

# Impact of COVID-19: The Challenges and Strategies

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Resistance, Opportunities and Threats During COVID Pandemic

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# COVID 19- The current situation in India

*Image from Google*



## **As on 27 October 2020**

- Total Confirmed Cases: 7.95 Million
- Recovered: 7.20 Million
- Deaths: 119,502 Million
- New Cases: 36,470 Million
- Ref: World Health Organisation

**Other critical realities have been brought to light as a consequence of the responses (sudden, severe, authoritarian lockdown).**

**This has led to a humanitarian catastrophe at an unprecedented level and is expected to have a long term and devastating impact particularly on the marginalised / vulnerable communities:**

- Exacerbated inequalities sustained by structures of gender, sexuality, disability, caste, race, ethnicity, religion, work, location, etc. leading to stigma, discrimination particularly against muslim communities, transgender communities, etc.
- Lack of access to determinants of health due to structural intersecting inequalities (e.g. food, other essential goods and services)
- Increased risk of gender-based violence in the home and beyond; Sexual violence and harassment in quarantine centres, isolation wards, prison health centres, ambulances;
- Weak and poorly resourced health systems - grapple with inadequate budgets, infrastructure, grossly inadequate beds even in tertiary level hospitals, equipment, shortage of ventilators, Personal Protection Equipment (PPE), skewed patient-healthcare worker ratio, amongst several other shortfall shortfall in skilled and adequately paid healthcare workers.

- Lack of strong, gender-responsive health systems, access to sexual and reproductive health care, violations of the rights of health workforce – particularly women frontline health workers, sanitation workers
- The exclusive focus on COVID-19 crisis is impacting access to care for Non Covid health care seekers - Those with chronic renal impairment, cancers, tuberculosis, HIV/AIDS, mental health issues, survivors of gender violence have been acutely affected; maternal health, abortion, contraception and immunisation services were affected.
- Wide-ranging economic impact, economic insecurities (increased precarity and insecurity in livelihoods; unavailability of work / unemployment, lack of incomes /wages, unjust anti-people, anti women labour laws, increase in exploitative gendered work – domestic workers, women farmers or as micro-entrepreneurs, etc.)
- Inequity in access to technology, information – gendered, caste-ist, able-ist
- Concerns about surveillance, health data, mandatory documents – aarogya setu APP, (COVID tracking APP), proposing Aadhar (Unique Id/Biometrics) for administering future COVID vaccines which are breaching the privacy and confidentiality and the right to health

# **The plight of migrant workers: illustrative of the prevalent inequity and injustice**

Several workers were stranded without work and wages when the lockdown was imposed. The situation was dire for migrant workers, most of whom do not have any support system, savings or social security net and are unable to access welfare schemes in the 'destination' areas to which they migrate for work. (ref NHRC Advisory)

Mass exodus of migrant workers and their families in the months of April and May to return to their villages, travelling thousands of kilometres on foot in soaring heat.

They left cities in huge numbers during lockdown due to the loss of livelihoods, without work or wages, relief or financial support (initially by CSOs), widespread deprivation; fear of being infected; uncertainty on the duration and nature of the lockdown; lack of any support systems. (*poster : by Food Sovereignty Alliance*)

# Incidents of migrant workers sprayed with hazardous “disinfectants” amid fears their ‘exodus’ is spreading the virus

- In Uttar Pradesh, migrant workers returning home are being sprayed with hazardous chemical that is supposedly a 'disinfectant';
- Many in the group, mostly children, complained of burning sensation and reddish eyes...

Read more at: <https://www.deccanherald.com/national/north-and-central/migrant-workers-sprayed-with-disinfectant-in-uttar-pradesh-many-suffer-burning-sensation-819298.html>



# Apathy & delay in responding to the migrant crisis caused many deaths

- According to few reports there were 1,461 accidents over the course of the nationwide lockdown - from March 25 to May 31 - in which at least 750 people were killed, including 198 migrant workers.
- Another 1,390 got injured. Most deaths involved road accidents
- Around 110 migrants are said to have died on railway tracks



# Aurangabad train accident: 16 migrant workers run over, probe ordered

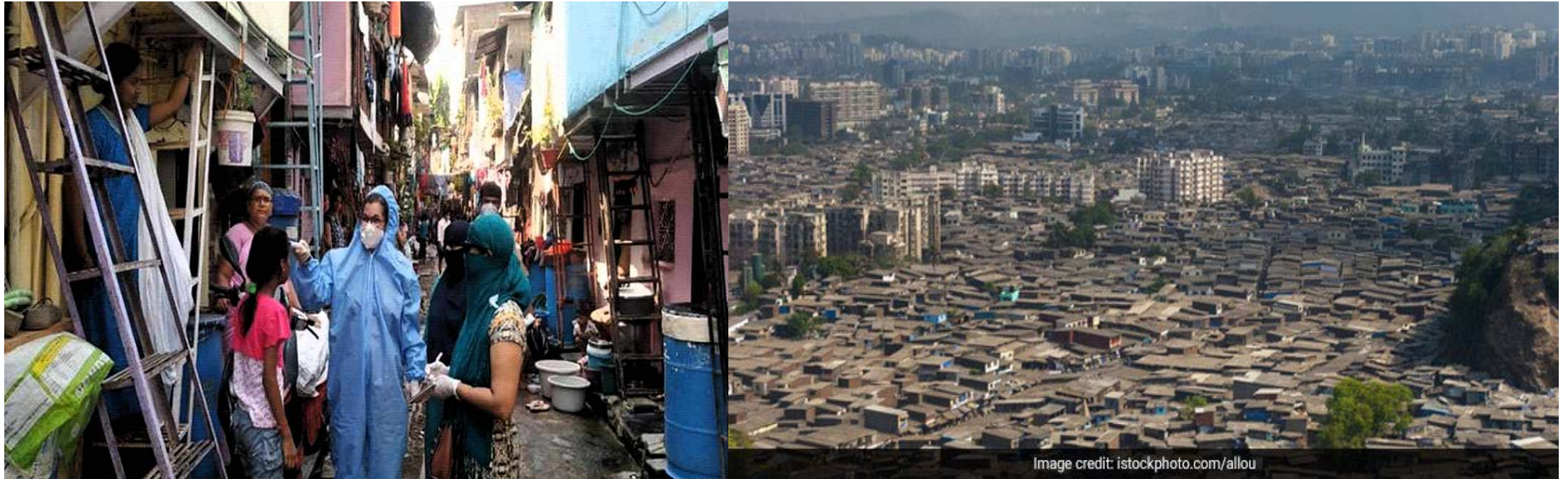
[Express News Service](#) | Pune | Updated: May 8, 2020 10:01:16 pm

Migrant workers, who were walking from Jalna to Bhusawal to board a "Shramik Special", a special train service introduced to carry returning migrant workers, to return to Madhya Pradesh, were resting on the railway tracks when the mishap occurred between Badnapur and Karmad railway stations in Nanded Division.

*Photo courtesy. Twitter,  
Manjul*

Illustrations from Labani-Paints-for-Gokuls-poem; Labani Jhangi (from various posts)

# Dharavi: Political will matters



- Dharavi the largest slum in Mumbai city is home to about 8.5 lakh people, all living in very close, cramped quarters within a 2.5 square kilometre area.
- To screen each household in Dharavi was nearly impossible. The municipal staff of Bombay Municipal Corporation (BMC) carried out the screening, often fainting due to the heat trapped in the narrow alleys;
- After the initial 47,000 who were screened door-to-door, the strategy changed. People with symptoms were asked to appear for screenings and **9 BMC dispensaries and 350 private practitioners, along with fever camps, were roped in to carry out this exercise;**
- The BMC faced several challenges in Dharavi but its approach to tackle the virus was focused **four Ts - Tracing, Tracking, Testing and Treating;**
- A proactive and timely screening by the civic bodies with the assistance of private doctors and community support helped in the fight against the disease;

[http://timesofindia.indiatimes.com/articleshow/76910062.cms?utm\\_source=contentofinterest&utm\\_medium=text&utm\\_campaign=cppst](http://timesofindia.indiatimes.com/articleshow/76910062.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst)

**Significant initiative – opportunity to sustain the momentum – for access to health care and addressing social and economic inequities that Dharavi continues to grapple with and has for a long time.**

# State accountability-political will matters

- The governments (Centre and State) have responded with a number of welfare measures, advisories, guidelines to address the impact of COVID and the lockdown. For example almost 160 advisories developed by Govt of India including the one on for the Welfare of Migrant Workers returning to the destination.
- Some efforts to curb / cap the costs in the private sector for COVID testing. Some state governments also insourced private hospitals temporarily to provide COVID care completely free of charge to its citizens. Some states have also introduced measures to cap the costs of treatment of COVID -19 in private hospitals. (However, there is a push back against regulation of non COVID care).
- Despite this there are repeated instances of private hospitals flouting government orders to cap treatment costs of COVID-19. There is a push back against regulation of non COVID care)
- However, the implementation at the ground level of these advisories /schemes is still a question. At the ground level we still get to know the violations happening. Increase in Maternal Mortality Rates, fall in immunisation, despite the essential services Guidelines.
- Significant documents but in the absence of implementation human rights and health rights continue to be violated.

# In Conclusion, despite

- COVID 19 exemplifying that to struggle with this and other pandemics, or health issues implies a struggle for equity and justice.
- Lack of substantive policies, measures to address the serious socio-economic impact especially for the marginalised / vulnerable. “Business as usual”.
- Continued diminishing of the public health system – in the absence of adequate resourcing, transformative policies, continued push for privatisation.
- Rigid global, national economic structures that dictate access to goods, services, including medicines, COVID vaccines, etc.
- Inadequate steps to address persisting violations of the rights of health care workers particularly community level health care and sanitation workers to fair remuneration, safety, safe and enabling working conditions.



**Current situation does not reflect accountability, will to transform, instead health and rights violations continue to prevail.**

**Urgent and sustained solidarities across movements, peoples: To Resist, To Challenge, To Transform.**

**Struggles are not new but the pandemic poses another critical moment to reinforce, to forge ahead.**

Image:

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