

Consequences of Covid–19 and Role of Gram Panchayats in Tackling the Pandemic Situation: Some Highlights from West Bengal

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Abstract

After the outbreak of Covid–19 in India, the government of India at the central level promoted several measures to tackle the pandemic situation in the country. While implementing broad socio-economic development programmes and promoting awareness and other support, Delhi also realised the importance of local governance at the grassroots level and suggested that state governments take measures as required at the state and local levels. Considering the specific issues raised at the local level, the state governments appointed their local governance institutions, gram panchayats² and municipalities to lead implementation and sensitisation processes. The result was excellent. This article attempts to discuss the consequences of the Covid–19 pandemic and the role of gram panchayats in tackling the pandemic situation, especially in West Bengal.

Introduction

Coronavirus disease (Covid–19) is an infectious disease caused by a newly discovered virus. The International Committee on Taxonomy of Virus labels SARS-CoV-2 (SARS – Severe Acute Response Syndrome) ‘virus induced corona virus disease’ (Covid–19) and evidence indicates that it emerged from an outbreak in Wuhan, China in January 2020 (Wu, et al., 2020). At the time of writing (27 January 2022), more than 364,191,494 people globally have contracted Covid–19, and there have been 5,631,457 deaths (WHO, 2022), and

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 - 2 A gram panchayat (village council) is the village-level self-government organisation in India. It is a democratic structure at the grassroots level, and its role is to create rural infrastructure and provide socio-economic growth opportunities for people in rural areas.

counting. Covid-19 spreads mainly by droplets produced when a Covid-19-infected person coughs or sneezes. The coronavirus can infect people of all ages. Older people and people with pre-existing medical conditions (such as asthma, diabetes and heart disease) appear to be more vulnerable to becoming severely ill with the virus. Looking at the impact of the coronavirus on the world population, the World Health Organization announced on 11 March 2020 that it could be described as a pandemic, due to the extent and pattern of its spread.

The Government of India confirmed India's first Covid-19 positive case on 30 January 2020 in the state of Kerala. Almost immediately, new public health regulations began to be proposed and sometimes enforced in the country's Covid-19 affected regions. As the number of Covid-19 positive cases crossed 500 on 19 March, Prime Minister Narendra Modi asked all citizens to observe '*Janata Curfew* (people's curfew) from Sunday, 22 March. On 24 March, the Government of India ordered a 21-day nationwide lockdown, limiting the movement of India's entire 1.3 billion population as a preventive measure against the spread of the pandemic. One week later, on 30 March 2020, India's coronavirus case count was 1263, of whom 102 had recovered and 29 had succumbed to the disease. The lockdown was extended, in three more phases and with some relaxations, up to 31 May. Currently (24 January 2022), India's coronavirus case count stands at 40,622,709, and 492,727 Indians have succumbed to the disease (WHO, 2022).

The Covid-19 pandemic had enormous consequences for India's economic, socio-cultural and political structure. The present pandemic situation will have a very high impact, especially on the people's livelihood. All sectors (be it raw materials, manufacturing or services) are grappling with tremendous uncertainty about their future. The lockdown created a huge impact on the poorest of the poor, especially people in villages who are dependent on daily wage labour. Daily wage-earners have no access to sustainable income under this forced lockdown, nor do they have supplies of basics. The nationwide lockdown has been hitting the poorest the hardest, as they do not have ready supplies of food grain, milk and medicines to fall back on. On 12 May, the Indian Government announced a Rs 20,000 trillion (US\$260 billion) stimulus package to aid the poor, who are brutally affected by the coronavirus outbreak (Ahmad and Kumar 2020).

Consequences of Covid–19

The consequences of Covid–19 have been vast and widespread. It has not only affected the country's economic base but also hit its socio-cultural and socio-political structure. Covid–19 is having a profound impact on the labour market of India. More than 90 per cent of the labour force in India, almost 450,000,000 people, work without a written contract, paid leave and other benefits (Murthy 2020). Because of the nationwide lockdown imposed as a public health response to Covid–19, the mass labour forces were unable to pursue their income generation: they lost daily wage work, or lost employment altogether. Due to the lockdown situation, the production process in all three sectors was highly affected. Post-lockdown challenges encompassed practically all sectors, including livelihoods, food availability, health and nutrition, education, and access to public facilities (UNICEF, 2021). Trade and export also faced huge losses during this global crisis. As a result, the country's economic growth rate took a hit.

The Covid–19 pandemic also has had substantial social impacts. Lockdown and social distancing have increased the people's perceptions of fear, agony, violence, mistrust and uncertainty, including fears of growing domestic violence and the spread of misinformation, xenophobia and racism. The political consequences are also enormous. Reports of power abuse, corruption, scam and political violence seem to increase day by day. So, with fears of a new recession, job loss and socio-economic crisis, this situation calls for resilient and strong measures and leadership at every level of public administration. So far, at the grassroots level, government institutions – and especially the Panchayati Raj institutions – have taken the leading role in dealing with the emerging situation.

Role of Local Government in Covid–19 Pandemic Management

The central government recognised the front-line role of gram panchayats in the battle against the Covid–19 pandemic. It would have been impossible to enforce the lockdown effectively without the support and cooperation of gram panchayats and municipal bodies. Further, the lockdown tied the hands of government functionaries, as only essential government services were functioning. All other departmental officials stopped travelling to villages, so gram panchayats had to come forward and take charge. On the occasion of National Panchayati Raj Day 2020, the prime minister of India, Narendra Modi, praised the role of Panchayati Raj and said that the biggest lesson learnt from the coronavirus pandemic is that we have to become self-dependent. Without being self-dependent,

dealing with the crisis would have become difficult. The Prime Minister applauded villages for promoting the mantra *Do gaj-doori* (two yards distance) to define social distancing in simpler terms.

Kerala, Karnataka and Odisha very effectively applied their Panchayati Raj institutions in Covid-19 relief action. The Indian State of Kerala provides nearly one-third of its plan funds to its Panchayati Raj institutions, even in normal times and despite the state's chronic fiscal stress. So, compared with other states, Kerala's Panchayati Raj institutions were in a good position to play a leading role in Covid-19 management and relief work (Choolayil and Putran).

In Karnataka, nearly all gram panchayats passed a formal resolution that no one in their respective area would go hungry, and they backed up this pledge by distributing the required food grains to poor households. The Government of Odisha also adopted a novel, people-centric approach to contain the Covid-19 pandemic. The state government extended its full support to all gram panchayats as they took the lead in dealing with the situation. Local government effectiveness in dealing with the pandemic situation has been very high, because gram panchayats have successfully tied their deep knowledge of the society and the people— including their economic condition, superstitions, health condition, literacy status, religious involvement and other related issues – to their pandemic management initiatives.

The idea of a lockdown was very new for villagers. It was not easy for poor villagers to survive without working a day. It was also tough to maintain the lockdown in areas where social norms and practical convenience brought villagers together to share things with each other. So, village institutions, especially the gram panchayats, have taken responsibility for implementing strict lockdowns in rural areas and extending all possible support to the village people.

The Covid-19 Scenario in West Bengal: The Role of Local Government

The state of West Bengal reported its first Covid-19-positive patient on 17 March 2020, in Kolkata (The Economic Times 2020). Until mid-April, Covid-19 largely bypassed the state. The Health and Family Welfare Department, Government of West Bengal reported only two active cases on 20 March 2020, which increased to 89 active cases and ten deaths

by 10 April 2020. However, there was no escape from the pandemic. By 10 May 2020, the number of active cases reached 1,337, with 113 deaths due to Covid-19 and 72 deaths due to co-morbidity (Department of Health & Family Welfare, 2020).

Witnessing the steady rise in cases and morbidity, the government of West Bengal undertook several decisive measures to tackle the pandemic, leading from the front (Ghosh 2020). The state government realised the need for medium and longer-term planning for effective and efficient management of the crisis and re-balancing of the economy as a whole. It also understood that immediate relief measures had to be implemented to serve people who might otherwise fall through the cracks, along with measures aimed at preventing the disease from spreading to the extent of threatening the state's health infrastructure. Finally, it understood that its gram panchayats would be the most effective institution to lead this mission. I observed the transformation of these principles into concrete policies:

- Gram panchayats have been given specific tasks, such as creating awareness of the Covid-19 disease and monitoring the home quarantine of those at risk of spreading the infection.
- The West Bengal government has asked all civic bodies, including gram panchayats and municipalities, to conduct door-to-door surveys and prepare maps that indicate where multiple people are suffering from fever, cough and other Covid-19 symptoms.
- Gram panchayats have also been assigned to implement lockdown and social distancing norms, in cooperation with the police services.
- Several initiatives have been taken to increase awareness, via social media and posters, of precautions like wearing facemasks, washing hands, maintaining hygiene, and so on.
- Gram panchayats are taking the leading role in distributing food grains through the Public Distribution System.
- Panchayat representatives know very well about the condition of the villagers: who are daily wage workers, who migrated to cities in search of jobs, which women are pregnant and need immediate medical access, which old couples live alone. So,

whenever any crisis comes, local bodies can jump on it and help people who are in need.

- Gram panchayat members are involved in making and distributing personal protective equipment such as masks and hand sanitisers.
- Vehicles meant for the community development programme have been deployed to sell fresh vegetables, fruits and fish to the villagers.
- In response to the huge migrant movement, massive quarantine facilities were created across the state. Gram panchayats took the leading role in transforming existing government buildings into quarantine centres, as well as in arranging for food and other necessary goods for residents in the quarantine centres.
- Panchayat bodies have monitored the distribution of food grains to children through Integrated Child Development Services (ICDS)³ centres and schools.
- All gram panchayat's self-help groups have been assigned to prepare masks and supply the various government departments.

Two initiatives are worthy of more extended discussion. First, the government of West Bengal announced on 20 March 2020 that it would use its public distribution system to provide free rations to poor people through September of that year (Times of India, 2020). The move benefitted 7.9 million West Bengalis. Moreover, ICDS and the Mid-Day Meal scheme provided an extra 2 kilograms of rice to households with children (Business Standard, 2020). Both municipality and gram panchayats monitored the distribution process and ensured its transparency. However, a few corruption allegations regarding PDS were made, and some people complained that they were not getting their monthly ration. The governor advised the state government to take strict action against faulty ration dealers. In response, the government denied the allegations and praised its PDS system, but also took strict action, suspending many ration dealers and beginning the prosecution

3 The Integrated Child Development Services is one of the flagship programmes of the Government of India. It is one of the world's largest and most unique programmes for early childhood care and development.

process against faulty dealers.⁴ The state government also raised the issue of not getting the promised amount of food grain from the central government. However, the nationwide Food Corporation of India sent 1.65 long metric tonnes of food grain to West Bengal on 5 April 2020. In addition, the central government launched the ‘One Nation One Ration Card’ system, which enabled migrant workers and their family members to access public distribution system benefits from any fair price shop in the country. However, the government of West Bengal refused to implement that national system.

Second, through the *Sneher Porosband Prochesta* Schemes, the West Bengal government actively sought to help migrant workers and workers in the unorganised sector, respectively. *Sneher Porosh* was basically a one-time state-level payment of Rs 1,000 for workers stranded outside the state due to the lockdown. Under the *Prochesta Prokolpo* scheme, everyone who has a state ration card and works in the unorganised sector would be provided with two kilograms of rice and Rs. 1,000 would be direct-deposited into their account. The government developed an Android application to streamline the application process. Gram panchayat representatives were specially assigned to spread awareness of these schemes and to register the names of eligible workers.

Containment Strategies to Tackle High-Risk Zones

The West Bengal Health Department adopted a slew of containment strategies for Covid-19 ‘high-risk spots’ in the state, without naming them (The Hindu, 2020). The state government expected that these multifaceted strategies could break the chain of virus transmission. The strategy included:

- Identification of geographical areas with high numbers of Covid-19 infected persons
- Tracing of pockets, settlements and families where Covid-19 is spreading
- Regular vigilance and adoption of preventive measures
- Emphasis on early detection of cases by tracing and tracking primary and secondary contacts

4 This process begins with the filing of an FIR – First Information Report – a written document prepared by the police when they receive information about the commission of a cognisable offence.

- Asymptomatic, low-risk and secondary contacts would be placed under home quarantine and thereafter closely monitored for symptoms
- Teams constituted for dengue surveillance would be re-oriented and deployed in urban areas for Covid-19 surveillance.
- Municipality health personnel and ASHA⁵ workers would provide support to enhance the surveillance
- Personnel deployed for house-to-house surveys would be provided with facemasks, gloves and other protective gear as deemed appropriate by authorities
- With the help of local bodies, households, hospital wards and localities would be disinfected with hypochlorite solution.

These multifaceted interventions created a good impact during the fight against Covid-19. The containment strategies helped break the coronavirus chain at a much lower level through the development of an effective screening, monitoring and reporting system at the ground level, including proper tracing of Covid-19 positive patients, primary and secondary contacts, and their isolation and treatment.

‘High testing and high cases’ have been seen as a positive phenomenon, as finding positive cases ensures that the chain of transmission is broken through isolation. As per an article published in *The Wire* on 11 April 2020 the states that conducted the highest number of Covid-19 tests on 9 April were Maharashtra (30,766), Rajasthan (18,000) and Kerala (12,710). The Centre’s Empowerment Group state-wise assessment showed that Delhi, Maharashtra and Rajasthan reported high cases because of high testing. But the percentage of cases in West Bengal was high despite its low level of testing (Vishnoi, 2020). Initially, the government of West Bengal faced some mismanagement, and the number of tests was low. The state ramped up its testing regime from the end of April 2020 and, by mid-May 2020, it had crossed the 50,000-per-day mark. Further details are provided in Table 1.

5 An Accredited Social Health Activist (ASHA) is a trained female community health activist. Selected from the community itself and accountable to it, the ASHA is trained to work as an interface between the community and the public health system.

Table 1. Testing Details, West Bengal

Details	1-Apr-20	1-Jul-20	1-Oct-20	1-Jan-21	1-Apr-21	1-Jul-21	1-Oct-21	1-Jan-22	Total
No. of samples tested (quarterly)	569	497,027	2,773,720	3,878,223	2,048,826	5,074,568	3,912,389	3,244,092	21,429,414
Confirmed Covid Cases (quarterly)	37	19,133	241,154	292,892	33,699	914,369	68,494	73,219	1,642,997
% Of Positive Cases out Samples Tested	6.5	3.85	7.96	7.74	6.38	10.52	8.63	7.67	

Source: Department of Health and Family Welfare, Govt. of West Bengal.

The central government alleged that some parts of West Bengal were not maintaining the lockdown properly, and the government was not sharing Covid-19 data with the centre. As a result, the central Home Ministry deployed inter-ministerial central teams (IMCTs) under Section 35 of the Disaster Management Act (2005) to assess the ground situation and asked the state government to give its full support to the IMCTs. Nonetheless, IMCTs deployed to Kolkata and Jalpaiguri were not provided with the requisite cooperation. In fact, the state government specifically impeded the ability of IMCTs to visit, interact with health professionals and assess the ground situation. When the home secretary intervened personally, the issue was resolved and IMCTs were provided with all the necessary support to assess the ground realities. After their ground assessment, IMCTs asked for some data, especially regarding the number of deaths caused by the coronavirus disease, and also sought clarification regarding how 'Covid-19 death' is formally defined, declared, and approved. The state government chose not to cooperate. On April 25, the state government reported 18 deaths due to coronavirus. It also reported that an audit committee had so far examined 57 deaths of people who had tested positive for Covid-19, of which 18 were found to be directly related to the virus and the remaining 39 were due to other causes. The IMCTs questioned the reporting method. Apurba Chandra, the leader of the ICMT sent to Kolkata, also pointed out gross violations of social distancing norms in the waiting area of MR Bangur Hospital (Nath, 2020). The West Bengal Doctor's Forum also urged the state government to ensure transparency in Covid-19 data. It stated that 'all data collected and published should be genuine, transparent and verifiable. We cannot afford to send the wrong signals to the world (Mankani, 2020). The doctors also insisted that determining the cause of death requires medical expertise and that no bureaucratic system could perform this task well. Eventually, the state government changed its reporting pattern and added a comorbidity death section.

Finally, the government of West Bengal initiated mass sensitisation and awareness generation events on vaccination through the gram panchayats and municipalities to ensure the maximum number of Covid-19 vaccinations. As of 20 January 2022, 115,208,604 people have been vaccinated through 4,993 common vaccination centres.

Conclusion

As the world grapples with unprecedented challenges posed by the Covid-19 pandemic, India's state and central governments have tried to step up to the task. Initially, governments at both levels lacked information and understanding regarding Covid-19 in particular and pandemic situations in general. The most vital lesson of Covid-19

pandemic is the importance of active and efficient local government at the grassroots level. The strengthening of local governance, local leadership, local communities, local institutions, local infrastructure and local resources is a prerequisite for all rapid and effective responses to any disaster. Local bodies like gram panchayats and municipalities need not only proper information and guidance, but also resources, capacities and infrastructure before they can act efficiently, confidently and autonomously. Unfortunately, despite having very powerful 73rd and 74th Constitutional Amendment Acts since the early 1990s, delivery mechanisms and systems mandated by these amendments have not been developed, much less integrated into local governance institutions. Thus, a more decentralised, grassroots-based ecosystem is needed, in order to make local institutions more decisive and self-reliant.

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