Impact Of Covid-19 On Social Relations & Priceless Efforts Of SHGs

1. Dr. SHASHANK SHEKHAR THAKUR, Associate Professor, Department Of Sociology & Social Work, Barkatullah University-Bhopal (M.P.)

2. SUSHMA MISHRA, Department Of Sociology & Social Work, Barkatullah University- Bhopal (M.P.)

Abstract-The outbreak of the novel corona virus, COVID-19, has been declared a pandemic by the WHO. The structures of social contact critically determine the spread of the infection and, in the absence of vaccines, the control of these structures through large-scale social distancing measures appears to be the most effective means of mitigation. The impact of social distancing measures - workplace non-attendance, school closure, lock down - and their efficacy with duration is then investigated. A three-week lockdown is found insufficient to prevent resurgence and instead, protocols of sustained lockdown with periodic relaxation are suggested. Forecasts are provided for the reduction in age-structured morbidity and mortality as a result of these measures. When authorities and the administration, medical experts and Doctors, Police, Researchers and Scientists are contributing their share during this global crisis, history will also certainly remember the SHG members and their priceless efforts for the greater interest of the rural masses at large.

Keywords- WHO-World Health Organization, MPDAYSRLM-Madhya Pradesh Deen Dayal Antyodaya Yojna Sate Rural Livelihood Mission, NPA-non performing asset, NRLM-National Rural Livelihood Mission, PMGKY-Pradhan Mantri Gareeb Kalyan Yojana, DBT- Direct Benefit Transfer, WCD-Women & Child Development Department.

INTRODUCTION

The novel corona virus, COVID-19, originated in Wuhan and has spread rapidly across the globe. The World Health Organization has declared it to be a pandemic. In the absence of a vaccine, social distancing has emerged as the most widely adopted strategy for its mitigation and control .The suppression of social contact in workplaces, schools and other public spheres is the target of such measures. Since social contacts have a strong assortative structure in age, the efficacy of these measures is dependent on both the age structure of the population and the frequency of contacts between age groups across the population. As these are geographically specific, equal measures can have unequal outcomes when applied to regions with significantly differing age and social contact structures. Quantitative estimates of the impact of these measures in reducing morbidity, peak infection rates, and excess mortality can be a significant aid in public-health planning. This requires mathematical models of disease transmission that resolve age and social contact structures. In this paper we present a mathematical model of the spread of the novel corona virus that takes into account both the age and social contact structure. We use it to study the impact of the most common social distancing measures that have been initiated to contain the epidemic in India: workplace non-attendance, school closure, "JANATA CURFEW" and lockdown, the latter two of which attempt, respectively, complete cessation of public contact for brief and extended periods. We emphasize that models that do not resolve age and social contact structure cannot provide information on the differential impact of each of these measures. This information is vital since each of the specific social distancing measures have widely varying economic costs. Our model allows for the assessment of the differential impact of social distancing measures. The COVID-19 strain, which surfaced in a Chinese Seafood and poultry market late last year, has now spread to at least 210 countries, killing thousands around the world. On March 24, 2020, the Indian Prime Minister announced a 21 day national wide lockdown. This lock down was then extended to May 3. Massive quarantine of people having travel histories, hospital isolation and treatment of all confirmed cases and sanitation of public places is ongoing. A separate Prime Minister's Citizen Assistance and Relief in emergency Situations Fund (PM CARES FUND) has also been set up. Arogya Nidhi has been reactivated and so on.

SELF-HELP GROUP WOMEN EVOLVING AS COVID-19 WARRIORS

As COVID-19 has presented an unprecedented worldwide health emergency, women across the world have come on the frontlines. The members of women's SHGs have been playing a key role in the backdrop of the pandemic. In India, there are approximately 32 lakh women members of around 2.87 lakh Self Help groups (SHGs) formed under the Ministry of Rural Development's Deendayal Antyodaya Yojana-State Rural Livelihoods Mission (MPDAY-SRLM). With the increased demand for medical facilities, these women have taken up the task of producing medical provisions including masks, personal protective equipment (PPE) and face shields for medical and police personnel, cleaning staff. Apart from this, their decentralized networks have enabled them to provide banking solutions, cooked meals and door to door services for the dissemination of accurate information in rural areas.



The work of the SHG members has not only helped in meeting the increased demand for medical provisions, but has also



Ministry of Rural Development, Government of India Preventing infections due to #COVID19. #SelfHelpGroupDidis of #MadhyaPradesh produce #masks and #sanitizers to meet the current demand.

#SHGDidisFightCovid19 #essentialcommodities PMO India, Narendra Modi, Narendra Singh Tomar, Sadhvi Niranjan Jyoti, Ministry of Information & Broadcasting, Aajeevika - National Rural Livelihood Mission (DAY-NRLM)

PMO India Narendra Modi Narendra Singh Tomar Ministry of Information & Broadcasting, Government of India Aajeevika - National Rural Livelihood Mission (NRLM) Sadhvi Niranjan Jyoti provided the members themselves with some financial relief. As per MPDAYSRLM, around 11798 SHG members are presently involved in the manufacturing of masks, sanitizer Soap & Hand Wash they have produced around 1,05,00,000 masks, 75,279 liters of sanitizer, 9,262 hand wash and over 80,0000 lakh Soaps ,33585 PPE Kits and are being sold at the premises of subsidized medical stores and district collectorates at affordable prices as well to various departments like WCD, POLICE, HEALTH etc. on their demand. In M.P. Poor rural women who were initially engaged in stitching school uniforms have began sewing masks and have produced more than one million cotton masks. These women have earned about INR 4.08 crore. Several SHGs have also set up community kitchens across the state to feed informal workers and the vulnerable the network is delivering free ration and grocery kits in the remote tribal hamlets in the district and is running about . Moreover, women SHG members, who also work as banking correspondents, known as 'Bank Sakhis', have continued to provide doorstep banking services to remote areas. They are distributing pensions as well as enabling the most vulnerable to access credits into their accounts through direct benefit transfers (DBT). The work of the SHG members has not only helped in meeting the increased demand for medical provisions, but has also provided the members themselves with some financial relief. The members who were earlier deprived of their daily incomes due to the lockdown are now able to earn

1337

IJSER © 2020 http://www.ijser.org International Journal of Scientific & Engineering Research Volume 11, Issue 6, June-2020 ISSN 2229-5518

around INR 300-400 per day.

In addition, through a digital training program, the SHGs will be equipped to create awareness about social distancing and steps to be followed in the community. They will also suggest practices for maintaining personal hygiene, sanitation and adopting cashless practices. MPDAYSRLM is a program spearheaded by the Government of Madhya Pradesh through the Madhya Pradesh DAY Rural Livelihoods Mission, has collected more than 800 federation leaders' mobile numbers. It is using the Whatsapp & Tele Conferencing platform to release voice messages and is also addressing the community's queries regarding COVID-19.

ECONOMIC RECONSTRUCTION & SHELF HELP GROUPS

There is an urgent need for economic reconstruction in the post lockdown period. SHG loans have the potential to facilitate and boost investment or spending. They also provide a safety net to improve resilience during a critical time of need. Such loans enable women to avoid high interest rates and harsh conditions placed on borrowers by banks. It has been observed that women SHGs have a gross NPA ratio of 4.5 percent, much lower than the industry average. Therefore, it is necessary to keep the SHGs solvent and recapitalize them so that they have adequate liquidity to lend and play their vital role in the recovery process. Under the Pradhan Mantri Gareeb Kalyan Yojana (PMGKY) relief package, Finance Minister Nirmala Sitharaman has doubled the amount of collateral-free loan to Rs 20 lakh for women SHGs to meet their business requirements. This is likely to provide immediate support to 63 lakh SHGs benefiting 70 million families.

SHG loans have the potential to facilitate and boost investment or spending. They also provide a safety net to improve resilience during a critical time of need. Beyond the financial scope of SHGs' outreach, an equally essential dimension to the groups' importance is the psycho-sociological support that is shared amongst the group members. For instance, in the 2014 Ebola Virus Disease outbreak, the members' social cohesion was reinforced within the Village Savings and Loan Associations (VSLA) or SHG and the network at large. The group promoted harmony and solidarity amongst VSLA members. In Liberia, one such member explained that in the aftermath of the death of her family members from Ebola, the group made an exceptional moral,



financial and psychological contribution that helped her during the period of extreme grief and loss. In times of crisis such as the present outbreak, SHGs are the most suitable channel for support and established last-mile infrastructure for vulnerable and the excluded populations. SHGs' extensive decentralized network can help in financial relief through loans and savings, providing emergency funds as well as disseminating relevant information and direction.

Self Help Group member working at MPDAYSRLM stitching center Women's self-help groups (SHGs) have come to the fore as foot soldiers in India's fight against COVID-19 (Coronavirus). So far, more than 91 Lakh masks have been produced by some 11798 SHG Members across districts in state of Madhya Pradesh.

SHGS EFFORTS AS CORONA FIGHTESRS

Women Self Help Groups in India have risen to the extraordinary challenge of COVID-19 (Coronavirus)

pandemic. They are meeting shortfalls in masks, sanitizers and protective equipment, running community kitchens, fighting misinformation and even providing banking and financial solutions to far flung communities.

"The women's movement that started as a leap of faith some 15 years ago has proved to be an invaluable resource in these difficult times. Our partnership with the Indian government in building social capital among the rural poor has paid off in



spades," said Gayatri Acharya, who leads the World Bank's \$750 million support for India's National Rural Livelihoods Mission. NRLM is India's flagship program to reduce poverty by mobilizing poor rural women into self-help groups and building community institutions of the poor.

Over the past two decades of the Bank's association, India's SHG movement has evolved from small savings and credit groups that sought to empower poor rural women, into one of the world's largest institutional platforms of the poor. Today, 67 million Indian women are members of 6 million SHGs.

"Women at the center of development has been an important story in South Asia. In these extraordinary times, when we are all united in our fight against the Covid 19 virus, these women's groups are playing a critical role". Meeting the shortfall in masks, sanitizers and protective equipment. Now, more than ever, these women - many of whom escaped poverty through the SHG route and know what it is like to be destitute and poor - are living up to their motto of self-help and solidarity.

Groups across the country are working furiously to make up the shortfall of masks and personal protective equipment (PPE). In Madhya Pradesh, for instance, poor rural women who were once engaged in stitching school uniforms are sewing masks instead. Over the past couple of weeks, these women have produced more than 91 lakh cotton masks, helping equip police personnel and health workers, while earning something for themselves.

SHGS RAISING AWARENESS ABOUT- COVID 19 IN RURAL AREAS

Significantly, the SHGs are helping curb rumor and misinformation. The women are systemically using their vast network of Whatsapp groups to ward off chaos and confusion, providing critical support to the government in this hour of need. The recent devastating impact on migrant labor, where huge numbers of suddenly out of work families started walking back to their villages hundreds of miles away, shows how critical it is for authentic information to filter down to the grassroots."

"Women's groups are also disseminating COVID related messages among hard to reach populations. In is spearheading the government's Break the Chain campaign by raising awareness about hand hygiene and social distancing through mobile phones, posters and weekly meetings. In Madhya Pradesh, one of India's poorest states, **MPDAYSRLM** is Madhya Pradesh's state's SHG platform is spreading the word about washing hands, quarantine and self isolation through leaflets, songs, videos and phone messages. Women are also running help desks and delivering essential food supplies to the quarantined. In Madhya Pradesh, where large numbers of people migrate to other states to work, they are running a dedicated helpline for returning migrants and other vulnerable families.

SHG WOMEN PROVIDING BANKING AND PENSION SERVICES DURING COVID PANDEMIC

Since access to finance is critical for people to sustain themselves during the lockdown, SHGs women who also work as banking correspondents have emerged as a vital resource. Deemed as an essential service, these Bank Sakhi's have continued to provide doorstep banking services to far flung communities, in addition to distributing pensions and enabling the most needy to access credits into their accounts through direct benefit transfers (DBT). Banks have given these women special orientation and provided them with financial incentives to enable them to continue to work during the lockdown.

"Across districts in state of Madhya Pradesh, women's SHGs have risen to this extraordinary challenge with immense courage and dedication," summed up by CEO- MPDAYSRLM, Mr. L.M. Belwal .

"Their quick response to food insecurity and shortages in goods and services shows how this decentralized structure can be a vital resource in a time of crisis. The strength of India's rural women will continue to be essential in building back economic momentum after the most critical period is over."

SELF-HELP GROUPS RISE TO COVID CHALLENGE

The responsiveness demonstrated by SHGs during the Covid-19 crisis at the community level is commendable. SHGs located in 52 districts came forward and have already manufactured over 91 lakh face masks for distribution. SHGs are also involved in the distribution of dry rations, and provision of cooked food to the poor. Their role is being expanded to produce sanitizers, protective gear and gowns for frontline workers.



The SHGs are cohesive/collaborative groups with a flat leadership structure (for example, while being engaged in the farming activity, a women farmer with several years of experience would assume the role of a project leader, but when a non-farming opportunity arises, another member with an appropriate skill set takes over). This helps them to respond to the fast changing requirements and in ensuring quick skill transfer from one member to another example when the requirement for providing face masks presented itself in the wake of Covid-19, a large number of SHGs quickly responded and organized themselves into face mask producing units. The expansion of SHGs in newer areas is quicker when the work involves relatively low level of technology, there exists an easy availability of raw material, quality expectations are well defined, instructions for production are simple and clear and the uptake of production is assured.

CONCLUSION

The SHGs are a homogeneous grass root level organization, socially sensitive, with a high level of pro poor orientation because of their composition, capable of scaling up or adapting quickly through a federating and reforming process. This makes them extremely useful in times of natural disasters, particularly for disseminating socially important messages, including, but not limited to, health, nutrition and education. As they mature, the SHGs will potentially prove themselves to be invaluable in ensuring literacy; sanitation and hygiene; ante natal and neo natal care; nutrition to child and mother; inoculations and vaccinations and social hygiene etc. There is an urgent need to invest in SHGs, and to consider simultaneous investments in the panchayats to get the best synergistic impact.

REFERENCES

[1] N. M. Ferguson et al., "Impact of non-pharmaceutical interventions (npis) to reduce covid-19 mortality and healthcare demand," London: Imperial College COVID- 19 Response Team, March 16 (2020), 10.25561/77482.

[2] K. Prem, A. R. Cook, and M. Jit, "Projecting social contact matrices in 152 countries using contact surveys and demographic data," PLoS Comp. Bio 13, e1005697 (2017).

[3] "https://www.populationpyramid.net/" .

[4] Martin C. J. Bootsma and Neil M. Ferguson, "The ef- fect of public health measures on the 1918 influenza pan- demic in u.s. cities," Proc. Natl. Acad. Sci. 104, 7588–7593 (2007).

[5] Richard J. Hatchett, Carter E. Mecher, and Marc Lip-sitch, "Public health interventions and epidemic intensity

9 during the 1918 influenza pandemic," Proc. Natl. Acad. Sci. 104, 7582-7587 (2007).

[6] Lev Semenovich Pontryagin, Mathematical theory of op- timal processes (Gordon and Breach, New York, 1986).

[7] G. E. P. Box, "Science and statistics," J. Am. Stat. Ass. 71, 791-799 (1976).

[8] R. M. Anderson, B. Anderson, and R. M. May, Infec- tious diseases of humans: dynamics and control (Oxford university press, 1992).

[9] M.J.KeelingandP.Rohani, Modeling infectious diseases in humans and animals (Princeton University Press, 2011).

[10] S. Towers and Z. Feng, "Social contact patterns and control strategies for influenza in the elderly," Math. Biosci. 240, 241-249 (2012).

[11] N. M. Ferguson et al., "Strategies for mitigating an in- fluenza pandemic," Nature 442, 448-452 (2006).

[12] O. Diekmann, J. A. P. Heesterbeek, and M. G. Roberts, "The construction of next-generation matrices for com- partmental epidemic models," J. Royal Soc. Int. 7, 873–885 (2010).

[13]"https://github.com/rajeshrinet/pyross" .

[14] "https://www.worldometers.info/coronavirus," .

[15] National & State progress reports, MIS & interventions of SHGs during COVID- 19 Pandemic.