

COVID-19 AND CRISIS RESPONSE IN THE STATE OF HIMACHAL PRADESH

Discussion note for policy makers, civil society, media and other concerned citizens

Himdhara Environment Research and Action Collective

*We are currently under the grip of a pandemic by the name of COVID-19 that has brought life to a standstill as we know it. This world-wide public health crisis has affected the lives and livelihoods of billions of people, and governments have been forced to take stern measures to tackle the contagion in the interest of the citizens. The containment policy in the state of Himachal Pradesh and the entire country, in the form of a curfew and national lockdown, has been shown to be critical by the state so that the spread of the virus is controlled and that there is enough time to prepare the public health machinery in case of a wider outbreak/community transmission, which many experts have pointed is likely to happen in time. **We understand the seriousness of this crisis and have put together this note to draw attention towards some of the questions and concerns that have arisen in the aftermath of the curfew and lockdown in Himachal Pradesh. We hope that this note will provide some insight and input for civil society, citizens and actors of the state responding to this public health crisis and the impacts of the lockdown in a just and effective manner.***

About the state's vulnerability and initial response to contain the disease: A background

Himachal Pradesh is a mountain state situated in the western Himalayas with a population of 68.6 lakhs spread over 12 districts. The density of population is fairly low at 123 (per sq.km) and 90% of the population lives in rural areas. Close to 70% of the population is engaged in farm-based activities. About 24.7% of the population belongs to the Scheduled Caste community, about 4% are tribal. Of the total population, 4% belong to various minority religions, main being Muslims spread mainly across Chamba, Sirmour, Kangra, Una and Solan.

Himachal is a popular tourist destination and last year close to 1.72 crore tourists visited the state, of which about 3.82 lakhs were foreigners and 1.68 crores domestic tourists. Shimla, McLeodganj, Spiti-Lahaul, Manali and Kullu are a few major tourist hotspots.

The Solan district of the state is also home to a large industrial hub called the Baddi-Barotiwala-Nalagarh Industrial area with close to 3000 factories. Apart from this region, other areas of the state also see a high rate of in-migration for daily wage labour, construction and agricultural labour (Nepal, Kashmir and other regions who work on the apple orchards). While there is no clear data on this available district wise – there are anywhere between 5 to 8 lakh migrant labourers in the state. As far as the situation of the [Public Health Infrastructure](#) is concerned, Himachal has fared much better than many other states as far as primary rural health infrastructure is concerned. For instance, number of beds per lakh population is 124. However, the public health services show regional imbalances – with districts like Kangra, Chamba, Una, Sirmour, Hamirpur and Mandi showing poor availability of services. Other areas like remote tribal regions of Lahaul-Spiti and Kinnaur have the challenge of accessibility and availability of specialised services. The worst aspect of the health care system [is the severe shortage of staff](#) – both specialists and frontline nursing and health worker staff.

On the COVID-19 front, the first significant report in the English print media appeared in early [February where the government](#) said that it was tracking people with a history of travel abroad, specifically China and that 145 such persons had been identified and put under surveillance. It needs to be noted that apparently [none of these were tested](#) but they were kept under observation for symptoms.

On 4th March, a [review meeting](#) was reported to be held in the state by the CM. At this time there were 3 reported cases of COVID-19 whose samples were sent to Pune for testing. In this meeting the CM had said *“that those who have visited Wuhan City, Hubei Province of China during past 14 days or any time after 15th Jan, 2020, would be examined either at IGMC or Dr. RPGMC Tanda, Kangra and samples would be taken for Corona Virus infection. Apart from this, people who have visited China or any other COVID-19 affected 12 countries any time after 10th February, 2020, and suffering from acute onset of fever, cough and shortness of breath would be examined either at IGMC Shimla or Dr. RPGMC Tanda”*. It appears that up until this time the focus was on those with symptoms and travel history to China and other 12 COVID-19 affected countries.

The issuing of the [notification by the Department of Health and Family Welfare](#), titled Himachal Pradesh Epidemic Disease (COVID-19) Regulation, 2020 on 14th March was the first concrete step which brought the administration into action. Religious, social and cultural gatherings were banned thereafter on the 16th of March. And on 20th March the first two cases of COVID-19 were reported in Kangra district following which entry of all tourists, domestic and foreign was banned in the state on the same day. A curfew was imposed in the State on 24th March 2020, a day before the national lockdown was announced. IGMC, Shimla and Dr. Rajendra Prasad Medical College, Tanda were declared as the official testing centres for COVID-19. It has been more than two weeks since the curfew and as of 11 April 2020 as per the [website of the Department of Health and Family Welfare](#), 5200 persons were put under surveillance, 954 samples were taken in the state of which 922 tested negative and 32 tested positive. There has been only one death so far. Of those tested positive 14 were from Una, 7 from Solan, 4 from Kangra and 4 from Chamba, 1 from Sirmour district.

In the last two weeks helplines and control rooms have been put into place. Other measures have been taken by the District Administration and the SDMA (State Disaster Management Authority) cells to ensure availability of essential supplies and deal with other emergencies during the curfew. A third centre has been identified for testing (Kasauli). Orders were issued by the state government to allow pastoralists to continue their movement through grazing routes and also to all Panchayats to collect information of families that may need support in terms of rations and submit to the district administration.

The incidences of violence and brutality to the extent/intensity that we saw in many other parts of the country by the police, were not reported in Himachal. Infact some police officials have sent out public messages for exercise of restraint and compassion in dealing with those who may have been forced to break the curfew due to unavoidable circumstances. There have been untoward [incidents of vigilante violence](#) which are disturbing. Very few reports on the conditions and needs of migrant workers and the impact of the lockdown on different marginalised communities in the state have come out.

Social Stigma: A prominent issue of concern since the lockdown & implications

In the last three weeks the focus of the official news bulletins and media headlines has been on the spread of the disease. The decision of the state government to trace out persons from Himachal who attended the Tablighi Jamaat event in New Delhi in mid-March to ensure the safety of all members of society and as an effort to prevent the spread of the virus has been the focus of the state briefings as well as the media since early April. However, attention needs to be drawn to the adverse scenarios that have emerged in the wake of the selective tracking and excessive media focus on the participants of the jamaat event.

1. Social Stigma and fear-mongering around the disease: This is a disease around which there is already a lot of social stigma. Much of this is because of lack of adequate information and also fear-mongering especially on social media. Details of person/s infected by the virus need to be handled sensitively and sensibly keeping in mind the [guidelines of the WHO](#) which have clearly stated that governments should refrain from religious profiling of COVID positive cases and no ethnic group faces discrimination in the handling of the disease. In case of Himachal repeated mentions of the 'jamaat' in press briefings and media statements has led to headlines being centred around the subject and this in turn has fed and fuelled the [fake news](#) factory and a false understanding amongst the masses about how the disease spreads

2. Reports of religious discrimination due to fake news and nature of headlines: Reports of overt and covert forms of boycott, ostracization and discrimination by fellow community members. First hand reports of such discrimination have come from Chamba, Una and other places. The [death of a youth, who came into contact with people visiting the Nizamuddin markaz, and later committed suicide](#), despite testing negative, due to discrimination faced by him in the village, is a heart wrenching illustration of the degree and nature of pressure and hatred faced by the members of the Muslim community in the state. Members of the Gujjar community [have reported that they are facing harassment by local people](#), even as they are going to access the forests for grazing, fodder, collection of non-timber forest produce for their livelihoods. It needs to be understood that all communities dependent on selling of milk, paneer, ghee and other rural produce as it is have got impacted due to the lockdown. The sensational reporting by the media and the fake news demonizing members of the minority community have made matters worse for all community members irrespective of their association with the 'jamaat', as people in the village stopped buying their produce and relating with them.

In the next few weeks, the people of migratory communities will start moving to high altitude summer pastures and there is an urgent need of an awareness program with villages from where these communities are going to pass to avoid unnecessary conflicts and vigilante action.

3. Authoritarian approach counter-productive: The announcements and [threats of legal action](#) in regard to testing adds further tension to the communalized environment and may create such a scenario where those who are being targeted will not feel safe to reveal their travel history or open up about their contacts with someone who may have been part of the markaz or in fact any public event/gathering. It is the duty of state government to create a safe and secure environment for its people to be able to come forward for testing. The steps

taken by the [SP at Chamba](#) to urge people to maintain social harmony are appreciable and such an environment needs to be created.

Statements of condemnation and call for strict actions should be issued in cases of violence against minorities, migrant labourers and aasha workers as we have seen in Himachal.

4. Danger of 'sampling bias' and 'selective testing': Public health experts and epidemiologists who have studied this disease have rightly pointed out that this is a disease that spreads in clusters and thus social distancing is an effective measure for control. This is also why contact tracing is being used as a method to identify potential cases. In Himachal we have had a poor testing rate of about 131 per 10 lakhs (as on 10th April 2020) and it is not clear if a large part of the samples tested are of members of the 'jamaat'. [Public health specialists have warned](#) that there may be a [sampling bias](#) that takes place and that gives an impression about the spread and high incidence of the disease in a single community. Other potential clusters like those industrial belts, tourist and religious sites may also be identified as high-risk zones and testing should be done in those areas. There is no information available whether the health department has a list of all hotels and rest houses where international tourists have stayed and visited in the last two months, for instance.

5. Danger of lowering defences: There is also a grave danger that excessive focus on the 'jamaat' issue and the spread of the idea that once we have tracked down and sealed these areas we are 'safe', may threaten our preparedness to deal with the disease. The perception that has developed among the public is that the disease is prevalent in a certain religious community and thus, once they are quarantined and disease contained, there is no further threat. The statement of the CM that 75% of the positive COVID-19 cases are of jamaat cluster and other such similar statements are in violation of WHO guidelines and could be counter-productive.

Critical issues that have not received enough attention

There are very critical issues that need the urgent attention of the state apparatus and the media and information about these needs to be made public. These include:

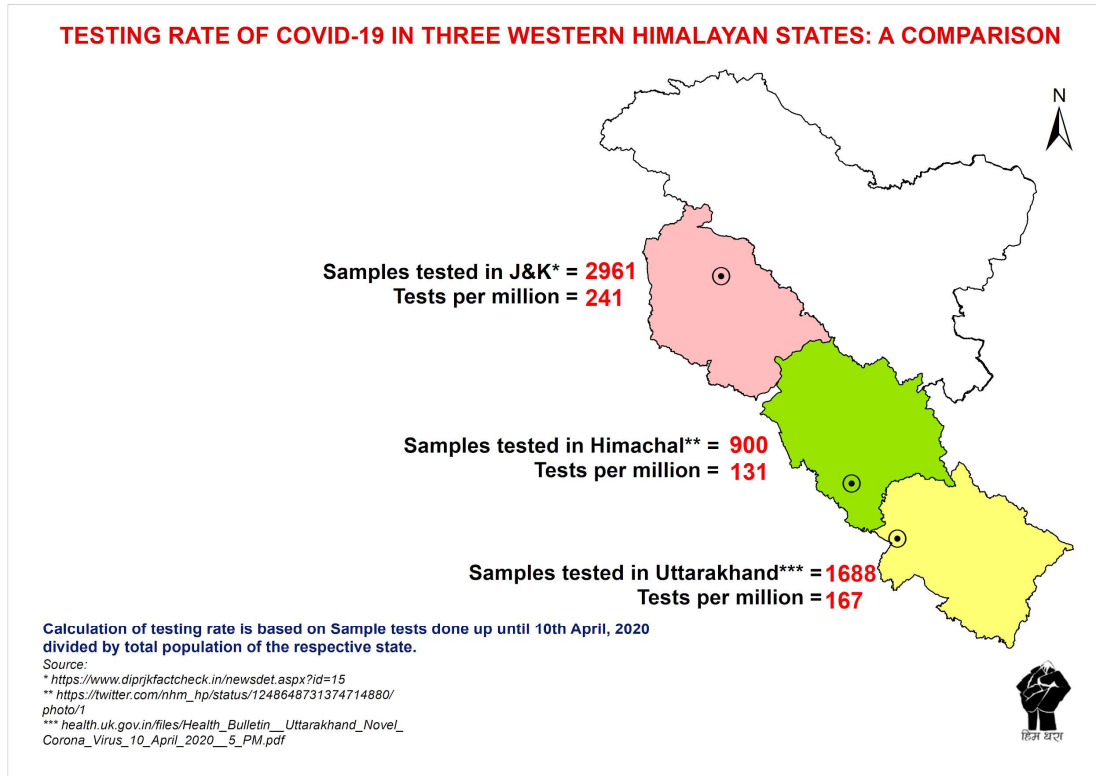
Preparedness to deal with transmission:

Information about the following is neither available in public domain nor reported by the media:

- Status of PPE kits
- Work being done on increasing testing kits and testing centres
- Availability and access of ambulances and other emergency services
- Number of ventilators in each district – especially high-risk areas
- Number of quarantine and isolation centres identified in each district
- Status of health workers and their safety- Training and Orientation of Aasha Workers and details of safety kits distributed.

Many states have included this information in their media bulletins and the Himachal health department needs to do the same in the everyday bulletins being given to the press.

A comparative analysis with the other two western Himalayan states shows that the testing rate in Himachal is far lesser – this despite Himachal being ranked better in the health infrastructure than other two states. (See map and table below)



State/ UT	Total number of samples tested	Number of negative samples	Number of positive samples	Deaths	Recovered	Total population (million)	Tests conducted Per million
Jammu & Kashmir*	2961	2754	207	4	6	12.3	241
Himachal Pradesh**	900	870	28	1	5	6.86	131
Uttarakhand***	1688	1320	35	0	5	10.1	167
Total	5549	4944	270	5	16		

Source: *<https://www.diprjfactcheck.in/newsdet.aspx?id=15>

** https://twitter.com/nhm_hp/status/1248648731374714880/photo/1

***health.uk.gov.in/files/Health_Bulletin_Uttarakhand_Novel_Corona_Virus_10_April_2020_5_PM.pdf

Data used is up until 10th April 2020. There may be slight/minor variation in numbers depending on the time of the media bulletins release in different states

Status of Migrant and Daily Wagers:

The data on migrant workers in the state is not easily available. Figures from the census of 2001 show that the number of in-migrants from other states was 1.88 lakhs about 20 years ago. There may have been a threefold increase in this number according to some estimates. Further there are intra state migrants and then those who are out-migrants. The conditions of these communities in the lockdown period have not received enough attention. People have [walked on foot from one district to another](#) and [those stuck outside](#) the state have appealed to be able to come in.

1991 Population, 2001 Census data on inter-state migration based on last residence (0-9), migration rate and growth rate of population – States/UTs

State	Population (1991)	In-Migrants from other States (2001)	Out Migrants (2001)	From other countries (2001)	Net In-Migrants (2001)	Migration rate (per 100) (1991-2001)	Growth rate of population (1991-2001)
Himachal Pradesh	5,170,877	188,223	165,776	28, 276	50,723	1.0	17.54

Intra-state migration by last residence (duration 0-9 years)

State	Rural to Rural
Himachal Pradesh	439,222 (71.8%)

Source:

[http://censusindia.gov.in/Data_Products/Data_Highlights/Data_Highlights link/data_highlights_D1D2D3.pdf](http://censusindia.gov.in/Data_Products/Data_Highlights/Data_Highlights_link/data_highlights_D1D2D3.pdf)

While some district administrations have actively responded to the needs of the communities like migrant workers, daily wagers and low-income families in the state, it is important to mention the role of Panchayats, active citizens and civil society groups who have contributed financially as well as physically in distributing rations and other relief and required materials to families who may be in a difficult situation.

However, there need to be separate press briefings with regard to the government led relief operations. The following information needs to be put into public domain and the media must report on accountability and transparency:

- Number of inter and intra state migrant workers and homeless people/families in each district that may be needing help and steps taken by the administration to carry out an assessment
- Number of people without ration cards who need rations to be disbursed
- Amount collected and expended from the CM relief fund and other funds in order to reach necessary relief material to migrant and daily wagers and needy families
- Status of availability and provision of rations to BPL and other needy but unregistered families
- Plans to mitigate the impact on MNREGA workers and other day- based livelihoods not registered under MNREGA.
- Provision of mid-day meals at home
- Plan to be made for the Himachalis working in other parts of the country or in other districts of Himachal to return back to their homes.

Gender discrimination in the time of lockdown

Women, in the times of pandemic crisis and lockdown, due to confinement to enclosed family spheres and lack of access to public spaces, are exposed to a whole set of vulnerabilities. They are the frontline caregivers and also victims of violence and abuse. Majority of health workers and nursing staff are women and ensuring their safety and economic security should be of utmost concern. There are a total of 32376 [Asha workers in Himachal](#). The incident of an ASHA worker being harassed and attacked in a village has also come up during this period along with increasing reports and calls about cases of domestic violence.

- District level helplines and services to deal with cases of domestic violence also need to be tightened and put into place so that women, who may be stuck in homes where they are being abused may reach out for help.
- Involve Mahila Mandals and women's groups in developing local response mechanisms

Summary of Steps to take as governments mull over extending lockdown:

- Testing more and increasing the test rate
- Ending myths, social stigma, hate and fear-mongering around the disease especially against vulnerable communities. Strict and immediate legal action in cases of violence against migrant labourers, health workers and members of minorities.
- Adhere to guidelines of WHO and ICMR while reporting about the disease
- Step-up on preparing the public health system and emergency response mechanism (safety plus testing kits/beds/personnel/ventilators etc) and report the status of the same in media briefs on a daily basis
- Provide information in public domain on status of the relief work and facilities extended to low income families, migrant and daily-wage labour and other vulnerable communities
- Assessment and fulfilment of fodder, seeds and other needs of farmers/livestock rearers – involving farmer organisations in the same
- Ensure access of all central and state government relief schemes and release daily bulletins on the same

- Involve non-governmental organisations and activists in co-ordination, planning and lockdown exit plan at district level.
- Use a participatory approach. This is a public health crisis and an authoritarian centralised approach is not just counterproductive but a threat to our democracy
- Ensure safety of health workers and frontline health personnel
- Address the problem of those who may be stuck outside the state - allowing their return into the state after adequate testing and quarantine measures
- Special measures to be taken keeping in mind the non accessibility of remote and inaccessible regions like Lahaul Spiti and Kinnaur where the disease may spread in the winters
- The lock-down exit strategy task force should chart out a long term plan to put in place a robust bottom up institutional mechanism at the district, block, panchayat and ward levels. Through these channels, quarantine and public health facilities, status of essential commodities and services, handling of coronavirus testing, conditions of migrant workers, status of daily wage labourers and other vulnerable section, should be monitored during lock-down extension period. The police and vigilance departments may work in close co-ordination with these channels.

This is a time when mountain communities, mostly residing in rural, remote, difficult and far flung areas, need each other's solidarity and support to survive the lockdown period and to deal with the disease together. Maintaining peace and harmony must be the priority and responsibility of each and every citizen of the state, especially the media and the state apparatus.

Himachal is a state that was until a few years ago neck to neck with Kerala in some of the social development indicators like health, education and basic infrastructure. There needs to be an honest assessment of the failures of the system. We need to learn our lessons from the [example of Kerala](#) and how they have dealt with the COVID-19 crisis. As a small state with a low density of population and a resilient community we have many advantages that we must use at this moment. The government must work on setting an example as Kerala has set for the rest of the country rather than losing the plot in the time of the pandemic.

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