectious disease outbreak, including the Spanish Flu, has impacted the stock market as forcefully as the Covid-19 pandemic (Baker, et al., 2020). As per Census Economic Information Center (CEIC) Data, India's GDP contracted by 23.9 per cent in Q1 of the financial year 2020-21, the lowest India started reporting GDP data on a quarterly basis in 1996. India's GDP figure pales in comparison to other economies, despite their economy not doing so well, with reduction of 21.7% for UK, 18.9 % for France, 17.7 % for Italy, 13% for Canada, 11.3% for Germany,

9.9% for Japan and 9.1% for the USA. China, in comparison, showed a GDP growth rate of 3.2 % in the first quarter (CEIC, 2020).

After hitting an all-time high in 2018 at \$1.8 trillion, Defence expenditure has gone down swiftly after five years of climbing up the trajectory. A recent survey by (Eriksson & Giacomello, 2020) that majority of 69% respondents believe that the impact of Covid-19 will be “hard” or “moderate”, and the balance 31% respondents believe that the impact will be relatively low. Nearly 50 % decline of the stock prices from February to March 2020 has been observed bringing out the sentiment boldly. As a whole, Aerospace & Defense Industry is down by 18% on Year to Date Basis, as on 8th Sept 2020 (CSI Market, 2020). Just to quote a few MNCs, Boeing Co is down by 51.06%, Fluor Corp is down by 54.85%, General Dynamics Corporation is down by 16.66%, Leidos Holdings Inc. is down by 12.82%, Lockheed Martin Corporation is down by 4.26%, Northrop Grumman Corp is down by 5.12%, Science applications International corporation is down by 8.91%, Textron Inc. is down by 15.52% (CSI Market, 2020).

Compared to Global Stocks, the performance of Indian Defence Companies has been somewhat better. In the pandemic Period from February to September 2020, HAL has seen Period Low: 448.00, Period High: 1423.55, with the change in market-cap: 7.9%. BEL has seen Period Low: 56.10, Period High: 118.45, change in market-cap: 14.44%. BDL has seen Period Low: 147.00, Period High: 481.25, change in market-cap: 14.78%. GRSE has seen Period Low: 105.30, Period High: 243.20, change in market-cap: -15.9%. The Extreme Volatility has been seen in the stocks, with bearish trend despite the announcement of many incentives for AtmaNirbhar Bharat in August 2020 (Money Control , 2020). Quite interestingly, whenever Government has announced disinvestment, it has led to stocks of the DPSUs falling. The market has not seen a better future of DPSUs (Defence PSUs) with less holding of the Government, which is quite logical in Monopsony Market, where the Government is the sole buyer and sole spender for the Defence Markets. The impacts of COVID 19 on Defence Industry is measured in five board areas (Sreekumar, 2020).

1. Adverse Impact on Production/manufacturing along with the Logistics and Supply Chain
2. Adverse Impact on Business development efforts with the emergence of potential losers and winners some may win.
3. Adverse impact due to reduction in demand for defense equipment and related services.
4. Adverse impact on finances and competencies forcing the companies to make hard choice.
5. Adverse Impact on Market Capitalisation due to the decline in share prices
Stock price declines will bring secondary effects.

The effects of on each of the dimensions will vary, depending upon the size of defence companies, nature and type of business, product basket portfolios, supply chain dependencies, and future business plans. While in the short term, the impact will be mostly firm-specific, in the longer term, the Defence Industry will face the aggravated effect of cash-flow shortages, production challenges, and supply chain that supports Complex manufacturing. Defence companies are likely to be impacted by slowing demand, as states seek to reduce deficits and control expenses due to general economic slowdown. A Deloitte report brings out that Defence firms can lose market share if they fail to deliver or if they are unable to invest in new products during the downturn. This may lead to failure of critical programs endangering company risk and risk to the development of new capabilities in the fast-changing technology space of Defence (Deloitte, 2020). The fate of the Prime Vendors is linked to the complex supply chain, comprising of key suppliers and specialised provider, who may become financially stressed and require support.

Technological factors and Design of the manufacturing will play a role in the level and depth of impact. For example, defence companies with automated lines will be impacted less by social distancing. Similarly, defence companies that are not into modern practices like such as just-in-time production will be better off with a greater level of inventory, as they can withstand bigger shocks of supply-side for a longer duration. This calls for a different type of support to the Defence companies on their level of automation and greater integration vertically. A generic stimulus plan without consideration of industry requirement may not be very helpful.

POST-COVID-19 CHALLENGES FOR THE DEFENCE INDUSTRY

The manta in a difficult time has always been that of 'Survival of the fittest'. Survival is always with reference to the environment. The National Defence Industry should have a resultant positive vector aligned with the changes happening in the environment. The rate of response from the Military-Industrial Complex needs to commensurate with the rate of change in the environment. This requires a different response from the established players and players that are seeking foray into this sector and with consequent Government support.

The new normal of COVID 19 require a different response. Global supply chains have been seeking new boundaries for efficiency by breaking the barriers. The Pandemic has challenged the paradigm, asserting that resilience through safeguards is more important than efficiency. As we know, Aerospace and Defence Supply Chains are susceptible to cyberattacks and trade disputes, because of their multilayers vendor base, high level of digitisation, R&D Technological and capital intensity. The Pandemic calls for increasing parallel sourcing, reduced dependence on high-risk suppliers away from the local base of production, accelerating

decentralisation, deploying inventory closer to customers, and developing crisis-response plans and capabilities.

The companies need to go beyond the limited action plan that they do normally undertake, such as addressing logistics delays or suppliers' financial stability. The action plan for better risk-management needs to include factors such as continued interruptions of cross-border flows, or social and spatial disruptions. Managing these risks will demand investment in improved business-discontinuity prediction capabilities, risk-transfer mechanisms, crisis planning through digitisation of the supply chain, and physical reconfiguration of supply chains, particularly for critical components and raw materials. As the Defence Companies seek to implement their new business strategy, the Government must come into their aid for any support across national boundaries.

The future of Aerospace & Defence sector companies will be defined in the three dimensions of response to the Pandemic: respond, recover, and thrive (Deloitte, 2020). The key to sustenance and recovery in such difficult times will be contingent on preserving and sustaining the key workforce, integrating and supporting the key supply chain players for maintenance of capabilities and co-creation and ensuring sufficient liquidity. The defence companies may acquire distressed assets for vertical integration and linking with new sources of supply within the national boundaries. With the slowdown of demand, reduction of the Defence budget, there may be price wars leading to the collapse of markets, as it was observed during post-cold wartime in Eastern Europe. Hence, the dream of any company aggressively foraying into the export market is rather unlikely in the unfolding of a protected world.

Moreover, the expectation of higher FDI into the domestic market may not work out, belying calculations of any previously worked out targets. The new players will find it difficult to enter the bleeding market place amidst price wars, as the existing players will continue to struggle to maintain liquidity and sustain the business. It is but natural, the incentives to attract new players in such volatile times may not be likely to work out; thus calling for nations to relook at their strategies.

Maintaining all assembly lines and an active workforce in the face of the reduced defence budget and limited market for exports is a challenging situation for defence companies. The 'Make in Own Nation' being championed by all nations as part of their drive to build local Industry, will create many barriers for the export market. At this point of a bear market with no near sight of recovery, the Defence business is faced with tough questions: Do they maintain the workforce level or trim it at the risk of losing capable people? Do they delay payments to vendors at the cost of preserving better liquidity? Do they turn to governments for help for planned capital investment and R&D or postpone them? Do they divert R&D budgets towards revenue payment of salaries at the risk of losing technological edge? Do they

close down a few of the units to survive the better profit-making units? How will they maintain shareholder's expectation of paying dividends? Do they demilitarise and opt for the civilian sector for COVID related supply of ventilators, Personal Protective Equipment (PPEs) in preference over Core Defence Products? Defence Industry must get prepared to future-proof themselves to overcome uncertainties arising from pandemic shocks (Sreekumar, 2020). They have higher expectations from the Government for support and stimulus to maintain existing capability.

RESPONSE OF THE GOVERNMENT TO COVID 19 THROUGH MARKET-BASED REFORMS

The success of Market-based Reforms depends on the performance of the market and the timing of such reforms. Shares of some defence companies are currently trading at their lowest prices in the past five years (Sreekumar, 2020). Thus, there is an argument for acquiring significant stakes and taking over some innovative companies to supplement the supply chain, which can be planned through a Fund of Funds at the national level.

If India battles COVID 19 better compared to the international community, India may score a brownie point by getting ex-patriates back to India. However, there are restrictions of employment of such foreign professionals in the Public Sector, a key player in the Indian Defence Sector. Necessary policy reforms for relaxation of such guidelines of the Department of Public Enterprises (DPE) are called for to overcome the constraint in this regard. The Consortium of Defence Industries can come together so that one does not poach others in a combined and consolidated effort to get back the high-end skill that can be crucial to the growth of indigenous capability in future.

Instead of painting glossy reports for booming exports and increasing size of Defence Market, it is important to work out new figures based on alternate scenarios and suitable intervention strategy to assess elements of risks in such volatile scenarios. The alternate scenarios will depend on time-span for the discovery of a vaccine or cure for COVID-19. It can be a short span of another 3-6 months, long span of 6-12 months or not in the near future beyond 12 months. The freedom from COVID 19 will significantly decide the budget available for the Defence Acquisitions. These figures need to be worked backwards for the major players like OFB and DPSUs, large Private Sector player like L&T, Bharat Forge and for the MSME players so that all of them remain healthy amidst the shock of COVID 19. The support required for the Defence Sector has to be considered separately, as the quest for Self-Reliance and Make in India is an important objective in a Globalised world. The question remains, whether the support to the Industry will be made programme specific or greater rebate to the Capability Creation such as CAPEX

and R&D expenditure. Whereas as the later is easy to administer, the former can be more targeted to the advantage of closing the technology gap that India faces vis a vis leading nations of having superior capabilities.

Disinvestment of DPSUs

Hard-pressed with the need for managing the finance, the Government has been going for distress sale through disinvestment of DPSUs like Hindustan Aeronautics Limited (HAL) and Bharat Electronics Limited (BEL). The market response has been rather bearish with stock prices plummeting for such companies on the announcement of disinvestment. The tradeoff between getting money in the short term with the long term gains of increase in Market Capitalisation, with resultant better dividend earning has to be relooked. An analysis is required whether the cost of revival is more or rather selling the same.

The Department of Investment and Public Asset Management (DIPAM) has planned 15 per cent of government stake on sale in Bharat Dynamics Ltd through the Offer for Sale (OFS) route (DIPAM, 2020). The Government of India GoI intends to disinvest 15 per cent paid-up equity capital of BDL out of its shareholding of 87.75 per cent, through OFS method of shares by promoters through the stock exchanges'. The stock of Bharat Dynamics has corrected nearly 31 per cent from its all-time high level of INR 481, touched on 14th Aug 2020 on the BSE. It hit a 52-week low of INR 147 in intra-day trade on 24th Mar 2020. Share prices of Bharat Dynamics plunged over 13 per cent as the Government announced to sell up to 15 per cent stake in the PSU via offer for sale (OFS) route (SNS Web, 2020). In such a context, monetisation of Land assets can be a better way to mop up the finance than disinvestment.

There is a need for rigorous analysis whether the cost of revival is more or rather selling the same. In case, the buyer can revive and make it profitable; the sale can be justified from the commercial angle. There is a trend of change of ownership of private replacing public or the commanding heights of the economy shifting from the public to the private sector. What is more important is the question of what would be the levers for governance available with the GOI once the private sector attains commanding heights. With the Reliance Industries selling 20% stake in the oil-to-chemicals arm to Saudi Aramco the multinational entry into this sector has started (Reuters, 2019). In such a geopolitical framework, what instruments will be left with the Government of India to prevent them from being taken over by the much more financially and politically powerful multinational oil giants?

Dr Ajay Kumar, Defence Secretary, admitted that COVID-19 had been a cause of several concerns, but it has also opened new opportunities, which can lead to

reduced imports (Gokhale, 2020). Whether such reduced imports are the inability of GOI to fund the acquisitions or the ability of the Indian Industry to come up with contemporary solutions, at par with the best in the world needs to be seen. Ministry of Defence (MoD) is trying to lessen the possible financial stresses for the SMEs and MSMEs. However, the announcement of the sale of stakes of PSU and corporatisation of OFB may weaken the very foundation of the public sector. The employees feel more secure working for a public sector than a diluted public sector or private sector. While, the disinvestment was being done earlier for the no -performing public sector, the trend towards offloading shares of more profit-making companies has sent a confusing signal to the employees, whether their relatively better performance can be rewarded through reforms that may not help their cause. The tradeoffs for the Government will be between offloading of shares in a distressed market and holding them while increasing the productivity of their operations.

Ban on Import of Items through AtmaNirbhar (Self Reliance) Bharat Scheme

The Defence Minister announced an embargo on 101 Defence items at the backdrop of PM's address to the Nation on 12th May 2020 for creation of new India on the five pillars, i.e., Economy, Infrastructure, System, Demography& Demand. The list of the items is quite extensive ranging from Mines, Grenades, Depth Charges to Air Craft, Artillery, Armoured fighting vehicles and Submarines, for which India incurred an expenditure of INR 35 Million. between April 2015 and August 2020. This move is likely to unfold new opportunities for the Indian Industry (PIB Delhi, 2020).

The embargo on imports is planned will be progressively implemented between 2020 to 2024. The indication of anticipated requirements of the Armed Forces and firm resolve of the Government is going to help the Industry to address the Self Reliance of the Nation, as they can plan their investments better. The announcement gives strategic guidance for building an industrial ecosystem, which can nourish a defence sub-system for Self-Reliant India.

However, the Indigenisation of Defence Industry is not that simple as it appears. The number of aircraft (that are required ((Light Combat Aircraft (LCA) MK I A - Enhanced Indigenised Content or Light Combat Helicopters or Transport Aircraft (Light), Basic Trainer Aircraft (BTA)) are pretty small in two digits, thus defying commercialisation through indigenisation efforts, as huge cost of R&D and Product development has to be spread over limited series production, making indigenous supply costlier compared to imports from abroad. The tradeoffs between the High Cost vs Self Reliance will have to be weighed. In case, the Indian

Industry does not deliver within the timelines by not being to develop indigenous technologies; the Armed Forces may have to rethink on the ban, already indicated by the Defence Minister. This, in a way, will prompt the foreign suppliers to create bases in India to supply Armament, manufactured on Indian Soil with more jobs for Indian Workers. However, this may not ensure that OEMs will part with critical technologies. The good news is that the Policy on the ban is complemented by raise of FDI in the Defence Sector from 49% to 74% with a national security cause rider.

The role of Public Sector vis a vis Private Sector will be interesting to watch. Although in place of nomination, Government is trying to bring in competition, it will be interesting to watch whether such competition will lead to a greater contribution from Private Sector supplying to exacting Military Standards. Whether the Supply Chain around the Complex Platform centric products like Towed Artillery Gun, Multi Barrel Rocket Launcher (MBRL), 155mm/39 Cal Ultra-Light Howitzer, Shipborne Close-in Weapon System, Anti-Submarine Warfare Shallow Water Crafts, Light Combat Aircraft (LCA) MK I A, Light Combat Helicopters, Transport Aircraft (Light), Field Artillery Tractor (FAT) 6X6 for Medium Guns, Communication Satellite GSAT-7C, Long-Range – Land Attack Cruise Missile can evolve and contribute to the Global Supply Chain will be watched by International Community. The answer lies in not only policy reforms that have set the stage buoyant but the response of the Indian Industry in responding to the reforms amidst the shocks of COVID 19.

The growth of the A&D Industry is linked to the availability of qualified talent in this high technology market. The intent for higher contribution from the A&D sector needs to be backed up by an overhaul of higher education, and military research has to be undertaken simultaneously. A confidential report on making India self-reliant in aerospace analysed India's preparedness vis a vis many of the emerging nations such as Brazil, South Korea and China brings out that the successes in these countries are attributed to the integration of economic viability by linking and slotting to the global supply chain through national strategies. While, there are many options for driving higher output from this key sector, considering the constraints on many dimensions, the many issues need to be handled at the same time with the right sequence.

The challenges for rising to the new dawn will be adequate budgetary support, bridging the technological gaps and reforming the acquisition processes. Although MoD has bifurcated the capital procurement budget for 2020-21 between domestic and foreign capital procurement and made provision of an outlay of nearly INR 520 Billion, it will be important to see the sustainability of such funding (InShorts, 2020). The demand for Social Sector funding amidst the need to kick start the economy and declining Tax collection revenues will have to be factored in.

The reforms in the Product Market by taking a decision not to import must be complemented by reforms in Factor Market and suitable Financing Models for nurturing of technology with a different mindset. The challenge is to drive the decision from a paper in the Ministry to the Drawing Board of the Indian Science and Technology Institutions, leading to the development of an array of technologies, Designed in India powering 'Make in India' to 'Make for the world' will be interesting to watch in the days to come.

The Need for More Interventions

Raghuram Rajan, the former Governor, Reserve Bank of India stated that the 23.9% contraction in GDP growth numbers for the first quarter of FY 2020-21 is alarming (Business Today, 2020). He remarked if the economy is considered as a patient, the relief is naturally the sustenance the patient needs while on the sickbed and fighting the disease. Or else the Industry would stop paying, may end up with high debt leading to closure.

Without relief, households skip meals, pull their children out of school and send them to work or beg, pledge their gold to borrow, let EMIs and rent arrears pile up. Similarly, without relief, small and medium firms – think of a small restaurant – stop paying workers, let debt pile up, or close permanently. In case, the patient develops atrophies; the patient moves to the state of a shell of herself. The economic stimulus given as a tonic helps the patient get out of her sickbed faster. But if the patient has atrophied, the patient may fail to come back to normal for a growth state. Thus, it is imperative that reforms are undertaken to give both stimulus and reforms, not one cost of the order, considering dwindling finances of the Government.

Some of his suggestion is; providing a rebate to small firms on corporate income and GST tax they paid last year, with the rebate tapering off with firm size. The private sector must be roped in to provide a helping hand, to support the Industry through a change in their systems and processes, rather than making a small dole of CSR for publicity.

The clearance of dues, for which GoI is making efforts must be now pushed to the Large Firms in Private Sector so that they clear their receivables quickly. A range of interventions to help debtors and claimants such as landlords and banks are called for, for committing to new agreements, for restructuring obligations, with possible waiving of unpayable amounts. Support coordinated by the National Government, need to be delivered through the large private firms to improve productivity in the Micro, Small & Medium Enterprises (MSMEs), to digitise the supply chains, to close the critical gaps in the supply chain and to continue investing in the planned product development projects so that this challenge is converted to an opportunity.

Institution framework of Singapore is worth emulating. The combination of several key fiscal, analytical, operational and political capacities, most of which were built up in the aftermath of the 2003 SARS crisis, had allowed Singapore to address an effective response to COVID-19 outbreak (Woo, 2020). As noted by the Centre for Strategic Futures (CSF) in 2017: “One important idea is for resilient governments to have a small but dedicated group of people to think about the future systematically, who will identify contingencies to be planned for, and emerging risks over the horizon to be managed. The skill sets needed are different from those required to deal with short-term volatility and crisis. This group should be allocated the bandwidth to focus on the long term without getting bogged down in day-to-day routine. By improving the ability to anticipate such shocks, governments might reduce their frequency and impact”. A key aspect of the CSF’s role includes ‘building capacities, mindsets, expertise and tools for strategic anticipation and risk management’ (Prime Minister’s Office Singapore, 2020)

CONCLUSION

“Make in India” is an excellent slogan for new thinking, but the conceptualisation of the same requires the creation of a national ecosystem, in which Design Manufacturing Testing Continuum should see radical improvement. Opening up the economy through neither privatisation nor higher FDI is necessary, but not sufficient. Real ‘Make in India’ requires the building of National Capabilities, helping Indian Companies to consolidate during the time of crisis, helping them to take over distressed assets overseas, bringing back ex-patriates to capitalise on the opportunities presented. Instead of making a negative list of imports, it will be better to make a positive list of Weapon Platforms that India can make through PPP mode by bringing the best resources across the public and private sector. It will be more prudent to recalibrate the Defence Sector projections and divide them across the major players and support them to reach that level. It is better to work from Micro-Level to Macro level than textbook prescriptions of reforms, playing the tune of Breton Wood Institutions, which has been rendered irrelevant. A right policy intervention one is ultimately is the one that is based on the needs of the leading players of the Industry than what Government thinks appropriate since the world has moved to a new order post-COVID 19, demanding new responses altogether.

(The views presented are personal to the author and no way represents official views)

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COVID-19 PANDEMIC AND INDIAN ADMINISTRATION: A STUDY OF PREPAREDNESS

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Abstract

The two waves of Covid-19 pandemic since March 2020 have hit hard the existing administrative capacity, policy and Modus Operandi of preventing, treating and delivery of health services. No doubt the state and non-state actors are trying hard to handle the pandemic and provide relief to people, but state apparatus, involving health administration, civil & police administration, sanitary staff, medical personnel and local governments etc. has proved to be inadequate. The non-state actors like NGOs, civil society and spirited individuals have also come forth to help the people but these cannot be the alternative of state. In this context, it becomes an urgent imperative to underline the issues in legal provisions, administrative functions and policy endeavours like preparedness, formulation and implementation of policies, coordination (among Centre and States, different departments and government agencies), role of local bodies, arresting corruption etc.

Keywords: Covid-19, Pandemic Laws, Administration, Health-services, Voluntary/ Civil Society

INTRODUCTION

It is an established fact that people's health care is the basic responsibility of the state which has been endorsed by scholarship since long. The words of Cicero proves it, "The welfare of the people is the ultimate law' (Cicero, 106 BC - 43 BC). The outbreak of present Covid-19 pandemic has reminded it afresh. WHO

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declared it as Coronavirus Disease - 2019 on February 11, 2020. It is also named Severe Pneumonia with Novel Pathogens on January 15, 2020 by the Taiwan CDC, the Ministry of Health and is a notifiable communicable disease of the fifth category. Person-to-person transmission may occur through droplet or contact transmission. Currently, there is no definite treatment for COVID-19, however, preventive vaccines have been invented and are being made available to the people.

The outbreak of Covid- 19 has left the health administration in India bewildered. It caused tremendous pressure (beyond expectations) mounted on the health system, law and order machinery, civic administration including the delivery of the health services. The present research paper aims at reviewing the administrative response to handle this pandemic. As such, it examines the politico-legal arrangements, health administration, medical service delivery and voluntary/community level efforts.

Let us first look into the legal provisions that have been used in checking pandemic in recent times by Indian state.

Disaster Management Act 2005

The Disaster Management Act 2005 (DMA) provides for 'the effective management of disasters'. Section (2) defines a disaster as a *'catastrophe, mishap, calamity or grave occurrence in any area, arising from natural or man-made causes*. A nodal agency under the DMA was created, known as 'The National Disaster Management Authority (NDMA)' with the Prime Minister as its chairperson. As per section 6 of the Act. NDMA lays down policies, guidelines and plans for the management of disaster. A similar arrangement has been made at State, District and Local civic administration levels. It has formulated 30 guidelines on various disasters including the *'Guidelines on Management of Biological Disasters - 2008'*. A detailed guideline on Biological Disaster and Health emergency was laid down in 2019. On March 14, 2021, the Union Government termed COVID-19 as a 'notified disaster' as a *'critical medical condition or pandemic situation'* it confers enormous powers upon the Union and State governments to control and manage the disasters like it.

Special powers are given to government agencies to handle disaster and provide relief to affected people. The citizens are required to follow the restrictions and cooperate with the administration with the hope to overcome the crisis. Section 35, 62 and 72 of DM Act 2005 empowers the Union government and NDMA to frame guidelines and issue directions to any authority or agency in India. Further, such orders are backed up by Section 18 (2 - b), 36 (1), 38 (1), (2 -b), 39 (d) which provide such directions are mandatory for Union Government, State Government and such other authorities. In an article published in the weekly magazine MP Ram Mohan and Jacob Alex writes:

'The present national lockdown was imposed under DM Act as per Order dated 24-03-2020 of NDMA 'to take measures for ensuring social distancing to prevent the spread of COVID 19' (S 6(2)(i)). Additional guidelines were issued on the same day by the Ministry of Home Affairs, being the Ministry having administrative control of disaster management (S. 10(2)(l)). To alleviate social sufferings, NDMA/SDMA are mandated to provide 'minimum standard of relief' to disaster-affected persons (Ss 12 and 19), including relief in repayment of loans or grant of fresh loans on concessional terms (S. 13)' (Mohan and Alex 2020).

It also allows the Government to get access to the National Disaster Response Fund, the State Disaster Response Fund and the District Disaster Response Fund. It also has provisions for allocation of resources for prevention, mitigation, capacity building etc. However, the local authority plays a very crucial role under DMA. As per the Act, 'local authority' includes *Panchayati raj* institutions, municipalities, a district board, cantonment board, town planning authority or *Zila Parishad* or any other body or authority, by whatever name called, for the time being, invested by law, for rendering essential services or, with the control and management of civic services, within a specified local area;

The Penalties

Section 51 to 60 of the Act prescribes the penalties for the violators. The Law describes the offence as obstructing any officer or employee from performing their duty or refusing to comply with directions. Violators can be **jailed** for up to **1 year or fine, or both**. In the case of dangerous behaviour, the jail term can be extended to **two years**.

The Epidemic Diseases Act, 1897

Along with the DMA, the Union government has also invoked, 'a 123-year old law has come to the rescue of the Government in its efforts to tackle the Coronavirus challenges. Under this, the Union government advised all the states and Union Territories (UTs) to take measures under section 2 of the Epidemic Diseases Act 1897' (TV, Rajya Sabha: 2020). It is one of the shortest legislation in India; The Epidemic Diseases Act has four sections. It is aimed at 'providing for better prevention of the spread of Dangerous Epidemic Diseases.'

The act was first enacted in the British colonial era primarily to control the Bubonic Plague outbreak in the late 1800s. It has remained relevant ever since. Section 2A of the Act allows the Centre to prescribe regulations to inspect any ship or vessel leaving or arriving in any port and to detain any person planning to leave or arrive into India. The government's decisions on restricting international and domestic travel to and from India fall under the provisions of this Act. The

Act also empowers State Governments under Section 2(1) to prescribe regulations concerning any person or group of people to contain the spread of epidemic.

PENALTY

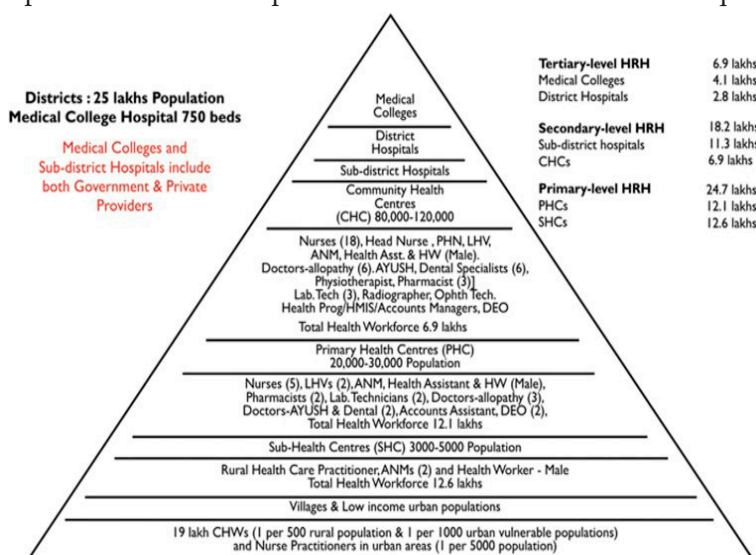
Section 3 of the Epidemic Diseases Act, 1897 provides the penalties for violating the regulations. Section 188 of the Indian Penal Code states that it will be six months imprisonment or a Rs 1000 fine or both (India, Govt. of 1897).

Section 144 of IPC

Along with these two Acts, several state governments are also invoking Section 144 of the Indian Penal Code. This prohibits a gathering of four or more people in a particular area. By using this provision, the administration aims to control crowding and prevent the spread of the virus. The offender shall be punished with imprisonment of either description for a term which may extend to two years, or with fine, or with both.

THE HEALTH ADMINISTRATION

The Covid-19 pandemic has exposed our health system and administration. As regards providing ventilators, oxygen and hospitals, the system found itself breathing on a ventilator. It is not that we do not have an adequate health policy, but the implementations of the policies have been found far from adequate.



Source: Indian Public Health System. Reprinted with permission from National Rural Health Mission, Ministry of Health and Family Welfare, Government of India.

The status of the Indian Public Health Standard (IPHS) norms, which decides the distribution of healthcare infrastructure as well the resources needed at each level of care is shown in the above diagram. During the pandemic, various health care agencies tried to help people to the best of their abilities. But, there is a huge mismatch of population ratio and availability of infrastructure, resources and facilities. It is also true that the system was not revised in post independent India.

The neo-liberal approach to the policies, in last two decades, has reduced the importance of public sector functionaries. So is the case with health administration that requires leadership of experts and specialists. On the contrary, health administration which makes the policies are taken from political or bureaucratic field who have least knowledge of the medical aspects. By 2021, this approach facilitated the private health care providers to flourish, pushing the public health care system back. Even mandatory health and sanitation programmes of the UN development programme (UNDP) could not be fully implemented due to lethargic and apathetic health administration in India. The pandemic crisis has exposed the weaknesses of the primary health care system and deployment of untrained health volunteers at the local level.

HEALTH ADMINISTRATION: UNION VS. STATE

The subject of public health falls in state list (VII Schedule), but the pandemic like Covid-19 necessitated the involvement of union Government. The Union government implements programmes on a national scale, like National AIDS Control Program, Tuberculosis program and Polio eradication programme to name a few. It also works for the prevention of major communicable diseases, promoting traditional and indigenous medicine and treatments that the state government can adopt. The Union also assists the States and UTs in preventing and controlling the spread of disease outbreak and epidemics and pandemics like Covid (MOHFW: 2012-13).

The task of public health care like hospitals, sanitation and medical staff appointment is placed under the state government. Further, the state government devolves the responsibilities to local self-governments in Urban and Rural areas. The local bodies have very limited resources to handle it. As an alternative, it encouraged the private health care market which is purely based on profit motive. Normally 67 per cent of health expenditure in India is out of pocket expenditure,. Inadequacy of public health services, the private hospitals have charged hefty amounts for treatment of Covid-19 infected patients amounting to lakhs of Rupees. In addition, exploitative practices by the hospitals, pharmacy sector, doctors have grown in the crisis.

At this level, the health administration has not made any significant growth. In the Union budget of 2021, only 1.3 % of GDP is earmarked for the health sector and targeting to make it 2.5 by 2025. As per international standard, at least 6 % of GDP has to be spent on health care. But in emergency like the pandemic, this could have even more. That is why the public health care sector finds itself incapable. Tit bit donations cannot show promise.

HEALTH SERVICE PROVIDERS

Sub-Centre (SC)

A Sub-Center is the first contact point for the community. Usually, in plain areas, it is set for over 5000 people and in hilly or difficult areas it is 3000. *'Each SC is required to be staffed by at least one auxiliary nurse midwife (ANM)/female health worker and one male health worker (for details see recommended staffing structure under the Indian Public Health Standards (IPHS)). Under National Rural Health Mission (NRHM), there is a provision for one additional ANM on a contract basis'* (Chokshi: 2016). During Covid 19 or any such pandemic, SCs can help in tracking and control the diseases effectively and stop them from spreading to other areas. The Ministry of Health & Family Welfare is providing 100% central assistance to all the SCs in the country since April 2002 in the form of salaries, rent and contingencies in addition to drugs and equipment. The state and local governments should hereafter strengthen this mechanism and form a local management committee on health in every village and municipal wards, to enhance people's participation and make SCs more useful and accountable.

Primary Health Centers (PHC)

A primary health centre (PHC) is established for over 20000 people in remote or hilly areas, whereas in plain areas, it covers over 30000 populations. It works as a connecting point between the communities - SC - District Medical Officer (popularly known as CMOs). They can play a vital role in the prevention of pandemic and the promotion of public health care. The state governments control PHCs through Minimum Need Programme (MNP) in rural areas and Municipal governments in urban areas. It has one medical officer supported by 14 paramedical and auxiliary staff. A provision for 2 additional nurses' appointment on a contract basis is also there. PHC controls 5-6 SCs. The Covid 19 management can be most effective at this level. The treatments, counselling, telemedicine can be administered at this level very effectively. However, they couldn't perform well due to a lack of resources, staff and adequate up-gradation. Otherwise, neither states would have undergone so much stress, nor the people had to suffer and die like this.

Community Health Centers (CHC)

The state governments are mandated to establish and maintain Community Health Centers (CHCs) under MNP/BMS programme. It covers a population of 120000 in plain areas and 80000 in hilly or tribal areas. The CHC can provide general to advance treatment to Covid or any other patients. As per rules, every CHC should have 4 medical specialists, i.e. Surgeon, physician, gynaecologist/ obstetrician and paediatrician. A team of 21 paramedical and auxiliary staff assist them. It has a minimum of 30 beds, an operation theatre, X-ray, labour room and laboratories. If the state or Municipal governments are serious about improving health facility, they need to focus on meaningful administration of CHCs. During covid, most of the CHCs in India have failed or are defunct to handle the situation owing to lack of knowledge, staff, machines and medicines. Also, the population in every district has increased. There is a need to harmonies the ratio of the population of CHC facilities.

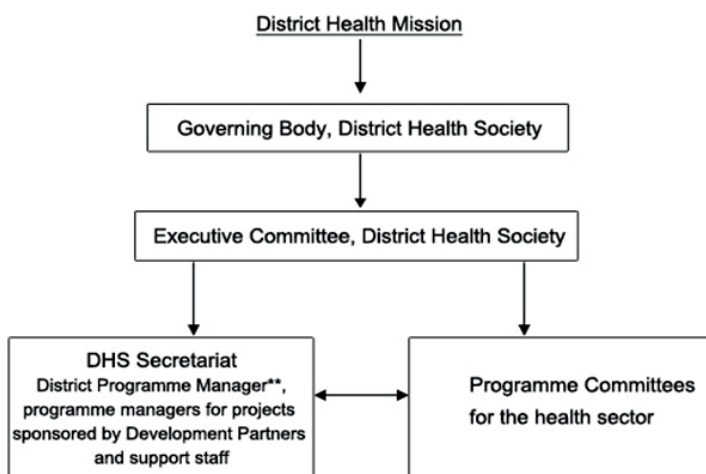
First Referral Units (FRU)

An existing facility (district hospital, sub-divisional hospital, CHC) can be declared a fully operational first referral unit (FRU) only if it is equipped to provide 24-hour services for emergency obstetric and newborn care, in addition to all emergencies that any hospital is required to provide. It should be noted that there are three critical determinants of a facility being declared as an FRU: (i) emergency obstetric care including surgical interventions such as caesarean sections; (ii) care for small and sick newborns; and (iii) blood storage facility on a 24-h basis. Again during Covid FRU become overburdened. They couldn't handle the pandemic effectively, because SC, PHC and CHCs didn't have much role to play in this. Most of the decisions were taken by the Chief Medical Officer (CMO) and District Collector (DC). Hence, delay in tracking; testing and treatment caused great damage in Covid management.

ADMINISTRATIVE SETUP FOR PANDEMIC

a) District Administration

National Rural Health Mission provides for a well structured and participatory Institutional Setup at the District level District Health Mission (DHM) and the District Health Society. This is a real democratic body where administration, elected representatives, health experts and civil society can together chalk out a local plan to handle Covid-19 pandemic. The structure and composition of the DHM are as following:



Source: National Health Mission website.

On the lines of the State Health Mission, every district will have a District Health Mission headed by the Chairperson, Zila Parishad. It will have the District Collector as the Co-Chair and Chief Medical Officer as the Mission Director. The Covid - 19 pandemics could have been more effectively managed through the task force of the District Health Mission. Its two main organs, i - District Health Society, ii- Governing body could have done better, provided they are put to meaningful use.

The Governing Body

Chair	Chairman, Zilla Parishad
Co-Chair	District Collector/DM
Vice-Chair	CEO Zilla Parishad
Convener	Chief Medical Officer/CDMO/CMHO/Civil Surgeon
Members	MPs, MLAs, MLCs from the district, Chair-persons of the Standing Committees of the Zilla Parishad, Project Officer (DRDA), Chair-persons of the Panchayat Samitis and Hospital Management Societies, District Programme Managers for health, PHED, ICDS, AYUSH, education, social welfare, Panchayati Raj, State representative, representatives of MNGO/SNGO, etc.

The District Health Society

Chair	District Collector/DM/CEO Zilla Parishad
Co-Chair	DDC cum CEO, Zilla Parishad
Chief Executive Officer	Chief Medical Officer/CDMO/Civil Surgeon

Members	Project Officer (DRDA), District Programme Managers for Health, AYUSH, Water and Sanitation [under Total Sanitation Campaign (TSC)], DPMSU, PHED, ICDS, education, social welfare, Panchayati Raj, a State representative, Sub-Divisional Officer, CHC In-charge; representatives of Medical Association/MNGO/SNGO and Development Partners
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Ensuring Inter-sectoral convergence and integrated planning are the specific task for the Governing Body of the DHS. However, *‘the DHS is not meant to take over the executive functions of the ZP / ULBs and/or the district health administration. On the contrary, DHS is meant to provide the platform where the three arms of governance ZP, ULBs and district health administration and district programme managers of NHM sectors get together to decide on health issues of the district and delineate their mutual roles and responsibilities*(National Health Mission: 2012 -17).

b) Urban Administration

National Urban Health Mission (NUHM) was approved by the cabinet in 2013. It aims to meet the health care need of the urban population, especially reducing their out of pocket expenses for treatment. It provides for helping the urban population, especially the poor and vulnerable sections of the society, need-based health care. Covid related treatment has been given through this channel. During Covid Municipal bodies have set up dedicated covid hospitals and other medical facilities. But due to the sudden swallowing of cases, they couldn't manage to cater to the needs of beds, ventilator, oxygen etc. Also, the shortage of doctors and other medical staff worsened the situation. Therefore, The NUHM should now focus on creating such facilities that can effectively handle the pandemics like Covid 19. The Local bodies should actively work with the community and local bodies for more proactive involvement in the planning, implementation, and monitoring of health activities. Partnerships with NGOs in health care service providers and other stakeholders can also be an effective measure.

ROLE OF CIVIL SOCIETY

After the first nationwide lockdown announced in March 2020, the government machinery came to a standstill. Its health care system and management were reduced to a helpless situation due to the scale and gravity of the lockdown effects. The public administration found itself helpless in maintaining law and order on the one hand and saving lives from Covid 19, hunger, foot, transportation etc. on the other. At that time the NGOs came forth actively. The voluntary organization provided food, water, medicine, donated money, helped in local supply etc. Thus, the administration needs to engage civil society in a more effective and structured manner. They should be engaged in the PMIM (Policy Making, Implementation

and Monitoring) model that is suggested by this author as a method of engaging the civil society in the administration of Covid 19.

UGLY FACE OF SOCIETY AND ADMINISTRATION

Some reports and incidents present a very negative and selfish face of the society and administration. Administrative corruption in providing Covid relief, treatment, fine and help have been often reported in newspapers. The administration coerced people in the name of enforcing Corona guidelines. People are reduced to helpless creatures. The overcharging by hospitals, medical stores, black marketers of essential commodities, oxygen cylinders, medicines like Remdesivir injections, beds in hospitals, nursing the patient have aggravated the miseries of the people. The immoral practices have also been reported. Exorbitant charges were taken even after the death of Covid patients like ambulance, woods for cremation, coffins and so on. But the government functionaries pay little attention to check these immoral practices. But as a society also we need to contemplate a lot. Along with the administrative lacunae, society is equally to be blamed.

THE WAY FORWARD IN DISASTER AND PANDEMIC PREPAREDNESS

Human values and ethics have to followed by all sections of society - governmental or non-governmental. While using the natural resources and making policies a communitarian and ecological approach has to be adopted. The government must create infrastructure to make available the food, medicine and other life-saving essentials to be used in the hour of exigency. The rates of medical services and products should be universal and stable. The local level rural and urban governments should be given more functional and financial powers to deal with the situation in their own ways. A time-bound feedback and reviews system should be at the top priority of the governments. Public feedback about the administration should be taken seriously to curb corruption and lethargy.

CONCLUSION

It is, on the basis of above discussion, highly suggestible that the culture of service, duty, honesty is missing in health administration during the pandemic. The administrative response to Covid or any other disaster should be very objective. The focus should be more on the side of prevention of such catastrophic crisis. The coordination between Centre and State, Interdepartmental and government and community need to assured. Law and order enforcement should be people-friendly. The administration needs greater decentralization in such crisis situation. Integrated health administration and accountable manpower should be assured to make India safe from Covid-19.

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Figure: I

Indian Public Health System. Reprinted with permission from National Rural Health Mission, Ministry of Health and Family Welfare, Government of India.

Figure: II

District Health Administration

<https://nhm.gov.in/index1.php?lang=1&level=3&sublinkid=1136&lid=144>



PUBLIC INVESTMENT IN HEALTHCARE IN INDIA: THE CONTEXT OF COVID-19 PANDEMIC

Govind Kumar Inakhiya* and Pravin Kumar**

Abstract

The present pandemic conditions have highlighted inadequate healthcare facilities in India. The public health expenditure is also lower in context of prescribed norms (National Health Policy, National Committees on Health and International Health Institutions/Organization). In compliance of the guidelines of Universal Health Coverage directed by the World Health Organization, the Government of India has implemented health insurance scheme and Ayushman Bharat scheme in order to address the shortage of resources and to reduce the excessive out of pocket expenditure. Here the question - are these governmental endeavours sufficient to meet the present Corona crisis? As such, the present paper intends to highlight the growing issues and challenges before the healthcare sector in India in the conditions of Covid-19 pandemic and also the nature of public investment in the sector. It further goes to assess the assurance of employment opportunities in the healthcare sector and the possibilities of achieving Universal Health Coverage, thereby suggesting ways to cope up with the situation. It has been found that inclusion of private hospitals under the Ayushman Bharat scheme have not shown much promise rather have indulged in malpractices and arbitrary charges. Therefore, it is suggestible that the government of India should focus on grounding the actual health care facilities by appropriate public investment.

Keywords: Covid-19, Universal Health Coverage, Ayushman Bharat, PMJAY, Swasthya Bima Yojna, India

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BACKGROUND

With the recent International Public Health Emergency announced by the World Health Organization on 30th January 2020 due to Covid-19 and the recent second wave of the pandemic in March 2021, the issue of public health policy came under serious debates, so far India is concerned. WHO Said in its situation report on 11th April 2021 *“The highest numbers of new cases were reported from India (873 296 new cases; 70% increase), the United States of America (468 395 new cases; 5% increase), Brazil (463 092 new cases; 8% decrease), Turkey (353 281 new cases; 33% increase), and France (265 444 new cases; 9% increase)”*. Due to the Covid-19 virus, the health systems of countries like Italy, America, England and Russia had suddenly collapsed creating a health emergency in the year 2020.

India was already ill equipped in delivery of health services, prior to the outbreak of the pandemic. A report published by the Lancet Commission in June 2018 namely Health Access Quality Index on 195 countries. Out of 195 countries, India ranked 145. Another report published by the Lancet Commission in November 2018, on low and middle-income countries, highlighted that nearly 8 million people die every year because of a lack of access to high-quality care. Among 8 million deaths occurring, in low and middle-income countries, about 1.6 million are accounted to India.

As a result of this pandemic, India's healthcare sector faced an overburdening due to the lack of health infrastructure and shortage of medicos in comparison to ever growing high number of patients. This crisis in the health sector in India has forced the government to invest in the health sector heavily. The Government of India reported the shortage of ventilators as they were required in large numbers during the COVID-19 emergency. As the result, the Government of India had to buy 60,884 ventilators. The National Task Force has recommended the maximum cost for COVID-19 samples testing at ₹ 4,500 in private labs. “This may include ₹ 1500 for a screening test for suspect cases and an additional ₹ 3,000 as confirmation test charges,” the notification said. However, the Government of India made a significant improvement in the Ayushman Bharat Scheme, in which it was declared that the diagnosis and treatment of Covid-19 will be given free of cost to its members under this scheme by the notification on 4th April 2020. But it has been proved to be a ‘drop in ocean’. The situation turned so grim that even chief ministers, ministers, senior politicians, bureaucrats of India resorted to private hospitals. Adding to the miseries of the people, the Government shows the citizens the way to the private hospitals through the Public Health Insurance, on one hand, the government officials and ministers also themselves go to the private hospitals for treatment on the other.

Therefore, it becomes necessary to study whether private health institutions can provide the desired quality of healthcare services to the people through health insurance. Further, the question - Are the citizens getting benefits through health insurance in the proportion in which the expenses are being incurred? The present study reviews the two major public-funded health insurance schemes.

UNIVERSAL HEALTH COVERAGE: NEED OF THE HOUR

The World Health Organization has passed a unanimous vote for commitment to Universal Health Coverage in the World Health Assembly 2005. The Universal Health Coverage is defined by the World Health Organization as the “access to key promotive, preventive, curative and rehabilitative health interventions for all at an affordable cost, thereby achieving equity in access”. In the World Health Report (2010), Universal Health Coverage has been defined “as a condition where all people who need health services (prevention, promotion, treatment, rehabilitation, and palliative care) receive them, without undue financial hardship”. According to World Bank (2014), Universal Health Coverage consists of three interrelated components: (a) the full spectrum of health services according to need; (b) financial protection from direct payment for health services when consumed; and (c) coverage for the entire population. The main reason for the commitment to universal health coverage was that about ninety-eight per cent of the countries of the world did not have a system of health facilities as required. Nearly ninety-eight per cent of the people of the world are lacking access to quality health care. A large chunk of poor people (150 million) are unable to bear the out of pocket expenditure on health care. The report of the World Health Organization and the World Bank (2017) reveals that at least half the world’s population still lacks access to essential health services. On an average, out-of-pocket payments represent about 32% of a country’s health expenditure whereas, this figure is 67 per cent in India.

OBJECTIVES OF THE STUDY

The objective of this research paper is to assess comparatively the situation of out of pocket health expenditure between the financial year 2004-2006 to 2016-2017 after the World Health Organization and its member countries committed to universal health coverage in 2005. Further it intends to underline the provisions of different types of health insurance schemes and their success ratio. Thirdly, it goes to study the impact of the coronavirus on India’s health system (Public and Private) and role of Government’s health insurance schemes and also to assess the employment opportunities in the healthcare sector.

DATA AND RESEARCH METHODOLOGY

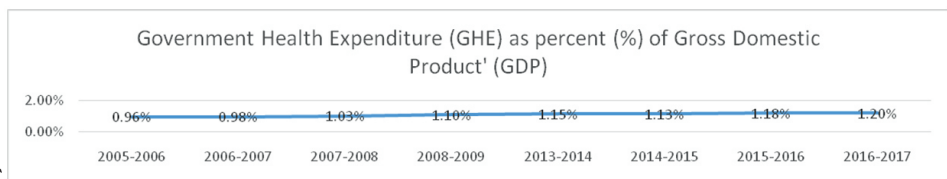
The quantitative and qualitative methods have been used. It is mainly based on secondary sources of data collection. However, the personal encounters, observation and experiences shared by the people at various health care institutions were taken into account to enrich the study.

INDIAN HEALTHCARE SYSTEM: AN OVERVIEW

India's health care system had grown in last one and half decades so high that it attracted the medical tourism. According to the FICCI report (2013) "Healthcare has emerged as one of the most progressive and largest service sectors in India with an expected GDP spend of 8 per cent by 2012 from 5.5 per cent in 2009. It is believed to be the next big thing after IT and predicted to become a \$280 billion industry by the end of 2020". There was significant scope for enhancing healthcare services considering that healthcare spending as a percentage of Gross Domestic Product (GDP) was rising. The Indian healthcare sector was growing at a brisk pace due to its strengthening coverage, services and increasing expenditure by public as well as private players. Indian healthcare delivery system is categorized into two major components public and private. A doctor of Sir Ganga Ram Hospital New Delhi (2018) has said, we have focused on reproductive, maternal and child health and common communicable diseases. We are saving an extra 13-lakh child each year compared with 2000. But we have been able to focus on only 15% of the agenda. Thus, tackling hypertension, diabetes, cancer screening, mental health, eye disease, ear nose and throat (ENT) problems, dental care and care of the elderly is not within the scope of our primary care.

GOVERNMENT HEALTH EXPENDITURE (GHE) AS PERCENT OF GDP

Chart: A



This chart shows that 0.96 per cent of GDP was spent on health by the Government of India in 2005-2006, which was increased by 1.2 per cent in 2016-2017. The Government of India increased health expenditure by 0.24 per cent of GDP in about eleven years (between the financial years 2005-2006 to 2016-2017), which has been very low in proportion to population growth.

PUBLIC HEALTHCARE RESOURCES

The public health expenditure of India is the lowest in comparison to other countries. According to the Economic Survey of India (2019-2020), the government of India will spend a part of its Gross Domestic Product (GDP) on healthcare which is 1.6 per cent in the financial year 2020-2021 budget, estimating a small rise from 1.5 per cent in the financial year 2019-2020. This low public health expenditure impact can be understood by a joint report published by FICCI and Ernst &Young (2019) report which showed that poor quality; a shortfall of health resources as follows: Sub Centers: 32900 (18%) ANM Female 15%, Male 67%; Primary health Centers: 6430 (22%) Doctors 20%, Nurses 64%, and 34% Paramedical Staffs; Community Health Centers: 2188 (30%)

The rural health statistics report show that 8 per cent of primary health Centres (PHCs) function without a doctor, 38 per cent without a lab technician and 22 per cent without a pharmacist. At the community health centre level, there was a considerable shortage of specialist allopathic doctors.

Table A: Availability and Shortage of Health Infrastructure and Human Resources.

<i>Shortage of Health Resources</i>	<i>Sub-Healthcare Center</i>	<i>Primary Healthcare Center</i>	<i>Community Healthcare Center</i>
Infrastructure	32900 (18%)	6430 (22%)	Community Health Centers: 2188 (30%)
Human Resources	ANM Female 15%, Male 67%	6430 (22%) Doctors 20%, Nurses 64%, 34% Paramedical Staffs	74% in specialists at CHC

HEALTH INDICATORS

Table B:

Year	April 2005	Dec. 2011	Oct. 2012	Sept. 2013	Sept. 2014	Dec. 2016	Sept. 2017	May 2019	May 2020
Health Indicators Based on Sample Registration Bulletin									
Birth rate	24.8	22.1	21.8	21.6	21.4	20.8	20.4	20.2	20.0
Death rate	8.0	7.2	7.1	7.0	7.0	6.5	6.4	6.3	6.2
Natural growth rate	16.8	14.9	14.7	14.5	14.4	14.3	14.0	13.9	13.8
Infant mortality rate	60	47	44	42	40	37	34	33	32

The above table shows that from 2005 to 2016, India is witnessing a decrease of about 40% in infant mortality rate. The infant mortality rate was 60 in 2005, which

is 37 in 2016. The reason for analyzing infant mortality till 2016 is that the figures of out-of-pocket expenditures are only available till 2016, so in this research paper, conclusions are being made only based on analysis of the figures up to 2016. A decrease in the birth rate of four per cent, one and a half per cent and a decrease in the natural growth rate of about 2.5 is noted

Chart: B

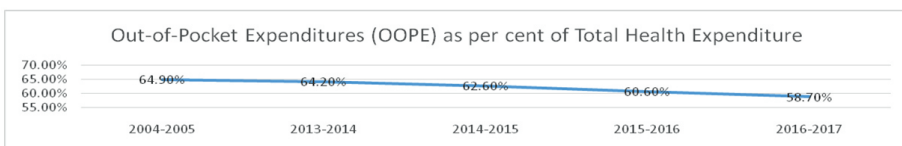


The above chart shows that from 2004-2006 to 2014-2016, there has been a decrease of more than fifty per cent of maternal mortality in India. The maternal mortality rate was 254 in 2004-2006. Now it is 130 in 2014-2015. There has been a good improvement in the maternal mortality rate. Now there is increasing public awareness for this improvement or the success of the national rural health mission

PRIVATE HEALTHCARE & OUT-OF-POCKET EXPENDITURE

Due to low public health expenditure, it is seen that private doctors are the only source of treatment in both rural and urban areas. More than 70% (72% in the rural and 79% in the urban areas) spells of ailment were treated in the private sector. A report study conducted by the Public health Foundation of India (2018), highlighted that approximately 55 million Indians were pushed into poverty in a year because of having to fund their healthcare, and 38 million of them fall below the poverty line due to expenses on medicines itself. The economic survey (2016-2017) has highlighted that access to healthcare has improved over the years in India. As per the latest National Health Accounts (NHA) 2016-17, the out of pocket expenditure (OoPE) as a percentage of total health expenditure has declined from 64.2 per cent in 2013-14 to 58.7 per cent in 2016-17.

Chart: C



As it is visible in the chart that there are many factors which are responsible for Out of Pocket Expenditure in past 12 years. This chart shows that there has been an 11 per cent (from 64.90% to 59.70%) decrease in the out-of-pocket expenditure in India for a total of twelve years between 2004-2005 and 2016-2017. Whereas, in these twelve years, government health insurance has been provided by different state governments. From 2008 onwards, the “Rashtriya Swasthya Bima Yojana” (RSBY) was introduced for the poor people working in the unorganized sector by the central government. Free health checkup under the National Rural Health Mission(NRHM) scheme, Other healthcare services including free medicine, subsidized MRI, CT Scan, Ultra Sound, Dialysis have also increased. However, from this table, it can be seen that the decrease in out-of-pocket expenditures has been less than 1 per cent per year.

PUBLIC HEALTH INSURANCE IN INDIA

In India, various health insurance schemes have been implemented by different state governments from the year 2003 to 2008 for the Below Poverty Line (hereafter BPL) in their respective states. In this series, the Labor Ministry of the Government of India implemented the “Rashtriya Swasthya Bima Yojana” (hereafter RSBY) for the people below the poverty line on 1st April 2008. The objective of RSBY is to protect BPL households (cover 5 members of the family) from financial liabilities arising out of health shocks that involve hospitalization. The beneficiaries under RSBY are entitled to hospitalization coverage up to Rs. 30,000/-. The beneficiaries need to pay only Rs. 30/- as registration fee while Central and State Governments pay the premium to the insurer selected by the State Government based on competitive bidding. RSBY, being a centrally sponsored scheme, the majority of the fund comes from the Central government, i.e. 75% of the premium is paid by the Central government while the remaining 25% of the premium is paid by the state government (number changes to 90% & 10% in case of northeastern states and Jammu and Kashmir). Till March 25, 2013, the scheme had 34,285,737 Smart Cards and 5,097,128 hospitalization cases. In 2014, the National Democratic Alliance government was formed at the centre under the Prime Ministership of Shri Narendra Modi. The Modi's government has implemented “Ayushman Bharat Yojana” (ABY) on 23 September 2018. The “Ayushman Bharat Yojana” was later renamed “Prime Minister Jan Arogya Ayushman Bharat Yojana”. PM-JAY-Ayushman Bharat.PM-JAY has been rolled out for the bottom 40 per cent of the poor and vulnerable population. In absolute numbers, this is close to 10.74 crore households. The inclusion of households is based on the deprivation and occupational criteria of the Socio-Economic Caste Census 2011 (SECC 2011) for rural and urban areas, respectively. This number also includes families that were covered in the Rashtriya Swasthya Bima Yojana (RSBY) but were not present in

the SECC 2011 database. In line with the approach of the Government to use the SECC database for social welfare schemes, PM-JAY also identifies targeted beneficiary families through this data. Even though PM-JAY uses the SECC as the basis of eligibility of households, many States are implementing their health insurance schemes with a set of beneficiaries already identified. Thus, States have been provided with the flexibility to use their database for PM-JAY. However, they will need to ensure that all the families who are eligible based on the SECC database are also covered. The union cabinet in its meeting held on 21st March 2018 had approved Ayushman Bharat National Health Protection Mission, now renamed as Pradhan Mantri Jan Arogya Yojana (PM-JAY). Based on the approval of the Cabinet, the National Health Agency was set up as a society, under Societies Registration Act 1860, on 23rd May 2018. On 2nd January 2019, the Union Cabinet approved the restructuring of the existing National Health Agency as the National Health Authority (NHA).

IMPACT OF COVID-19 ON INDIAN HEALTHCARE SECTOR

The privatisation of health care facility has started well back 1983 and public sector insurance companies were involved in medi-claim or health insurance schemes with tax reliefs to the individual investors. The Malhotra Committee had recommended regulation and privatization of insurance in 1994 and Finance Minister Chidambaram encouraged investment in health insurance. But the United Front (UF) government had to withdraw the Insurance Regulatory Authority (IRA) Bill due to opposition from the Left and the BJP. When the BJP came to power, it initially opposed the idea of allowing foreign capital in insurance. In the budget of June 1998, Yashwant Sinha talked about the need for domestic private players in the insurance business. In October 1998, a high-powered committee headed by Jaswant Singh decided to allow 26 per cent foreign equity in the insurance sector. Opposition from people like Kushabhau Thakre and Uma Bharati was successfully resisted and the bill was adopted in the 1999 budget. Privatisation was a gradual process that faced significant political opposition. The Rao government initiated a policy on disinvestment, the Janata Dal government constituted a Disinvestment Commission, and, the NDA government gave birth to a department of disinvestment and a Cabinet Committee on disinvestment.

The neglect of the public health infrastructure in India appears to be a deliberate strategy to promote the large private health interests that have grown over the years. After independence, the goal was to provide comprehensive and Universal Health Provisioning (UHP) free of cost to all without discrimination but now it has shifted to Universal Health Care. Health insurance in India in general, and the numerous government schemes in particular, have also been receiving attention, especially in the context of the government objective and policy of Universal Health Coverage.

The various state governments and Governments of India have implemented health insurance in a series from Yeshsavini Community Health Insurance to Pradhan Mantri Jan Arogya Ayushman Bharat Yojana.

MALADIES OF PRIVATE SECTOR

These public-funded health insurances provide services to the targeted beneficiary in a private hospital because the shortage government hospitals. The reimbursement is claimed by the hospital from the insurance company and the insurance company gets the money from the government. The burgeoning evidence against state-funded health insurance schemes and the inability of the government to regulate the private sector seems to have been ignored when the government announced the NHPS recently. The private sector through the NHPS will have access to the money of billions of taxpayers. In addition, public funds are being diverted to the private sector through state insurance programmes and PPPs, which reduces funds availability for the public healthcare sector. Chakraborty, (2005) argues that there is no doubt that private hospitals and clinics are primarily profit-seeking organizations; the question is whether they can participate effectively in partnerships that address health problems of the poor.

The government implements a health protection scheme to achieve universal health coverage with the help of the private sector but at the time of crisis the government hospitals were declared Covid-19 centres and the people working in them the “frontier Covid Warriors” to sacrifice. The private sector is also not happy with the developments. Sangita Reddy, President, FICCI and Joint Managing Director, Apollo Hospitals Group, said: “There is an urgent need to consider the healthcare industry’s triple burden of low financial performance in the pre-Covid-19 state, sharp drop in out-patient footfalls, diagnostic testing, elective surgeries and international patients across the sector is impacting cash flow; and the increased investments due to Covid-19, which has impacted the hospitals and laboratories like never before.” A study conducted by EY and FICCI (2020), demanded financial support for the private healthcare provider.

Ironically, these private hospitals were built on the government free land, some on subsidy; some were given the funds for the beds on one hand, on the contrary, during the health emergency the beds were black-marketed by private hospitals on the other. This will be evident from the following incidents - according to a report (Muslim Mirror, 2020 June 11) and (Times Now News, 2020 June 12) A Delhi University professor died (2020 June 09) of coronavirus infection after as many as six hospitals in Delhi NCR allegedly refused to admit him.

Ghosh (The New Indian Express, 2020 May 26), has shared two experiences in his report. The bill demanded by the hospital, which was seen by the reporter,

indicated that in the first case, the per-day charge of a PPE kit varied between Rs 4,300 and Rs 8,900. The billing slip of another patient also showed that the hospital charged Rs 8,900 per day for a single PPE kit and the patient's attendant said that Rs. 80,000 per day was charged for a ventilator. Tammna (2020) has highlighted an incident from the Shajapur district of Madhya Pradesh. An 80-year-old man was allegedly tied to a bed in a private hospital as his family members failed to pay the balance amount of a mere 11000 rupees of the hospital bill. According to a Live Mint report (2020), a couple of private hospitals in Delhi were refusing admission to COVID-19 patients and demanding lakhs of rupees for allotting bed to those in pressing need. A corona patient was forced to carry an oxygen cylinder all by himself. These are some examples, the reality is far pathetic. India is providing world-class quality of medical treatment in state-of-the-art facilities to foreign patients and on the other hand, is struggling to provide equitable access to health infrastructure and basic primary healthcare for millions living in poverty. The situation shows that public health sector hospitals and health centres are facing an excessive workload on one side the private sector are involved in making a profit, even though unethical means on the other

The government of India initiatives reflect its reluctance to improve and increase the public healthcare facilities. The results of alternative efforts like health insurance by the Government of India to improve the health sector are not showing promise. A high-level expert group for universal health coverage recommended: "do not use insurance companies or any other independent agents to purchase health care services on behalf of the government". The IMA has come out strongly against the current structure and mode of implementation of AB-PMJAY, alleging that the insurance model of healthcare delivery is a failure. India should not continue the insurance route for healthcare delivery as the administrative cost and the "unholy nexus" with insurance companies point towards profit maximization rather than quality health care delivery. Mudur (2019) has quoted the statement of IMA member on Pradhan Mantri Jan Arogya-Ayushman Bharat Scheme "The package rates set under the scheme are not viable for many 20 or 25-bed small and medium hospitals these rates encourage hospitals with large-scale, industry-style operations," According to Dr Vikas Bajpai, professor at the Centre for Social Medicine and Community Health of Jawaharlal Nehru University, The Ayushman Bharat scheme need to analyze the "failures" of the various publicly-funded health insurance schemes, including RSBY to ensure that "inadequacies" in their implementation were not repeated. Shantanu Sen former President IMA, says, "health services should be provided in "assurance model, not insurance model."

The literature survey on Rashtriya Swasthya Bima Yojana, Ayushman Bharat Pradhan Mantri Jan Arogya Yojana has shown that implementation is facing a lot of problems like the lack of awareness among the beneficiaries; poor monitoring

and evaluation from the government side; empanelled hospital involved in malpractices; another stakeholder like smart card section, whose efficiency is not up to the mark. The lockdown caused severe unemployment in the private sector and among self-employed individuals. The World Bank (1987) has advised in its document, 'Financing Health Services in Developing Countries' that: reform will not solve all the problems of the health sector. User charges will not generate foreign exchange to pay for imported pharmaceuticals. Insurance programs alone will not be enough to ensure better quality. Nor will decentralization eliminate the need for difficult political decisions regarding new investments training subsidies, and wage scales for public workers. And a private sector--no matter how good--will not fill critical needs such as environmental disease control and may not adequately serve the poor in remote rural areas. Reforms in financing health care will have little impact without a political commitment by the government to making the sector more effective.

CONCLUSION

Public-health sector in India has been placed at a secondary priority in all its policies which has resulted in increased public dependence on private health institutions and get their pockets empty. Despite repeated recommendations of researchers and committees set up by the government from time to time, the governments have adopted alternative healthcare systems instead of strengthening the public healthcare institutions and healthcare resources, Almost all the reviews committee constituted by the Government of India give importance to public investment in the field of education and healthcare, but in vain. The Covid-19 is a major challenge for the Indian healthcare system due to low investment 1.15% of its GDP by the government in health resources in India. The Government of India had to quickly invest in healthcare infrastructure to deal with the present crisis. Ironically, our PM appeals to turn the Covid-19 crisis into an opportunity.

The previous studies conducted by various countries show that the health sector is the highest job provider. According to Gunn (2015) a report published in the Washington Post focusing on the US economy, highlights that healthcare-related jobs are sustained best of any job category and has also indicated that during the recession of 2008, healthcare was the only sector that actually added jobs during the deep recession.

The government of India should increase public investment in the healthcare sector keeping in mind the corona virus epidemic. It should build a strong healthcare infrastructure up to Sub Healthcare Center, Primary healthcare Center, Community Healthcare Center, and District hospitals. It needs revision in existing policies in the light of above situation. Dependence on medical colleges and

hospitals of the government cannot fulfil the goal of universal health coverage. There is urgent need of developing trust of citizens towards public sector health services. Public investment in health sector is the need of the hour and private sector should be regulated properly. Following suggestions requires attention in policy making process for health services:

- Increase in public investment in medical human resources, infrastructure in accordance with ailing population
- Enrich research and development facilities in health sector
- Stress should be on 'assured health service delivery' instead of 'insured health care'
- Reduction in out of pocket health expenditure and targeted health budget
- Spread of medical facilities to remote areas with properly manned health centers

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COVID-19 AND FOOD SECURITY: CONNOTATIONS AND DENOTATIONS WITH SPECIAL REFERENCE TO ASSAM

Banasri Saraswati* and R. R. Mishra**

Abstract

In India, the scriptures and ancient laws gave the food a very special status. The concept of equitable distribution of food existed in our society even prior to the concept of socialism. In modern times, securing food to its citizens has become the prime responsibility of state. In the corona pandemic crisis, the intervention of state to provide food security acquires prime significance as people are entitled to have food, especially in crisis situation. As such the present paper examines the implementation of food security law through various schemes to the people in crisis in the state of Assam. These schemes seem to be inadequate. Hence the author suggests to extend powers to states in matters of assuring food security in crisis periods.

Keywords: Food Security, FSA 2013, PMGKY, PMMVY, Poshan Abhiyan, Covid-19, Assam

PRELUDE

Food is indispensable in the lives of the people since time immemorial. The ancient Hindu religious text describes the food as Brahman that is God.¹ In India, the scriptures and ancient laws gave the food a very special status. The ancient society gave food the status of life and also stressed upon the equitable distribution of food. The concept of equitable distribution of food existed in our society even prior to the concept of socialism. In the modern era, many national and international laws

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developed to protect the people's very basic right, the right to food. A country has to pay a heavy price for denial of the right to food, when the people who suffer from malnourishment at large are unable to contribute to the economy of the country. In such a situation, the economic pressure on the government is enormous. The COVID-19 pandemic situation has brought the world, and for that matter India, to its knees as far as the economy and survival of the mankind is concerned.² The pandemic COVID-19 has threatened the whole world where the numbers of death reach the rows of millions. Due to the massive increase of the Novel Corona Virus, the livelihood of all humankind is threatened. When people in India are losing the purchasing power with a Gross Domestic Product (GDP) growth rate which stands at -23.9%³, the right to food and food security is at stake.

THE ADVENT OF COVID-19: DERAILING THE FOOD SECURITY

Food Security means that all people have physical and economic access to adequate amounts of nutritious, safe, and culturally appropriate foods, which are produced in an environmentally sustainable and socially just manner, and that people can make informed decisions about their food choices. Food Security also means that the people who produce our food are able to earn a decent living wage growing, catching, producing, processing, transporting, retailing, and serving food. At the core of food security is access to healthy food and optimal nutrition for all. Food access is closely linked to the food supply, so food security is dependent on a healthy and sustainable food system. The food system includes the production, processing, distribution, marketing, acquisition, and consumption of food.⁴

The production, processing, distribution, marketing, acquisition, and consumption of food – are the lifeline of food security, and with lockdowns after lockdowns due to COVID-19 followed by the unlocks and when the country is still not opened fully for business and commercial transactions the food security to all the citizen in India, and the government's relevant policies are suffering. Assam, being one of the poorest states in India, and being one of the worst-hit states due to COVID-19 pandemic, has come to a standstill as the lifelines to the right to food security are halted indefinitely. The national policies to food security in a watertight COVID-19 situation to go ahead need more supportive policies, and hence, Assam has pronounced certain schemes: so the basic tenets of food security do not suffer. The schemes and policies which were already implemented before the COVID-19 pandemic are still in continuation during the period of lockdowns and unlocks.

CONCEPTUALIZATION OF FOOD SECURITY

While conceptualizing food security it has three dimensions (a) food availability (b) food accessibility (c) food adequacy. The General Comments 12 (GC 12) refers the

availability of food in a quantity and quality sufficient to satisfy the dietary needs of an individual, free from adverse substances, and acceptable within a given culture⁵, the concept of “adequate” food has three components: food should be available in a quantity and have nutritional quality sufficient to satisfy the dietary needs of individuals. Second, the food should be safe for human beings to eat and free from adverse substances. This incorporates an element of consumer protection. Third, the food should be acceptable within a given culture.⁶ “Accessibility” of food suggests stable access to adequate food. It incorporates both physical and economic access to food within the household’s livelihood. It also suggests the accessibility of food in ways that do not interfere with other rights’ enjoyment.⁷ Availability, accessibility and adequacy are inter-related. Availability and accessibility can increase the level of nutrition among the household. A point to be noted that India scored highest in food availability (51.3) but lowest (38.4) in food accessibility⁸ The COVID-19 pandemic situation has broken the inter-relation among availability, accessibility and adequacy. The current national policies on food security are not adequate to meet the emergencies and economic breakdown caused by the COVID-19. Hence, the judiciary had to intervene in some instances and amendments in the current food security and national policies are required.

JUDICIARY ON FOOD SECURITY AND THE CONSTITUTION OF INDIA

Food security is an essential vehicle for the survival of human life. There is no universally accepted standard definition of right to food, UN Special Rapporteur defined right to food as –

“the right to have regular, permanent and unrestricted access, either directly or by means of financial purchases, to quantitatively and qualitatively adequate and sufficient food corresponding to the cultural traditions of the people to which the consumer belongs, and which ensures a physical and mental, individual and collective, fulfilling and dignified life free of fear”.⁹

The right to food is a matter of law, and every individual has the right to be free from hunger and malnutrition. *The Constitution of India* has not explicitly recognized the right to food as a fundamental right, rather implicitly recognized under the ambit of Directive Principle of State Policy which should be read with the Article 21 (Right to Life and Personal Liberty).¹⁰ of *The Constitution of India*. The right to food means right to have nutritious food. Article 39 (A)¹¹ and Article 47¹² of *The Constitution of India* imposes duty upon the state to raise the level of nutrition.

The Preamble of *The Constitution of India* prescribes for a welfare state. The Supreme Court of India is the protector of fundamental rights of the individual. Most importantly the judiciary observed that the socio-economic justice is one of

the objectives set in the Preamble of *The Constitution of India*. It was reminded by the court to the government of its duty towards the hungry and starving Indians and further held that the nation-state should promote socio-economic justice and fulfil the basic human needs. The right to livelihood was established as a component of the right to food.¹³

GOVERNMENT ENDEAVOUR TO ENSURE FOOD SECURITY

Based on the Directive Principles of State Policy and the basic structure of *The Constitution of India* related to the food security of its citizens, the Government of India has taken up several initiatives by adopting some statutory framework like implementation of new schemes and by adopting the National Food Security Act, 2013 to diminish the hunger and malnutrition and to raise the level of nutrition among the vulnerable groups. The Government of India at different points of time had implemented legislation in view of Article 21 of *The Constitution of India* to ensure food security. The Central Government and the State Government in Assam realising the aftermath of the COVID-19 pandemic in the month of March, 2020 itself, had came up with various schemes to ensure the right to food. The COVID-19 situation was further mitigated through various already existing schemes and policies. The policies and schemes launched are introduced in such a manner to meet the food security and purchasing power of the various classed of people and various classes of workers. In fact, the health minister of Assam requested the service holder to provide essential commodities at least five households and the migrated worked who suffered a lot due to the prolonged lockdown.

Pradhan Mantri Garib Kalyan Yojana: Just to overcome from the arduous situation of pandemic COVID-19, and soon after announcing the twenty-one days lockdown Prime Minister of India, on 24th March, 2020 under the Pradhan Mantri Garib Kalyan Yojana (PMGKY) a relief amount of Rupees 1.70 Lakh Crores has announced which shall be extended till November 2020.¹⁴ The benefits of the scheme are –

Every household member shall receive five kilograms of wheat or rice covering more than 80 crores of people and one kilogram *pulses* to each household. The scheme provides relief of food safety and security for the below poverty line (BPL) families, it also announces another package for the life time security of those COVID-19 frontline warriors, farmers, and the poor for the economic fall down during the pandemic situation. Through the Direct Beneficiary Transfer (DBT), cash amount will be transferred by the government to the needy people like women, farmers, widows, poor pensioners, and workers working under Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) either in cash or in kinds.

The PMGKY covers the COVID-19 frontline workers like ASHA workers, nurses, and paramedical staff under the insurance amount of Rupees Fifty Lakhs. The Jan Dhan Account holder women will receive the amount of Rupees Five Hundred for the next three months after the announcement under the same provision. The BPL families who come under the Ujjwala scheme will receive a cylinder for the next three months. The amount of Rupees One Thousand will be provided to the widow, poor senior citizen, *divyang* for the upcoming three months. The farmers shall receive Six Thousand rupees every year. The government will pay the employee's and employer's employees' provident fund (EPF) for the next three months.

Arunodoi Scheme of Assam: To empower the women, another scheme named "Arunodoi Scheme" is announced by the Government of Assam on 12th August, 2020, which will be effective from 2nd October, 2020. The scheme targeted seventeen lakhs families across the state shall be given Rupees 830 per month. The family shall nominate the name of women from the family, and the amount shall be transferred if the yearly income is below Rupees Two Lakhs per annum to get the benefit of the scheme.¹⁵ Preference should be given to the widow, unmarried daughters, physically handicap and women victim of domestic violence or divorced or women separately staying from her husband and to the family who does not have National food Security Act (NFSA) card, last but not in the least the family who has the NFSA card fulfilling the all other related criteria.

The National Food Security Act 2013: India's most extensive food security program is the National Food Security Act, 2013, a welfare-based scheme which is enacted in order to combat the perennial problem of hunger and malnutrition. The legislation categorized two eligible households, namely the below the poverty line and the priority household. India achieved the self-sufficient production of food grain in the national level and India's government to achieve the food security in the house hold level implemented the Targeted Public Distribution System (TPDS) covering the seventy five percent from the rural and fifty percent from the urban population.¹⁶ The public distribution system is the best tool to minimize food insecurity. But specially for the state of Assam, 84.17% of the rural population and 60.35% of the urban population are covered under the TPDS as per the census of 2011. The priority household shall receive five kilograms of foodgrain per person per month. On the other hand, the household covered under Antyodaya Anna Yojana (AAY) is entitled thirty-five kilograms of foodgrain free of cost. The food grains are provided to the beneficiaries through the Fair Price Shop (FPS), which are popularly known as *Amar Dokan* in Assam.¹⁷ During the period of lockdown, and unlocks, the beneficiaries are getting their foodgrains from the respective *Amar Dokan*. The Government of Assam has announced of rupees one thousand

to the household who are not covered under NFSA or those families do not have ration card.

Poshan Aviyaan: Poshan Aviyaan is a flagship program of the Government of India, which is launched on 8th March, 2018 to improve the nutrition of children, pregnant women, and lactating mothers. The month of September is recognized as *poshan* month, and the scheme is implemented through the Anganwadi Centre. Poshan Aviyaan has targeted to reduce 2% underweight per year. As per the report of National Family Health Survey - 4 (2015- 2016), 38.4% of children under the age of five years are stunted, 35.7% are underweight, children born 18% are underweight, between the age group of 6-59 months 58% and women between the age of 14- 49 years 53% women have anemia.¹⁸ All the district administration of Assam has taken up the initiative to aware the pregnant women in the *poshan* month.

Integrated Child Development Scheme (ICDS): Integrated Child Development Scheme (ICDS) is working under the aegis of the Social Welfare Department with the strategy to early childhood and motherhood care. Every pregnant and lactating mother is provided nutritious support of take-home ration of 600 kcal and 18-20 grams through the local Anganwadi Centre during their pregnancy period and same is provided to the lactating mothers till the child attains the age of six months. The pregnant women are provided the maternity benefit of not less than six thousand on installment basis.¹⁹ To accelerate the decreasing rate of malnutrition, nutritional support like take-home rations of 500 Kcal of calories and 12- 15 grams of protein are provided to the children between the age of six months to three years through the local Anganwadi Centre. The children between the age group of three to six years are provided hot cooked meal of 500 Kcal calories and 12-15 grams of protein through the local Anganwadi Centre.²⁰

Mid-day meal is another important facet of ICDS that was started from 28th November, 2011 to avoid class room hunger and to meet the nutritional standard. Children up to the class VIII or within fourteen years of age are provided one mid-day meal free every day except the holiday.²¹ During the COVID-19 pandemic the hot cooked food is not feasible to serve, albeit the dry rations are distributed among the students and the pregnant and lactating mother.

Pradhan Mantri Matru Vandana Yojana (PMMVY): Pradhan Mantri Matru Vandana Yojana (PMMVY) is implemented in 2016 by the Government of India. The main objectives of the scheme are to provide nutrition to the pregnant women and lactating mother who attains the age of nineteen years, by transferring the cash amount of Rupees Six Thousand after fulfilling the criteria.²² It is observed that the women from economically unsound and the socially backward classes have to work till the last day of their delivery, and some women need to join their work soon after delivery. This conditional cash transfer is compensation to that pregnant

and lactating mother who needs to rest after giving birth of the first child. During the lockdown and unlock period, even the eligible beneficiaries are disbursed the amount through the bank transaction.

CONCLUSION

There is no doubt that COVID-19 pandemic has created an unprecedented situation impacting the entire country's food security. The state of Assam is one of the victim states suffering within the claws of the pandemic. No one knew the embryonic stage of the COVID-19, however, it erupted so suddenly that the entire world, India, Assam has succumbed to it. The food security has been made a fundamental right through the Apex Court guidelines and in the guise of the Article 21 of *The Constitution of India*. The Government of India has different welfare schemes connoting the COVID-19 pandemic, but in a one billion-plus population, much needs to be done to ensure food security. The state of Assam, though has certain schemes and policies, has almost failed to mitigate the sufferings of the hungry people. As announced by the Prime Minister, a Scheme like Pradhan Mantri Gramin Kalyan Yojana was to remain in force till November, 2020. But the Government was silent for securing food after November. Thanks God, the scheme has again been extended from June to November 2021. Therefore, it is suggested that the massive food security scheme of India 'The National Food Security Act, 2013' needs to be amended urgently with the insertion of a provision empowering states, enabling them to act immediately and effectively to face unprecedented situation like COVID-19 to minimize the sufferings of people from food insecurity. *The Constitution of India* that did not recognise the right to food explicitly under its provision but it should be a welcome approach to declare 'Right to Food' as implicit provision under the *Constitution of India* is the utmost need of the time to secure this right during such a situation.

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COVID PANDEMIC AND DOMESTIC VIOLENCE

Bonti Hazarika*

Abstract

It is a predominant assumption that the Covid-19 pandemic lockdown and home quarantine conditions have fueled the gender based domestic violence across the globe. Government's directions to stay in home (home quarantine) and to obey the government rules caused hostile attitude among the intimate partners within the family. The data reveals that spending more time together within family increases the rate of gender based domestic violence. In this process women become vulnerable. Thus, the present paper intends to test this hypothesis. To achieve this objective, the paper bases mainly on secondary sources of data collection viz. government reports, UN reports, IMF's report, UNICEF's report, newspapers and other sources of information such as published research work including articles, chapters and books.

Keywords: Covid-19 pandemic, domestic violence, Women, World, India

INTRODUCTION

The novel corona virus (COVID-19) pandemic causing the acute Respiratory Syndrome has originated in Wuhan city,¹ China and rapidly spread Worldwide, which have made greater challenges to the human life. The pandemic has pose a severe threat to all the nations of the world, irrespective of developed or developing. The UN has called the Covid-19 pandemic as 'the greatest test that we have faced since the formation of the United Nation'.² The managing director of IMF has

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visualized the worst economic fallout since the great depression.³ This pandemic has compelled every state to shutdown their country. India being a developing country is also suffering from this deadly pandemic which not only breakdown the economy of the state but it also degrades the family relation too. Government of India has called the nationwide lockdown in various phases from 24rd march⁴ 2020 and again in April 2021. During the pandemic, as people spend more time in close proximity in home isolation, coping with additional stress such as school closers, increased care burden and financial pressure women and children are at risks of experiencing higher level of violence.⁵

The pandemic has exacerbated the shadow pandemic of gender based violence⁶ in several countries which have enacted special policies, laws and programmes to deal with gender based violence within the walls. India is not an exception. It is important to accede that nearly at the same time reports of increased domestic violence cases were reported from every corner of the Globe, especially from Spain and Italy, given that they had experienced the lockdown for a few weeks prior to outbreak in India.⁷ The National Commission for Women has published a report stating that 94% cases of domestic violence were reported during the lockdown period. Therefore the present article tries to explore how covid-19 pandemic has fuelled the domestic violence against women in the society.

COVID-19 & DOMESTIC VIOLENCE: THE GLOBAL TREND

Fuelled by mandatory home quarantine (stay at home) rules, physical distancing, economic uncertainties and anxieties caused by the pandemic, contributed to the increase of domestic violence globally⁸. Irrespective of COVID-19 context, the incidents of gender based violence have been occurring across the world at an alarming rate. UN is calling it as a 'shadow pandemic with serious consequences for the health, protection and safety of women.'⁹ It is hypothesized that governmental orders closing down in home and social distancing made the people to stay at home have increased the risk of indulging intimate partners in violence, especially women being the victim. Domestic violence is defined in the Domestic violence Act India 2005 as 'any act of commission or conduct resulting in physical, verbal, emotional, sexual and economic abuse, can range from calling names, insulting, humiliating, physical to sexual violence'¹⁰. From the past evidences it has shown that women's are always being a victim of any crisis. The economic impacts of Ebola outbreak in West Africa for example placed women at increased risk of exploitation and sexual violence.¹¹ Here a quick overview of global trend in some select countries of the world regarding the increasing rate of intimate partner violence:

Figure 1

China	Authorities have attributes 90% newly cases reported. 12
Tunisia	A national gender based violence hotline reported a five-fold increases in call. 13
UK	Calls to the national abuse hotline went up 65%.
Cyprus	Help lines have reported in increase in calls 30%.
Colombia	Reports of violence against women increased 250%. ¹⁴
India	Recorded a more than two-fold rise in violence during the initial lockdown period.
France	French police reported a about 30% in domestic violence. 15

Sources:<https://www.nytimes.com/2020/04/06/world/coronavirus-domestic-violence.html>

Keeping in view the seriousness of the crisis as shown in figure 1, the government and policy makers, must include essential service to address violence against women in preparedness and response plans for covid-19¹⁶. The UN has called for urgent action to combat the worldwide surge in domestic violence. UN Secretary General Antonio Guterres wrote on Twitter on 5th April, 2020 '*I urge all government to put women's safety first as they respond to the pandemic*'.¹⁷ He has asked all governments to make the eradication and redress of domestic violence as a key part of their national response plan for Covid-19 pandemic.

A CRITICAL STUDY ON DOMESTIC VIOLENCE IN INDIA DURING THE PANDEMIC

During the first four phases of the lockdown Indian women filed more domestic violence complaints than recorded in a similar period in the last 10 years. But even this unusual spurt is only the tip of the iceberg as 86% women who have experienced domestic violence did not report in India.¹⁸ The National Commission for Women (NCW) provides support and assistance to women in distress or experiencing domestic violence during lockdown period.¹⁹ Chief of NCW Rekha Sharma said that lockdown has resulted in fresh threat for women as they are unable to reach the police even if they want. In many cases they don't want to approach the police because if the husband is released from detention after a couple of days, the women will still be unable to leave the house.²⁰ Therefore, on April 10, the NCW has launched an emergency number on WhatsApp for women to registered emergency complaints.²¹ On the basis of it, in 2020, since 25th march to 3rd may more than 1,477 complaints of domestic violence were received by NCW. This 68 day period recorded more complaints then those received between March and May in the previous 10 years.²² The chart figure shows the raising cases of women from past decades to 2020.

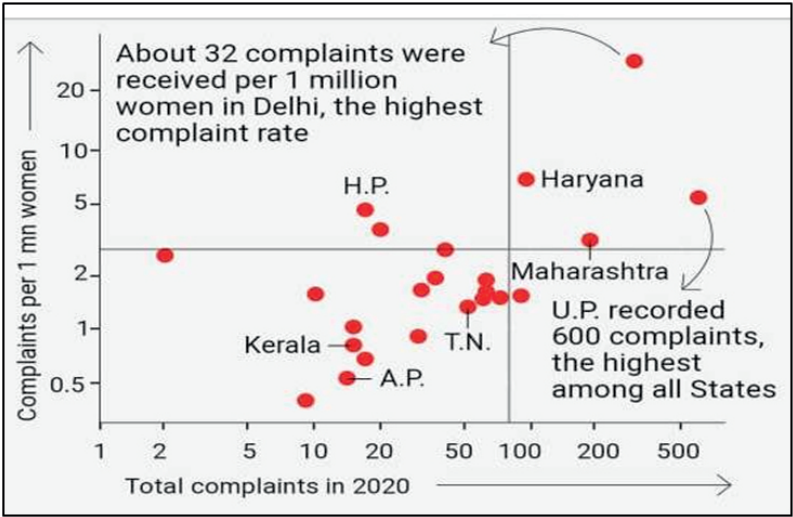


Figure 2

Figure 2 has clearly shows that although domestic violence existed before long time ago but in 2020 it reached its highest peck due to pandemic situation.

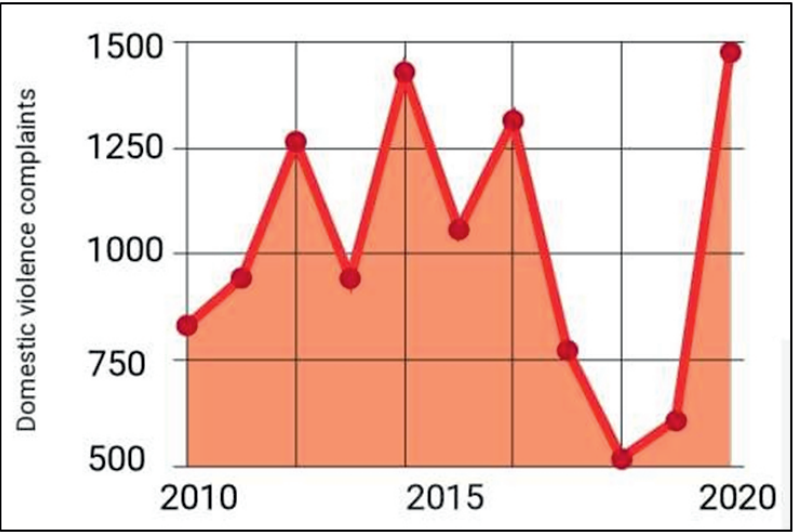


Figure 3

Sources: www.thehindu.com

STATE WISE NUMBER OF DOMESTIC VIOLENCE

Buried in Silence

About 86% women who have experienced violence never sought help and 77% of victims did not even mention about the incidents to anyone.²³ The following table shows that women who were subjected to both physical and sexual violence sought help relatively more than those who suffer from only one form of abuse.

Figure 3 reflects the state wise increasing cases. The chart plots the number of domestic violence complaints recorded in a state against the number of complaints received per one million women till now in 2020. Here it clearly shows that capital city of Delhi has reported highest cases on violence as per 1 million women. Whereas UP (most populous state in India) has recorded 600 complaints which can be regarded as the highest among all states in India. From that data it can be assumed that although Delhi is the capital city and has different facilities but half of population of human being i.e. women community has not safe or secure. Therefore here number of cases are highest during pandemic.

Figure 4

<i>Types of violence</i>	<i>Never told anyone</i>	<i>Told someone</i>	<i>Sought help from a source</i>
Physical	79.5	9.0	11.6
Sexual	80.6	9.5	9.8
Physical & Sexual	61.3	9.9	28.8
Total	76.6	9.1	14.3

Source: www.thehindu.com

REASONS BEHIND INCREASES OF DOMESTIC VIOLENCE IN PANDEMIC

A systematic analysis has shown that there are many responsible causes for the increasing of domestic violence in India. Sociology and gender literature identified that whenever families spend more time together automatically domestic violence goes up²⁴. It means when families spend more time together, violence may occur without any specific reason—a dynamic that can be attributed to human psychology.²⁵ Scholars have suggested that low income is one of the factors related to increases in domestic violence.²⁶ The economic factors contribute to the violence in the following way—

Firstly, even if a family does not have a history of intimate partner abuse, economic distress and anxiety during a pandemic due to financial strain and a lack of social support can ultimately fuel violence.

Secondly, it has driven by a shift in responsibilities. With changes in the responsibilities, when victim are with abused partners, there is a chances for abusers to abuse them.²⁷

Thirdly, domestic violence may occur as increased cooperation exposes various habits that may not be compatible with each other in family setup.²⁸

SOME RECOMMENDATIONS

While recent report of Peterman²⁹ suggests some of the strategic steps that must be taken such as bolstering violence related first response systems, ensuring domestic violence is unified into health care response system, expanding and fortifying social safety nets, offering shelter, temporary housing, encouraging social supports network and integrating domestic violence into the pandemic preparedness strategies. Some of major recommendations are-

- ✓ Government should strive to keep hotlines and help lines open for 24/7.
- ✓ Building psychological capital also bring some positive future regarding domestic violence.
- ✓ Awareness should be spreading that violence is not justified whatever the reason and should not be tolerated at any count.
- ✓ Create community support where Panchayat members³⁰, and leaders of other grassroots organizations to prepare strategies to deal with domestic violence cases in their respective localities.
- ✓ Humanitarian response organizations need to include services for women subjected to violence in their covid-19 response plans.

CONCLUSION

It can be concluded that in India the norms of social distancing and stay at home orders have fuelled incidents of domestic violence. Although domestic violence is a reality that existed prior to covid-19 pandemic but has intensified as a result of the lockdown as women are locked in with their abusers 24x7, their housework and care work responsibilities have increased and all the stress and tensions fall on women. Therefore the government needs to prepare a robust plan and provide adequate budgets to the victims. As the covid-19 pandemic has placed an enormous burden on health system, including frontline health workers, there is need to take proactive steps to reduce the effects of violence against women. It is also important to acknowledge that until and unless the mindset of people will not be changed,

the domestic violence will perpetuate in the society. Both the people and society must be ready to change their attitude and mindset towards women. Therefore, it should be responsibility of everyone in post-Covid-19 period to check the domestic violence against women.

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POLICY ANALYSIS OF INDIAN GOVERNMENT IN RESPONSE TO COVID-19 PANDEMIC USING TOPIC MODEL

R Muthusami* and K Snitha**

Abstract

In order to respond to the COVID-19 pandemic, the Indian Government has adopted various policies. These policies have a broad range of considerations, such as the form of regulation, national and regional levels implementation, the particular human community and region of the country affected by the policy, and the timeline where all such policy is enforced. We obtained the policies of the Indian Government from Corona Net COVID-19 Government Response Event Dataset and analysed the dataset using a structural topic model that reveals the rapid change of risky policies all over the country from January 2020 to September 2020. This study will be helpful in getting policymakers and analysts determine how efficient specific policies are in combating the propagation and social problems of COVID-19 in India.

Keywords: Policy analysis, Structural topic model, COVID-19

BACKGROUND

Coronavirus Disease-2019 (COVID-19) is a recent and continuing deadly virus and a major public health problem. While COVID-19 was first reported in China, it is no longer confined to that area, and the increasing number of cases and the alarming rate of geographical spread raise serious concerns about its future path [1]. 32.7 million confirmed cases of COVID-19 reported worldwide as of 27 September 2020

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and 991 000 reported deaths [2], 5 992 532 confirmed cases of COVID-19 reported in India as of 28 September 2020 and 94 503 reported deaths [3]. Governments of the world have adopted a large amount and diversity of measures in response to COVID-19 disease outbreak over a reasonable timeframe. Even so, policymakers and scholars have attempted to perform detailed analyses of what, about to what extent these rapidly evolving policies have managed to reduce the social, economic and political consequences of the pandemic. To solve this gap, especially in the Indian Government, a dataset was collected from the CoronaNet dataset [4] that offers fine-grained, continuous generation as well as related information on policy actions through policy - makers, has been compiled.

Type of public policies enforced, including pro-disinformation programmes, school closure and regulation, curfew, emergency declaration, border control prohibitions, public health, medical services, sanitation, internal border constraints, lock-up, special response team, workplace or organizational setup, community awareness raising programmes, isolation, restrictions and so on. While this government's approach to COVID-19 disease outbreak undoubtedly contributed to major improvements in the way millions and millions of people lead their lives, it draws on the knowledge gained as from prolonged study of successful pandemics and epidemics.

Evidently, the early scriptural references record that early Europeans reacted to the serious fear of the epidemic of, upon this certain side, relying on indigenous cultures and, one on each side, detaching communities with the first symptoms and signs of other. With time going further, pandemics and epidemics have repeatedly and dramatically influenced the history of the world, and governments have refused to ignore a range of intervention policies [5]. All across the phase, the analysis of detailed results has helped to advance a broad consensus where its strategies are successful in alleviating the impact of an influenza pandemic. This isn't even an easy process. Consequently, previous research on disease outbreaks and diseases indicates that a strategy that is impactful in one sense may be unsuccessful in another because of a wide variety of potentially influencing causes, involving disease pathogenesis, the nature of the actual demographic, and the existing health and technologies developed only at period. We presume that this analysis will encourage policy makers and scholars determine whether productive diverse policies have been in acknowledging the propagation and healthcare status of COVID-19 in India over period [6]. This study would not only help to strengthen the country's response to the current outbreak, but will also create an effective awareness base to pay attention to disease.

MATERIALS AND METHODS

Dataset

The policies implemented by the Indian Government against COVID-19 between January 2020 and September 2020 were collected from the CoronaNet dataset, contain 887 records that are publicly available on GitHub, that offers fine-grained, continuous generation as well as related information on policy actions through policy - makers, has been compiled.

The Structural Topic Model

The structural theme model (STM) [7-8] has become more popular in the analysis of textual data in recent years. The STM reinvents the models mentioned with the aid of enabling the integration of concern covariates for content-theme compositions as well as theme-term dispersion in prior distributions. These findings are in a model where each document is a combination of topics. In addition, it should be presumed that the contextual occurrence as well as the contextual substance is consistent across most documents.

The STM seems to be a reproducing term counting model that describes the task of generating information for each text. Besides that, it is believed that content is a blend in themes. . It implies as with each text, that number of the subject compositions across all subjects is one, thus do their term frequency possibilities for a specific subject. Present prevalence and topical content are part of the process of document auxiliary information in the document generation process. Distribution, including its text on this subject, is defined as a contextual phenomenon. The terms on this subject are often alluded to as contextual content. In other words, contextual occurrence factors were variables to explain the specifics of the contextual type. In the same way, the factors that explain contextual data are pointed to as variables of contextual data. It should be observed, however, whether the framework aims using factors of contextual occurrence, the contextual substance, either or not.

RESULTS AND DISCUSSION

After the selection of the fitted model, the experimental work at the corpus level presented the following results, such as an analysis of the real content, that get estimated on being closely linked to any theme. Reading such texts helps to understand the substance of the subject as well as to interpret the significance that has since been computationally carried out and, as a result, seen from Figure 1.

Topic 1

Ministry of Home Affairs issues guidelines on the measures to be taken by Ministries/ Departments of Government of India, State/Union Territory Authorities for containment of COVID-19 Epidemic in the country.

Topic 2

India issues following visa policy — “Regular (sticker) visas/e-Visas granted to all foreign nationals who have travelled to Peoples Republic of China, Iran, Italy, South Korea and Japan on or after 01.02.2020, and who have not yet entered India stand suspended with immediate effect. Such foreign nationals may not enter India from any Air, Land or Seaport ICPs. Those requiring to travel to India under compelling circumstances may apply for fresh visa to nearest Indian Embassy/ Consulate.”

Topic 3

On February 1, 2020, the government of Kerala, India issued guidelines to the general public in Malayalam, warning against false news being spread about the coronavirus - such as drinking hot water or salt water as a treatment. The public was instructed not to forward such messages, and instead follow and spread only the advisories issued by the Department of Health.

Topic 4

In India's West Bengal, state high court decides to defer the virtual “Lok Adalat” (an alternative dispute mechanism, pending cases and pre-settlement cases are settled) from March 19. On July 21, the high court has decided to resume the “Lok Adalat” service from August 08. The decision to resume the service has been deferred to August 22, announced on August 03.

Topic 5

In India, West Bengal Government announced that all schools, colleges and universities in the State will remain closed from March 15 to March 31, in the view of evolving situation on the spread of COVID-19. Announced on March 14. On March 16, West Bengal Government decided to increase the time of shutdown to April 15. On April 11, the state government announced to extend the shutdown to June 10. On May 27, state government has extended the shutdown to June 30. On June 23, the state government announced to extend the shutdown to July 31. On July 28, the educational institution shut down has been extended to August 31. On August 26, the school shutdown has been extended to September 20.

Topic 6

The state government of Karnataka, India has declared that all pre-primary and primary schools (classes 1- 5) in Bengaluru are to be closed for an indefinite period starting March 9th, 2020. This is in light of the confirmation of the first case of coronavirus reported in Karnataka, in the city of Bengaluru.

<p>Topic 7</p> <p>In India, entire West Bengal state goes into lock down from March 23 to March 27, announced on March 22. The lockdown has been extended from March 24 to March 31, announced on March 24. On April 11, the lockdown has been extended to April 30. On April 29, the lockdown has been extended to end of May without specifying any date. On May 18, the lockdown has been announced to end on May 31. On May 30, the lockdown has been extended to June 15.</p>	<p>Topic 8</p> <p>India updates travel advisory to reflect progressive spread of novel coronavirus — ""All non-essential travel to China to be avoided."" Symptoms identified as — "" fever with a few patients having difficulty in breathing."" Instructions to residents in China, en route, or returned from China to contact (respective phone numbers) if symptoms develop.</p>
<p>Topic 9</p> <p>India shuts down offices of the Govt. of India, its Autonomous/Subordinate Offices and Public Corporations from 25th March 2020. The offices of the State/Union Territories, their autonomous bodies, Corporations etc shall also remain closed from 25th March 2020</p>	<p>Topic 10</p> <p>India's capital New Delhi on August 4th informed about the new rapid antigen tests which now makes up nearly half of daily checks for Covid - 19.</p>

Figure 1: The 10 topics of fitted structural topic model on dataset

This may also be perceived in Figure 1 as a consequence of the chosen topics, i.e. topic 1 has narrated 'Declaration of emergency', topic 2 has rendered 'External border restrictions', topic 3 stated 'Public awareness measures', topic 4 has rehearsed 'Restriction and regulation of Government services', topic 5 & 6 has narrated 'Closure and regulation of schools', topic 7 & 9 is addressed on 'Lockdown', topic 8 has described 'External border restrictions' and topic 10 addresses 'Health testing'. Subsequently, plotting theme connections with the contextual occurrence factor, i.e. targeting the 'point estimation' method in the fitted model, whereby measures mean the theme quantities of the factor scale (Figure 2).

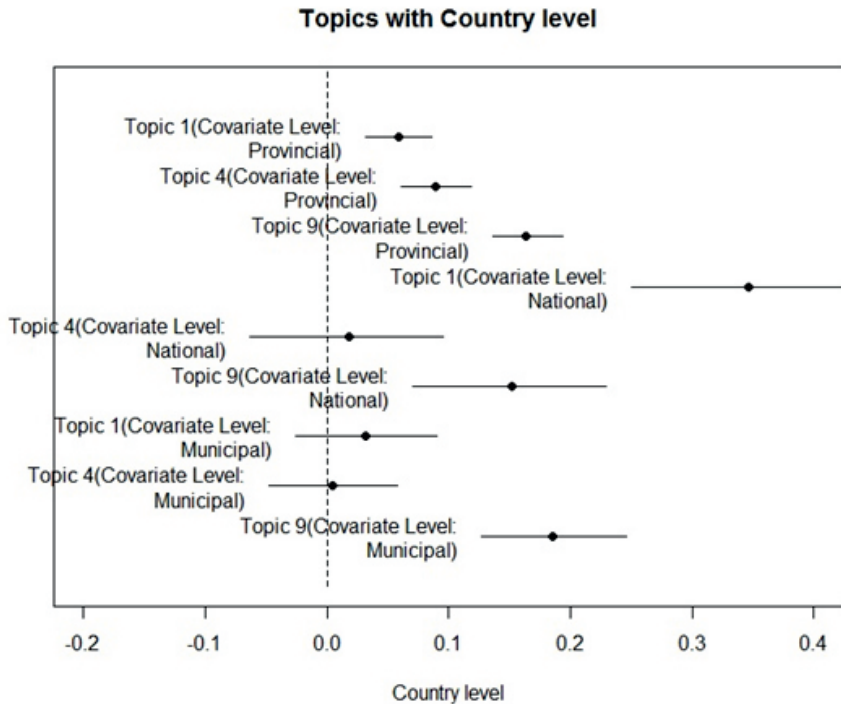


Figure 2: The marginal conceptual proportions of the topic 1, 4 and 9 at covariate levels, Country level

Figure 2 shows the marginal conceptual proportions of the topic 1, 4 and 9 at 3 covariate levels, at the national, provincial and municipal levels, the topic 1 does have a relatively high quantity of the subject on a national level, the topic 4 seems to have a significant amount of the residual concern at the provincial level and the topic 4 will have a significant rate of the nominal concern at the municipal level.

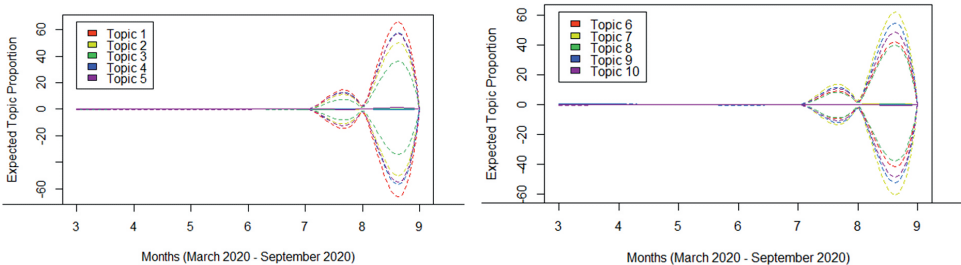


Figure 3: The proportion of 10 topics over period of the fitted structural topic model on dataset

Next, we addressed the expected topic proportion of 10 topics over time. Figure 3 indicates the relationship between time and the topics. The topics are peaks when mid-August in 2020, in particular the topics 1, 4, 7 and 10 with policy type, 'Declaration of emergency', 'Restriction and regulation of Government services', 'Lockdown', 'Health Testing' respectively.

CONCLUSION

In response to COVID-19, the Government of India has implemented a wide range of policies to save the public. As policy makers, analysts and the larger public discourse assess how to thrive against the new issues imposed by COVID-19, they need deep understanding of the variety of these policies and the extent to which they are enforced across the country and time. Acknowledging this issue, the structural topic model was developed in this paper, in which 10 themes have been extracted from the emerging policies recently updated by the Government at the national, provincial and municipal levels.

CONFLICT OF INTERESTS

There was no conflict of interest with others.

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IMPACT OF COVID-19 PANDEMIC ON CONSUMER BUYING PATTERN: A COMPARATIVE STUDY OF FMCG SECTOR IN INDIA AND BELGIUM

Priyanka Wani* and Apoorva Palkar**

Abstract

The lockdown clamped to arrest the Covid-19 pandemic has disrupted the economy of every nation including India. Many industries had seen an unprecedented adverse impact of the lockdown on industries and trade and it may take another long time to recover. The FMCG sector can be broadly divided into food and non-food categories. Though food categories witnessed the benefit of panic buying, yet buying of non-food categories was slowed down sizably. The present research focuses on understanding the altering consumer buying behavior towards FMCG sector in both the developing and developed world. We have taken India as a representative of developing countries while Belgium as representative of developed nations. For a comparison, data of pre-pandemic and post-pandemic periods have been analysed with a purpose to mark the nature of shift in consumer behavior in both these countries. The data reveals that consumers have given preference to various channels of purchase but shopping based on the proximity and traditional trade emerges as the winner. The research findings will assist not only players operating in consumer goods sector to understand the changing consumer behavior and need for altering their offering and strategies but also in public policy formulations.

Keywords: Consumer Goods Sector, Mobility, Panic Buying, E-tailing, Retail Channels, Essentials, and non-essentials

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INTRODUCTION

The World Health Organization (WHO) announced, COVID-19 as a global pandemic in March 2020 owing to unprecedented large number of deaths (WHO Coronavirus Disease Dashboard, 2020). The developing nations and underdeveloped countries have suffered more due to weaker healthcare system. The pandemic made an unprecedented impact and significantly disrupted most of the industries. According to International Monetary Fund (IMF), most of the countries may encounter negative growth in their per capita income as an impact of the ongoing Covid-19 pandemic. Moreover, India recorded the lowest ever growth in GDP in the year 2020-2021 lower than greatest recession of 1930s (EEPCINDIA.org).

India too is deeply impacted by this pandemic; There are around 25.8 Million confirmed cases and 0.28 million deaths in India as on May 20, 2021. As the cases are witnessing a linear growth, India is squeezed in between two challenges together, one being the health emergency and other being the economic impact. Most of the industries in India are hit severely which brought down the GDP growth to -23.9% in Q1 2020 (Trading Economics 2020).



Fig 1-A: Number of Covid Cases on Daily Basis in India

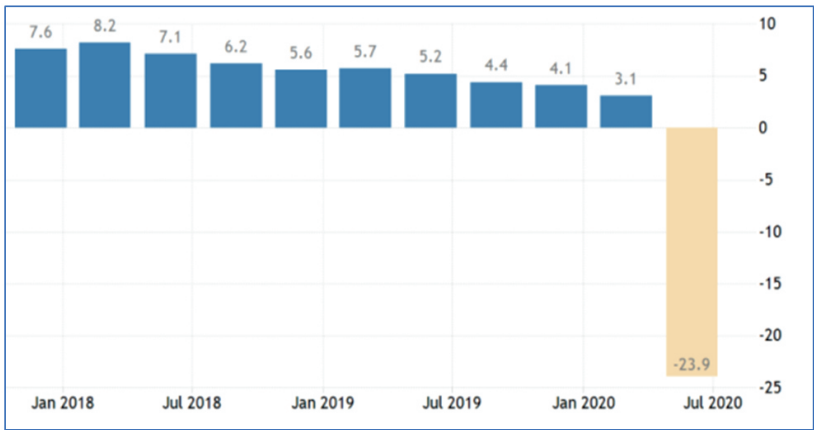


Fig 1-B: GDP Growth of India

Source: A. Data by MoHFW 2020 B. Trading Economic 2020.

Pandemic and spread of Covid-19 led to lockdown in various parts of the world in phased manner driven by the spread of the disease in the given location at a given time. A close introspection of developed country like Belgium that underwent lockdown on 18th March 2020 announced by its National Security Council (CNS) reveals that, the country allowed all essentials stores to be active for certain time while all non-essential stores were completely closed during lockdown. The lockdown was applicable till 18th April and post that there was easement for essential things and in May, things started gradually opening. The lockdown Belgium did manage to control the number of Covid cases; however, the shutdown impacted their economy deeply and brought the GDP down by -11.8% in Q1 2020 (TradingEconomics 2020).



Fig 2-A: Number of Covid Cases on Daily Basis in Belgium

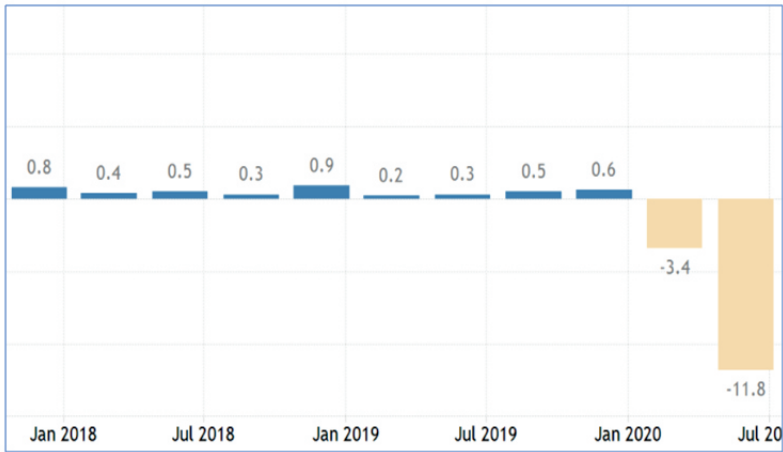


Fig 2-B: GDP Growth of Belgium

Source: A. Data by Covid Tracker Belgium B. Trading Economic 2020.

IMPACT OF PANDEMIC ON FMCG SECTOR OF INDIA AND BELGIUM

In the Indian economy, the consumer goods (FMCG) sector is at present the 4th largest sector. Revenues of the FMCG sector reached USD 52.75 Bn in FY'18 and anticipated to attain USD 103.7 Bn in 2020 with a CAGR of 27.86%. (IBEF 2020) Rising income levels, growing urbanization are some of the top drivers leading to growth of FMCG sector in India. (InvestIndia.gov 2020). According to Indian Brand Equity Foundation, Indian consumer goods sector is segmented into below three sub segments.

- Food and Beverages – 19% market share
- Household Personal Care – 50% market share
- Healthcare - 31% market share

In India, Pandemic restricted movement, caused labour shortages, disturbed logistics, closure of outlets for discretionary products, prompted panic buying among consumers and led to stock-outs in some of the categories where there was sudden uplift demand (Deloitte Covid 2019 Report, 2020).

Although the sector was anticipated to witness positive outlook, the pandemic tremendously impacted the growth of FMCG products, bringing down the demand and supply ratio; reduction of raw material dealers, and linear distribution and low growth predictions on the supply chain and logistics end (Mandwi Singh, 2020).

A look at Belgium's FMCG sector suggests that, the sector was almost stable for 2017 and 2018 and it further showed decrease in volume sales in 2019 (Nielsen 2020). According to syndicated Nielsen Shopper Trends 2019 data, demand for

healthy foods, convenience or concurrent solutions, change in lifestyles are the key trends shaping up the FMCG sector of Belgium. As Covid-19 deeply impacted the consumer behavior, it is worth exploring the impact of Covid-19 on Belgium's FMCG sector.

REVIEW OF LITERATURE

In India, The FMCG sector is growing at a CAGR of 23.15% and expected to reach US \$107 Billion by 2022. Household and Personal care segment is contributing highest (<50%) which is followed by healthcare (31%) and F&B (19%). (*IBEF, 2020*).

In India, there is hold of more than 15 million traditional “kirana” stores which is 88% of the retail market (*World Bank, 2019*). The Indian spending patterns has changes over the years, and we can see behavioral shifts in spending (Subrato Dey, 2017) buying behavior of Indian consumers and the study reveals that, shares of consumers spending on food and beverages are falling. In Urban Indian families, monthly consumer expenditure is largely split between food and non-food items. Cereals and cereal substitutes, milk and milk products, vegetables, edible oil are forming a key portion under the food expenditure while non-food includes spending on fuel, light, clothing, footwears, entertainment. The study by Kantar on key trends shaping consumer behavior (*Kantar, feb 2020*) also supports the fact that, Indian consumers are re-prioritizing their spending decisions. The spending is also now a days drivem by deals/promotions.

As an impact of lockdown, mobility for Retail and Recreation (places such as restaurants, cafés, shopping centers, theme parks, museums, libraries and cinemas) declined by -61% compared to baseline while it is at -28% for supermarkets and pharmacies (*Google Mobility report India, Sept 2020*). Owing to decline in mobility, consumer discretionary categories like clothing and footwear, appliances, and restaurants & salons are expected to foresee maximum effect, while staples would witness lesser impact (*EY Covid-19 and Consumer Product Landscape Report, 2020*). Due to the panic buying, FMCG and household products witnessed, massive increase in demand and consumption. Consumers mainly curtailed discretionary spending which would significantly impact the growth of FMCG sector. As per the projections, FMCG sector is likely to see a downward growth of -16% for the FY 20-21. (*Deloitte - Impact of COVID-19 on consumer business in India, 2020*).

Shruti A, Anbesh J and Dr. Sumit G (May 2020) highlighted in their research that, due to the lockdown and fall in income, consumption patterns are affected which is creating a demand side shock in terms of supply chains. The authors have identified, lack of labor, lack of raw materials and suppliers, unavailability of imported goods, transportation issues, decline in consumption as key barriers. FMCG sector witnessed various challenges during Covid-19 such as lack of manpower, supply

chain disruption, low production capacities etc. (*Aman J, June 2020*). To tackle the challenges posed by this pandemic, the sector witnessed various changes in its dynamics along with evolution of new trends such as Direct to Consumer model (D2C), Omni – channel fulfilment and Rise of E-commerce (*Gaurav S, Shrey N, Dheeraj M, Tapesh S, May 2020*). With emergence of these new trends and new channels of distribution, Indian FMCG sector has started recovering in June with initial few months of struggle. Rural sector has bounced back quickly and outperformed the baseline sales in June 2020. As household income is shrinking, consumers are prioritizing fundamentals and bearish on non-essentials (*Nielsen Covid-19 Evolving consumer dynamics Report, 2020*).

In Belgium, around 25% of the monthly Household Consumption Expenditure is dedicated to purchase of essential and non-essential products (OECD Stats, 2017). According to data by Statista, outbreak of the coronavirus in Belgium has impacted FMCG sales data. Which may be due to panic buying, stockpile etc. (*2020*). Before the start of lockdown, Belgian consumers made precautionary purchases as lockdown started in nearby countries like France and Italy, according to a report by Nielsen. Rice, Dehydrated potatoes, Pasta, canned food were among the top priority foods by Belgians during these uncertain times. There was substantial increase in March 2020 in uptake of food products (including beverages and tobacco) as compared versus the average March, in Belgium (13.3 %) (*Eurostat, 2020*). Consumers also stockpiled hand sanitizing solutions as their sales have gone up by +495% in week 9 2020 vs week 9 2019 (*2020*). Departmental stores witnessed drop in sales after lockdown period. e.g. by 60.2 % in Belgium (*Eurostat, 2020*).

When it comes to purchase channels, local markets, supermarkets and farm stores are the key purchase channels in Belgium (Statista 2020). Consumers have also started buying FMCG products through online channels and ~40% of the consumers are most likely to be influenced by price or promotions (KPMG 2017). A survey results conducted by McKinsey revealed that, there is increase in digital consumption and percent of consumer shopping online has increased by around 10% to 20% (2020). Due to the crisis, a growth of nearby shops is expected, in fact the retail trade outside the city is doing better than in the main streets and shopping centers (Belgium Buying and Selling portal data, 2020)

RATIONALE AND OBJECTIVES OF THE STUDY

From the review of studies conducted it was found that the existing literature focuses only on broader outlook of FMCG sector and the anticipated impact of pandemic. Also, in terms of the purchase channels, the studies are either mostly revolving around traditional stores or outlook of e-tailing in grocery shopping space. Moreover, related studies on these two aspects in the literature are largely

disjoint. Therefore, the paper focuses on the performance of various channels during pre and post lockdown periods along with impact of pandemic on various sub-categories of FMCG sector. It was felt essential to make comparison of buyer behaviour of India with an European country. In the present attempt, we have studied the changing dynamics of FMCG sector in India and Belgium and how it has shaped during this pandemic. It intends to verify whether the outbreak of Covid-19 pandemic has been proved to be a boon to some essential categories while it was a bane to the discretionary ones especially in case of the FMCG sector. Irrespective of country or the type of retail, consumers have mainly purchased essential items during the lockdown and avoided spending on discretionary items. Also, traditional stores were the preferred destination during lockdown due to the proximity of the store.

As such, the present paper intends to:

- evaluate the Covid-19 impact on FMCG sector in India and Belgium,
- understand consumer buying patterns for essentials and non-essentials good amidst pandemic in India and Belgium and
- assess the performance of various purchase channels in pre-Covid and post-covid periods in India and Belgium to mark the contrast

PERCEPTIONS OF THE TERMS INVOLVED

- FMCG Sector: It refers to fast moving consumer goods which are mainly used by consumers in their day to day lives. The sector is broadly covering products from F&B, Healthcare and Household and Personal care (IBEF)
- Food and Beverages–This segment includes products like health beverages, staples/cereals, bakery products, snacks, chocolates, ice cream, tea/coffee/soft drinks, processed fruits and vegetables, dairy products, and branded flour.
- Household and Personal Care –This sector covers categories such as oral care, hair care, skin care, cosmetics/deodorants, perfumes, feminine hygiene and paper products, fabric wash, and household cleaners
- Healthcare –OTC products are covered under this sector
- Essential – Consumer Goods which are necessary for day to day living,
 - ✓ Consumption Priorities (India) – Regular Food Items, Tea/Coffee, Toiletries for everyday use (Toothpaste, Soap, shampoo, hair oil etc), Sanitary Napkins, Condoms, Hygiene essentials (sanitizer, floor/toilet cleaners, handwash, etc).
 - ✓ Consumption Priorities (Belgium)– Regular Food Items (Fresh/canned/ready to cook), Instant coffee, Toiletries for everyday use (Toothpaste, Soap, shampoo, hair oil etc), Sanitary Napkins, Toilet paper, Condoms, Hygiene essentials (sanitizer, floor/toilet cleaners, handwash, etc).

- Non-essentials – Consumer Goods which are great to have but not necessary for day to day living. We have considered below categories in essential by country,
 - ✓ India – Skin creams, beverages, diapers, Rubefacient, hair dyes, deodorants, Batteries, Talcum Powders, Digestives, Safety Razor Blades, Chyavanprash, Confectionery, Lipsticks, Acne Preparations, Cosmetics, Shoe Polishes, glass cleaners, After Shave Lotionsetc
 - ✓ Belgium – Cosmetics, Coffee Substitutes, hair dyes, deodorants, sparkling and non-sparkling water, wet wipes, cleaning materials, After Shave Lotions, chips and snakes, Substitution Meals, Bleach, Handcare, Vitamines, Compotes, Confectionery etc
- Panic Buying: Consumer Panic Buying or consumer hoarding, defined as the consumer act of buying unusually large amounts of products to prevent shortage at the time of crisis. Natural calamities, health emergencies, pandemics, war situations normally trigger buying.
- Demand Shock: A demand shock is a sudden unexpected event that dramatically increases or decreases demand for a product or service, usually temporarily
- Lockdown - An emergency protocol implemented to prevent people from leaving a given area. A lockdown indicates that people in the given area must stay where they are and must not exit or enter a building or given area.
 - ✓ Lockdown Period in India - Lockdown was declared on 24th March 2020 to avoid the spread of Corona Virus. The nation was under full lockdown for initial two months that is April and May. Unlock started from June 2020 in a phased manner.
 - ✓ Lockdown Period in Belgium – The country started following strict measures from 12th March and it was officially declared on 18th March till 5th April 2020.

METHODOLOGY

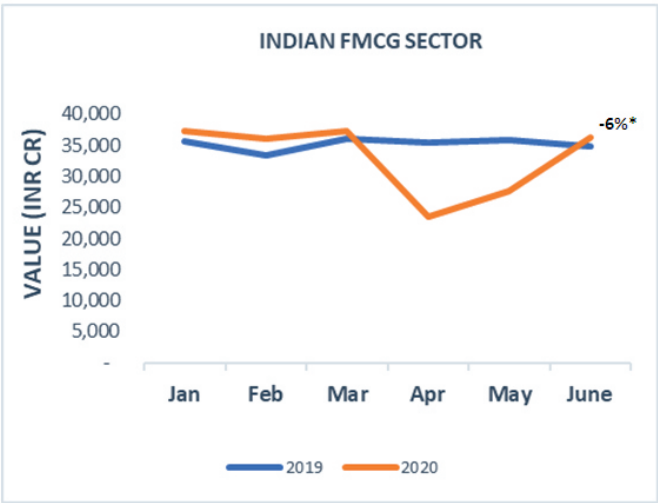
The present research has applied analytical approach to study the impact of pandemic on consumer buying pattern in India and Belgium. As such it is based on secondary sources of data, collected from various secondary sources such as newspapers, magazines, journals, blogs, government websites, published reports, social media, company annual reports and SEC filings etc.

The collected data was analyzed using suitable statistical tools. The data is collected for the periods HY 2019 (Half Year 2019) and HY 2020 (Half Year 2020) to mark the impact. HY 2019 data is considered as a benchmark to see the YOY growth or decline and HY 2020 for the initial six months, in order to mark the

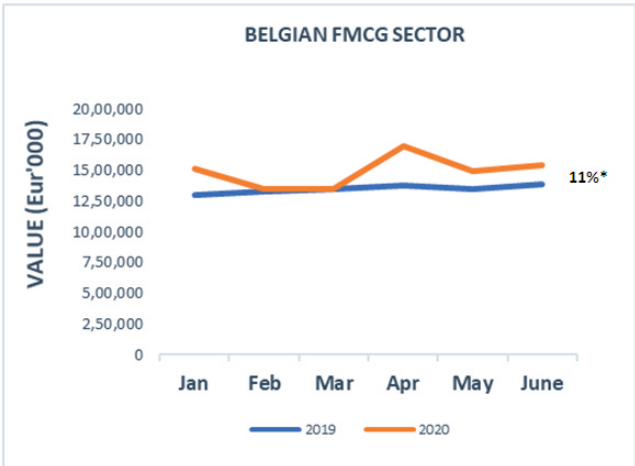
impact in both the countries under consideration regarding FMCG sector along with the change in consumption patterns from essential to non-essential categories.

IMPACT OF COVID-19 ON FMCG SECTOR – INDIA AND BELGIUM

In India, the FMCG sales declined during the lockdown month and started recovering as soon as unlock started. While, in Belgium, the initial period of lockdown was clearly showing evidence of panic buying and it further aggravated in Mid-April where the country started easing the lockdown norms.



Graph 1-A: Indian FMCG Sector by Value (INR Cr)



Graph 1-B: Belgian FMCG Sector by Value (Euro Thousands)

Source: Secondary Literature, Trade Association, Statista, Trading Economics, Newspaper articles, magazines *95% level of significance vs 2019

Indian FMCG sector shows signs of growth at the start of 2020 when compared to the similar time span in 2019. The sector showed a sharp decline in the month of April'20 (Graph 1A). A strict lockdown announced on 24th March 2020 as the Corona Virus pandemic hit the country leading to decline in sudden sales. Positively, the sector started showing gradual signs of recovery from May'20 onwards as the consumer mobility increased but overall sales of the FMCG sector continued to remain low. In June'2020, the FMCG sector appears to have recovered which might be the positive impact of the Unlock phase which started in June where most of the places started opening in a phased manner. This implies that, overall FMCG sector significantly declined by 6% (95% significance level) in Half year 2020 (HY 2020) as compared to Half year 2019 (HY 2019) because of Covid-19 pandemic and lockdown.

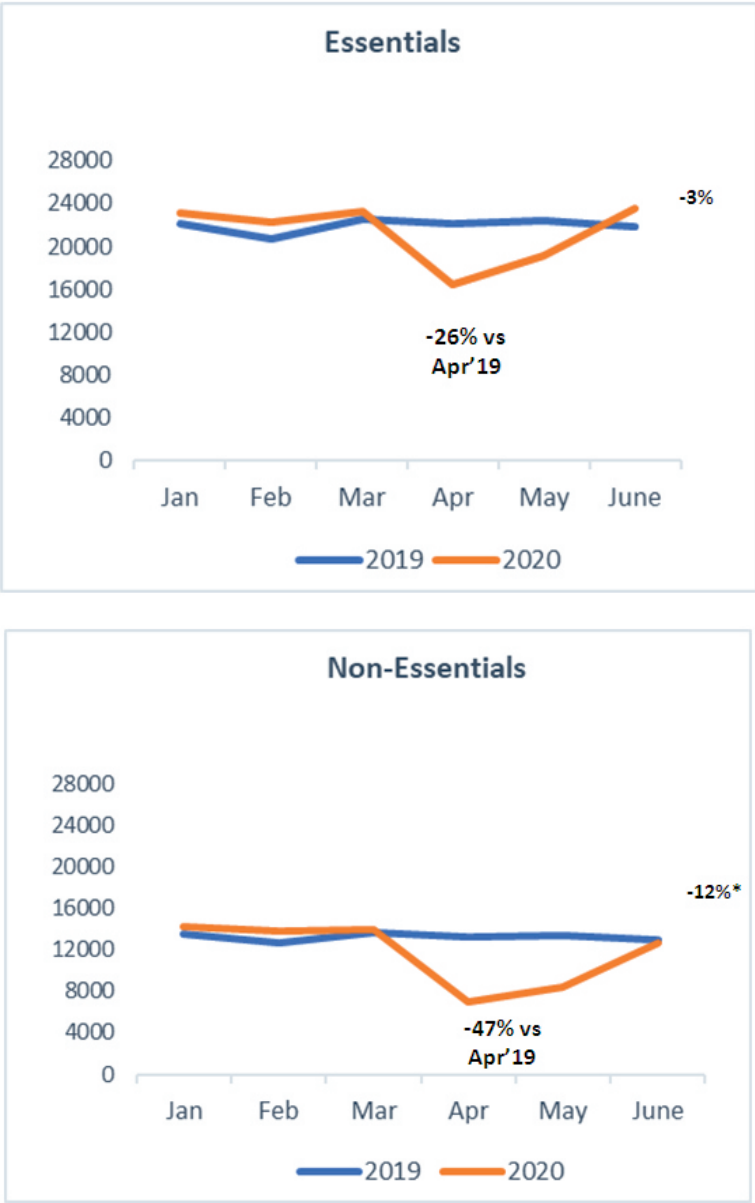
While Graph 1 B data depicts that, Belgian FMCG sector started strong in Jan 2020 while in Feb 2020 it matched the value sales of 2019. The March 2020 data is showing sudden spike and it got normalized in April and May as the lockdown started easing. The sudden uptake is clearly an impact of panic buying in Belgium. Overall, the FMCG sector stood in Belgium at 11% YOY Growth in HY 2020 vs HY 2019.

When we compare both the countries, we can infer that the lockdown impacted the FMCG sector across the countries, however, the magnitude of the impact differed. It clearly indicates that, consumer behavior in developing nations and developed countries differed. It also depicts that intensity of lockdown measures made a difference in these two countries.

CONSUMER BUYING PATTERNS FOR ESSENTIALS AND NON-ESSENTIALS COMMODITIES

When it comes to developing and developed nations, consumption patterns differ and so the consumer buying patterns. Consumer sentiment might have played a bigger role in consumer behaviour patterns. Divergent sentiment is also reflected in spending intent across categories. From the data of both the countries, it appears that consumers intend to focus more on spending on essentials, while lesser spend were allocated to discretionary categories.

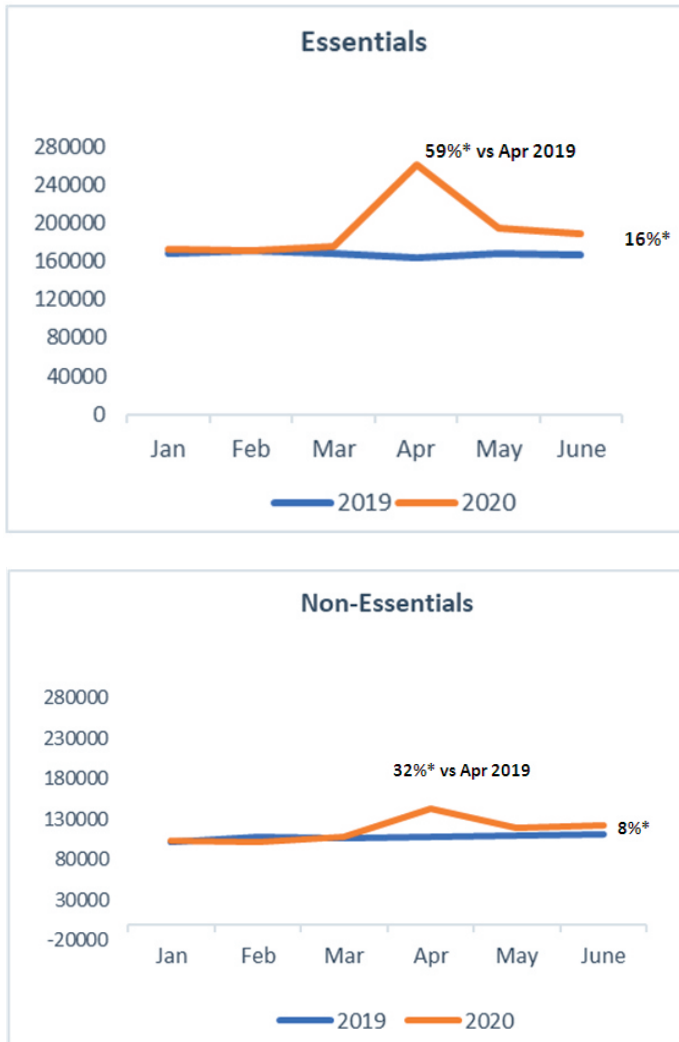
The following Graph-2 reveals the picture of the contrast in both these countries.



Graph 2: Essential Goods Vs Non-essentials Goods categories in India amidst Pandemic by Value (INR Cr)

Source: Secondary Literature, Trade Association, Statista, Trading Economics, Newspaper articles, magazines

*95% level of significance as compared to 2019



Graph 3: Essential Goods Vs Non-essentials Goods categories in Belgium amidst Pandemic by Value (Euro'000)

Source: Secondary Literature, Trade Association, Statistics, Trading Economics, Newspaper articles, magazines

*95% level of significance vs 2019

The comparison of India and Belgium reveals that, irrespective of the country, consumers did clear prioritization of categories while making purchases and greater importance was given to the essentials over non-essentials. Rhus, lower purchase

power in developing countries forced consumers to cut down their expenses on non-essentials and they only spent on essentials.

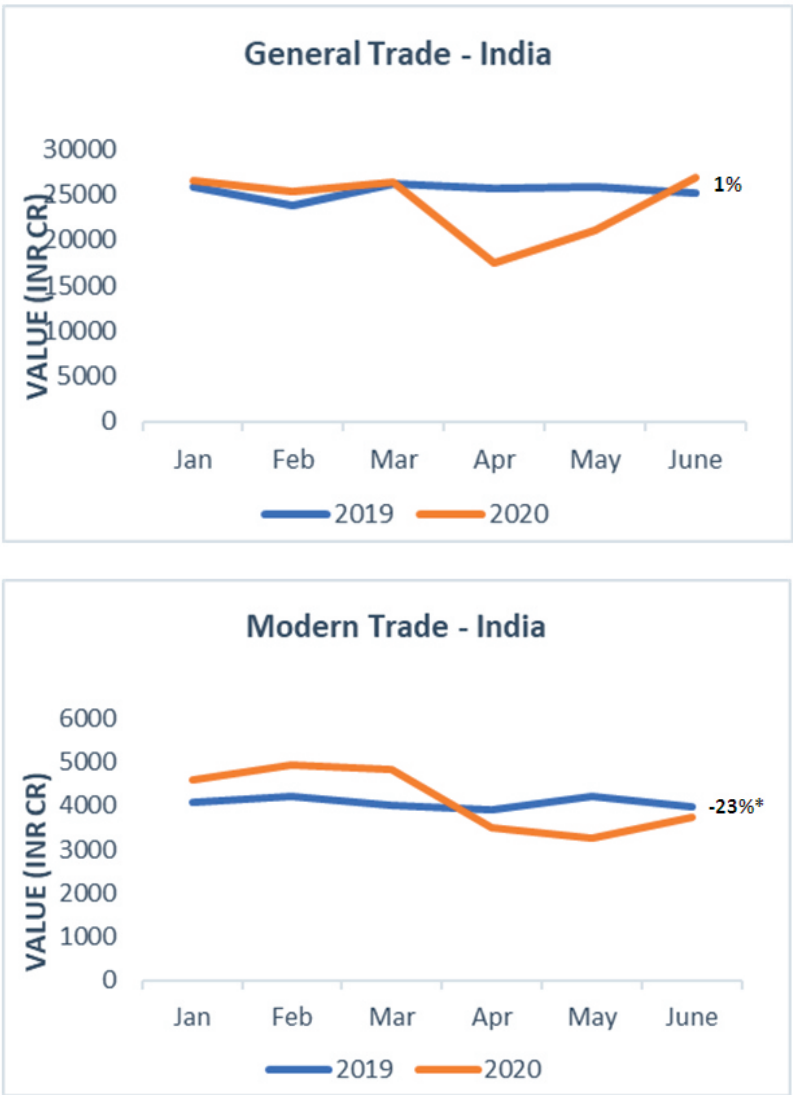
Considering individual country, Indian data depicted minor impact on essentials while the pandemic hit non-essential sector with a drop of -12% as compared to previous year. As an immediate aftermath of strict lockdown in the country, Essential sector declined by -26% in and non-essentials declined by -47% in Apr'20 in comparison to Apr'19. In May'20, the essential sector started recovering fast while non-essential sector was struggling to grow. Positively, essentials recovered completely in June'2020 and surpassed Jun'19 sales whilst non-essentials too managed to recover gradually in Jun'20. The recovery of both sectors in June'20 might have propelled by the Unlock 1.0 which started on 1st June 2020. The non-essential sector was obstructed most as consumers might have done a clear prioritization of what is needed and what can be avoided.

In case of Belgium, it appears that shopping behavior changed drastically due to the COVID-19. Belgian consumers clearly demonstrated the state of panic buying at the start of lockdown towards both essential and non-essential goods. Having said that, the growth of essential goods during this time was phenomenal as the sector has shown YOY growth ~60% during April 2020. On the other hand, non-essentials have gone up by ~30% YOY which is again almost a half of essential goods. Hence, in developed countries, we can see the state of panic buying which boosted the FMCG sector and categories underneath for a while as it again normalized after a very short duration. In Belgium also, the essential sector was on the priority although consumers also stockpiled the non-essential items. Hence, it is evident that consumer was very fragile in this country while responding to crisis and they wanted to safeguard themselves considering the uncertainties around the upcoming months.

PURCHASE CHANNEL WISE IMPACT WITHIN FMCG SECTOR: INDIA VS BELGIUM

Pandemic clearly changed the general shopping landscape across the globe. Both the channels witnessed the Crest and troughs during the pandemic period across developed as well as developing nations evident from the fact that lockdown period was a clear moment of truth for consumers while deciding on the channel of purchase was determined by the situation irrespective of country. The consumer preference and the impact on individual channel is varying between developing and developed nations.

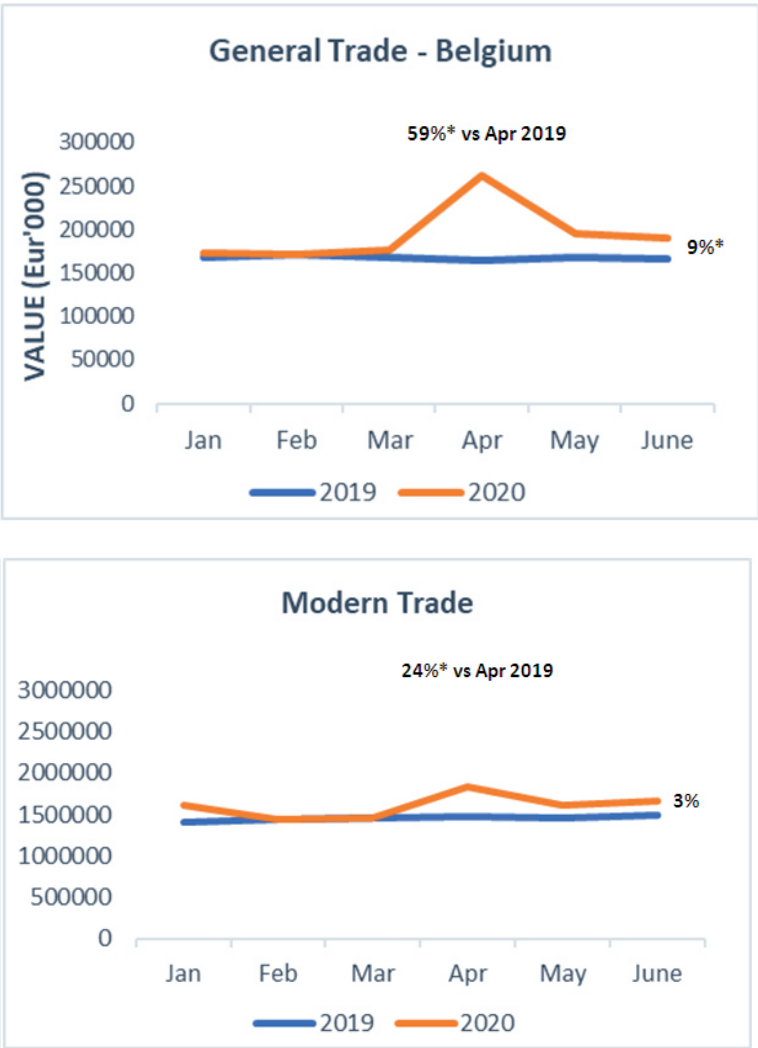
The following data (Graph-4 and Graph-5) helps understanding and assessing the impact on general trade and modern trade and how consumers have remained true to their nature while making choices between both these channels.



Graph 4: General Trade vs Modern trade in India by Value (INR cr)

Source: Secondary Literature, Trade Association, Statista, Trading Economics, Newspaper articles, magazines

*95% level of significance vs 2019



Graph 5: General Trade vs Modern trade in Belgium by Value (Eur'000)

Source: Secondary Literature, Trade Association, Statista, Trading Economics, Newspaper articles, magazines

*95% level of significance vs 2019

The data clearly indicates that the consumers favored general trade during lockdown phase, however the consumer behavior varied in both the countries. Modern trade took a hit in India while in Belgium it was steady.

In India, impact of Covid'19 on both general and Modern trade was largely experienced in Q2'2020 results and both purchase channels started recovering

post Q2. The recovery of general trade was evident especially in June driven by traditional Kirana stores as consumers preferred to purchase from nearby shops and less emphasis was given to modern trade stores. General trade in India was growing gradually till Mar'20 vs 2019. Due to imposed lockdown in India in April, General trade figures sharply declined. From May'20, trade started recovering rapidly and surpassed YOY fig in Jun'20. General Trade experienced an overall decline of 6% in HY'20 as compared to HY'19. Modern Trade started strong in 2020 vs 2019 in the first quarter it declined sharply in April caused by restrictions on consumer mobility due to lockdown. Modern took longer to recover as compared to general trade in Q2'20. Modern Trade remained stable till HY'20 as compared to HY'19.

Generally, Belgium consumers equally appreciate both the channels however during the time of crisis, general trade came as a winner. When we deep dive into the pre and during pandemic period, general trade was performing at par with 2019 in the first quarter of 2020 however the trade spiked in the month of April may be due to panic buying marking the YOY growth of ~60%. On the other side, modern trade too has shown the growth trajectory, but it is comparatively lower than General trade.

CONCLUSION

Our results confirm that the COVID-19 pandemic induced significant changes in consumer purchasing behavior. The analysis of pre and post lockdown data reveals that, pandemic has shown its impact on FMCG sector. While Indian FMCG sector witnessed a sharp decline in April, Belgian sector experienced a sudden spike in sales due to the consumers state of panic buying. The consumer response to pandemic was also equally determined by individual country's lockdown measures. Also, the quantum of the lockdown played measure role in behavioral shifts of consumers.

Furthermore, there was clear distinction on consumption patterns between both the countries. irrespective of the country, consumers prioritize of essential goods and less importance was given to non-essentials or discretionary categories. Even, the traditional or general trade was preferred over modern trade regardless of the country due to its proximity. Overall, General trade paved the growth of FMCG sector during these unprecedented times as this channel has been convenient to consumers in terms of their preferences during the entire phase of lockdown. Modern trade stores should work towards meeting the consumers demand by evolving as per the change in consumer behavior. For instance, they could offer door-step delivery of groceries, offers on bulk grocery buying to attract consumers should be promoted etc. The government should also intervene in the market pattern with suitable policies. The policy should be directed to measures to increase the purchasing power of the people.

From the business point of view, it can be suggested that brands from non-essential categories should work towards coaxing consumer minds and they must drive values in their offerings. In the 'Next' phase, companies should streamline operations to meet any ongoing challenges and be ready with strategic transformations and also, they should be ready to prevent such future disruptions.

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POST COVID-19 PANDEMIC CONDITIONS AND AFTER SALE SERVICE OF LIC OF INDIA: A STUDY OF AGENTS' ABILITY

Lovely Biswas*, Amit Kumar Chakrabarty, and Malay Kumar Ghosh*****

Abstract

Covid-19 pandemic has adverse impact on Life Insurance Corporation of India like other sectors of insurance sector. In order to mark its impact on after sale services, the performance of agents has been examined. It has been attempted to mark the relationship between the promoters (DOs, ABMs) and policyholders. On the basis of empirical data, the present paper finds that promoters have less influence on policyholders and the use of unfair means by agents, during the pandemic crisis period, has assured the business efficiency. Despite the pandemic hurdles hampered the after sale service of the selected branch, agents ability has secured efficiency of business performance.

Keywords: LIC of India, After Sale Service, Corona Pandemic, Agents, Extra-legal benefits, Social Familiarity

INTRODUCTION

The outbreak of Covid-19 pandemic in 2020 and its second wave in 2021 has devastating impact on insurance sector also. The sale of products and after sales service of Life Insurance Corporation (LIC) of India have been hampered during the crisis period. But the ground level business performers (agents) have shown their resilience to perform by any hook and crook. It is true that India has been among top six largely affected countries in the world namely USA, Brazil, Russia, Spain,

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UK and India. At initial stage no specific drug or vaccine invented but in recent few months the vaccine has come to the rescue of the people. The second phase of the pandemic appeared more fatal, despite vaccines. It has generated new challenges before both the people and the governments in shape of acute scarcity of vaccines, medicines, oxygen, hospitals, beds and medical staff (doctors and support staff). The lockdown and slowed down economy has influenced the business performance in insurance sector. There is no light of hope to arrest the muted virus so far except waiting for hard immunity. This unprecedented phenomenon simultaneously creating some social, economical and psychological problems, those have serious impacts on human beings also. Agents are the pillars as well as the basic foundation stones of L.I.C of India. Their active participation makes the corporation not only strong but also helps occasionally in drawing up a number of beneficiary schemes that lead to achieve the objectives of a true public-utility concern in service sector both in social as well as financial arena. They act as the first-line worker on behalf of the corporation. These market operators are bridge between customers and the corporation. They become the ambassador or PRO of the corporation. Agents are the mouthpiece of L.I.C. Therefore, it is not exaggeration to say that the appointment of agents are sine-qua-non in a service sector unit namely, L.I.C.I. In the present study we will try to judge the after sale service with the thrust on agents' ability during post Covid-19 period.

REVIEW OF LITERATURE

An array of studies can be found on assessing the nature and performances of product and services offered by LIC of India but there is dearth of studies having marked the impact of Covid-19 pandemic on business of LIC and performance of the agents. There was a host of studies conducted during last decade of 20th century covering the performance of LIC, nature of work of agents, Development Officers (DOs) and Assistant Business Managers (ABMs). Their relationship with policyholders have also been examined.. Important of them are J. Graham (1994), R. N. Malhotra, (1994) who have marked the growing business of the LIC during 1990s. They have suggested to train the agents for better performance. The studies by A. Debnath (1996) and A. Dasgupta (1996) have stressed on new recruitments and training for better performance at the grassroots level. Besides a number of studies came in light. With the dawn of 21st century, a few studies are worth mentioning. In his work, R. K. Vashishtha (2004) stresses upon one common factor, that is, relationship and trust. This is the source of strength and growth. The study by N. Namasivayam, S. Ganesan and S. Rajendran (2006) analyzes the socioeconomic factors that are responsible for taking life insurance policies and examines the preference of the policyholders towards various types of policies of LIC. Kunjalsinha (2013) revealed that insurance companies are working in a highly

competitive market where consumers have many companies and products to choose from. Hence it becomes necessary for insurance companies to maintain loyalty with customer through improved service quality. **Rajeshwari and Karthesswari (2012)**, in their study stated that among the policy holders whose policies lapsed, they were not able to pay the premium due to the financial difficulty. In the present study we have proposed to assess the status of after sale service of LICICI after Covid-19 with the thrust on agents' ability. So far knowledge goes, such type of research work is scarce in the studied area.

OBJECTIVE OF THE STUDY

The major objective of the study is to judge the after sale service of LICICI, Krishnanagar Branch, Naida, WB with the thrust on agents' ability in post Covid-19 period. For this major objective following are the specific points of enquiry: Relationship among D.Os/ABM (Sales) and policyholder in context of agents, Agents' ability in the context of social familiarity and securing business, Agent s' ability in context of offering extra-legal benefits to policyholders and Agents' behavior for securing business.

HYPOTHESIS

In order to realize that objective of the study the following null hypotheses have been formulated.

- (1) There exists no significant relationship between (i) D.Os/ABM (Sales) and policyholders' opinion to agents' service, (ii) agents' business securing ability and (a) Social familiarity. (b) Illegal advantage offered by them, (c) their behavior.
- (2) D.Os/ABM (Sales) and policy holders are not significantly differ in their opinion to agents' service.
- (3) Sexual status of the agents and their business securing ability are independent to each other.

DESCRIPTION OF ATTRIBUTES

- (1) **Service:** A service is the result of applying human or mechanical efforts to people or objects. Service is intangible product involving a deed, a performance or an effort which cannot be physically possessed (Dibb-et,al,1991). In the present study 'after sale service' is emphasized. It includes timely information to customer about his premium dues, timely collection of renewal-premium at the request of the customer, timely presence in their problem if any, think about the clients' tax affairs and guide them. He should remember "Service-leads to sales and not Vice Versa. The true test is after the sale. Always be there

even if it is not expected”³. In the present study, after sale service has been selected as the independent attribute.

- (2) **Social familiarity:** In the present study ‘social familiarity’ of an agent has been selected as the independent attribute. Social familiarity means social acquaintance of the agents in locality. As it is a direct man-contact business, agent who acquire high degree of familiarity in their locality have a probability of securing large amount of business. If an agent be a political person, social worker or otherwise familiar in the locality has a great chance of success in this profession.
- (3) **Illegal advantages:** In the present study, ‘illegal advantage’ offered by the agents has been selected as the independent attribute. Illegal advantage means those advantages which are offered to customer at the time of sale or servicing, beyond corporation rules. Corporation’s view is “I consider it my responsibility to strictly adhere to laws and regulations and to observe them in letter and spirit”⁴. It includes rebate allowed from own commission, deposition of policy holders’ premium at the time of his financial crisis etc.
- (4) **Behaviour:** In the present study, ‘behaviour’ of the agents has been selected as the independent attribute. Behavior means how an agent conduct with his customer at the time of policy sale or servicing. Individual behaviour is specially emphasized here. If his behavior is very irritating, unpleasant unimpressive, he will be thrown away by his customer. Agent with opposite behavior will be welcomed with red carpet by his customer. He must remember, “he is a consultant, his conduct and behavior must be above board and par excellence”⁵.
- (5) **Business securing ability:** In the present study, ‘Business securing ability’ of the agents has been selected as the only dependent attribute. Business securing ability means the agents competency in securing new business.

METHODOLOGY

Selection of sample: The study has been conducted on L.I.C.I. agents of Krishnanagar Branch, Nadia, WB, residing in rural and urban areas. Random sample of twenty one agent including two direct agents are selected assuming true representative of the total population. They belong to three D.Os out of ten of the Branch. Direct agents belong to ABM (Sales). Random sample of ten policy holders are selected of each agent to get their opinion as to agents-service. Sample size of policy holders is two hundred ten.

Selection and description of tools: Maintaining Covid-19 rule, primary data have been collected by the investigator, in person, visiting door to door of the Policy holders, D.Os and ABM (Sales) using two types of questionnaire. Data have also been collected from policy holders, S.B.M, A.B.M (Sales) and D.Os by direct interviews. These are discussed below;

- (A) Questionnaire for Policyholders:** Since the policyholders are little concerned about their agents the questionnaire is prepared emphasizing service aspect only of the agents. Policyholders' residential status are also included as an item of the questionnaire. It is a short size, structured, close ended questionnaire. There are three scales of opinion (good, bad, moderate) having different scores for each of them. The intention of the investigator is to collect opinion of the Policyholders as to service rendered by the agents to them. The medium of the questionnaire is in Bengali for easy communication.
- (B) Questionnaire for D.Os/ABM(Sales):** The D.Os/ABM(Sales) are much concerned about their agents. The questionnaire has been prepared emphasizing agents' business, service, behaviour and other aspects. It is structured and close ended questionnaire. The opinion of the D.Os/ABM (Sales) are collected in three point scale- good, bad, moderate. Each item of the questionnaire is subjected to three options (good, bad, moderate) of opinion. It is a big sized questionnaire, containing as many as 14 questions, 21 sets of questionnaire are prepared for each sample agents. The medium of questionnaire is in Bengali for easy communication.
- (C) Direct interview:** It is a negligible part of the data collection. Direct interview has been made by the investigator to the SBM and ABM(s) to collect administrative information about the branch particularly on claim settlement and branch's business performance during 'New Normal' period. Direct interview has also been made to the agents on different aspects of their job.

Collection of Data: Maintaining Covid-19 rule properly, the data have been collected directly from 210 policyholders, 3 D.Os and ABM (sales) through door to door investigation by the investigator himself. Policyholders, D.Os and ABM (Sales) are requested to give their natural, free and frank responses to the queries. They are taken into confidence and are told that the information is required only for research purpose and will be strictly kept secret.

Tabulation and Scoring of Data: The data which have been collected through two types of questionnaire are compiled on suitable tabulation sheets prepared for the purpose.

The data obtained from policyholders, D.Os and ABM (Sales) are scored, keeping in mind the 'Likert Scoring Technique' as follows:

- (i) Policyholders Questionnaire:** There is only one most important question on agents' service subjected to answer one of the three options-good, bad, moderate. Score point 8 is allotted for each 'good' opinion, 6 is allotted for each 'moderate' opinion and 4 is allotted for each 'bad' opinion. Using and adding these score a single score is found out for each agent which quantitatively represents the opinion of Policyholders about their agents' service.

(ii) D.Os and ABM (Sales) Questionnaire: In D.Os and ABM (Sales) questionnaire, there are as many as 14 questions from different viewpoint of the agent particularly on business, service, behavior and social familiarity etc. These questions are subjected to answer one of the three options- good, bad, moderate. Score point 8 is allotted for each 'good' opinion, 6 is allotted for each 'moderate' opinion and 4 is allotted for each 'bad' opinion. In order to make the comparison comparable between D.Os and ABM (Sales) and policyholders opinion to their agents service, score stated in (i) being changed to 80 instead of 8 for good, 60 for moderate and 40 for bad instead of 6 and 4 respectively.

Statistical technique used: The data are tabulated and analysed keeping in view the objective spelt out and hypothesis formulated, rank correlation coefficients (ρ) are calculated to study the relationship between (i) Opinion of D.Os and ABM (Sales) and policyholders to service rendered by their agents, (ii) Social familiarity and business securing ability of the agents, (iii) Illegal advantages offered by the agents and their business securing ability, (iv) Agents behavior and their business securing ability. Co-efficient of determination (e^2) has been used in most of the cases to indicate the percentage variation in the dependent attribute which was accounted for by the independent attribute. In order to judge the significance of these relationships 't-Value' of rank correlation co-efficient (ρ) have been computed. Test has been made at 5% significance level in general and at 10% in a single case. 'Paired t-test' has been used to judge the significant difference between opinion of D.Os and ABM (Sales) and policyholders to the service rendered by the agents. Test has been made at 10% significance level. Chi-Square (χ^2) [Yates correctional] has also been calculated for each case.

FINDING

- (i) The rank correlation coefficient (ρ) between opinion given by the D.Os and ABM (Sales) and policyholders to their agents' service is found to be .30. Calculated 't-value' of ' ρ ' is 1.64. Table value (critical value) of 't' at 10% significance level of 19 degrees of freedom is 1.73.
- (ii) The rank correlation coefficient (ρ) between agents' social familiarity and business securing ability is .39. Co-efficient of determination (ρ^2) is 15%. Calculated 't-value' of ' ρ ' is 1.84. Table of 19 degrees of freedom is 2.09.
- (iii) The rank correlation co-efficient (ρ) between 'illegal advantage' given by the agents to the policyholders and business securing ability of them is .43. Co-efficient of determination (ρ^2) is 19%. Calculated 't-value' of ' ρ ' is 2.10. Table value of 't' at 5% significance level of 19 degrees of freedom is 2.09.
- (iv) The rank correlation co-efficient (ρ) between behavior of the agents and their business securing ability of them is .50. Co-efficient of determination (ρ^2) is

26%. Calculated 't-value' of 'p' is 5.64. Table value of 't' at 5% significance level of 19 degrees of freedom is 2.09.

- (v) 'Paired t-test' has been used to judge the difference between opinion of D.Os and ABM (Sales) and policyholders to service rendered by the agents are significant or not. In this case calculated value of (a) Arithmetic mean (D) is 1.61 (b) standard error of difference is 3.44 and (p) 't' is 1.88. Table value of 't' at 10% significance level of 19 degrees of freedom is 1.73.
- (vi) Calculated value of Chi-Square (χ^2) of two attributes – (a) agents sexual status and (b) agents business securing ability (rating) is .91 after Yates correction the value stands as .19. Table value of χ^2 at 5% significance level of 2 degrees of freedom is 5.99.

CONCLUSIONS

The findings of the study lead to the following conclusions:

- (i) There exists a negligible relationship between opinion of D.Os and ABM (Sales) and policyholders on their agents' service. This relationship of opinion is not significant at all. The study reveals that 'after sale service' of LIC of the selected branch is being hampered after covid-19 period.
- (ii) Agents business securing ability does not significantly depends on their social familiarity. Though there exists a negligible relationship between agents' business securing ability and social familiarity but it is not significant at all. Study reveals that only 13% of the variation in the business securing ability of the agents is due to social familiarity of them.
- (iii) Agents' business securing ability does significantly depend on 'illegal advantages' offered by them. There exists a significant relationship between agents' business securing ability and illegal advantages offered by them. Study reveals that 21% of the variation in the business securing ability of the agents is due to 'illegal advantage offered by them.
- (iv) There exists a significant relationship between agents' business securing ability and their behavior to policyholders. Agents' business securing ability does significantly depend on their behavior to policyholders. There is 28% of the variation in business securing ability of the agents caused because of their behavior to policyholders.
- (v) D.Os and ABM (Sales) and policyholders are significantly differing in their opinion to service rendered by their agents. They are not very close to their opinion.
- (vi) Sexual status of the agents has no influence on their business securing ability. Both male and female agents have equal business securing ability.

IMPLICATIONS OF THE STUDY

The study reveals a number of weaknesses of the branch particularly in management of agents working under the branch area or outside during the Covid-19 period. This state of affairs leads investigator to several implications for the branch administration. Suitable steps should, therefore, be taken by the respective department of the branch to remove the existing weaknesses. The following recommendations are made in this regards.

- 1 D.Os should require to pay more time and attention, by taking any steps to improve their agents' after sale service to policyholders at present.
- 2 D.Os should not bother about the agents' social familiarity at the time of agents' selection.
- 3 Though it is illegal from the view of L.I.C.I to offer illegal advantage' to policyholders but it has a very positive impact on agents' business collection. Hence administration should seriously think about this matter.
- 4 At the time of selection of agents D.Os must select that person whose behavior, conduct to each person is very good. Because agents' behaviour have a very positive impact on their business securing ability.
- 5 D.Os can select agents' indiscriminating their sexual status. Because sexual status of agents have no influence on their business securing ability.

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CHANGING CONTOURS OF POLICE ADMINISTRATION DURING COVID-19 PANDEMIC IN INDIA

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Abstract

Police organizations have expertise and training in dealing with emergency situations and disaster management. Unprecedented COVID-19 pandemic, in terms of the scale and complex effects, has produced adverse conditions in society. The police, as a first responder to the disaster, have been one of the severely affected governmental organ. Thus, the present paper attempt to understand the role of police in processes of preventing and treatment of the pandemic stricken people and maintaining law and order in turmoil situation. The vulnerability of the police personnel's of exposure to virus infection, in addition to their various job commitments, has led them struggling in spite of efficient police driven by various job-related commitments. Police-public relations at the time of pandemic are shifting with multiple negotiations and communication factors. Police and their diverse contribution to the pandemic has placed them on the centre stage. Since police remain as a frontline worker in this ravaging COVID 19 pandemic, the normal nature of its work has changed and the pandemic has posed new challenges before them, particularly to enforce the changing pandemic guidelines on one hand and containing the desperation of the people on the other.

Keywords: Police, Law & Order, Police-Public Relations, Democratic Policing, Covid-19

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INTRODUCTION

The history of Pandemics in India traces itself to the Spanish Flu in 1918, which affected 15 million Indians. It entered India through Bombay dock, and the first to be infected were the seven sepoys posted at the dock. Again, this century saw the devastating effect of COVID-19; almost 30 million people are infected with the virus. This wreaked havoc among the population and called for augmentation of public management systems on a war scale.

COVID 19 pandemic, as a biological disaster, has unleashed a great deal of pressure on the administration. This has made the governments bewildered and governmental agencies struggling to augment their strategies to confront the challenges. Amongst the different organs of public administration like health administration, food administration, information dissemination system etc., it has put enormous pressure on police administration. Police administration is the most visible manifestation of the state. The nature of Police work, its diverse set of roles and responsibilities makes it a distinguished service amidst the ravaging pandemic situation.

POLICE AND DISASTER MANAGEMENT

A historical review of the literature on the role of Police in Disaster management suggests that it is very elementary and crucial. Police, as the first responder to any disaster, is a social fact. The first response by the police lies in its familiarity with the site and its pre-established relations with the local population. Police have contemporary relevance in managing disasters at various stages. Sometimes when it is not feasible to deploy the armed forces/ NDRF/SDRF, the local police force assumes the charge and responds to the disaster with limited resource.

In the state police training academies, the curriculum has off-late mentioned disaster management as a part of the training. This helps to train the police personnel with disaster management techniques and equip them with befitting skills. It requires logistical and legal support to the police forces. The significance of the local police during disaster/ emergencies emerge out of the following considerations¹

- They are the first responders to any incident
- They are familiar with the local terrain
- They have pre-designed communication networks
- They have an established formal and informal network
- They have established a relationship with the local population.
- They are uniformed and are trained to respond to emergencies.
- They are aware of the mind-set of the local population and their emotional expectation of society.

ROLE OF POLICE DURING A PANDEMIC

1. Identify and contain the infected
2. Deployment of resources
3. Enforcement of lockdown
4. Prevention of commission of all offences against property, body and public tranquillity
5. Relief management
6. Traffic Management
7. Coordination with various agencies
8. Media management
9. VIP security
10. Crowd management
11. Facilitating the last rites/ disposal of the dead bodies

Police personnel are generally imparted training in disaster management through the pandemic control is not taught as a subject during their training in police academies.²

Thus assuming a responsibility during COVID-19 was not a part of the regular work profile.³

The primary duty of the police force during the COVID 19 pandemics was to enforce the lockdown by restricting public mobility. This also included implementing COVID related behaviour by enforcing the Epidemic Disease Act (1987) and the Disaster Management Act (2005). Police were entrusted with the additional task of performing the unconventional task and duties, including social awareness campaign, coordination with the health administration for contact tracing, an inspection of individuals in quarantine, helping migrant workers with food and shelter, helping the needy to access the essential services and medical services.

In the absence of the degree of awareness and the knowledge of prevention, inappropriate use of protective gear like masks, sanitizers and gloves, the police force became vulnerable to exposure to the virus.

RESPONSIBILITIES OF POLICE DURING COVID-19 PANDEMIC

1. Enforcement of Lockdown through restricting the movements

The imposition of lockdown has significantly impacted the ordinary lives of the people, and the police forces have used diverse tactics to restrict the mobility and movement of the people. Since the onset of the first wave, the lockdown came into effect on 24th March 2020. It becomes difficult to observe the lockdown because of the closely knitted community life, the open environment

and streets, the climatic adjustments in the absence of dwelling space and the panic of shortage of essential commodities and medicine. These all factors have led to a challenging negotiation with the local population toward the implementation of lockdown. Occasional deviations and confrontations were dealt with rigid and coercive means. This sometimes gives a distorted view of the police work.

Imposing the restrictions requires deploying forces in patrolling vans and foot patrols on the roads and the streets. The lockdowns were peacefully observed, barring a few incidents.

The training of the maintenance of public order and crowd control were effectively used to enforce lockdown.

2. Assistance to the vulnerable sections

The lockdown aggravated economic distress that led to the return of migrant workers from urban centres to their respective native villages, mostly on foot. These mainly were daily wage labourers who lost their prospects and means of survival during the lockdown. Police being the most visible actor on the field, took the responsibility and addressed the cause. The police personnel effectuated the feeding programmes by facilitating the bridge between the government kitchen and the people; despite being on the side-lines of their job, the police personnel set up their police kitchen to feed the needy. The police administration also facilitated transportation services for a safe return to their respective homes. In this process of feeding and transportation, the police partnered with the civil society groups, volunteers, NGO's and other groups. The relief work was arranged on a mass scale, thus attracting the good faith of the population. This effort was well recognized and acknowledged by society and helped the police organization to regain the trust and revamp its ethos of service image among the public.

3. Police skills and Public Health

The opportunity to respond to the pandemic witnessed a great deal of facilitation by the police force in achieving the more remarkable public health outcome. The experience and investigation skills of the police were used for contact tracing of the individuals infected with the virus. The importance of contact tracing lies in breaking the chain of transmission through identifying individuals and containing the spread of the virus. Identification of the linkages helped to wean away from the pressure on the struggling health department. This process contributed to the improvement in the investigation skills of the police personnel. Various digital, cyber forensic tools and CDR technology were employed in contact tracing that yielded a sophisticated mechanism for dealing with emergencies. The models were drawn by the collaboration of health and cyber police professionals, which led to a scientifically designed

system. Police forces were also engaged in physical tracing, facilitating the health staffs to reach out to the infected, providing access to the health workers in rural areas, identification of the clusters, and helping the infected individuals in hospitalization and quarantine.

Police as the first responders and the risk involved. The management of lockdown is a herculean task for the police. Police forces have effectively and efficiently managed the lockdown during the COVID 19 pandemic. Police are the first responders to an emergency. Enforcement may sometimes require the use of force. This may attract hostility towards the police by a specific group or section of society. Also, they are exposed to the dreaded virus as part of their duty and public dealings. The police personnel face various kinds of risks:

1. The physical risk involved during the enforcement of lockdown is relatively high. Restricting the mobility and controlling the movement involves physical attacks with weapons, stones and attack by the mob at certain places.
2. The police staff sometimes face a violent response when pressuring the public to comply with the health advisory and facilitating the health workers in carrying out their duty.
3. The contact with the infected persons during their facilitation to the health workers, test drives, and dealing with the defiant people in some cases have infected the police staff on duty.
4. The exposure of the family members of the police personnel to the virus. The family members have been infected with the virus after contacting the police personnel and suffered losses.

DEMOCRATIC POLICING

The pandemic provoked a systemic study on the democratic models of policing in India. The guidelines issued for police work followed the universal yardstick of the 4E's approach to the enforcement of lockdown.

Engage- with the public and enquire about the situations

Explain- the regulations on appropriate coved behaviour such as wearing masks, social distancing etc.

Encourage- individuals to follow the regulations.

Enforce- Identifying defiant individuals and using reasonable force towards compliance with the regulations.

The models of democratic policing during the COVID-19 pandemic envisaged the 'consent-based compliance' with restrictions rather than a deterrent threat. Covid 19 altered the norms for the police administration and the public amidst the social upheaval. Securing the public consent in the lockdown remained the

core objective of the policing in the pandemic. The COVID19 pandemic affected the police organization, its work, its culture and its relationship with the public it serves. The pandemic has moulded the contours of policing beyond what was previously known as legitimate by the police and the public. The restrictions on movement opened up new uncharted territory for the police organization towards reconceptualising the relationship with the public.

In this new situation, the police administration and its personnel were under significant stress in dealing with the implications on their health and well being and their ability to function effectively and efficiently. The effect of the COVID19 on the police as first responders have been less explored and researched.⁴

Even before the pandemic, the health and well being of the police, by its nature of profession, involves higher risk than the risks faced by the general population. The stressed work profile, ill health and well being have impacted the individual and collective ability of police personnel and their ability to behave democratically. The adherence to the principle of democratic police depends on three factors in emergencies. First, the context in which police personnel operate in the crisis, the sense of identification the officers feel within the social categories, and confidence in their authorities.⁵ The shifting contexts of operating in times of pandemic, making of collective identities and the rolling jurisdiction of the government are characteristics of policing in pandemic times. The compounding nature of police work with the public health keepers has led to a state of confusion among the police personnel.

ADVERSE IMPACT OF THE PANDEMIC ON POLICE

This shifting context has brought multiple changes in the ability and confidence to function.

Primary research on policing has analysed the stress in police into two categories (Shane 2010). Firstly associated with the job's content, such as work schedule, potential threat to their physical and mental health, and associated job context, i.e. organizational stressors, such as participation, communication and co-worker relation. Adverse effects include depression, strained family life and a loss of confidence in the organization and oneself. There is enough evidence that employee engagement strategies have a positive impact on performance and psychological well being.⁶

The Impact of COVID-19 on Indian Police Personnel⁷

Number of police personnel who tested positive	306620
Number of police personnel quarantined	33902
Number of police personnel who died	2049
Number of police personnel injured in attack	256

COVID- 19 is an unprecedented wave in its scale and a high degree of complexity. It has coupled the job content and job context stress factors in policing.

The ethos of service to the public that already included routine risk factors at the job faces a new challenge amidst the COVID19 pandemic risks. The police administration is under pressure since many police professionals were infected, in isolation, and lost their lives in the line of duty. The personnel were mainly stressed because of the frequent changes in the COVID19 guidelines and the protocols, wearing the exhausting PPE kit on duty, changed the routine of daily patrolling, shifting schedules and long working hours. Despite the limiting factors, the police personnel have fulfilled the duty despite no training in pandemic management. They have primarily relied on the skills of service and their training to maintain the public order. Therefore the pandemic has posed an additional complex context.

CONCLUSION

Vividly, the response to the COVID-19 pandemic added to the multitasking that forms a part of the Police work. Significant changes were observed during the police work in COVID times. During the performance of the multitasked duties, police personnel learn to build the police-public relations in a better way that further bridges the gap between police and people at large. Interestingly, the crime rate went down significantly after the enforcement of lockdown. Various police practices were changed and accentuated to meet future needs. Police-citizen interactions also went a significant shift in the pandemic. The operational environment and police mutually developed during the covid times. While the police played an instrumental role in compliance with lockdown, a varied response to police behaviour by different sections of society was also observed across the country. The civil society and its coordination with the police by providing it with the logistical support positively indicated the potential of the various non-state agencies in contributing to the police in India. The pandemic led to the police agencies using protective gear, including PPE kits, gloves, masks, sanitizer, and encourage the use of the gears. The police department also struggled in procuring the protective equipment for its personnel.

It became difficult for the police to enforce the frequent changing guidelines. The lockdown also witnessed the use of digital platforms like social media to complain about police conduct. Covid 19 pandemic unleashed both predictable and unpredictable consequences. The contour of the public administration will become more challenging in the future.

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IMPACT OF COVID-19 PANDEMIC ON WOMEN INFORMAL SECTOR WORKERS: A STUDY OF URBAN SLUMS OF KODAMBAKKAM, CENTRAL CHENNAI

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Abstract

A sizable of women are engaged in informal sector in world and India has even more i.e. three fourths of them work in informal sectors among which almost half work in home based or domestic natured jobs. With the outbreak of Covid-19 pandemic, these women became vulnerable to both economic and emotional struggles like loss of job, poor treatment at work place, increase in work load etc. added by household burdens. Unemployment has been connected to serious danger of developing depression, anxiety, substance misuse and viciousness. Infact, multiple studies show individuals who lose their jobs are twice as prone to report depression and anxiety when contrasted with individuals who remain steadily employed. This study intends to elicit the economic, psychological and physical problems faced by them during the Covid lockdown through the micro level empirical enquiry in urban slums in Chennai.

Keywords: COVID-19, Women workers, Informal sectors, Urban slums, Tamil Nadu

INTRODUCTION

Women manifestly are associated with some order of industrious and procreating activities but lot of their work is imperceptible and they are generally low skilled, low paid informal areas of work with practically zero government backed benefits

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exceptionally in India.¹ As per United Nations (UN) in 2020, 740 million women globally² and as per Labour Force Survey, 2017-2018 more than three-fourth of the women in India work in informal sectors among which almost half work in home based or domestic natured sectors. Moreover, those working in the informal area face distinctive underlying constraints and hail from helpless low socio-economic families, thus are bound to continue in such employments. Examples are domestic laborers or independently employed home based small scale entrepreneur, street sweeper, vendors, etc.^{3,4,5}

The International Labor Organization (ILO 2020) report reveals that as an aftereffect of it, an expected 400 million of such laborers were in danger of reaching horrid state of poverty.⁶ The women were probably going to endure the worst part of occupation losses as they form the major percentage of informal sector workers.⁷⁸⁹ During the COVID 19 pandemic, the stress and pressure of unemployment can negatively affect the over-all wellbeing. Unemployment has been connected to a more serious danger of depression, anxiety, self destruction, substance misuse, and viciousness. In fact, an array of studies show individuals who lose their jobs are twice as prone to report depression and anxiety side effects when contrasted with individuals who remain steadily employed.¹⁰ Chennai city ranks the fourth highest population of slum occupants among major cities in India, with about 18.6% residing in slum conditions. Out of the total 397 million workers in India, 123.9 million are women and of those, roughly 106 million work in rural areas and the remaining 18 million work in urban areas.¹¹

REVIEW OF LITERATURE

According to the ILO almost half of domestic employees were fundamentally affected worldwide during the period of the pandemic by mid of March 2020. This figure crested at almost three-fourth of the entire percentage.⁶ Celebration of International Domestic Workers Day, held in Nepal, opines that while a few bosses might have expressed that they would allow their domestic employees to continue work when the circumstances improves, there was no assurance that would occur as numerous businesses saw them as Corona virus transporters.¹²

On June 2021, Business today revealed the results of LinkedIn Workforce Confidence Index survey on the stress and anxiety that working individuals face due to COVID 19 lockdown in India. Sampling 2254 professionals, the findings of the study showed 47% of women experiencing more stress and anxiety due to the pandemic and this number stood at 38% for men, pointing towards an uneven impact on women in these testing times.¹³ In recent days, the informal sector workers were surveyed to understand the economic impact the pandemic has thrown on them. It found that 15% (out of 250) continue to be unemployed after losing their source of employment following the first wave. In addition, 23% had

faced a gap in employment during the pandemic and 46% are currently engaged in the same job but with less pay. The study also revealed women and the elderly to be the most prone and underprivileged among those workers. Other problems faced were meeting the mandatory household expenses, credits/debts, access to health care and shrunk livelihood opportunities.¹⁴ Another study by Rasmita Jena and Bijayalakshmi Dash (2015) have examined the quality of life in urban slums of India. The study also reveals the vulnerabilities which includes inadequate housing, poverty, economic crisis, health problems and suffering from different types of infirmities. This is expected to only have worsened post COVID-19. While majority of the studies focused on the employment impact individuals have faced by COVID-19 lockdown since 2020 March, this study mainly focused on eliciting the problems faced financially, mentally and physically by women working in informal sectors and who hail from urban slums of Chennai.

OPERATIONAL DEFINITIONS

1. Slum areas are areas where (a) Buildings are in any respect unfit for human habitation, or (b) buildings by reason of dilapidation, overcrowding, faulty arrangements of streets, lack of ventilation, light, sanitation facilities, or any combination of these factors are detrimental to safety, health and morals - by Government of India under Section 3 of the Slum Areas (Improvement and Clearance) Act 1956.
2. Stress is 'the feeling of being overwhelmed or unable to cope with mental or emotional pressure'- Mental Health Definition, 2021.
3. Informal sector is defined as 'unorganized sector work force' as those workers who have not been able to organize themselves in pursuit of their interest due to certain constraints like casual nature of employment, ignorance, illiteracy and small and scattered size of establishments- The first Indian National Commission on labour (1966-1969).

OBJECTIVES, HYPOTHESIS AND METHODOLOGY

There are three major objectives of the present paper first, to examine the existing psychological conditions, second, to ascertain their awareness of preventive measures and third, drawing conclusions and suggesting measures.

Hypothesis

For the present study, following hypothesis were framed-

- a. Women working in informal sectors face some sort of stress related to their occupations condition after the outbreak of COVID 19.

- b. Women have some sort of awareness and positive perception on COVID 19 preventive measures.

Methodology

The present study is based primary source of data collection through survey method. For this, a structured questionnaire was prepared in Tamil language which contained simple and clear sentences to reach wide range of respondents and assure relevant responses. The survey was conducted in month of March 2021 under the lockdown period, but all the pandemic guidelines were observed. The slum area of Varatharajanpet in Kodambakkam, Central Chennai was randomly selected. Then the author adopted a snowball technique to identify and survey women who cleared the inclusion criteria. The study included 34 women working in informal sectors. The universe of the study was working women of informal sector of slum areas.

The secondary sources of data collection consisting of Books, journals, research articles, news papers etc. were also used. The collected data was analysed with the help SPSS software. Simple frequency, cross tabulation and chi square were carried out.

RESULTS AND DISCUSSION

The profile of the respondents (34 women) are given hereunder in the following tables

Table 1: The Profile of Respondents (by Age)

<i>Age of respondents</i>	<i>Frequency</i>	<i>Percentage (%)</i>
18-30	16	47.1
31-45	16	47.1
46-60	2	5.9
Total	34	100.0

Table 2: The Profile of Respondents (by Education)

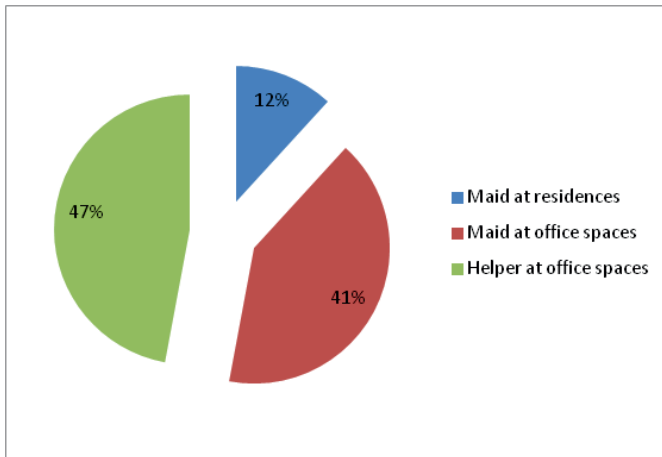
<i>Educational status of respondents</i>	<i>Frequency</i>	<i>Percentage (%)</i>
Illiterate	1	2.9
Class V or less than that	3	8.8
Class VI to X	18	52.9
Class XI – XII	12	35.3
Total	34	100

Table 3: The Profile of Respondents (by Income)

<i>Monthly income of respondents</i>	<i>Frequency</i>	<i>Percentage (%)</i>
Less than Rs. 5000	4	11.8
Rs. 5,000 – 7,500	6	17.6
Rs. 7,501- 10,000	17	50.0
Rs. 10,001- 12,500	6	17.6
Rs. 12,501- 15,000	1	2.9
More than Rs. 15,000	0	0
Total	34	100

Table 4: The Profile of Respondents (by Residential Status)

<i>Residential status</i>	<i>Frequency</i>	<i>Percentage (%)</i>
Own house	12	35.3
Rented house	22	64.7
Total	34	100

**Figure 1:** Occupation of respondents (n=34)**Table 5:** Ability to have square meal a day (n=34)

<i>Square meal a day</i>	<i>Frequency</i>	<i>Percentage (%)</i>
Yes	8	23.5
No	26	76.5
Total	34	100

Inference: The table 5 shows three- fourth of the respondents (76.5%) did not have even one square meal in a day. The remaining 23.5% (8) had a square meal in a day.

Among the 26 respondents whom stated to be unable to have, the most often reason stated was receiving minimal salary (42.32%) after COVID 19 lockdown. The other two reasons stated was removed from the job permanently (23.07%) and removed from the job temporarily (34.61%) after COVID 19 breakout.

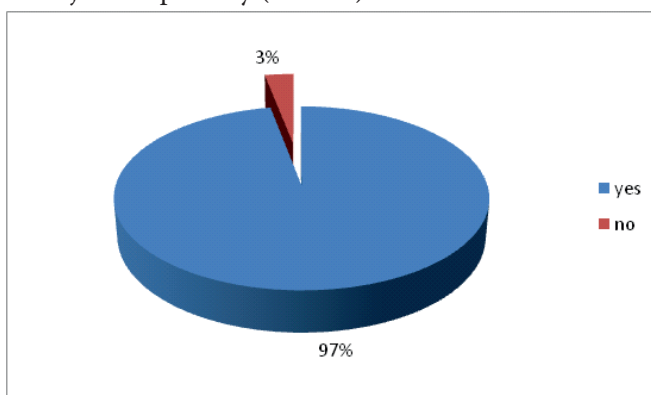


Figure 2: No of respondents stressed due to their job condition post COVID 19 breakout (n=34)

Inference: The above figure 2 shows that out of 34 respondents, 97 % (33) of the respondents were stressed about their job condition post COVID 19 breakout.

Out of 33 respondents, 27.27% (9) respondents were stressed because of loss of job temporarily. The next highest reason stated was loss of job permanently by 18.18% (6) respondents. Few of the other reasons stated were reduced monthly salary (15.16%), poor treatment at work place (6.06%) and reduced wages with increased work load (12.12%).

Table 6: Ability to provide nutrition, Pay fees and Mobile for online Classes

	Yes (%)	No (%)	Total (%)
Ability to have and provide nutritious food to family members	26.5	73.5	100
Ability to pay school fees for their children	2.9	97.1	100
Ability to provide smart phone for online classes during	20.6	79.4	100

Inference: The above table 6 shows the percentage of respondents who were able to have and provide nutritious food to their family members. Almost 3/4th of the respondents (73.5%) stated to be unable to provide nutritious food to their family members and 1/4th of the respondents (26.5%) were able to provide nutritious food to their family members.

Out of 34 respondents, 97.1% (33) of respondents stated to be unable to pay their child/children school fees. Only 2.9% (1) stated to be able to pay without any hazards. Out of 33 respondents who were unable, the following reasons were

stated: 36.36% (12) stated removed from the job temporarily, 30.30% (10) stated less income and 18.19% (6) stated removed from the job permanently. The other two reasons stated were husband lost his job 9.09% (3) and husband got less salary 6.06% (2).

The above table also shows the ability of respondents to provide their children with smart phone for online classes. To this, more than 3/4th stated inability and struggled (79.4%) while the remaining stated to have provided without any struggle (20.6%).

Table 7: Access to Ration Food During Covid-19 Pandemic

<i>Received sufficient rations</i>	<i>Frequency</i>	<i>Percentage (%)</i>
Yes	21	61.8
No	12	35.3
No ration card	1	2.9
Total	34	100

Inference: The above table 7 shows the number of respondents who received sufficient ration from the government after the outbreak of COVID 19. 61.8% (21) mentioned to have received sufficient rations and 35.3% (12) mentioned to have not received sufficient rations. Just one respondent did not possess a ration card.

Inference: Figure 3 below shows the health issues faced by respondents after COVID 19 outbreak. To this, 97.1% of the respondents (33) stated to have faced some sought of health issues. Only 1 respondent mentioned to have not faced any sought of health issues. Out of the 33 respondents who stated to have faced health issues, 88% (29) stated to be stressed, 6.06% stated to be stressed and have developed hypertension, 3.03% stated to be stressed and have developed physical issues like body pain. When further asked, out of 34 respondents only 70.6% (24) possessed a government health insurance card.

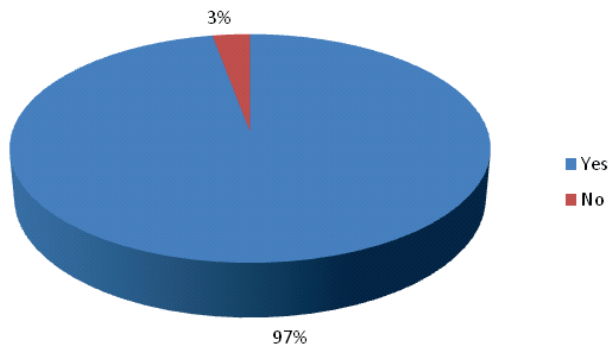


Figure 3: Health issues faced after COVID 19 outbreak (n=34)

Regarding awareness and perception on COVID 19 and its preventive measures, out of 34 respondents, 76.5% stated that others follow social distancing and the remaining 23.5% stated that others do not follow social distancing (table 8).

Table 8: Opinion of social distancing maintained by others (n=34)

<i>Perception of social distancing maintained by others</i>	<i>Frequency</i>	<i>Percentage (%)</i>
Yes	26	76.5
No	8	23.5
Total	34	100

Also, more than half (55.9%) were satisfied to a large extent with the measures taken by government to control the spread of Corona. The following are the stated measures aware by the respondents to protect themselves and others from contacting Corona (table 9): 79.4% (27) stated wearing mask, social distancing and sanitizing as the well known measures. 14.7% (5) of respondents stated to be only aware of wearing a mask.

Table 9: Awareness of Protective Measures for Prevention

<i>Well known measures to protect themselves and others from corona</i>	<i>Frequency</i>	<i>Percentage (%)</i>
Wearing face mask	5	14.7
Wearing face mask and social distancing	1	2.9
Wearing face mask and sanitizing	1	2.9
Wearing face mask, social distancing and sanitizing	27	79.4

Cross tabulation and chi square was used between two variables to establish any presence of significant association as shown in table 10 below:

<i>Ability to have one square meal a day</i>	<i>Stressed</i>		<i>Total</i>	<i>Pearson Chi-square</i>	<i>P – Value</i>
	<i>Yes</i>	<i>No</i>			
Yes	7	1	8	3.34	0.067
No	26	0	26		
Total	33	1	34		
Ability to pay school fees for their children				34.00	0.000
Yes	0	1	1		
No	33	0	33		
Total	33	1	34		
Ability to provide nutritious food for their family members					

Yes	8	1	9	2.86	0.091
No	25	0	25		
Total	33	1	34		
Ability to provide smart phone for their child's online class					
Yes	6	1	7	3.97	0.046
No	27	0	27		
Total	33	1	34		
Developed health conditions after outbreak of COVID 19 pandemic					
Yes	33	0	33	34.00	0.000
No	0	1	1		
Total	33	1	34		
Holding government health insurance card					
Yes	10	0	10	0.429	0.512
No	23	1	24		
Total	33	1	34		

There was a significant association found between Stress and ability to pay school fees for their children (p value 0.000), ability to provide smart phone for their children (p value= 0.046) and developed health conditions post pandemic break out (p value= 0.000).

CONCLUSION AND RECOMMENDATIONS

The impact of this pandemic has worsened the living quality of urban women and the already existing financial crisis among the families. The study has concluded that 97% the women working in informal sectors are stressed due to their job condition post outbreak of COVID 19 (figure 2). This inevitable condition has affected their household functioning in multiple directions such as poor physical health (figure 3), inability to pay school fees for their child, inability to have a square meal, etc (table 6). There is a direct relationship between stress and their job condition and economic demands (table 10).

- There is a strong need to grant such households with cash assistance by the GoI or local TN government to ease such struggles. As the Tamil Nadu government has ordered a pandemic assistance plan of RS. 4,000/- to families holding rice cards, there is a dire need to extend this to families whom hold sugar card and an allotment of additional RS.4000/- can be given to victimized women identified to be working in informal sectors.

- An employment guarantee scheme and skill development measures that can act as a stopgap solution to employ such women can be very well considered by the TN state government.
- The ration (PDS) shops can improve their quality of rice, dhall and other essentials for the next few months and thus stand as a food security for such families. The PDS shops can also elaborate on the services provided such as groceries, vegetables, fruits and toiletries.
- Post lockdown, these informal workers are probably going to experience the ill effects of individual maltreatment, badgering and viciousness at their work environment. The general criminal law that forbids such maltreatment, provocation and savagery should be strengthened and effectively implemented further for such accounts.
- Another aspect that might get affected is the remuneration post lockdown. The minimal wages for domestic laborers should be followed with regular payment and without any sort of deduction in salary. Towards such issues, registration mechanism and agencies can be set up. Informal laborers can be linked to unions to strengthen their security.

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AN IMPRESSIONISTIC NOTE ON COVID-19 PANDEMIC: A CASE OF SYSTEMIC FAILURE

Ravi Kumar Sinha*

"Things fall apart; the centre cannot hold;

Mere anarchy is loosed upon the world.."

The above quoted lines (with 'the world' substituted by 'India') of W. B. Yeats from 'The Second Coming' aptly define the mayhem across India in the wake of two successive waves of Covid-19 pandemic. Last year, the exodus of the migrants from cities like Delhi, Punjab and Mumbai created national headlines for their plight and untold suffering as they were left to fend for themselves in the host states. However, the grim lesson was not learnt and during the second wave of pandemic, we do not have any accurate national or state level database to provide to one and all concrete help in cash or kind. Nor was any honest attempt made to improve and expand the available health services in the country to contain further waves of the pandemic in future. The second wave of corona, more aggressive than the previous one, was imminent, going by expert opinion and worldwide experiences, and its possibility was being deliberated also on national TVs and other fora. Ironically, however, the same Government that castigated the Murkaz gathering at Delhi last year, chose to ignore its own lesson and 'devoutly' allowed the Kumbh Mela, a huge gathering of millions of people, and election rallies to go on. It has brutally exposed the smug complacency of the administration at the central as well as state level. Perhaps, it was due to a self-congratulatory belief that India has achieved herd-immunity and hence battle against the virus is in the endgame! While the government remained busy refurbishing its 'image' on the social media, the entire world found India reeling in the face of macabre dance of death in and around hospitals, on roads

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and rivers. All this took place against the backdrop of frantic search for life-saving drugs and pathetic scarcity all over a 'resurgent' India for oxygen cylinders! The already ignored and inadequate medical facilities and infrastructures soon started gasping under the overwhelming burden of ever-increasing number of critical Covid patients. The current Union Health Budget has a provision of Rs. 71,269 crore, a slight increase from 65,012 crore of last year, which is just 0.34% of GDP. Add to these, the lack of vision (in terms of future preparedness and prospective planning) and lacklustre approach to the pandemic speak volumes about the (in-) efficiency of the administration. This has befittingly been snubbed and corrected by the judicial intervention- by the Supreme Court constituting a National Task Force of experts for transparent Covid response and oxygen allocation; and by Patna High Court prevailing upon the Disaster Management Group to enforce complete lockdown for containing the cases of infection. The vaccination programme that started well with the desirable objective of giving the dose on priority basis to frontline workers and senior citizens, soon squandered the very objective, as it began to create hysterical confusion everywhere in absence of defined protocols. Till date only a meagre 2.9 % of total population has been vaccinated in the country. The vaccination programmes needs to be decentralized and accelerated before a third wave could smite us completely, and here utilizing infrastructure and reach of private hospitals/ healthcare centres becomes essential.

The agonizing factor in the present scenario is not scarcity of resources and facilities as much as evidence of mismanagement and chaos in health sectors. There are then rampant vested interests and corrupt practices. Every crisis becomes an opportunity for the gangs of black-marketeers and crony middlemen. During the second wave of Corona, even medical practitioners in reputed organizations like AIIMS and private hospitals, besides hundreds of crooks and racketeers have been arrested for storing and black-marketing oxygen and life-saving drugs. The ambulance-owners extorted twice or thrice the normal rate of fare for carrying patients. Private hospitals too indulged in open loot by charging exorbitant fees for bogus medical facilities, and that too without proper receipts. At crematoriums, a heinous form of crime became visible- exorbitant charge for performing last rites of the dead !

There is pressure and load of work, no doubt, on administration. But the 'blunt' question that needs to be asked is- **“why does the bureaucracy/ administration cultivate the mindset of considering itself ‘super-specialist’ in tackling crises of all types?”** and **“why does it feel demeaning in brainstorming with domain-experts to find out viable options of managing the crisis?”** The delay in announcing lockdown in several states (ignoring advice of several medical experts), initial failure to take cognizance of the spiralling cases of corona infection and ignoble initial helplessness over ensuring regular oxygen supply in hospitals

(that caused avoidable deaths in modern India)- all point to a kind of callous and egotistical attitude, inhibiting it to enter into open and wide consultation with different stakeholders. There are even disturbing reports of local administrations trying to fudge the figure of Covid-deaths in order to bolster its image of efficiency. In this situation of a veritable medical emergency, corrupt practices and loot could have been contained effectively by using the expertise and assistance of ICT professionals and students for ensuring supply of essential life-saving drugs, hiring of ambulance and performance of last rites at crematorium strictly through transparent online/offline booking portals. What has been conspicuous by absence is an honest effort on the part of the administration to hone the experiences of the NGOs in facilitating health services for the needy. Let there be a forum of experts and stakeholders at state/ national level for exchange of ideas and critical evaluation of policies being implemented.

The role of political parties other than the ruling one also becomes crucial in our war against the Covid pandemic. It must be admitted that the dog-whistling against 'Covaxin' by some political groups not only cast aspersions on Indian scientists developing indigenous vaccine but also created doubt and suspicion in the gullible mind of millions of people. This precisely explains the low and tardy vaccination drive across the country in the early stage. Several politicians described the approval of the vaccine as premature and dangerous. To further discredit Indian vaccine, some top leaders reportedly went abroad for getting Pfizer dose. Last year, the Centre was slammed for imposing lockdown which had compelled daily- wagers and industrial workers to walk hundreds of kilometers back to their village. In the aftermath of second wave, States were given the option to go in for full or partial lockdown as per needs. But, surprisingly, the opposition demanded full lockdown as the only way to break the chain of infection. These instances highlight contradictory approaches, rarely noticed by the poor memory of the common folks. The present health emergency warrants sensible response from the opposition as well. The opposition is there not just to offer 'virtual/online' criticism of the government's conduct in handling the crisis. Its political responsibility is also to suggest and implement concrete and viable alternative policy options in states ruled by their own party/ political partner and provide unbiased assistance to alleviate the suffering of the common Indians.

To conclude, it will be disastrous to imagine that the Covid pandemic can be managed and controlled by any particular wing of the society. The pandemic has highlighted the crisis not just in the health sector but also in intellectual and moral spheres. To quote Yeats again, ours is a time when "The best lack all conviction, while the worst/ Are full of passionate intensity." And when 'positivity' becomes the dreaded thing and 'negativity' is welcome, the sensitive citizens, the intelligentsia and the NGOs must not roam in the Platonic realm; they should come forward for better streamlining of health services wherever the need arises.



A RESEARCH NOTE ON

MINDFULNESS AND COVID-19 PANDEMIC

Henna Tabassum*

The impact of the two waves of COVID-19 pandemic has drastically changed the lives of people, including the young people. People are detached not only from public environment but also from friends and relatives that tells upon the mental health. Living in these circumstances can be tough for young people for their social, physical and mental wellbeing. On the other hand, the news of Covid-19 deaths from around us have afflicted the people's mind. The socio-psychological conditions arising out of the pandemic like 'social distancing', 'isolation', 'quarantine', 'confusing suggestions', 'ever changing protocols', news of deaths, violence, negligence by health service providers and rude behaviour of attendants of patients etc. have taken away the calm of mind. Thus, it is high time that people should maintain the mindfulness.

ABOUT MINDFULNESS

Let us have an idea of what really 'mindfulness' is. The meaning of the term, according to the Cambridge Dictionary, mindfulness can be defined as *the practice of being aware of your body, mind, and feelings in the present moment, thought to create a feeling of calm*. Mindfulness can be defined as *a moment-to-moment awareness of one's experience without judgment*.

According to Mark Williams, former director of the Oxford Mindfulness Centre, mindfulness is about "reconnecting with our bodies and the sensations we experience" which means "waking up to the sights, sounds, smells and tastes of the present moment." It is a state of psychological freedom that occurs when

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attention remains quiet and limber, without attachment to any particular point of view. Mindfulness is a type of meditation in which we focus on being intensely aware of what we are sensing and feeling in the moment, without interpretation or judgment. Practicing mindfulness involves breathing methods, guided imagery, and other practices to relax the body and mind and help reduce stress. Mindfulness also involves acceptance, meaning that we pay attention to our thoughts and feelings without judging them—without believing, for instance, that there's a “right” or “wrong” way to think or feel in a given moment. When we practice mindfulness, our thoughts tune into what we're sensing in the present moment rather than rehashing the past or imagining the future.

The Indian school of thought (Yoga International) defines it ‘as *the informal practice of present moment awareness that can be applied to any waking situation*. Ancient Indian Yoga philosophy devotes fully on having control over mind and body. One should be free from *chittavriti* (emotions, stress and mental uneasiness). Yoga, considered to be a science, aims at attaining the equilibrium of mind and body by controlling person's emotions. In current era Yoga is recognized as a form of alternative holistic medicine that unite the body via mind and spirit to promote physical and mental wellness. There is a growing body of clinical research studies and systematic reviews on the therapeutic effects of yoga. In the given tough situation of Covid-19 pandemic yoga has acquired significant place in attaining mindfulness in addition to health support i.e. as immunity booster.

LOSING OF MINDFULNESS

It becomes pertinent to address the question - how people lose mindfulness in pandemic conditions? Spending too much time planning, problem-solving, daydreaming, or thinking negative or random thoughts can be draining. It can also make one more likely to experience stress, anxiety and symptoms of depression. Practicing mindfulness exercises can help direct one's attention away from this kind of perplexed thinking and engage with the worse happenings world around. Losing moment-by-moment awareness of our thoughts, feelings, bodily sensations, and surrounding environment, through an inadvertently nurturing lens.

The lockdown conditions have led to the challenges like feeling of stress, anxiety, fear, loneliness at times, depression, irritability, insomnia, confusion, anger, frustration and boredom. Also, rising numbers of COVID-19 cases and deaths are possibly raising stress and anxiety among the people. Futuristic thinking of how secondary effects of the pandemic can affect life such as recession, social unrest and possibility of unemployment is also possibly triggering unpredictable and widespread mental health challenges. Astonishingly, a person perceived the spelling of ‘Lucknow’ as ‘Lockdown.’ Presently, the impact of the pandemic has affected the people

at three levels: physical health, psychological health and economic status of individuals. Physical health is subject to the influence of psychological well being and economic disruptions. Though human beings have the coping mechanism to adjust to the demands of the situation but at the same time, yet such mechanism is ineffective to adopt and adapt to the environment. If the demand of the situation exceeds the coping capability of an individual, then a psycho-physical deviation arises among the individuals, known as stress. This stress further causes anxiety and depression among them. People in such conditions lose mindfulness.

MAINTAINING MINDFULNESS THROUGH YOGA

Mindfulness is not a special added thing we do. We already have the capacity to be present, and it doesn't require us to change who we are. But we can cultivate these innate qualities with simple practices that are scientifically demonstrated to benefit ourselves, our loved ones, our friends and neighbors, the people we work with, and the institutions and organizations we take part in. Mindfulness has the potential to become a transformative social phenomenon. While one is in stress owing nostalgic feelings arising out of pandemic conditions, one can get rid of it by two ways - physical exercises and psychotherapy, sometimes both. Traditional Indian wisdom of Yoga is panacea of all remedial measures to ease the mental stress.

Mindfulness reduces stress, enhance performance, gain insight and awareness through observing our own mind and increase our attention to others' well-being. The major source of mindfulness in such conditions is meditation. Meditation begins and ends in the body. It involves taking the time to pay attention to where we are and what's going on, and that starts with being aware of our body. It has both physical and mental involvement. The Yoga prescribes physical postures, breathing exercise, meditation and laughter therapies have beneficial effects on mental health. Since nature of mental health problems in COVID19 pandemic is quite complex, there cannot be a "Fit for all" model and it needs to be customized depending on the age, gender, physical constitution and psychological symptoms. It can be recommended that an expert committee lays down guidelines and local yoga teachers design a syllabus according to these guidelines as per requirement of patient group at their disposal. Need of the hour is to attract attention of medical fraternity, administration, policymakers and society at large towards Yoga as a means of management of mental health problems, especially in present pandemic. In India, the Ayush ministry in its guidelines to boost immunity during Covid-19 pandemic has already recommended practicing yoga for 30 minutes.

Yoga especially meditation practices are not only beneficial but convenient also. It is possible in all conditions like seated, walking, standing, moving and lying down. One can do it by giving short pauses and also practicing it during pauses of

work. It can be merged with other activities like sports, watching TV and so on. In several psychopathological clinical trials meditation has been found effective in stress, anxiety, pain, depression, insomnia, hypertension etc. The researches indicate that meditation can also help people with asthma and fibromyalgia. It can help experiencing thoughts and emotions with greater balance and acceptance. Meditation results into improving attention, decrease job burnout, Improve sleep, improve diabetes control.

POLICY SUGGESTIONS

The two waves of corona infection since beginning of 2020 have exposed the weaknesses of preparedness of the governments. The existing inadequate health infrastructure and strength of medicos for delivery of basic health services has exposed the policy faults. It is not that the outbreak of the epidemic was abrupt, alarm was rang up from other countries from November 2019 itself. Nevertheless, our government had at least ten months time to get prepared. The second wave of the pandemic left governments bewildered. There arose acute shortages of hospital beds, doctors, nurses, ventilators, medicines, oxygen etc. on one hand and the Covid deaths of doctor and nurses (frontline warrior) on the other. Treatment seeking wandering patients, ever changing corona protocols and death tolls panicked the people telling up on their mental health.

It is said that some deaths were caused by panic conditions. Although we are here not concerned with broader health policies, there is urgent need to go for long term policy to maintain mindfulness and reducing the people's mental agony. For this, yoga exercises and practice of meditation should be included in curriculum right from school level through Happiness Classes. Such classes are introduced in American educational institutions and recently Delhi NCT government has introduced Happiness Classes in schools of Delhi. It is suggestible that policy should be made to inculcate, among the students, the habit of exercises, yoga, meditation and other exercises. It should be included in the curriculum of schools at least from upper primary level upwards.

A policy should be made to disseminate consistent, adequate, integrated data and introduce information management system. The state will have to maintain definite medical suggestions to the people. There should be separate budget provisions to proliferate necessary health infrastructure down to the secondary and primary levels (village level). There should be no multiple committees on different subjects of pandemic aspects but there is an urgent need of integrated task-force to disseminate appropriate information to the people from one platform to avoid confusion among the people. An appropriate Information Management System should be introduced.



A RESEARCH NOTE ON

IMPACT OF PANDEMIC ON SOCIETY: WITH SPECIAL REFERENCE TO INDIA

Naved Jamal*

Corona Virus Disease-2019, popularly known as COVID-19, has been creating wide-ranging impact on the society. Almost every sphere of human life has changed since the outbreak of the pandemic. The pandemic is still not over. After the first wave of the COVID-19, its second wave has posed more serious challenges, particularly in India, though another third wave is also expected. Thus, we are still grappling with the challenges of the pandemic, and it is unlikely to get over the deadly virus very soon. Thus, it is more logical to call the challenges under our consideration, as COVID era challenges, rather than the post pandemic challenges, as we have not yet crossed over the present COVID era to the post-COVID era. But, yes, it can be inferred that the world is going to look different in the post-pandemic period, as it appears different at the present pandemic period, from what it was in the pre-COVID period.

It has impacted all spheres of life - political, economic, social and cultural. The COVID-19 outbreak affects all segments of the population and is particularly detrimental to members of those social groups in the most vulnerable situations, and continues to affect populations, including people living in poverty, older persons, people with disabilities, youth, and indigenous peoples.¹ It has changed the way the institutions have worked so far. It has posed an enormous threat to the governments all over the world. The shortcomings of liberalization, privatization and globalization (LPG) has been exposed, as the globalization has also led to the global spread of the virus, the so-called better private health facilities have been found lacking in the spirit of serving the mankind, and the so-called developed economies could not save themselves much, as compared to the poor and developing

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countries of the world, in the face of such a crisis. Given the enormity and nature of the crisis, a multi-pronged integrated approach is therefore necessary to confront this challenge.

Social economy actors have assisted the recovery from the crisis by providing innovative solutions that are aimed at strengthening public services to complement government action.² The disease which is commonly known as corona has created a new cold war between the US and China. The differences between the United States and China on political, economic, ideological, technological and security issues are 'real'. They can and must be managed through dialogue, but we can't pretend that we simply have a communications problem.³ The role of the WHO has been challenged, particularly by the US which has also alleged that the WHO has been biased in favor of China. On the ground of this allegation, US even has left the global body on health, and stopped its funding to the WHO. US President Donald Trump formally started the withdrawal from the World Health Organization (WHO), making good on threats to deprive the UN body of its top funding source over its response to the corona virus.⁴

The women leaders of the world have been found to be more efficient in managing the pandemic, compared to their male counterparts. In this regard, the Chancellor of Germany Angela Merkel, the Prime Ministers of New Zealand, Jacinda Ardern, Taiwan President, Tsai Ing-Wen and Iceland Katrin Jakobsdottir deserve special mention. The performance of these female leaders in the COVID 19 pandemic offers a unique global experiment in national crisis management and has given rise to much media attention. This is a significant shift from the male-dominated view of history within which events are typically considered as determined by the instrumental and causal influence of a small number of 'Great Men'.⁵

The problems in the democratic countries are the obsession of the people with their democratic rights even in this unprecedented crisis. Some people want to enjoy their democratic right even in not putting on the masks. For example the US President Trump started wearing masks only very recently long after the advent of this deadly virus, and adoption of precautionary measures.⁶ When the pandemic has made it necessary to follow norms of social distancing, and restrict the movements of man and materials, some people are not ready to adjust with their democratic rights, demanding free movements. The people like the President of Brazil Jair Bolsonaro, it seems, want their right to free movements, as if, at the cost of deaths. He's described the illness as a "little flu," a trifling "cold." He's accused the media of manufacturing "hysteria"—even as confirmed cases of the corona virus, which causes the disease COVID-19, soar to well over half a million and deaths to roughly 25,000 worldwide. He is the champion of the corona virus-denial movement.⁷

The men compared to women are more vulnerable to COVID-19. “Male death rate stands at 4.7% for confirmed cases whereas female death rate stands at 2.8%.”⁸ The men are not so particular about washing hands. The men are more addicted to alcohol and smoking which is responsible for their vulnerability.

There have been new gender issues in the COVID period. The domestic violence against the women has increased. As more countries report infection and lockdown, more domestic violence help lines and shelters across the world are reporting rising calls for help. In Argentina, Canada, France, Germany, Spain, the United Kingdom, and the United States, government authorities, women’s rights activists and civil society partners have flagged increasing reports of domestic violence during the crisis, and heightened demand for emergency shelter. Help lines in Singapore and Cyprus have registered an increase in calls by more than 30 per cent. In Australia, 40 per cent of frontline workers in a New South Wales survey reported increased requests for help with violence that was escalating in intensity.⁹ The burden of the women has also increased, as while working from home, the working women has to do the household chores, taking care of children and others. The PPE kits, the gloves and masks are more men-friendly. These are made in such a way that these are not suited to the women.

A complicated problem has also arrived with this pandemic, in the educational sector. As the schools and the colleges, and other academic institutions are shut down to arrest the spread of the virus, online teaching and learning has become the new normal when the digital divide has played havoc. Estimates from telecom watchdog TRAI shows that India’s total internet density stands at about 49 per cent. While 66 per cent of India’s population lives in villages, only a little over 25 per cent of them has access to internet services. At the same time, in urban centres, where just 34 per cent of the country lives, the internet density is nearly 98 per cent.¹⁰ In many parts of the world, particularly in the developing countries, the internet connectivity is poor; many people do not have access to mobile and laptops through which they can join the online education. Some people are not tech-savvy, and etc.

But compared to many other developed western countries, India has done fairly in managing the crisis. The initiatives like the 21 day lock down, the phased unlocking, the Arogya Setu app for tracking the spread of the virus, and others are some of the other measures India has adopted like Direct Benefit Transfer (DBT) under MGNREGA and JAM (Jan Dhan Account, Aadhar Card and Mobile Telephony) Trinity largely helped the poor along with the dispensation of food grains. The national, regional and local plans in the management of this deadly disease have helped India. The state governments have worked shoulder to shoulder with the central government. But, despite the continued efforts of the government, the virus is still playing havoc.

Indian Prime Minister Narendra Modi reiterated the need to turn Covid crisis into opportunity and to create Atmanirbhar Bharat.¹¹ The traditional Indian way of life has to be understood in the present context. The respect for the societal values, community concerns over the individual interest helps in India when the people in the western world without caring much about the spread of the virus freely moving in the beaches, enjoying in the parties, living in unrestricted lavishness in a time people should remain alert and cautious. China is said to be responsible for spreading the virus due to its food habits. However, it's not the time to involve in a blame-game. Instead, all the countries have to work together to contain the disease, as it is a global problem for which solution has to be sought globally for the cause of mankind.

There have come transformations in the society in the COVID period, when new lessons are to be learnt. We all have to relook and rethink the challenges, and need to work together to find solutions to the problems the society is facing due to the pandemic. The world needs to keep its effort on to overcome this crisis, and also it should stay prepared to live in the changed environment of the post-pandemic era when it will dawn in the history of the mankind.

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BOOK REVIEW

Verma, Saroj Kumar (ed.), *Cooperative Federalism in India: Myth or Reality*, Victorious Publishers (India), New Delhi, 2021, pp. 339, ISBN: 978-93-87294-46-2. Hardbound, Price Rs. 1250/-

Poonam*

The nature of Indian federal system has been changing over the years since independence but a new complexion of Indian federalism emerged in recent decades owing to drastic change in Indian party system and the chasm between party system at national level and that in states. After 2014, there has been high claims of India having attained cooperative federalism in the real sense but the trends reveal something away from the claims. The outbreak of Covid-19 pandemic since 2020 has clear impact on the Indian federal system and conflicts between centre and states ruled by opposition parties over management of pandemic has shaken the base of cooperation between them. Although, cooperation between centre and states surfaced during the first wave of crisis by following the standard operating procedure (lockdown, social distancing etc.), suggestive health guidelines and special financial support to the migrant labourers and other daily wage earners, yet the conflicts on party lines could also be marked on various occasions. In short, the dilemma remains to be cleared as to whether India worked together in this crisis and served as an example of cooperative federalism or the spirit of cooperation failed miserably. The present edited book under the review endeavours to look into this issue.

The book under review runs through 339 pages and contains 22 learned contributions on the subject from reputed political scientists. It is added with a comprehensive Foreword by the internationally reputed expert on 'federalism' Professor Mahendra Prasad Singh, National Fellow, Indian Institute of Advanced Studies, Simla, formerly Head, Department of Political Science, University of Delhi. The editor Professor S K. Verma has given erudite and rigorous treatment

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to the subject in his introductory chapter. He deserves appreciation for bringing out a much needed volume on 'cooperative federalism' that enlightens the students of Indian political system; that too in the crisis period of Covid-19 pandemic. He has incorporated different aspects of Indian federalism like its growth, challenges, constitutional provisions, the growing complexities of centre state relations and also different phases of its functioning in India. He clarifies that Cooperative Federalism refers to a concept where various states cooperate with each other and with the centre to achieve the goals of growth, development and well being of the people.

The articles of the book can be classified into four thematic sections - first, conceptual and theoretical aspects, second, practical aspects of cooperative federalism, federalism in Covid-19 conditions and rest can be considered as miscellaneous. Let us begin with the first thematic section.

In the very first paper Prof. Manas Chakrabarty, ICSSR fellow in University of North Bengal, Darjeeling has presented the main theme of the book in which his main focus is on respecting the diversity and spirit of cooperative federalism for prosperity and development of our nation. Prof. Rajkumar Singh of B N Mandal University, Madhepura has discussed concept, working and challenges of Indian federalism. He has observed that the federal setup is full of theoretical contradictions and it poses constraints in the process of developmental policies. But he has argued that the emergence of coalition politics has balanced the power equation to a certain extent in favour of states also. Similarly, Prof. Arvind Adityaraj of Patliputra University, Patna, has dealt the conceptual aspects of cooperative federalism and the challenges and bottlenecks of its working in India. He further suggested to bring reforms in institutions of Governor, role of Finance Commission and Inter State Council. He has also advocated ways to facilitate more participation of states in formulation of national policies. Dr. R.N.Sharma, Dr.Sanjay Kumar and Dr. Shwetambu Gautam of JP University, Chapra, in their paper, have discussed the theoretical and practical aspects of federalism and have favoured management of socio-cultural diversities with the golden rule of unity in diversity to strengthen federalism through mutual cooperation.

In his paper Prof. Shri Prakash Mani Tripathy, VC, IGN Tribal University, Amarkantak has narrated in detail the challenges to Indian federalism but he expresses conviction that people of India with their faith in democratic institutions and civil society will keep the flame of democracy burning to show the way to the rest of world. In the paper of Dr. Seema Malhotra of Punjab University, Chandigarh, it has been discussed the challenges before cooperative federalism in India and the author suggests more impartiality and reasonableness on part of Centre in allocating funds for growth and development of states. Dr. Tulika Chakraborty of Bang Bashi College, Kolkata has examined cooperative federalism

through the experience of India in her paper and has favoured strengthening the relationship between centre, states and local tiers for preserving our nationhood through constructive cooperative federalism. Dr. Shreyasi Ghosh of Basanti Devi College, Kolkata finds that in India, the structural acceptance of federalism has been achieved, but the progression towards reconciling internal diversities- regional, fiscal and administrative within the federal framework has been obscure, so what is required is the resilience to adopt and to accommodate pressures of regional forces.

In their paper, Dr. Manoj Kumar and Prof. M.M. Semwal of HNB University, Srinagar, Garhwal, have discussed issues and challenges before cooperative federalism in India, relation between central and state governments and need of togetherness for healthy and strong model of cooperative federalism and empowering it to resist adversities and challenges because of its essential flexibility and softness. Dr. Anuradha Rai of Amity University and Prof. Sanjay Shrivastava of BHU, Varanasi, in their paper, have taken up the issue of growing demand of reorganization of new states. The authors have advocated the reorganization of states would to stop irrational and politically motivated demands in order to strengthen Indian federalism. In their joint paper Dr. Pankaj Chakraborty and Prof. K.N.Jena of Tripura University, Agartala, intend to understand the Indian federalism in the present context. Finally they have observed that keeping the federal spirit intact is a pre requisite for the progress of India as a whole. The authors further suggest some reforms, particularly, introducing fiscal decentralisation, establishing trust of states in the Centre and redefining the role of Governor. However, they advocate the strong centre at the same time.

Nine out of 22 papers in the book are devoted to underline the impact of Covid-19 pandemic in the context of working of Indian federalism and Centre-state relations in handling the crisis. Prof. Sonali Singh of BHU, Varanasi has emphasized that despite several shortcomings, India has fared well in managing the crisis in comparison to other federal countries, with all its sinister impact has helped in establishing the relevance and significance of cooperative federalism in India. In his paper Prof. Harish K Thakur of Himachal University, Simla, has focused on the need of true cooperative federalism as implied in the constitution to stop the current experience of friction between the states and the centre in facing the challenges of the pandemic. Similarly, Prof. Arun k Jena, in his paper, has observed that the pandemic has put a strain on the resources of the states and the states are facing fund crisis, shortage of essential health facilities and equipments. He mentions about allegations of states against Centre for not rendering financial support necessary for fighting the pandemic. However, he has hopes for improved situation. Prof. Jitendra Sahoo has highlighted different problems like mismanagement of health services, tough plight of labourers like lack of facilities for their rehabilitation, corruption etc. In their joint paper Dr. Ayush Mazumdar

and Prof. G S Nag have tried to analyse the preparedness in the light of Indian Constitution and finds that upcoming challenges of Centre-state relations need to be tackled through the tool of constitutional engineering addressing the domain of federalism, centre state relations and government-citizen relationship. Dr. Ashu Pasricha from Punjab University, Chandigarh has argued that for a large federal country like India with diversities, its capacity to fight pandemic generally depends on how well the Centre and state cooperatively handle the crisis. Dr. Prakash Chandra Jha of NMIMS (deemed University), Hyderabad, has pointed out that though India has well managed the first wave of the pandemic but things did not continue with mutual trust in second wave of the pandemic. He argues that future of cooperative federalism in India requires local government being treated on equal footing as one of the three tiers of the government. Dr. Neha Sinha of ICWA, New Delhi has posited that a real cooperative federal system in India could have tackled the crisis situation. India need a balance in share of power and resources between the Centre and the states to face such type of disastrous pandemic. We cannot rule out the occurrence of third wave of covid-19 pandemic hence we must have cooperative federalism.

In his paper, Prof. Ajay Kumar Jha of A. N. Sinha Institute, Patna, examines the challenges interfaced by both the Centre and the states. He underlines the trust deficit between both the levels of governments. Finally he recommends the strengthening the institutions like Inter State Council, GST Council and such other organizations for promoting cooperative federalism. Dr. Shashi Bhushan Kumar of R. N. College, Hajipur and Dr. Ranjeet Kumar of JP University, Chapra have examined the realities and desirability of cooperative federalism in India and have finally observed that cooperative federalism is a panacea for all centre state tensions, for which leadership at both the Centre and states should work in tandem for the success of federalism. In the paper of Dr. Dipikanta Chakraborty of Adamas University, Kolkata, the cooperative federalism has been examined in the light of structural adjustment. She emphasizes that the states should be consulted in making of national policies, only then there can be true cooperative federalism.

The whole gamut of review of the book suggests that the editor of the book has taken enormous rigor to bring out such a comprehensive discourse on 'cooperative federalism' which covers almost all the dimensions of the concept. The special feature of the book is substantial inclusion of contributions on impact of Covid-19 pandemic on cooperative federalism. The readers may miss a bibliography on the subject. However, the book is very useful for students, teachers and researchers and is worth preserving.



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