



## COVID – 19: SOCIO- ECONOMIC AND HEALTHCARE IMPACT IN BIHAR

Dr. Deepak Kumar Roy\*

Asst. Prof.(gt) C.m.j College Donwarihat Khutauna L.n.m.u Darbhanga Ugc – Net Qualified Gold Medalist \*Corresponding Author

**ABSTRACT** :- The COVID-19 pandemic in India is part of the worldwide pandemic of coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The first case of COVID-19 in India, which originated from China, was reported on 30 January 2020. India currently has the largest number of confirmed cases in Asia and has the third highest number of confirmed cases in the world after the United States and Brazil with the number of total confirmed cases breaching the 100,000 mark on 19 May, 200,000 on 3 June and 1,000,000 confirmed cases on 17 July 2020. It is continuously raising. India's case fatality rate is among the lowest in the world at 2.41% as of 23 July and is steadily declining. Six cities account for around half of all reported cases in the country – Mumbai, Delhi, Ahmedabad, Chennai, Pune and Kolkata. The first case of the COVID-19 pandemic in the Indian state of Bihar was reported in Munger on 22 March 2020. A 38-year-old who was confirmed positive for coronavirus, was also its first victim. He had travel history to Qatar.

**Keywords :** Covid-19, Sars-cov-2, Pandemic, Mgnrega, Iron Folic Acid (ifa), Thr , Dbt , Pmjdy , Nyc, Cso, Vhld , Lockdown, Mid-day Meal Etc.

**Timeline:-** Initially, due to less international travel to Bihar, it reported fewer cases than other states, but once the travel ban lifted and due to the return of migrant laborers and student Bihar has witnessed in the spike of cases. Bihar reported its first case on 22 March 2020. Bihar reported its 100 cases on 20 April 2020. It took almost 1 month to reach the 100th case. Bihar reported 1000 cases on 14 May 2020. Bihar reported 5000 cases on 8 June 2020. Bihar reported 5000 recoveries on 19 June 2020. Bihar reported 10000 cases on 01 July 2020. On 10 July, Bihar reported 10,000 recovery mark.

#### PRECAUTIONS TO CONTROL OR SLOW TRANSMISSION OF COVID 19:-

To prevent infection and to slow transmission of COVID-19, do the following:-

- Wash your hands regularly with soap and water, or clean them with alcohol-based hand rub.
- Maintain at least 1 metre distance between you and people coughing or sneezing.
- Avoid touching your face.
- Cover your mouth and nose when coughing or sneezing.
- Stay home if you feel unwell.
- Refrain from smoking and other activities that weaken the lungs.
- Practice physical distancing by avoiding unnecessary travel and staying away from large groups of people.

#### IMPACT OF COVID – 19 ON SOCIO-ECONOMIC AND HELTHCARE IN BIHAR:-

**1.IMPACT ON DAILY WAGE LABOURER:-** The worst impact of the lockdown in Bharri has been on daily wage labourers. Given the economic distress and loss of incomes, a number of individuals who did not work earlier as wage labourers, or were not part of the workforce at all, such as children and the elderly, are now seeking wage employment. Many individuals from self-employed households, including shopkeepers and their families, have also entered the market seeking wage employment.

No work has been undertaken in the village under the MGNREGA. The only wage employment available so far has been in maize harvesting. This has resulted in an abundance of labour supply for maize harvesting. Workers are also apprehensive that employment will not be available in coming months as labour absorption in the cultivation of kharif paddy is significantly lower than in maize.

#### 2.IMPACT ON PREGNANT WOMEN AND ADOLESCENT GIRL:-

Poor maternal health and child malnutrition have been perennial problems. Bihar has one of the highest rates of child stunting (48.3 percent) and child wasting (20.8 percent). Along with this, Bihar also has the highest rates of anaemia among children and pregnant women. The impact of these conditions compound over time, and often leads to high out of pocket healthcare expenditure and loss of livelihood due to sickness. The economic impact of these problems is significant for low

income households and the resulting situation might push them into debt bondage, forced labour or child labour. Usually, during Village Health Nutrition Day (VHND), providing immunisation to children and disbursing Iron Folic Acid (IFA) tablets to pregnant and lactating mothers and adolescent girls are done to combat anaemia. However, due to the COVID-19 lockdown, only 79.8 percent of Gram Panchayats in the study area reported home visits by ASHAs. Furthermore, 79.53 percent of the Panchayats in the study area did not report any VHND conducted in the past two months. Those panchayats which did report in the affirmative, had very low participation.

#### 3.DIFFICULTY IN ACCESSING DBTs FOR MID-DAY MEAL :-

The nutritional requirements of school children have also been hampered by the discontinuation of the midday meal scheme as the schools are shut due to the lockdown. The state government has disbursed Rs 114.21 per student for class I to V and Rs 171.17 per student for class VI to VIII via DBT. This amount is insufficient to meet the nutritional requirements for the children especially those from Above Poverty Line (APL) families who cannot purchase foodgrains at subsidised rates. Given the number of school children relying on the midday meal scheme as a critical component of their nutritional requirements, this situation the out of pocket expenditure for many households with precarious health. This could again be a major contributor towards debt bondage, child labour or forced labour. Further, lack of access to education drives child labour. Experts have stated that the economic hardship and lack of employment in the households will result in older children dropping out of school to get work to supplement the family income.

#### 4.IMPACT OF ACCESSING NUTRITION UNDER ICDS:-

Impact on accessing nutrition under ICDS The Integrated Child Development Service (ICDS) machinery is instrumental in improving child and maternal health, and hence preventing debt bondage, child labour and forced labour. However, the coverage of ICDS is not absolute, as only households of lower socioeconomic strata are generally enrolled at the local Anganwadi Centre (AWC). The enrollment status of the children (3-6 years) in the AWCs of the study districts where districts such as Katihar (57 percent) and Saharsa (58 percent) have more children not enrolled in AWCs and the poor coverage of Take Home Ration (THR) and Direct Benefit Transfers (DBT) allotted to the pregnant and lactating mother during the lockdown by the state government. Districts such as Chavarrria (40 percent) and West Champaran (48 percent) have witnessed more cases of pregnant and lactating mothers not receiving the THR and DBT.

AWCs provide nutritional supplementation to pregnant and lactating mothers and children of those households which have registered for its services. However, due to the lockdown and the subsequent loss of livelihood, many households which would have not required these services earlier, would be in dire need of them at the moment. However, since such households are not registered, they are unable to avail the services. These households would include the unregistered local families which require support in providing proper nutrition for

the pregnant and lactating mothers and children as well as the families of migrant workers, who have returned to Bihar during the lockdown, due to loss of livelihood at the destination state.

**5.IMPACT ON ACCESSING RS. 500 UNDER PMGKY :-** The Central government announced the allocation of Rs 500 under PMGKY to all woman Jan Dhan account holders seeking to provide an immediate Financial cushion amidst the lockdown. The majority of rural households have bank accounts under Pradhan Mantri Jan Dhan Yojana (PMJDY). However it was observed that 9 percent of the women account holders in the studied districts did not receive the amount in their accounts. At the same time, 33 percent of these women account holders received the amount only through verification of Aadhaar and passbook in absence of Know Your Consumer (KYC). Purnea (29 percent) and Nawada (25 percent) districts show the highest gaps in receiving the DBT money during the lockdown.

**6.POOR COVERAGE OF INSTITUTIONAL DELIVERY DURING THE COVID-19/LOCKDOWN :-** In Bihar, 93 percent of childbirths happen in rural areas, and thus providing adequate healthcare facilities to rural women becomes a priority for the state. Further, it has been found that the share of institutional deliveries for Bihar stands at 25 percent, low among the populous states. With the onset of the pandemic, the coverage has fallen down by 46 percent in the state. This fall in institutional deliveries has led to an increase in unattended home births and consequently, a surge in the out of pocket expenditure among rural households; thus increasing the risk of debt bondage among them. Purnea and Katihar have witnessed the highest fall in institutional deliveries at 80 percent and 74 percent respectively. It was found that health seeking behaviour and access to medical facilities have been poor in these districts. With the additional pressure on families, there is a possibility that marginalized communities will become victims to different forms of tracking as this region (Koshi) already reports a high incidence of child labour.

#### **CONCLUSION:-**

The COVID-19 lockdown has created unprecedented challenges for the societal and economic health of Bihar. Besides the increasing cases of COVID-19 and the influx of returnee migrants, the state and district agencies are struggling to ensure holistic implementation of the central and state welfare schemes for marginalized communities. This calls for joint action between the CSOs and the government machineries to implement the policy interventions better. Such collaboration will help the government administration understand the distress faced by such communities and implement support mechanisms for the vulnerable. Finally, this will also help the administration prevent the cases of tracking in these regions.

#### **REFERENCES :-**

1. "Archived copy". Archived from the original on 19 August 2013. Retrieved 22 June 2020.
2. "Coronavirus Outbreak in India - covid19india.org". Retrieved 3 May 2020.
3. Bihar Health Dept. "Bihar Health Dept on Twitter: "#CoronaUpdateBihar: Testing statistics as of 10 am on 2/5/2020. 466 positive covid cases till date. #BiharHealthDept <https://t.co/esGTaiwABv>". Twitter.com. Retrieved 6 May 2020.
4. "Bihar revises migrant quarantine strategy based on infection risk". Indian Express. 22 May 2020. Retrieved 26 May 2020.
5. Covid-19: Bihar stops registration of migrants for quarantine". Hindustan Times. 2 June 2020. Retrieved 26 June 2020.
6. "32 districts in Bihar, with 24 lakh migrants, to come under 'Garib Kalyan Rojgar Abhiyan'". New Indian Express. 19 June 2020. Retrieved 19 June 2020.
7. Bihar Health Dept (3 June 2019). "Bihar Health Dept on Twitter: "#COVID—19 Updates Bihar.