

IMPACT OF COVID19 ON THE TRIBAL'S OF MAHARASHTRA STATE

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ABSTRACT

Introduction

Covid 19 is a pandemic declared by World Health Organizations on March 11, 2020 and 523,786,368 cases are confirmed and 6,279,667 deaths are recorded globally whereas 43,140,068 cases are identified in India and 524,490 people from India have lost their lives due to the Corona virus. Every social community is affected during this pandemic including indigenous communities which are called tribal or Adivasis. Around 8.6% of the population of India is a tribal population in which Maharashtra has 1,05,10,000 people. The objective of this paper is to understand the situation of tribal communities of Maharashtra during the Covid 19 pandemic, the services received during lockdown and to identify the required efforts to be taken for the tribal communities to tackle Covid 19 or such type of issues in future.

Methodology

A rapid survey has been carried out to understand the impact of Covid 19 on tribals. The respondents were selected randomly and the data was collected through Google form. All of the respondents are belonging to the tribal area and some of them are staying currently in the urban area. The data generated from the Google sheet is presented below.

Key findings

The data is collected from 165 respondents and out of these 71.5% respondents were male, 72.1% respondents were from 22 to 30 years of age group and 46.1% respondents were graduate. 41.2% villages have clinics but only 15.8% villages have medical store. Only 22.4% villages have residential doctor. 86.7% villages have public distribution system. All of the respondents

have AADHAR card and 86.7% respondents have Ration card. The income of 73.94% respondents has gone down during the lockdown. The majority of the tribal communities do not have secure transportation facility during the health emergency. 38.2% and 39.4% respondents have received information about Corona from Sarpanch and Gramsevak respectively. Mobile phone is the main source of information followed by television and newspapers. 29.1% respondents cannot tell any information about Corona. The storage of harvested material is one of the major problems the tribal people face and lockdown started in harvest season which is a big economical loss for them. The 87.3% and 84.2% respondents got rice and wheat from PDS respectively. The 89.7% respondents have told that the existing PDS services should be continued. Only 30.9% tribal children got the online education. Half of the respondents told that the supplementary food is received for pregnant women and only 40% respondents told that the regular health check-up facility is received to pregnant women. 84.8% respondents said that they got two times of meals and 47.3% respondents mentioned that the food was not sufficient or irregular hence sometimes they have gone through the starvation phase. 58.8% respondents received mask to prevent infection of Corona. 55.8% respondents told that they have used the sanitizer to prevent Corona. Only 20.6% respondents told that the Non-Government organizations helped them during the lockdown period. The government has given LPG gas cylinders free for three months. The central government announced that 80 crore people would be given wheat at the rate of Rs.2 per kg, and rice at Rs.3 per kg and three months ration in advance would be given.

Conclusion

We are not ready to tackle such type of pandemic in future. The government needs to take lead and establish systems in upcoming years. The health department is very weak hence it needs to strengthen on priority. There should be a dedicated plan for tribal area.

Keywords: Tribal, Indigenous people, Adivasi, Covid 19, Corona, PDS, MGNREGA, Impact, Lockdown

Background

A pandemic is an epidemic which occurs worldwide by crossing international boundaries and usually affects a large number of people¹. Covid 19 is one of the pandemics declared by World

¹ <https://www.nctm.org/Classroom-Resources/Illuminations/Interactives/Pandemics-How-Are-Viruses-Spread/>

Health Organizations on March 11, 2020². Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered corona virus³. The 523,786,368 cases are confirmed and 6,279,667 deaths are recorded globally⁴. 43,140,068 cases are identified in India and 524,490 people have lost their lives due to the Corona virus⁵. The world becomes standstill because of this Covid 19. It has affected each and every aspect of life. Basically it is a respiratory disease with the common primary symptoms of fever, dry cough, tiredness, loss of appetite, loss of smell and body ache. The use of masks, maintaining social distance and washing hands very frequently are some of the suggested measures to prevent spread of corona virus. Many countries have declared a lockdown to stop the spread of Corona virus⁶. The authorities of India announced a complete nationwide lockdown in the country on March 23, 2020. Due to which many people have suffered a lot. Tribal's which are the backward class of society are also affected due to the Covid 19.

There are certain communities in India which are suffering from extreme social, educational, and economic backwardness⁷. Tribal are one of them. They are also called Adivasis. Sometimes they are called aboriginal or depressed class of society. Basically tribes are the collection of families bearing a common name and speak a common dialect. They stay in a definite geographical and social area. They generally live in hilly or forest areas. They live in small clusters which are created on the basis of primarily blood relationships. Cultural homogeneity is the main characteristic of tribal communities⁸.

The tribal's constitute a large portion of the Indian population. As per the Census of India 2011 the tribal population in India was 10,42,81,034 which is 8.6% of the total population. Out of

²WHO Director-General's opening remarks at the media briefing on COVID19 -March 2020

³ https://www.who.int/health-topics/coronavirus#tab=tab_1

⁴<https://covid19.who.int/>, As of 6:43pm CEST, May 24, 2022

⁵<https://covid19.who.int/region/searo/country/inas> of 6:43pm CEST, May 24, 2022

⁶Arshad Ali, Baloch, Ahmed, Arshad Ali, &Iqbal, 2020; Khan et al., 2020; Yang et al., 2020

⁷eBook | Constitutional obligations towards communities "suffering from extreme social, educational and economic backwardness" and "untouchability" – Government of India

⁸ <https://en.wikipedia.org/wiki/Adivasi#Demographics>

these 9,38,19,162 stays in rural areas and 1,04,61,872 people stay in urban areas. Tribal groups are particularly prominent in the Andhra Pradesh, Chhattisgarh, Gujarat, Jharkhand, Madhya Pradesh, Maharashtra, Odisha, West Bengal, the north eastern states of Assam, Meghalaya, Tripura, Arunachal Pradesh, Mizoram, Manipur, and the islands of Andaman and Nicobar⁹.

As far as Maharashtra is concerned the 1,05,10,000 people are tribal. Out of 36 districts of Maharashtra Nandurbar has the highest tribal's (69%) followed by Gadchiroli (39%), Palghar (38%) and Dhule (32%)¹⁰. The various aspects of tribal life i.e. health, education, livelihood, transportation, income, basic services etc are affected by the lockdown declared during the Covid19 pandemic. The objective of this paper is to understand the impact of Covid 19 on the lives of tribal communities of Maharashtra and to identify the efforts to be taken to tackle such types of situations in future. This article highlights the impact of Covid 19 on tribals of Maharashtra state.

This Covid 19 epidemic is the greatest challenge we have faced after the Second World War¹¹. It has created many questions especially in India. Whether we are ready to face such type of challenges in future? What lessons the Covid 19 pandemic has taught us? What impact the Covid 19 has made on the lives of Tribal population? How the Tribal people have survived during the lockdown period? What type of health system we need to establish to tackle such type of situation in future? Was the existing government systems worked for the betterment of the tribal people? If yes, was the efforts sufficient and whether it is reached till grass root level?, what were the additional facilities the tribals have received especially during the lockdown period? What role the civil society organizations have played especially in the tribal area? These are some of the questions which are addressed in this article.

Methodology

A rapid survey has been carried out to understand the impact of Covid 19 on tribals. The positive cases of Covid 19 are still increasing in India and especially in Maharashtra hence there was a major limitations in primary data collection hence one Google form was generated in local language Marathi and the link(<https://forms.gle/2tkBMao4a9VM32tBA>) was shared with tribal

⁹Census of India 2011

¹⁰ <https://trti.maharashtra.gov.in/index.php/en/districtwise-total-tribal-population>

¹¹ <https://economictimes.indiatimes.com/news/international/world-news/covid-19-pandemic-most-challenging-crisis-since-second-world-war-un-chief/articleshow/74923642.cms?from=mdr>

people on their what'sApp numbers. All of the respondents are belonging to the tribal area and some of them are staying currently in the urban area. They have shifted in urban areas for higher education or employment opportunities. The respondents were selected randomly. The data generated from the Google sheet is presented below.

The Tribal's and Covid: Key findings

Demographic information about the respondents

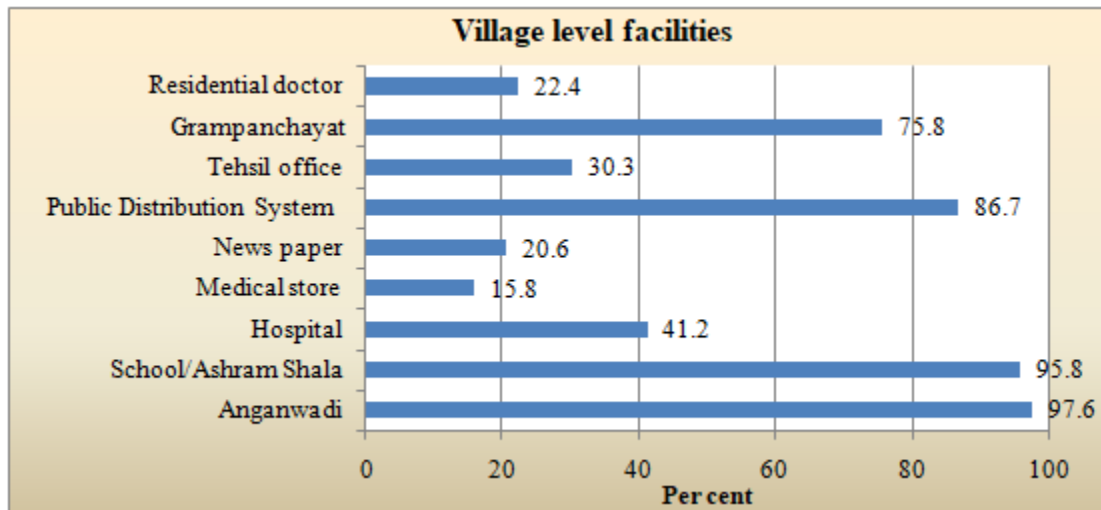
It is essential to understand the demographic information of the respondents which will help us to understand the life style of the Tribal's. All the 165 respondents were belonging to small villages. The 5.5% respondents belong to the villages which did not have more than 250 populations. 22.4% respondents belong to the 251 to 500 village population and 23% respondents belong to not more than 2000 village population. Only 17.6% respondents belong to more than 3000 village population.

All the 165 respondents were belonging to the tribal population. Out of these 72.1% respondents were from 22 to 30 years age group, 15.2% respondents were from 18 to 21 years age group, 10.3% respondents were from 31 to 40 years age group and remaining 2.4% respondents were from 41 to 50 years age group. The 71.5% respondents were male. As far as education level is concerned 46.1% respondents were graduate and 41.85 respondents were post graduate. The 32.7% respondents were taking education and 31.5% respondents were unemployed. 13.3% respondents were farmers and 12.1% respondents were doing service. Total family members of all the 165 respondents were 1226.

Facilities available at village

India has adopted the three tire system in Panchayat Raj¹² and all the government facilities are being provided through this three tire systems. The three tire system had an important role in disseminating information during the Covid 19 pandemic. The village level facilities were important especially during the lockdown period. The 97.6% villages have Anganwadi and 95.8% villages have Ashram Shala. 41.2% villages have clinics but only 15.8% villages have medical store. Only 22.4% villages have residential doctor. 86.7% villages have public distribution system and 75.8% villages have Grampanchayat and 30.3% villages have Tehsil office. 20.6% villages receive the daily newspaper. All these services are required to tackle the Covid 19 situation.

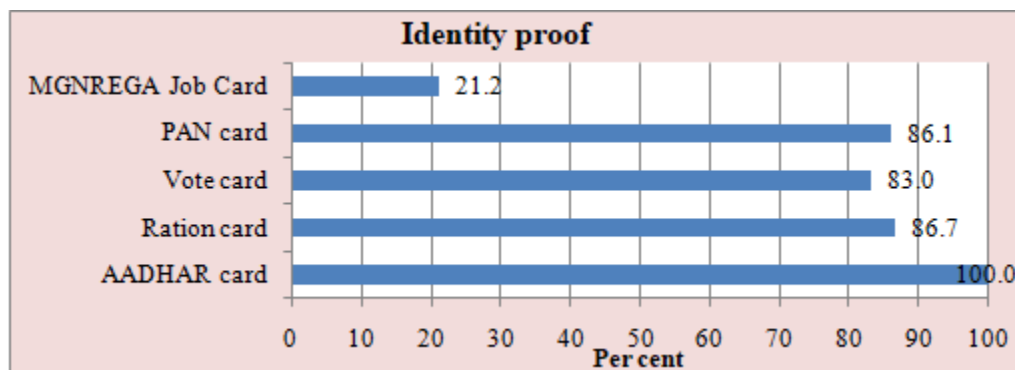
¹²73rd constitutional amendment of India



Source: Survey conducted through Google form in March 2021

Social identity of the respondents

Identity proof is required to get benefit of any government scheme. All of the respondents have AADHAR cards and 86.7% respondents have Ration card. AADHAR card is one of the important documents which are generated by using biometric system and now a day it is used to provide ration from public distribution system. It is good that all of the respondents have AADHAR cards. Initially the ration card was used to distribute ration. 86.1% respondents have PAN card and 83% respondents have Vote card. Only 21.2% respondents have Mahatma Gandhi National Rural Employment Guarantee Schemecard.

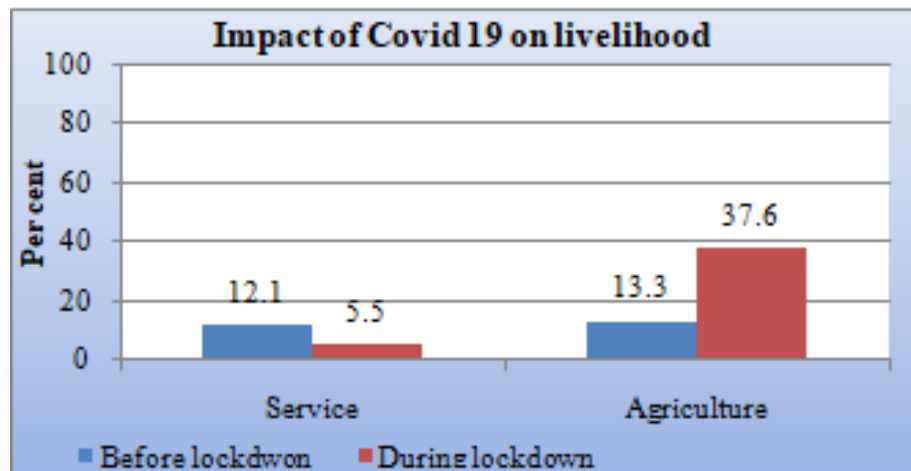


Source: Survey conducted through Google form in March 2021

Impact of Covid 19

Livelihood opportunities & monthly family income

The 12.1% respondents were doing service before the lockdown whereas only 5.5% respondents were doing service during the lockdown. It indicates that many people lost their services during the lockdown period. 13.3% respondents were doing agriculture and this number goes up during the lockdown and reached to 37.6%.The 67.9% respondents have mentioned that there was no employment opportunities during the lockdown whereas 28.5% respondents have said that there were inadequate livelihood opportunities. Only 3.6% respondents have said that the livelihood opportunities were same before and during the lockdown. Overall it is seen that many people have lost their jobs during lockdown due to which their income has gone down. It is seen from the following table.



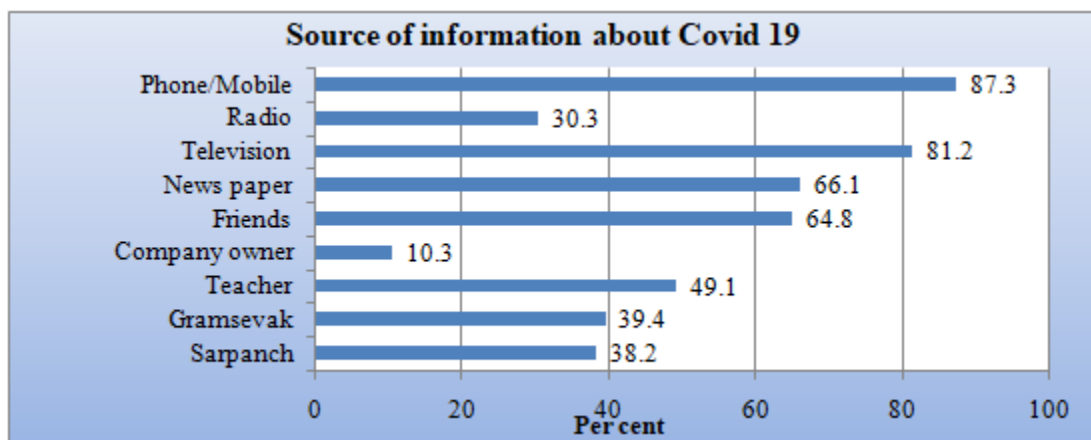
It is seen from the table that the income of 73.94% respondents has gone down during the lockdown. 9.7% respondents did not have any income before lockdown. This number increased and reached to 33.9% during the lockdown. The 9.7% respondents were getting Rs. 1000 before lockdown but this number goes up and reached to 17.6% during the lockdown. The same trend is observed till the income level of Rs. 5000 but the reverse trend is observed from above Rs. 5000 amount. The reason behind this trend is that the 33% respondents had up to Rs. 5000 income before lockdown whereas 66% respondents had up to Rs. 5000 income during lockdown. Based on this it can be concluded that the income level of the tribal people have gone down during the lockdown.

Income group	Before lockdown (%)	During lockdown (%)
None	9.7	33.9
Up to Rs. 1000	9.7	17.6
Rs. 1000 to 3000	7.3	9.1
Rs. 3000 to 5000	7.3	10.9
Rs. 5000 to 10,000	10.3	9.1
Rs. 11,000 to 25,000	22.4	10.9
Rs. 25,000 to 50,000	25.5	6.7
More than Rs. 50,000	7.9	1.8
Total	100.0	100.0

Source: Survey conducted through Google form in March 2021

Available options to get the information on Covid 19

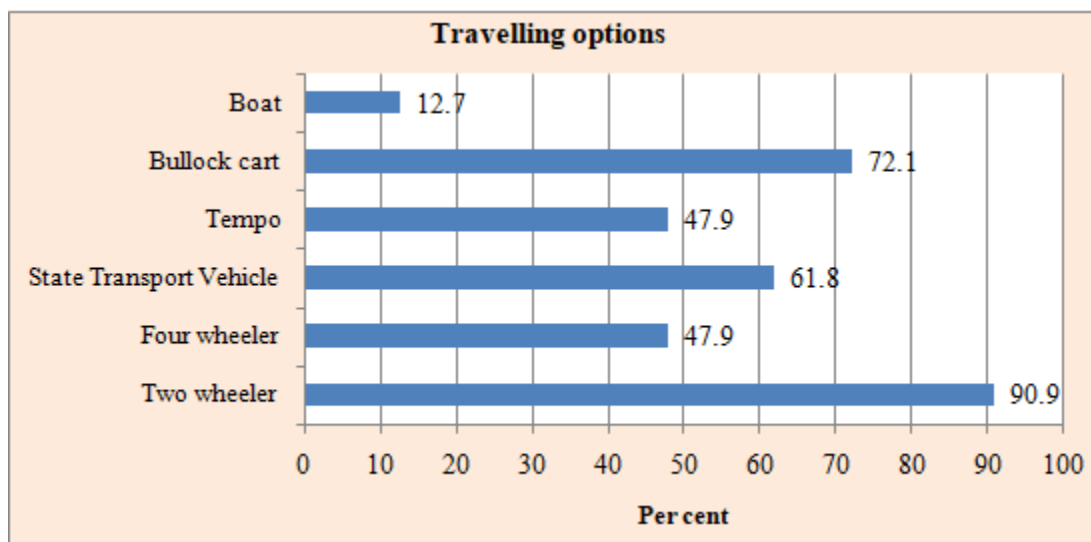
The initial information on Covid 19 helps us to prevent the spread of Corona at community level. The smart phone is one of the options which give us many updates through text messages, what’sApp messages, internet news etc. The 92.1% respondents have smart phone which is a good thing. Radio is one of the old sources of news and 25.5% respondents have radio at home. Television is one of the recent technologies used to watch news and 64.8% respondents have that facility. 60.6% respondents use internet which is a good thing for tribal people. The electricity is required to use all these technology but 58.8% respondents have only electric connections. It means that they are using the electric connections of other people.



Source: Survey conducted through Google form in March 2021

Mode of travelling

Distance to the health facility, dependency on transportation, unavailability of drugs and people responsible for providing them, etc., are some key obstacles for the treatment of tribal women. Tribal people lives in very remote area hence it was required to know the travelling options. 90.9% respondents have access to two wheeler, 47.9% respondents have access to four wheeler, 61.8% respondents depend upon the state transportation facilities, 47.9% respondents use the private source i.e. Tempo for travelling, 72.1% respondents use bullock cart which consumes time and 12.7% travel by boat. These travelling options play a vital role in case of treatment during emergency. Based on this information it can be concluded that majority of them do not have secure transportation facility during the health emergency. In addition to that the tribal do not have access to ambulance facilities.

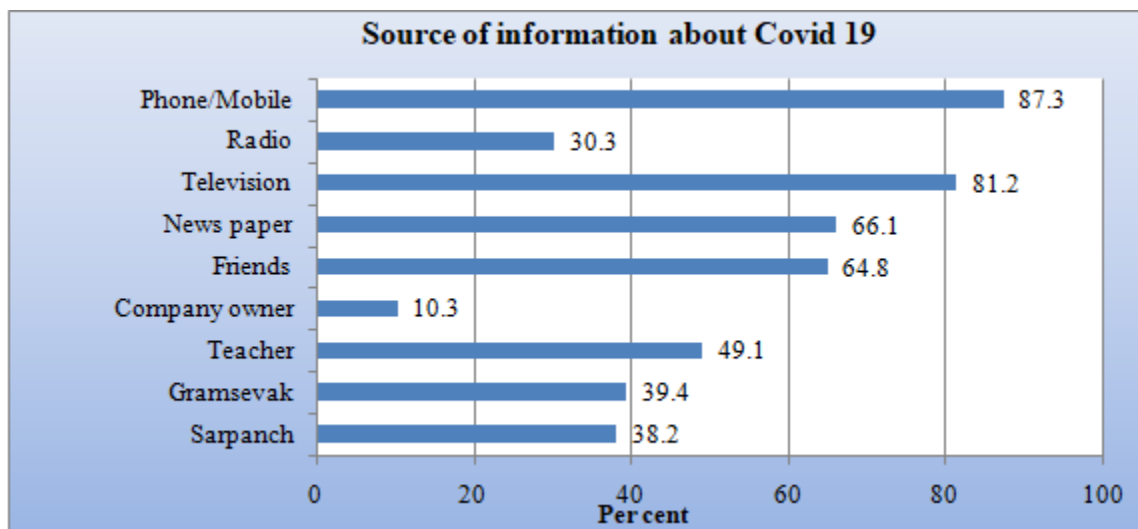


Source: Survey conducted through Google form in March 2021

Source of information

To get the information from the trusted people is very important during the emergency situation. It helps to take decisions on time. The Sarpanch, Gramsevak, teacher, newspaper, television, radio are some of the sources of information especially tribal people have. The 38.2% respondents have received information about Corona from Sarpanch and 39.4% respondents have received information from Gramsevak, 49.1% respondents have received information from teachers, 10.3% respondents have received information from company owner, 64.8% respondents have received information from their friends, 66.1% respondents have received

information from newspapers, 81.2% respondents have received information from television, 30.3% respondents have received information from radio and maximum (87.3%) respondents have received information through their phone/mobile. Based on this information it can be concluded that the mobile phone is the main source of information followed by television and newspapers.



Source: Survey conducted through Google form in March 2021

Knowledge about Corona

Majority (55.2%) of the respondents know that the Corona is a respiratory disease but 7.9% respondents have opinion that that the cough means Corona and 3.6% respondents told that the cold means Corona. The most important finding is that 29.1% respondents cannot tell any information about Corona. It means that there is a need to create awareness on Corona which will protect them from Corona infection.

The information on transmission of corona is important as the new types of Corona strains are identified in many places. The 3% respondents have mentioned that the touching of Corona infected persons is one of the ways of Corona transmission. The 17% respondents have informed that the close contact with Corona patient can transmit the Corona virus and 12.7% respondents have an opinion that the people can get positive if they do not use the infected things before sanitization. All the above mentioned ways can spread the infection of Corona which is told by 67.3%. It means that there is a need to create awareness on how the Corona can be prevented.

Life during the lockdown

The lockdown was started in the last week of March 2020 but this was a season of harvesting. The storage of harvested material is one of the major problems the tribal people face. Due to the lockdown they cannot sale the forest product which was a major loss for the tribal people.

The 78.8% people shifted to native place during the lockdown and they stayed at native place during the lockdown period. Only 14.5% respondents have received help for travelling from work to native place and only 9.5% respondents have mentioned that the remaining payment is cleared by their owner before leaving the work place. In this case the survival was somehow depending on the public distribution system as the tribal people do not have fixed income source. The 87.3% respondents have told that they got rice from PDS and 84.2% respondents mentioned that they received wheat which is a good provision. 21.2% respondents received oil, 36.4% respondents got sugar, 35.2% respondents received pulses, 7.3% respondents received soap and only 6.1% respondents have told that they have received spices. Overall it is said that there was a good provision of rice and wheat as majority of them have received these two things but no one only eat rice and wheat on daily basis. The other things which bring tests in food are also important hence it can be concluded that there is need to improve the PDS system. The 89.7% respondents have told that the existing PDS services should be continued.

Only 2.4% respondents said that they have received work under Mahatma Gandhi National Rural Employment Guarantee scheme and 29.7% respondents mentioned that they have demanded the work under MGNREGA.

State response

The first case of Covid 19 was reported in India on January 30, 2020 and that time on-wards the government started their interventions. The creation of testing labs, establishment of Covid centres, research on vaccines, declaration of lockdown, restrictions on transportation and awareness on prevention of Covid 19 are some of the efforts taken by State and Central government. The government has given LPG gas cylinders free for three months under the PradhanMantriUjjwalYojana is again a good thing but it was required to continue for more 6 months. The central government announced that 80 crore people would be given wheat at the rate of Rs 2 per kg, and rice at Rs 3 per kg and three months ration advance would be given. This was a good relief package for the poor people especially tribal. The government also had taken initiative of house to house survey to identify the Corona positive cases which was again a good effort.

It will be difficult to comment on the efforts taken by government. It is difficult to say whether the efforts were adequate or not as this situation emerged first time in our life but I think the state and central government tried their best and I hope that they will learn lessons from the efforts which they have taken and they will work on the corrective measures. Based on the overall observations it can be concluded that the governments have succeeded to stop the spread of Corona at community level.

The established Covid 19 centres and testing labs are the temporary provisions made by governments hence it is not sustainable. The central and state government have allocated more funds in health sector which is a good thing but it should be continued in upcoming years as well.

Facilities received during lockdown

The schools were closed during the lockdown hence the online education system was started by many schools. 30.9% tribal children got the online education facility and when the number of Corona patient number came down few schools were opened. The 38.8% respondents mentioned that the schools are open now a day. Half of the respondents told that the supplementary food is received for pregnant women and 40% respondents told that the regular health check-up facility is received to pregnant women. 88.5% respondents have said that the medical shops were open during the lockdown. 84.8% respondents said that they got two times of meals and 47.3% respondents mentioned that the food was not sufficient or irregular hence sometimes they have gone through the starvation phase. The 70.3% respondents received tea and 58.8% respondents received mask to prevent infection of Corona. 55.8% respondents told that they have used the sanitizer to prevent Corona. Only 6.7% respondents told that they have got the employment opportunities and 92.7% respondents told that they have tried to maintain the social distancing. 59.4% respondents have taken the natural Kadha. 76.4% respondents told that Covid 19 test was made mandatory by the villagers. The 46.1% respondents told that they had a sufficient food stock during lockdown and 47.3% respondents mentioned that the alcohol shops were open during the lockdown. Based on this fact and figures it can be concluded that the public distribution system needs to improve a lot. The malnutrition is one of the problem of tribal population but not event half of the pregnant women did not receive the supplementary food. It means that the PDS system needs to improve.

Positive cases of Covid 19

The 24.2% respondents have mentioned that they had a Covid 19 patient in their village. The 23% respondents told that the Covid testing facility was available in their village and 20.6%

respondents mentioned that the Covid testing facility was available at their Tehsil place. 12.1% respondents told that the Covid 19 testing facility was available at district level. The 20% respondents mentioned that the Covid 19 facility was available within 2 to 5 km distance and the same number of respondents has told that the Covid 19 testing facility was available from 11 to 20 km distance. 25.5% respondents said that the Covid 19 testing facility was available from 24 to 50 km distance and 17.6% respondents told that the Covid 19 testing facility was available from more than 51km distance. The 15.2% respondents told that the Covid 19 patient was shifted to hospital by two wheeler and 9.1% respondents told that they have used four wheeler to admit the patient in the hospital. The 27.9% respondents told that the patient was admitted in government hospital and 3.6% respondents reported that the patient was treated in private hospital. The 18.2% respondents mentioned that the expenses were paid by themselves and 13.3% respondents told the expenses were paid by government.

Life during lockdown

The complete lockdown for a longer period was a first time experience for majority of us. The 49% respondents strongly agreed that all the transactions were closed during the lockdown. 32.73% respondents strongly agreed that there was an irregular food supply. 32.73 respondents disagreed that they have access to online education facility. 31.52% respondents disagreed that there was more sale of alcohol. 47.88% respondents agreed that they had a lot of fear about Corona. 28.48% respondents agreed that there was a situation of starvation. More than half (52.12%) respondents strongly agreed that there was a limited transportation facility. 27.88% respondents disagreed that there was a shortage of electricity. Around half of the respondents strongly agreed that there was a loss in agriculture income. The 38.79% respondents strongly agreed that there was a limited income. More than half (58.18%) respondents strongly agreed that there was a situation of unemployment and 44.85% respondents strongly agreed that there was a limited scope for work. 35.55% respondents strongly agreed that there was a shortage of food at PDS and 32.12% respondents strongly agreed that there was a shortage of medicines. The 39.39% respondents agreed that there was an absence of treatment facilities. The 43.03% respondents agreed that they did not have adequate information about Covid 19.

Parameters	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
All transactions closed	49.09	27.27	4.85	11.52	7.27
Irregular food supply	32.73	30.30	16.97	15.76	4.24
Online education	23.03	30.30	3.64	32.73	10.30
More sale of alcohol	26.67	19.39	12.73	31.52	9.70

Lot of fear	47.88	27.88	5.45	13.94	4.85
Starvation	27.27	28.48	10.91	23.03	10.30
Limited transportation facility	52.12	26.67	3.64	11.52	6.06
Lack of provision of electricity	21.21	25.45	20.00	27.88	5.45
Loss of agriculture income	49.09	24.24	7.88	13.33	5.45
Limited income	38.79	31.52	9.70	15.15	4.85
Unemployment	58.18	21.21	7.27	8.48	4.85
Limited work	44.85	23.64	6.06	19.39	6.06
Shortage of food at PDS	34.55	27.88	21.21	14.55	1.82
Shortage of medicines	32.12	30.91	14.55	16.36	6.06
Absence of treatment facility	39.39	30.30	10.91	16.36	3.03
Absence of information about Corona	43.03	31.52	7.88	15.15	2.42

Source: Survey conducted through Google form in March 2021

NGO/Civil society response

Help rendered by Non-Government organizations and Civil Society Organizations

Only 20.6% respondents told that the Non-Government organizations helped them during the lockdown period. 31.5% respondents mentioned that the NGOs have provided food supply, 21.8% respondents reported that the mask is provided by NGOs, 31.5% respondents informed that the awareness on Corona was created by the NGOs, 19.4% respondents mentioned that the NGOs help in Corona testing and 20% respondents said that the NGOs provided psychological support. Near about half (44.8%) respondents feels that the NGOs should continue their services.

Details of help received by NGOs

Few non-government organizations and civil society organizations are working in the tribal areas. The efforts taken by the organization during the lockdown period are as follows.

Sr. No.	Name of NGO/Civil Society Organization	Support provided
1	KajavaBahuuddeshiydra	<ul style="list-style-type: none"> • Food and Glossary supply • Sanitary napkin • Awareness campaign
2	LokBiradariPrakalp, Hemalkasa,	<ul style="list-style-type: none"> • Mask distribution • Awareness campaign

	Gadchiroli	
3	Koro India	<ul style="list-style-type: none">• Glossary supply
4	VanchitBahujanAaghadi	<ul style="list-style-type: none">• Glossary supply
5	AdivasiEktaParishad	<ul style="list-style-type: none">• Food supply for the commuters• Mask distribution
6	Dhatri Foundation, Telangana	<ul style="list-style-type: none">• Glossary supply• Mask distribution
7	Relief foundation, Pune	<ul style="list-style-type: none">• Help line• Glossary supply• Transportation facility
8	Rotary club	<ul style="list-style-type: none">• Food supply
9	DagaduSheth Trust	<ul style="list-style-type: none">• Food supply for Ashram Schools
10	Ummid Foundation	<ul style="list-style-type: none">• Glossary supply• Medicine supply

Source: Survey conducted through Google form in March 2021

Learning's

The main learning from the Corona virus is that it has given many opportunities and challenges too. It depends on how one can peruse this issue. It gives a scope of introspection at different levels. Some of the key learning's are as follows.

- **Increased usage of technology:**I think that the people were at home form more than 6-7 months and they have spent time on mobile, Television, internet, computers etc. There was no any alternative hence I feel that the tribal also might have spent more time on these technical options.
- **Online teaching:**The schools are closed due to the lockdown but many schools have started the online teaching. It minimized the dropout rate. The number of beneficiaries could be less compare to the urban area but I think at least few children are benefited by this online facilities.
- **Poor network:**Due to lockdown everything became online hence there was a huge demand of internet but it is seen that due to the poor range many people missed many online things. Especially the online education system hampered a lot. This situation has

given a scope to check the area wise network and I think the concerned company will plan for the better network coverage.

- **Access to the smart phones:** Many parents do not have the smart phone which was required to conduct online education but due to the absence of smart phones many students cannot attend the online sessions. I think government will work on this fact and feasible options will be worked out by the education department.
- **Trained manpower:** Many people especially teaching staff is not aware about the technological options hence many schools cannot start the online sessions. I hope the government will organize training to build the capacity of teaching staff in upcoming days.
- **Poor knowledge of the parents:** There are so many apps available for online sessions but due to the ignorance many parent cannot use the apps.
- **Health system:** Indian health system does not have the capacity to treat the large number of patient at a time hence so many Covid centres were created to treat the Corona patient. There were some incidents where the patients died due to the absence of beds in Covid centres. This situation needs to change and government should create hospitals to tackle this type of situations in future.
- **Transportation facilities:** The remote areas do not have the strong network of ambulance hence it needs to be created. In this case at least the state transportation facility needs to strengthen a lot. Each and every village should be connected with state transportation facility. There are examples where the many women did not get medical assistance in case of emergency.
- **Accessible roads:** The remote area especially tribal areas do not have road connectivity which needs to be workout.
- **Data management:** It is observed that there was a coordination gaps within the various government departments due to which there was no clarity about the number of Corona patients. Centralized data system plays a vital role in decision making hence it needs to be streamlined. All the Anganwadis, Grampanchayats, PDS, hospitals, transportation facilities and all the public offices should be connected to the centralized systems.

- **Awareness campaigns:**It is observed that the three tier systems generated in Panchayat Raj is a good system but the administrative machinery as well as decision maker's needs to train very frequently. The roles of each member should be defined as far as awareness on social issues is concerned.
- **Income level:**The minimum wages act is in place but it is applicable when someone works. During the lockdown there was no scope for the work hence there is a need to strengthen the public distribution system. Due to the lack of storage facility the government should ensure the purchase of the forest product. The tribal should be connected with online market facilities whenever possible.
- **Health system:**Each village and hamlet should have at least one clinic, one residential doctor and medical shop. If it is not convenient then at least the mobile health units with Covid 19 testing facility should be ensured in tribal belt.
- **Anganwadi:**The Anganwadis play an important role in creating awareness at grassroots level hence government should establish Anganwadis at each villages and hamlet they should appoint the trained staff in each Anganwadi.
- **Electric connectivity:**Each and every house should have electric connection as the awareness campaign is somehow depends upon the electricity. The Mobile, Television, Radio, Internet requires electric connections and these are the means of spreading awareness on any topic.
- **Implementation of MGNREGA:**The government has established many good schemes but the implementation needs to improve a lot.
- **Awareness about Corona:**As of now the number of cases of Corona is still increasing hence it is required to create awareness on how to prevent the spread of Corona. Dedicated efforts should be taken in tribal belt.
- **Public distribution system:**The PDS system should be strengthen a lot. The primary data indicates that many people received the rice and wheat which is good things but no one can eat only rice and wheat on day to day basis hence there is a need to distribute other food items as well. It includes the pulses, oil, spices etc.

- **Covid 19 testing:**The Covid 19 testing labs should be established at least Tehsil level and the distance of testing lab should not be more than 25 km. It should be equipped with all the technology and it should be open for 24X7 days.

Conclusion

Based on the facts and figures and own observations it is realised that we are not ready to tackle such type of pandemic in future. This current generation has faced one longer lockdown first time in their life. The government needs to take lead and establish systems in upcoming years. The health department is very weak hence it needs to strengthen on priority and I observed that the state and central government has allocated more funds in this financial year. The situation of Covid 19 was not same in rural and urban areas hence there should be a dedicated plan for tribal area and Ministry of Tribal Affairs should take lead in that.