



Research Article

Covid-19 and the Human Perception of Villagers of Kolachery Grama Panchayat in Kannur District, Kerala

Author (s): Arya, C.¹

¹Research Scholar, Department of Anthropology, Kannur University, Kerala, India

Corresponding Author: * Arya, C.

Abstract

COVID-19 is an infectious disease and human population affected by the disease having short-term and long-term or permanent changes and having vivid opinion and experiences from the individuals of a village population and their lifestyles have been drastically altered. Outbreaks have created significant changes and the various studies on this subject have been published worldwide. This research is bridging the gap between the research and the practice from an anthropological viewpoint. To learn about the fact, problem and resilience regarding the COVID-19 situation, it was important to study a Panchayat in total. Different individuals are having vivid nature, and learnt different lessons in connection with their perspectives towards COVID-19 and how they changed their setting. It is socially relevant to understand the social functioning, how increased digitization and internalization of communication processes affect social behavior of people in each family located under Kolachery Panchayat. This fieldwork data could be helpful in determining knowledge, perception and attitude of Coronavirus Disease among students, senior citizens, parents and earners who are all confined in every family.

Manuscript Information

- ISSN No: 2583-7397
- Received: 10-11-2023
- Accepted: 18-12-2023
- Published: 26-12-2023
- IJCRM:2(6);2023:93-109
- ©2023, All rights reserved
- Plagiarism Checked: Yes
- Peer Review Process: Yes

How to Cite this Manuscript

Arya, C. Covid-19 and the Human Perception of Villagers of Kolachery Grama Panchayat in Kannur District, Kerala. International Journal of Contemporary Research in Multidisciplinary. 2023; 2(6):93-109.

Keyword: COVID-19, Resilience, Perception, Communication, Fieldwork data

1. Introduction

Natural calamities and social upheavals can have severe and protracted effects. The WHO held a virtual press conference on March 11th 2020 to confirm a new virus strain. As an illness sign of contagion virus caused by a new come out of its viral variant, such as Corona infection, it is more probable to appear a pandemic spread. With such a wide reach and explosive size, COVID-19 has been emerged and proclaimed an epidemic, and the globe braced itself for such impact. Lockdowns were implemented, economies were brought to a halt, and transportation also interrupted. Pandemics in world history have habitually started with animal pathogens before spreading to human beings. Because the populace does not have the means to stop them, these quickly spread over the planet.

One of the main reasons it has been very difficult to follow this outbreak is the variety of its symptoms. Many populaces develop COVID-19, however because the illnesses are indeed delicate, most of them choose not to seek medical attention. The affected individuals are not recorded in the database. COVID-19 also spreads from person to person and travels longer, and zoonotic diseases are more difficult to eradicate. The less fundamental information is that this is not the last significant outbreak world would ever witness because of the manner that humans are interacting with the planet earth. There will be a chance of more epidemics and outbreaks are assumed in the future. Infectious disease has consequences that move beyond biological sense and knowledge. Individuals, groups and civilizations are all affected by the disease, which often

result in long-term, permanent changes. Many individuals' lifestyles have been drastically altered, because of the viral strain's limit on their travel and social gatherings. While some social activities were able to continue in the cyber domain via video and audio chats, online programs and other means, others could not. The outbreak of the Coronavirus (COVID-19) has been evolved to create significant influences on a variety of facets of daily life. Although various studies on the subject have been published in Kerala, there has not yet been an appraisal of studies on the effects of COVID-19 on environmental elements from an anthropological viewpoint. This research bridges the gap between research and practice, as a result, learn about the problems in specific locations in Kannur District in order to comprehend and compare the effects on different areas. Furthermore, a review of the papers in this cluster provides insight into the link between the COVID-19 pandemic and the environment. COVID-19 has a variety of footprints on different individuals with the majority of infected ones developing mild to moderate symptoms and recovering without medical assistance.

2. Methodology Adopted for the Study

The research setting in this study is Kolachery Grama Panchayath belonging to Kannur district and distributed in 17 wards. As a first step to establish initial contact and rapport building a pen-paper questionnaire method was used for one month. Data from the target groups of health sector personnel were procured mostly through personal group interviews according to the availability of the source. Other information was gathered from randomly selected 1500 respondents via telephonic conversation, direct interview, participant observation, informal interview and video calls during 15th December 2021- 18th June 2022 in accordance with the research design.

3. Reflection on Existing Studies

The published and unpublished research materials elucidate that COVID-19 has impacted significantly on global healthiness and among various populaces worldwide gave prime concern to their health and hygiene could dramatically changed business environment, working conditions, data analysis, levels and frequencies of mental health and learning simultaneously. Countless studies have been done at different matters of Coronavirus disease with multiple sectors such as its emergence and etiology, consecutive laboratory experiments, mode and genesis of transmission, incubation period, populaces at high risk category, prevention and control, mental health amidst of pandemic, challenges in education, vaccination and vaccine hesitancy and post-COVID illness as well as influence of pandemic in various sectors. All such issues have been critically analysed by the social scientists and revealed positive and negative correlations across wide range of actions at the time of 2020-2022. It is identified from the database of existing literatures that, between the outsets of the emerging viruses of COVID-19 pandemic for the past two years, researchers with different viewpoints from all across the world have written as many as 87,000 publications on Coronavirus disease already,

according to the recent analysis. They were appalled by the enormous volume of articles and other studies that resource persons published on the topic in such a short stretch of time, even considering the significance of the epidemic. These social science studies are essential to comprehend how social and cultural factors have been determined to relearn and unlearn current community health tactics. There are knowledge gaps still that must be filled in many areas incorporating with basic sciences, medical sector, public applied sciences and integration of action anthropology to efficaciously turn aside and provide an answer to time ahead. China, Italy as well as US, the three countries are on the top in worldwide publishing of articles pertaining to COVID-19. A considerable amount of literature has been brought out on the exerting influence of COVID-19 in various sectors. However, there has been relatively little literature published on the familial environment and it is influenced by social networking apps due to the pandemic. Numerous studies on mental health have argued that the predicament of COVID-19 is notably the most exacting time for almost all age groups including students and old age members and comparatively less challenging for those who are working in the IT sector. Several studies have revealed that online cross-sectional survey or online self-reporting (via most used app named Google Forms) of mental state of well being and illness, people at hazardous virus infection, financial issues, post-COVID syndrome, vaccine hesitancy, work from home, online education had multiple biases in different ways and the response rate was not high and also the study is probably confined to the survey. Thus the research to date has tended to focus on the received responses. Data from several studies have identified the importance of direct methods of data collection. The existing studies have been conclusively shown that empirical data collection is required for social research. Other studies have proved and considered the correlation in the middle of social interaction and mental state of well being. The status of immigrant workers and the impact of the pandemic on gulf returnees are the two streams that have not gained a peculiar focal point yet. This research is bridging the data gap regarding the status of migrant workers and gulf returnees. Online cross-sectional surveys have limitations and much of the previous literature have only focused on repeated objectives and online surveys with different research settings as well as different targeted population. It has been demonstrated that COVID-19 profoundly affected the daily lives of many and varied from society to society and individual to individuals.

Kolachery Grama Panchayat

Kolachery Grama Panchayat in the Kannur district, Kerala located under Taliparamba Taluk, Edakkad block established in 1963. Kolachery Grama Panchayat covers an area of 20.72 sq km and consists of two villages namely, Kolachery and Cheleri. The Panchayath bounded on the east by Mayyil and Kuttiyattoor Grama Panchayats, on the northward by the Valapattanam waterway, on the southward by the Munderi River and on the west by Narath Panchayat. Kolachery is an area in the intermediate region and the Valapattanam River flows through the boundaries of Kolachery Grama Panchayat,

which is a hilly region of sandstone with its valley and plains. It is generally believed that *Kolachery* is a place known by its name in Malayalam from the fact that four ancient rulers who were not hesitant about beheading ruled the place. Kolachery is the land that has given full evidence of the caste system in Kerala. The area was home to *Namboodiri* (an upper caste) settlements, *Nayar* (a caste) lands and slum villages of the lower castes. *Karumarath illam* (settlement of Brahmin caste) was a prominent house in Kolachery. There were 41 houses in the past and most of the land in Kolachery belonged to the *Karumarath* house. During 2019-20, Kolachery Grama Panchayat achieved ISO certification for quality management of people-friendly services and renewed it for the year 2020-21 also the front office was equipped with modern facilities. However, the physical condition of the Panchayath needs to be further improved. The project needs to be prepared for the year 2021-22 for the basic development of the office. According to the 2011 census report, Kolachery Grama Panchayat has a population of 27,943 and the population in 2001 was 25,949. An increase of 1994 in ten years occurred according to the latest available data, and has a population of 33,814. Of these, 17,124 were males and 16,690 were females. Panchayat has 26 Anganwadis (Pre-school), 2 Govt. L.P schools, 9 aided L.P schools, 3 aided U.P schools, and Buds School (school for children who require special care) and also an Aided higher secondary school are functioning in the 17 wards. About 1% of the population is physically and mentally challenged and there are 2889 senior citizens. In accordance with the disability level and class of study, the Buds school has a scheme for children with intellectual disabilities. People have opined that the Pain and Palliative Care unit has relatively poor services. 4.5% of the population belongs to Scheduled Castes. The majority of them are subsistence earners through the unauthorized sector. There are 497 families living in 7 scheduled caste colonies and they have very little land. 80% of the people have their own house and most of them are wage laborers. As local bodies had taken proper COVID appropriate behaviors, they could avoid the tragedy leading to many deaths due to COVID-19. About 40% of the people including scheduled castes are still economically backward. The Panchayath has been formulating various schemes for the upliftment of the scheduled castes and scholarships and housing for backward community students and study materials are provided for many of the economically and socially backward students. Kolachery Panchayath has 7903 houses and 2564 establishments. Panchayath formed a Rapid Action Force (RAF) to carry out rescue operations in the event of unforeseen natural disasters. Out of the population of the Panchayath, 15223 are women and 1202 families are female-headed households. There are 18 *Kudumbasree* enterprises. 4016 families are part of Kudumbasree are active in the field of agriculture and women who are members in MGNREGS (Mahatma Gandhi National Rural Employment Guarantee Scheme) are making significant activities. A strong green army, (*Haritha karma Sena*) that provides good services and has an MCF center to store the plastics and these plastics are currently being collected by the *Haritha karma Sena*. Their aim is to transform 17 wards into better sanitation wards.

The Role of State Government in Curbing the Rise of COVID-19

The Kerala State moved into triple lockdown to restrain the spike in COVID-19 occurrences by March 2020. Lockdown strategies necessitated a three-way crackdown on daily needs, adjustability, mingling, proffering and marketing. Public force officials closed every ingress and egress paths into the Kannur district as a whole. There was only a single path for enter and exit thus the State government had deferred rapid transit and constrained unnecessary excursion and progress. Auto rickshaws and call taxis remained stable on the roadways. General populace would name them once as something happened be in the case of critical medical exigency or migration urgency to some places anyways passengers should have carried authentication with affidavit of the grounds for purpose. The general populace, those assembled inward and outward spaces, violated mandated face covering, breaking social isolation norms as they moved out of their households in the absence of logical purpose and they had been troubled in lawsuits and massive penalty. Even though social assemblage was not permitted, there were gatherings side by side made the police force more vigilant and they had partitioned triple lockdown into separate regions to get much attention for the imposition of the epidemic code violation and a senior officer from the police department headed every divided zone. Law enforcers, police vehicle crews for monitoring, office holders, civil servants, representatives of local self-governance and individuals from the neighborhood vigilance had maintained each other at the Panchayats and ward level committees to ensure that people remained indoors and had help at hand in an emergency. Newspaper and milkman would deliver milk and newspapers before 6 in the morning. Public amenities had certain latitude in time schedules and clinical pharmacies and petrol station were remaining as well as the authoritative had constrained most of the business retail outlets, wayside eateries, stationeries and other supplies availed only on alternative working days and bank facilities available at 10 am to 4 pm in the day time on Mondays and Thursdays. Those were in an urgency to migrate by plane and railway travel passengers would be allowable. Public organizations remained shut. Hence, wage laborers, caregivers and house cleaners downloaded e-pass on their respective mobile number to mention the purpose of travelling. Authoritative representatives and news media had reviewed the lockdown status afterwards to furnish further strategies. In fact, it was the duty of the concerned authority to assure fair medical care and advice for individuals who were diagnosed with existing virus variants of COVID-19. Medical supervision and nursing at the time of such an epidemic had been made very expensive that ordinary people could not bear it so far. Such a successful battle with the seventh coronavirus depended on government-public understanding. The representatives of the government would address any concerns of the decadence or impairments of health of tired medical and healthcare personnel. They would inform the authorities needed to decipher some implementations to grant personnel fragmentary repose as it was inevitable for a set of circumstances pertaining to medical precision. In Article 21

of the Constitution, 17th page order says that, Health is necessarily a fundamental right to all inhabitants. Panchayath local authority meetings ensured that public interest kitchen and reasonable cost restaurants provided food to quarantined individuals from different-different households, who were tested positive and under lockdown. There were no curtailments on restaurants and other eateries that had provided food home. The authoritative had issued circumstantial procedures for everything related to social restrictions. Curtailments under the local body were on the basis of the extremity of virus propagation in that locality. On 15th June, 2021 in the 17 wards of Kolachery Panchayath the TPR (Test Positivity Rate) was above 35%. Local authorities declined sanction for festivals, commemorations and gatherings in the time of day hours. In the circumstance with irregularities, the government devised some procedures to inspect and detect aggregation of uninvited participants or to control unwanted crowding. States considered curfew on weekends or nights based on the total of COVID -19 occurrences. However some resolved to inflict regulations or home-quarantine and lockdown strategies had declared ahead of time. On December 8th 2020 onwards gathering or assemblage of populaces owing to elections somewhere in different localities in districts, at the period of pandemic waves had driven to an upsurge in COVID-19 occurrences. Consequently, the general populaces were further watchful of observing COVID arrangements, inclusive of personal health hygiene, social retreating and wear of face-covering. Populace who had been in close-contact with some persons, mixed up in vote-interconnected congregations would be on screen against mild respiratory signs that the concerned individuals might emerge in the previous week prior to election. Medical supervision helped them even if they had the light signs of fever and coughing or other signs of breathing difficulties and respiratory infection. They isolated themselves all of a sudden to assure general safety as the main concern in the middle of growing waves of COVID-19. The government had allowed traders to open for business on all days except Sunday. The administration imposed “Triple Lockdown” only in areas that report more than 10 new COVID-19 cases a week among a local population of 1000 in August, 2021. However, traders ensured that customers obeyed the protocol. They assigned 25 square feet of space to a single customer and the persons who were RT-PCR negative or had already derived a minimum single dose of inoculation could visit shops. A ban on indoor dining remained and however, some of the hotels gave takeaways and set tables in the open or served food inside parked areas. Theatres, schools, colleges, tuition centers and shopping malls would remain closed. Hotels and resorts admitted vaccinated guests following the COVID-19 protocol. Kerala government modified the shutdown and curfew plans of action after 16th June 2021, as the previous mode of curtailments ended. However, such curtailments at several stages obtrude provincially, contingent on the potency of contagion virus trends in that region. The government had permitted inside consumption and by meeting with someone in eateries, cafeterias, ice cream and juice parlors, while beer, toddy, wine shops with dining space and sitting capacity not

outstripping 50% strength from September 26, 2021. The authorities had drawn the directives of the populace to issue authentication of immunization or RT-PCR negative confirmations mandated for outside gatherings. Workforce and servers are completely inoculated to serve customers but not in locked A/c arrangements. Merchants had to keep the entryways, windows and apertures opened for fresh air ventilation. Kannur District Disaster Management often held meeting to intensify COVID restrictions. COVID curb procedures drew up based on the degree of virus propagation in every local body in the Panchayat level. The RT-PCR negative certificate was compulsory for those who arrived from other states. The government had launched various new campaigns such as ‘break the chain’ to build apprehension on the significance of pinpointing individualization to make an end to contagion virus.

Photo 2.1 Kolachery Panchayath Office



Source: Field Data

The government compiled and published data on COVID-19 deaths at the same period, some COVID occurrences went unexposed as agreed in the premises and postulation of contagion virus and its regulation. To avoid consistency or confusion in the numerical value of mortality pertaining to the ongoing pandemic being outlined, ICMR furnished the directions for pertinent documentation of death counting pertaining to COVID-19. PHCs conducted audits and reported deaths to guide data-driven decision-making.

Photo2.2 Agriculture Dept. Office



Source: Field Data

Role of Grama Panchayath and its Representatives in amidst of the Pandemic

Kolachery and Pamburuthi primary health centers (PHCs), Sub-centers as well as Ayurveda and Homeopathic Dispensaries are functioning for the health-care of the people of the Panchayath. Government has plans to formulate for infrastructure development of the hospitals and sub-centers. Panchayath was able to make good use of villagers' time and teach COVID appropriate behaviors through awareness programs. Almost all people attend awareness programs through offline and online mode and they are able to accurately assess diversity in life. Some of the informants belonging to the public were unable to use the lockdown time accurately, they were paralyzed by

headaches, and lack of enthusiasm and some political issues hampered further rescue efforts. However, Panchayath has a well-functioning Kudumbasree unit. Under this unit, small enterprises have been started in every corner of the Panchayath and created many employment opportunities for homemakers, earning income through agriculture and thereby alleviates poverty. As a human being, the man chooses to adapt to his environment and numerous patients who had been infected with first, second or third wave COVID-19 are in much better condition today. However, at the time of testing positive, they were in a perplexed state of affairs and many of them were compelled to borrow money from others. Most of those who suffered during the lockdown were BPL cardholders.

Photo 2.3 Kudumbasree units are undertaking agricultural activities during the second wave lockdown (2021)



Source: Field Data

65% of the population in the Grama Panchayath of Kolachery is engaged in agricultural livelihood. A generation next to the farmers and agricultural laborers and, is working on a daily basis in the construction and other service sectors. For them, Panchayath has projects such as *samridhi* and skill development to create better entrepreneurs. Panchayath formulated an annual plan with more emphasis on the agricultural sector to ensure food security for the people of our country in the face of epidemics, and natural disasters like COVID-19. They have improved necessary schemes to make maximum fallow land cultivable. Farm infrastructure can only be achieved with the assistance of the Employment Guarantee Scheme and the District-Block Panchayats. They have come up with schemes such as complete paddy cultivation and self-sufficiency in vegetable cultivation. The local body distributed free food cereals and edible products under the scheme “Pradhan Mantri Garib Kalyan Anna Yojana (PMGKY), the right to food” campaign due to the economic distress during the first wave of the pandemic. The *State government through local bodies to alleviate food scarcity during the COVID-19 implemented the Subhiksha Keralam programme*. Through the project, people have been able to make fallow land cultivable in the Panchayath as well. Grama Panchayath prioritized animal

husbandry and the supply of cows in the last few years has resulted in a slight increase in milk production. At that time, it was necessary to formulate a dairy product that could produce large quantities of milk. Similarly, the local body has taken steps to formulate self-sufficiency in eggs, milk and meat during the lockdown period. Fish farming was a new era of activity during the lockdown period and when many people from abroad and other states lost their jobs and returned home. Many people, especially Gulf returnees came to fish farming as a main source of their income. Schemes like *Paduthakulam* and ‘Bioflox’ could be set up for fish farming as a livelihood for many people.

Perception of Migrant Workers Regarding the Pandemic

State government announced lockdowns and curfews because of the unprecedented shock of the COVID-19 virus. The vulnerable immigrant laborers faced unexpected loss at wages, and absence of communal security, trade association heads and campaigners. During the first wave of the virus, a number of laborers went back to their village state in the wake of countrywide lockdown that was made public in March 2020 and their circumstances remained unchanging in 2021. As many as 750 migrant workers in the informal sector from the

Kolachery Grama Panchayath started returning home due to COVID-19 disruption. Last year, after the lockdown ended, a lot of migrant workers disoriented their wage labors as the constructors who leased them were unwilling to make sure that the migrants get paid enough by lockdown wages. At the time of the first COVID-19 wave, the laborers had understood that the respective authority was doing nothing for the purpose of their wellbeing. In spite of this, they were protecting themselves and they began to face wage loss due to curfews. They had a rush for leaving workplace to their hometown and the workplace was threatening to the survival of them and their families. It was difficult for the representatives of the government to manage the migrants during the extended lockdown due to the risk of identifying their home state and disbursing relief measures to the migrants, as the local body did not have any of their personal information. None of them tested positive during the first wave of the pandemic, they were rehabilitated in some buildings of the shops, and they had conflict with the local body due to the scarcity of food, in the lockdown period. The local body would provide 2 kg of Atta and grains per day for 15 or 16 migrant workers who were living in a room, which was literally insufficient for their daily diet. The migrants faced the combination of uncertainty and instability rather than the common populace of the Panchayath because of the pandemic related recession. They were unsure about their occupational safety, health and working conditions and the local body failed to provide them social security and welfare measures at the starting phase of the lockdown. Attitude of the local body towards them changed eventually and free food and grains had been given. Migrant workers had bitter experiences in 2020 and they had returned to their localities and paid excessive amounts to return home. They did not have any expectations on new job opportunities. The large-scale return of migrant workers created a standstill in the construction and agricultural sector. The support of the local police and frontline workers from the general population ensured proper monitoring of migrant workers. The respondents from the migrants who returned in May and June 2020 demanded urgent relief to support their families. Majority of them had not received any monetary relief promised by the state government. Some of them went back to their places engaged in some kind of work and agricultural activities or farming for those who have their own lands. Some respondents among them are landless labourers, who went to their home due to the loss of employment and income. Although the majority of the migrants in the unorganised sector had already gone back home states amid the spread of COVID-19 many were staying back with the support of their employers and the labour department. These workers were offered all field-level assistance to combat the pandemic and stay healthily. There were first-line treatment centres and quarantine facilities for the workers. Efforts were also on to look into their food and accommodation requirements through the second phase of the epidemic. The Supreme Court on 29th June 29, 2021 had laid down numerous guidelines to provide relief to migrant workers. The court insisted on food and travel arrangements, ration to whom wanted to return to their home place, and ID proof was not

mandatory for them during the time of their return. The court called upon the state government to arrange their travel and other expenses to those who need to go home. These guidelines were crucial and literally supported them to be safe. Eventually, the local body was forced to run a community kitchen on a small scale for more than 750 migrant workers and the dry ration was given to them under the *Athmanirbhar Bharat* Scheme in July 2021. The district labour department had opened an exclusive control room at its district office that would deal with workers' vaccination and treatment needs, and provide quarantine support during May 2021. There were experienced officials in handling various languages as part of the special control room. For the migrant community, increasing goods prices have been dealt with multiple agonies. While the resultant slowdown in the construction site and plywood industries that largely employ them put their livelihood increasingly in danger zone, there is little support mechanism to fall back on as they are away from their community and family members. They would respond that being migrants, they did not even get a little credit when in distress. They are invariably in rented facilities, those with families have the educational expenses of their children and kin to meet, and the schools are opened. Bachelors are better off in comparison however, for both groups there is a little scope for saving money to send back to their home. Majority of them were from Jharkhand, Bengal, Madhya Pradesh and Uttar Pradesh respectively in higher numbers and immigrants from Odisha and Bihar were less in number. The migrants from Odisha have been dabbling in multiple jobs but they still face with expenses consistently exceeding income. They would say that the prices of essential commodities had almost doubled even as their income remained static. People from Jharkhand opined that they could hardly save enough money to send family or even visit them frequently. A migrant from Bengal describes his dilemma, who is working in a vegetable shop faced the same peculiar dilemma where the very products he handled everyday had become increasingly unaffordable to him. It is evident that they have struggled to make both ends meet. Migrant fishers and boat workers who came back to *Pamburuthi* (ward no.1), following the relaxation of COVID-19 regulations were going through difficult times, owing to poor catch and cancellation of the daily fishing activities by the boat owners who cut their daily wages. Fishers from Tamil Nadu stayed for a long time and majority of them from Jharkhand and Andhra Pradesh returned to their home during February 2021. After the COVID induced lockdown, it was difficult to maintain the required strength of migrant workers and quarantining them was a challenge for the local body. At the same period, some of the migrant fishers who are skilled in doing their jobs were staying back with an expectation that the situation would be improved. Majority of the fishers are from Tamil Nadu who went for various part time local jobs like those that sanitation works. The adverse season and low paid wage work affected their everyday functioning of life. Some of the contractors from the construction site guaranteed jobs after the lockdown period and some are continuing the previous jobs. Governmental organizations (*Maanav Migrant Welfare*

Federation) felt that migrants are perhaps coping better than the local residents are as they have not yet embraced the innate consumerism of Kerala people. They are of the opinion that their livelihood may be affected as industries slowed down and the closure of construction industries affected them by losing their jobs and left them with little hope and option but to return home in the lockdown period. Welfare consequences of the frequent shutdowns were as severe as many as 750 migrants were forced back to their villages and almost all the returnees have completed the two doses of the vaccination at the *Karat Hospital (PHC)* by 27th September 2021. There is no vaccine hesitancy found among them. They urge for a job, which satisfies their daily needs. With varied worries of momentous hardships as a consequence of COVID-19 linked affliction the local body of the Panchayath had not as much as attention toward the life of unwanted immigrants and in passage of their overset relocation. Main impediments faced by larger numbers after immigrants were worries about future, deficiency of wage labour, deprivation of hired lodging, insufficiency of feasible revenues, and earnings to secure the protection of their kin, transportation facility and good food. They had a fear inside of falling victim to COVID-19.

Perception of Villagers Regarding COVID-19

The 21st century pandemic in 2020 and its aftermath became a worldwide experience. There are several articles published on the diverse issues around COVID-19, however, fundamental medical care, attitude, perception and medical practices vary from society to society. The virus unpredictably affected the villagers of Kolachery Grama Panchayath and they could not

deny their mortality rate and the sense of separation profoundly affected the mental state of the general populace. The profound awareness of the virus about the fact that not all-general population were equally affected and some of them were at greater risk. The COVID-19 taught valuable lessons to all age groups dealing with the post-COVID period. This post-COVID period has social, economic, cultural, and psychological modifications and the fittest ones are surviving. Gulf returnees replaced the uncertainties with agricultural related activities as their last resort for post-COVID life. The pandemic has created the biggest disruption in the field of education. Children are part of a familial environment, when the COVID-19 cases were being reported, there were chances to get them test positive. There were reports of an uptick in pandemic in a few cases of children testing COVID-19 positive, after schools were reopened. Thus there had been suggestions for the partial closure of schools from parents to the PTAs of Schools. Parents opined that children infected at the same rate as them however, the probability of severe or mild illness is comparatively low. Majority of the children within a family had contracted the infection from family members. The main concern of both male and female parents is the springing up of recent virus variants and the ill health with regard to their children. Nearly 30% of the children had already been vaccinated and the parents stopped worrying about children contracting COVID-19. A smaller number of parents had plans to ensure their children's learning recovery by using some paid educational apps. All parents from the community are happy that all children have begun returning to school.

Photo 2.4 Panchayath giving free mobile phone for education purpose to the students who are financially backward during the lockdown period (2020)



Source: Field Data

Parents believe that internet accessing, paid educational apps, some local guides on education, are the strategies for maintaining the learning level of their children. Some students lacked sufficient nutrition and their weakened immunity leading to increase in susceptibility to various virus infections. The role of both better sanitation and healthy diet in contemporary learning has been revealed for a long time. Lesser chances of the teacher-student interaction in offline mode resulted in the loss of learning ability among lower primary school students in the Panchayath. People opined that, the pandemic had taught them a big lesson in terms of running

operations in a more efficient way through digitisation. All of the resorts were closed and there were travel restrictions. Attitude of some of the youngsters has changed and they desired to possess own vehicles, especially two wheelers. After all, the positive strong aftermath of COVID-19 made the widespread populace more hygiene conscious during 2020-2021. This attitude influenced their personal finance and took appropriate continual measures to stay healthy. In addition to this, watching kith and kin healthily had made them to realise the importance of adequate health care steps and regular income.

Photo 2.5 Kolachery Panchayath felicitates students at their homes who secured A+ in all subjects (2021, Cheleri Central 13th ward, 10th and 12th students) during the lockdown period.



Source: Field Data

People believe that the strong negative effect of the pandemic is the addiction of technological advancements and their tendency to take actions that could maintain the present happiness that might lead to the violation of COVID protocols. With the pandemic effect on restrictions, they have shifted them to agricultural activities, animal husbandry and having pet animals, and especially smartphones that provide for a comfortable time management during the lockdown period. Middle class population bought new smartphones as an

emergency for the education purpose of their children and most individuals were unaware of the negative impact of the technology on the childhood brain. This attitude would change because of COVID-19 and older generation fear of the pandemic and its impact on their lifestyle changes due to digitisation. The general population had to act quickly to responsive measures taken by the government and the emergency cash at home and getting adequate medical assistance were crucial for the protection of their family. There

was of vital importance on undertakings to observe COVID-19 appropriateness to exhibit self-control and restraint during Ramzan, Onam, Christmas and Vishu celebrations the virus abolished all. Insufficient diagnostic kits, Personal Protection Equipment suits, and limited knowledge in what manner contagion could be handled made ASHA workers in trouble, at the starting of the lockdown. There was much more knowledge now and youths in residential areas formed committees to help individuals with serious illness and to enforce appropriate COVID behaviour regulations. People agreed that day off and prolonged shutdowns in an endeavour to standstill the spread of the Coronavirus could soothe the drift in the health sector. Some of them are arguing that there was only a little applicability to some extent of COVID-19 restraints, unless the at most deviation was being made on wide-ranging public gathering such as election in which physical distancing was not feasible. Most people, children, except differently-abled individuals could understand the origin of the virus, infection, and quarantine period, hospitalization, COVID mortality, and medical and immunisation interconnected facets however, the scientific and epidemiological understanding was missing. The

epidemic counter plan of action must be amended to guarantee that most of the infections were traced and COVID-19 occurrences first consulted at the PHCs that were close to people. Hence, PHCs are the main source of infection that is revealed from the responses of the informants.

Perception of Healthcare Workers in Curbing the Virus

Health care workers made sheer perseverance, which is highly appreciable, worldwide. The functionaries of the health department include Kerala state health inspectors' federation, health supervisors, public health nurse supervisors, health inspectors, junior health inspectors, community health staff and junior community health nurses and doctors belonging to the various departments who were at the forefront of COVID duty. Public health staffs had been leading containment work from the front ever since the first COVID case was reported. It was because of their efforts that Kerala stood apart from other states. Their efforts in the vaccination drive had been appreciated by many as Kerala was one of the few states that did not waste a single dose of vaccination.

Photo 2.6 A person in the 44-55 age groups being vaccinated at PHC, Kolachery (03-08-2021)



Source: Field Data

The department of health had expanded their telemedicine helping hand, namely e-sanjeevani service, to prepare for a potential rise in stipulation for medical supervision services. Public had sought medical consultation through the 'e-sanjeevani' telemedicine services to solve the preconceived notions about health practices and to rectify their doubts pertaining to COVID-19 issues and they had utilised the

helpline number DISHA (1056). General population had undergone monitoring whether it was essential based on the instructions of public health experts. Many had followed 'e-sanjeevani' recommendations in order to understand non-COVID and additional specific care. Medical experts from the health department were steering to manage sufferers as visiting consultants in private clinics dealing with different departments

inclusive of cardiology, paediatrics, gynaecology and psychology. “Malabar cancer research centre and Regional cancer centre” were provided outpatient services and accessible through ‘e-sanjeevani’. Tele consultation services took approximately 7 minutes and waiting hours had been exceeded to almost 5 minutes. The public could visit *e-sanjeevaniopd.in* or use their mobile services to download the App from the Play store for Android users. Needy customers signed up using their active mobile number and after logging in with the generated OTP number, they proceeded to the patient queue. After the consultation, consumers could communicate with doctors through video call and download the medicinal script. In accordance with some public experts’ opinion, the exceedingly contagious Delta variant of COVID-19 had a tendency to retain in spreading among populaces for a very long period during June, 2021. Mass resilience or known as herd immunity from contracted COVID subsequent waves might be unreal fact whether it was happening so, the activation would have taken years. Delta virus variants could exist to propagate advanced viral infections in some groups of people who had been vaccinated individuals. Thus, except for if populace abode attentive and sustained the COVID safety measures, the contagion virus circulation would rise up afresh, that could lead in consecutive waves of COVID-19 worldwide. During the second COVID phase, the whole health network was equipped with efficient medical arrangements on COVID-19 occurrences that stood in need of clinical trials, information, awareness, accurate counting and documenting would also have been found the middle ground and it was visible in some of the Panchayats. The deduction of mortality rate had been falsified on a reckless

possibility so as the feasibility of a COVID victim located in different places with different family backgrounds, set aside that the coagulation between multiple straight and divergent attributes for instance belief, ethnic identity, and inherent structure of a group and pre-comorbidities that interlinked to non-susceptibility to the developed virus in the population. The international passengers who entered throughout March 2020 or newly infected persons who came from abroad as well as the infected persons who arrived from other states were screened only for high temperature. Consequently, immunosuppressed COVID sufferers those used to travel, already has had tablet consumption for suppressing their temperature could not be revealed by the tests as they had COVID positive at the time, although they would pragmatically be the only fount of virus transmission. This set of circumstances made health experts redress the issue. ASHA Workers, who know the pulses of villagers, opined that lack of physical distancing and proper hand washing were the main reasons for daily new infections last year. COVID RT-PCR clinical test is a merit for virus variant identification or confirmation about COVID-19. From their view points, it is understood that, of the total population among the Panchayath, most of the people mainly relied upon “Rapid Antigen Test (RAT)”, then the “Reverse Transcription-Polymerase Chain Test (RT-PCR)”. This could be taken as crucial from the village population. From the expert view point, innumerable untrue negative reports escaped from virus identification. COVID RT-PCR is only used when they need approval to restart work or rearrange migration purposes more willingly than the identification of COVID case.

Photo 2.7 Healthcare workers undertaking swab collections to detect COVID virus infection from elderly people for RAT at Kolachery PHC during the first wave 2020



Source: Field Data

Doctors tried out different protocols to manage patients with COVID-19. Many doctors and nurses inhabiting the Panchayath and working in MIMS and other prestigious private hospitals had started treating seriously ill patients with Corticosteroids like dexamethasone much earlier during the Pandemic in accordance with the recommendation on drugs use from international agencies like the WHO. Steroids were the most potent weapon that the doctors had to combat COVID-19. Determining the timing, dosage and duration are one of the main concerns in the illness. However, the viral replication was interfered with the natural ability of the immune system to fight back. A reverse action would develop whether any dose of drug, timing of the drug went incorrect above all, prescription of some steroids were not mandatory for all patients especially for patients having mild issues in the initial level of such sickness. The director of Panchayats issued directions to strengthen ward-level committees to boost the government's COVID-19 management efforts. The guidelines were framed based on the meeting held more often. Such committees had been constituted in each Grama Panchayath. They had recorded high test positivity rates to inspect and assess arrangements in Panchayats. Health workers would say that the unrivalled increase in COVID occurrences had transposed immunisation uncertainty to immune endorsement out of villagers. As the authoritative had permitted COVID vaccines to villagers aged 18 and above and the convenience of injections had set off related problems from May to September 2021. In the view of fieldwork done by ASHA workers, COVID-19 Pandemic is a mild disease in general in the large part of the healthy population infected with SARS-CoV-2. The third wave began from December 28, 2021 and children above 14 years were allowed vaccination. They became eligible for the second dose after four weeks from the first dose of vaccination. Even though, they were not getting the desired benefit of protection during the third wave. The Health department kept tracking and took care of COVID patients who were in homecare as well as isolation to ensure that their condition would not worsen quickly. ASHA workers visited each individual and family to make them aware of the risks and the precautions they needed to take to prevent the disease from worsening as part of their fieldwork. Ward- level committees visited families with each ward member to monitor families on home isolation during the subsequent second wave of COVID-19. Each local body has had a plan and frontline workers and *Sannadha Sena* Volunteers 111 in number and Ward *Samithi* RRT Volunteers 61 in number and 172 in total for transportation of severely ill patients to hospitals and a list of vehicles and ambulances for taking patients without delay during the first phase of the lockdown. A clear plan of action charted out on the next course of action followed by the health system of the Panchayath for a person tested positive. The test results would be intimated to Kannur District Programme Management and Support System consigned the furnished details to Rapid Response Teams (RRTs) and then to the concerned individual. The RRTs would get in touch with the concerned individual, check their condition and show the way on the further action for caution. Those people who did not have potential for home confinement

would be admitted in skilled care centres provided by local body representatives. Panchayath CFLTCs (COVID First Line Treatment Centres) were Kambil Moppila H.S.S, two houses from *Karingal Kuzhi* and *Kolacheri Parambu*, and Pamburuthi Moppila U.P School. At the Kambil CFLTC there were 100 beds set as precautionary measure and no one was admitted during the first wave. People on homecare experienced any breathing difficulties or related critical issues sought help from the volunteers of Rapid Response Team (RRT) to take the next course of action. Stringent control measures had been taken in each 17 wards and checking squads were given instructions to act strictly on noticing violation of physical distancing norms and reluctance to wear masks. Health inspectors and ward members had an active social media campaign for making the public aware of the situation and the need to follow safety measures. The main problem the doctors had to face during the first wave of the virus was spending long hours in protective gear in the fight against COVID-19. They had to follow appropriate COVID behaviour till the general population got vaccinated and there was a medical emergency with new strains and mutations and it was their duty to provide better attention to patient care during the first wave of the Virus. Health department had issued orders converting all fever clinics to COVID clinics, which provided inevitable supervision and medical lab facilities with proper medications for COVID contracted individuals as per its treatment protocols. All COVID Second Line Treatment Centres were linked (SLTCs) to Kannur and Taliparamba *Taluk* Hospitals. The Department of Health had directed all hospitals, including PHCs, to ensure adequate stock of steroids and oral anticoagulants. These hospitals refer to the home management advisory and take care of patients accordingly. There were events in the Panchayath wards that a bed-ridden patient became COVID positive and oxygen concentrator organized at their home followed by domiciliary care as per the authoritative. Palliative care volunteers and the Rapid Response Team at Panchayath level contacted such patients for providing necessary care and support to those patients. The District Health Department and Mental Health Programme insisted volunteers and frontline workers get in touch with all patients on home care and isolation regularly and to ensure that their health status was followed up. Private healthcare centres assisted with 50% of bed facilities for COVID critical care patients and they had increased the availability of Oxygen beds and ICUs. Private hospitals had also been also asked to start COVID Ops and to provide necessary treatment, advice, and necessary investigations to patients in the wake of the virus. Health care workers used disposable gowns, gloves, N95 Masks and face shields, including PPE kits after the first wave for providing patient care. Health care workers had discussions on the matter at each hospital and to provide intensive care for critically ill patients. Mental Health Care services are recently obtainable at PHCs. This psycho-social support programme was also being implemented during the pandemic with special focus on substance abuse and adolescent mental health problems. There was a revised protocol for the pandemic, and the focus was on "the right drug at the right time, dosage and for the right

duration to the right patient”, this was the main aim to reduce the mortality. There was a mismatch in probability categorization of the patients having symptoms as slight, bearable and critical. The slight and bearable list of the patients could be re-examined more and more within 24-48 hours. A temperate patient needed self-confinement, support and crucial tracking and there was no function for antibiotic drug prescription and vitamin tablets. Although, information obtained from the general population reveals that one who tested positive with mild symptoms they would use antibiotic drugs such as *Azithromycin* even the Vitamin tablets without prescription and are not termed for tested positive patients. The foremost aim of the healthcare workers was to ensure that to reduce mortality by focusing on the critical care category, pregnant ladies in particular while individuals with final phase or internal body malfunction due to diabetes. New protocols revised after August, 2021 had withdrawn clinical drugs such as *Ivermectin*, *Favipiravir* as well as *Hydroxychloroquine* that would not be truly proved by clinical trial proof. Another medicine namely *Remdesivir* had been kept back based on critical use approval. They had highlighted separately on crucial supervision guideline for nursing pregnant ladies. The Panchayath have witnessed death of a pregnant lady who infected COVID-19 during rapidity in the second phase belonging to the 10th ward of the Panchayath. A 24-year-old pregnant woman died due to COVID-19 after her delivery.

There were many individuals admitted to hospitals, and the only reason was they feared that they would not get a bed or expensive medicine if they needed one urgently. MIMS and *Fatima* were the two prestigious hospitals had dominance in the private sector, among the general population of Kolachery Grama Panchayath. Frontline health workers were overburdened and their lives and livelihoods were profoundly impacted. Fortunately, none of them were tested positive during the first wave of the COVID-19 including the Panchayath President, Ward Members, ASHA workers and other Healthcare staffs. Sannadha Sena Volunteers had members 10 individuals for 1st Ward, 9 for 2nd ward, 17 for 3rd ward, 6 for 4th ward, 11 for 5th ward, 9 for 6th ward, 8 for 7th ward, 10 for 8th ward, 14 for 9th ward, 11 for 10th ward, 11 for 11th ward, 10 for 12th ward, 10 for 13th ward, 7 for 14th ward, 9 for 15th ward, 10 for 16th ward, 10 for 17th ward in numbers with 61 RRT volunteers. The sheer perseverance of “Junior Public Health nurses (JPHNs), Health Supervisors and Staff Nurses, and a few doctors, 22 Accredited Social Health Activists (ASHAs), Field Supervisors, Rapid Response Teams (RRTs), and Doctors had saved many lives while screening symptomatic patients, sample collection, contact tracing and active surveillance”.

The Responsive Measures by LSG (Local Self-Governance)

Institutions for local self-government have proven to be efficient carriers of programmes for human development. Grama Sabhas are used to identify and carry out development programmes.

The local administration department now plays a significant part in the planning and execution of grassroots development projects because of the decentralisation of capability. The local bodies of each ward had confidence about having survived the first COVID-19 wave, since the virus was an unknown entity. Delta was a stronger variant and the local administration tried to turn the village into a containment zone. The farmers and wage labourers hardly wore masks and the ward members had to spend time with them to understand their concerns. The local body succeeded in getting across to the people the vital message on how COVID prevention was important. It was public insistence with COVID protocols that won half the battle for the Health Department. Ward members and frontline health workers led by example, by receiving the booster dosage of the vaccine first in order to foster trust and confidence. The booster dose caused some uncertainty among the people. To allay concerns, they later had their photos shot while receiving vaccination. General population had a rare concern of booster dose, according to ASHA workers and ward members. Each ward member has access to an official WhatsApp group where they may post information regarding immunisation clinics, safety precautions, agricultural programmes, Gram Sabha meetings and other ward-level social activities.

Photo 2.8 13th ward member getting booster shot at Kolachery PHC



Source: Field data

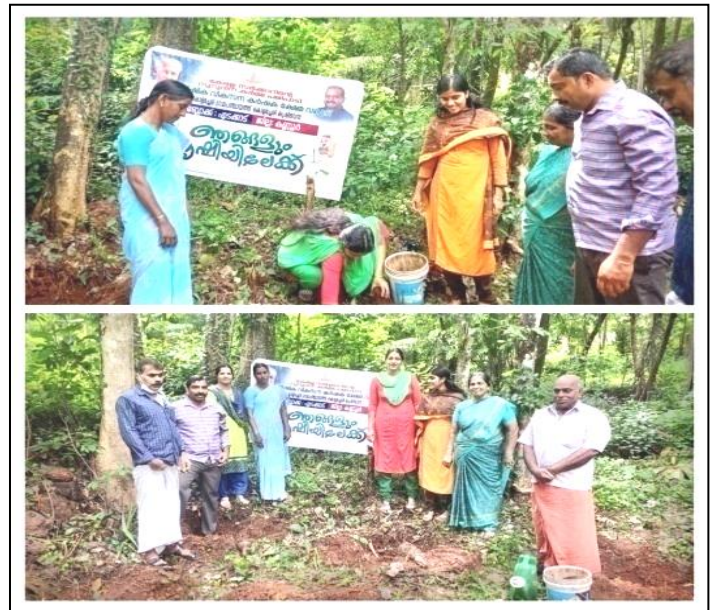
Photo 2.9 Grama Sabhas held on 22nd January 2021 and 31st May 2022.



Source: Field Data

During the second wave, important choices on agricultural programmes were taken as the Grama Sabha meetings were held to discuss workable solutions to the epidemics. It proceeded forward and held meetings, which were distinguished by a higher attendance rate as well as the approval of initiatives that interfered with daily life. Political parties hold online Panchayath meetings via Google Meet Platform to discuss additional ways to address the COVID surge crisis and to support agricultural activities. Grama Sabhas serve as a sounding board for various viewpoints and ideas.

Photo 2.10 Agricultural harvest done by Vanitha Group on 12th April 2021 and Kerala Govt. Agriculture Development Programme inaugurating on 15th June 2022



Source: Field Data

They offer a forum for reaching agreements and adopting verdicts thus bound in the interests, needs and understanding of the village dwellers. Amidst the pandemic, Grama Sabhas decided to follow COVID-19 guidelines. Additionally, regular committee involvement with frontline staff members such as ASHA and Anganwadi workers helped to close the trust gap between the community and the authorities. PRIs (Panchayati Raj institutions) effectively mobilise diverse groups by representing them and in order to maintain a strict vigil in quarantine centres and track symptoms in homes, they organised community based surveillance systems that included village elders, youth, and self-help organisations during the

COVID-19 epidemic. More recently, they played a model citizen mobilisation role for the COVID-19 immunisation. As a long lasting crisis that affected everyone, COVID-19 is uncommon compared to previous catastrophes like earthquakes. PRIs were important in the pandemic's worst months when the typical top-down disaster response structure was undermined. They assisted in lowering hazards, reacted promptly and aided in hastening recovery. At the neighbourhood level, the PRIs provided crucial leadership. They carried out both welfare and regulatory tasks. PRIs established containment zones, coordinated transportation, chose locations for people to be quarantined in, and provided sustenance for the incoming migrants. Furthermore, the speed of recovery was accelerated while making sure that the vulnerable population was supported through the efficient implementation of welfare programmes like MGNREGA and the national rural livelihood mission.

Photo 2.11 Haritha Bhavanam initiative inaugural function (6th October 2021)



Source: Field Data

The Panchayat's *Haritha Bhavanam* initiative provided COVID relief to the general public, particularly in gulf returnees who had lost jobs at the beginning in the initial wave of the epidemic. Citified areas could see the employment loss largely, and while casual workers' incomes barely grew, the earnings of self-employed people fell abruptly. The *Haritha Bhavanam* Project in the 13th ward, Cheleri central inaugurated by the Panchayat President Mr. Abdul Majeed and agricultural officer Dr. Anju Padmanabhan conducted an awareness class on Kitchen Agriculture. The vegetable seeds were distributed to the members of the scheme. Each ward has one or two health workers or ASHA workers in Kolachery Grama Panchayat and 22 in total number distributed in the 17 wards, following after

the second wave of the pandemic, the waste management system had crumbled to most of the local bodies. workplace precautionary and hygiene measures to steer clear of vulnerability to contagion related perils and participating in concerned authority issued workable health and safety awareness programmes. They used lawful guidelines to envisage and serve COVID sufferers with attentiveness, empathy, and grace. They are delegated to maintain patient confidentiality as well as rapidly act in accordance with confirmed community hygiene reporting plan of action towards the reckoned and validated COVID-19 traces. ASHA workers provided either reinforced on target contagion avoidance inclusive of standard and community hygiene particulars with bothered people who were having either sickness or threat. They were assisting the general public put on masks, usage with reusable masks such as N95 moreover, disposing of other protective face shields, gloves and clothing accordingly. They had to self-inspect for symptoms together with measures and to specify confinement regarding the symptoms to the health inspector whether it is confirmed.

Photo 2.12 Haritha Karma Sena members segregating solid waste at a household on 21st September 2021



Source: Field Data

Waste dumping had caused severe environmental damage and health issues to local residents. *Haritha Karma Sena* members convinced the public of their need and how scientifically the wastes were managed in the midst of the pandemic. The Panchayat launched its green protocol for sustainable development and *Haritha Karma Sena* had encountered severe opposition from local people during the first wave of the pandemic. However, they have MCF (Material Collection Facilities) and have undergone training, even though they faced challenges from several localities. With health workers fully

engaged in fighting COVID-19, there was hardly any follow up on implementing plastic collection campaigns for the last one and half years due to the epidemic. The number of people getting takeaways from hotels and restaurants increased due to COVID-19 and as a result, the use of single-use plastics such as disposable containers and cups went up. *Haritha Karma Sena* members found that people were dumping a lot of garbage in public places, especially outside hotels. The hotels had used the excuse of COVID-19 for using disposable containers. Higher price of paper bags and eco-friendly packing material is the one of the main reasons, small-scale hotels using the single use plastics for parcel foods. The Panchayath had implemented it well and managed to create awareness among traders and the public largely with the easing of COVID-19 restrictions. Ward members along with the *Sena* personnel visited all the households to ensure proper implementation of waste management and made sure that all family members were properly informed regarding waste management and sorting the waste materials. In general, ever since the pandemic began, the use of plastic has gone up. There were spots identified in each ward where the *Haritha karma Sena* could collect and stock plastic waste. During the COVID-19, they had a hard time

managing plastic waste and they had to visit every household in the Panchayat. The women personnel who are part of the *Sena* can differentiate between around 30 different varieties of plastic and segregate accordingly. The Panchayat would analyse the functioning of the waste management system in each local body with *Haritha Karma Sena*. Since the time spent away from school had put children especially primary school students under mental stress and led to problems such as screen addiction. The local body had directed the school look colourful to attract students and many of the primary students had not stepped on the school compound once. Since school reopening was a major activity, understandable guidelines for the adjacent or compatible setting and keeping an eye on infectious disease propagation made challenges during the pandemic. In case of any difficulties, ward members ensured that the nearest health workers were ready for avail. Along with parent-teacher associations, ward members, health workers from PHC prepared micro-level plans for the reopening. Services of doctors ensured in schools and PTA were revived at the earliest before reopening.

Photo 2.13 Cleaning and disinfection of Noonheri L.P School ahead of Resumption of full-time schooling (22nd October 2021)



Source: Field Data

Parents encouraged ward-level committees for emergency care support and responsive measures, commodity support, hygiene inspection and allied responsibilities. Teachers and staff observed standard operating procedures based on the guidelines issued by the state government. Schools were safeguarding a trouble-free adaptation of pupils from online interface learning inevitably of lockdown to conventional academic spaces. Ahead of the reopening of schools in the November 1, 2021 after 18 months of closure school staffs, management representatives, PTA members, Employment Guarantee Scheme workers and *Haritha Karma Sena* members cleaned all schools' premises, furniture, stationary, staff room, water tank, kitchen, library and toilets belong to the Kolachery Panchayat. The class room routines were refurbished to minimize students' interactivity within and farther classrooms. The Panchayat prioritised vaccination of teachers and other staff members. The number of students who could attend school in a day is determined on the basis of the number of students by the PTA. In containment zones classes were arranged after consultations with LSG and they had arranged 'Midday meals' for children as per school facilities in accordance with COVID-19 proceedings.

Findings of the study

The study is based on the fieldwork carried out in the Kolachery Grama Panchayat distributed in 17 wards, during 15th December, 2021 – 18th June 2022. This study has the following major findings:

1. This research is set out to appraise the awareness, perception and attitude on COVID-19 pandemic in comparison with the people of Kolachery Panchayat. One's own perception, envision, and selection of the idea of health and pandemic have significantly reflected in their circumstances and recovery from an illness pertaining to COVID-19.
2. Many of the village population strategically utilised the local resources to concurrently solve the stress within a family. Agriculture has had a universal syllabus that all age groups could learn effortlessly. The advent of different farming methods with specific schemes provided by local governance have remarkably contributed to overcome pandemic related stress and have made many individuals among gulf returnees and migrant workers in the middle aged groups get employed.
3. Strong evidence of the well-being of the students under lockdown and their leisure activities was found during the fieldwork. A positive correlation was found between online teaching and learning and most of the students have acquired new skills apart from their school curriculum, as well as teachers and PTA were active in supporting children to enhance their social network and skill development could literally keep children's mindfulness and happiness. This finding was unexpected and suggests that sustainable online resources should be maintained on possible days to design a dedicated study space.
4. The State government had assessed COVID-19 set of circumstances and revised necessary plans and lockdown strategies in a timely manner during the COVID period. The District Disaster Management, various awareness campaigns,

local self-governance with well functioning *Kudumbasree* units and also Grama Sabha meetings could create a flawless state of affairs in daily lives of individuals and integrate them for the battle against the virus. The people of persuasion believe that, unequal election campaign in the midst of the pandemic, and had become the reason for an upsurge in COVID-19 cases after the first wave, leading to a visible increase in the mortality rate. The laxity made a cause for disagreement in COVID death reporting.

5. It is revealed from the study that as many as 750 migrant workers in the informal sector from the Panchayat had a rush for leaving their workplace to their hometown during the first wave. Since the local body did not have any of their personal information, they had learnt that the government was not doing anything for their well-being. They had bitter experiences in 2020 and the attitude of the local body towards them changed eventually. Front line workers from the general population had ensured proper monitoring of them. There is no vaccine hesitancy found among them and all the returnees have completed their entire courses of vaccination. Main issues faced by the larger number of migrants were worries about future, loss of daily wages, deprivation of rented lodging, insufficiency of viable income, savings to guarantee the protection of their kin, transportation facility, good food and also a fear inside of falling victim to COVID-19.

6. An important finding to emerge in this study is, health care workers especially 22 ASHA workers in total and frontline workers made sheer perseverance which is highly appreciable, and none of them tested positive so far, as well as the view of ASHA workers, COVID-19 pandemic is a mild disease in general, in the large part of health population infected with SARS- CoV-2. Frontline volunteers and the Rapid Response Team at Panchayat level provided necessary care and support to critically ill patients and ensured that their health status was followed up.

7. It is clear that plastics offer a helpful impact on society and have the potential to progress both technology and medicine. However, there are a variety of issues with usage and disposal, such as waste build up in way sides and habitats and the leaching of chemicals from plastic products, and the impact of plastics to transmit chemicals to both flora and fauna. It is evident from the study that, during the COVID period, the community has boosted their use of plastics in various purposes.

Suggestions

- Understanding human lives is essential in order to Comprehend harmful health behaviour. Whereas, only "positive" or "negative" results from clinical testing are used to classify the population. These can be compared to those who exhibit unsafe and non-risky health behaviours. These groups are essential for effective public health intervention and further connected to their qualities of livelihood.
- Villagers' needs should be prioritised in resource planning and mapping by local committees. The financial resilience of the community will increase with the help of various insurance solutions that are tailored to local requirements. Individual and

institutional capacities would be strengthened by organising venues for sharing best practices and running regular location specific trade programmes may be made more relevant by giving members specific duties and the appropriate training.

- Plans for community based disaster management would be beneficial by the reason of the local population is frequently the first to respond in an emergency. These would offer a plan for maintaining and using resources, in the event of a calamity. Such strategies ought to draw on the folklore of the surrounding areas, which will enhance contemporary methods. Furthermore, the development of community catastrophe funds in all Grama Panchayats should stimulate financial donations from the community. Now more than ever, it is crucial to integrate pandemic resilience into local culture.

References

1. Arnold D, editor. Imperial medicine and indigenous societies. Manchester: Manchester University Press; 1988. [Google Scholar]
2. Bajpai, A. Get Moving, get thrilled. The Hindu Magazine.c2022.
3. Beigel JH, Tomashek KM, Dodd LE, Mehta AK, Zingman BS, Kalil AC, Hohmann E, Chu HY, Luetkemeyer A, Kline S, Lopez de Castilla D. Remdesivir for the treatment of Covid-19. New England Journal of Medicine. 2020 Nov 5;383(19):1813-26.[Google Scholar]
4. Bettinger EP, Fox L, Loeb S, Taylor ES. Virtual classrooms: How online college courses affect student success. American Economic Review. 2017 Sep 1;107(9):2855-75.[Google Scholar]
5. Bostan S, Erdem R, Ozturk YE, Kilic T, Yilmaz A. The effect of COVID-19 pandemic on the Turkish society. Electron J Gen Med. 2020; 17 (6): em237.[Google Scholar],[Academia]
6. Breen R, Ermisch J. The distributional impact of Covid-19. Demographic Research. 2021 Jan 1;44:397-414.[Google Scholar],[Publisher]
7. Lithander FE, Neumann S, Tenison E, Lloyd K, Welsh TJ, Rodrigues JC, Higgins JP, Scourfield L, Christensen H, Haunton VJ, Henderson EJ. COVID-19 in older people: a rapid clinical review. Age and ageing. 2020 Jul;49(4):501-15.[Google Scholar]
8. English AS, Torres-Marín J, Navarro-Carrillo G. Coping and anxiety during lockdown in Spain: The role of perceived impact and information sources. Psychology Research and Behavior Management. 2022 Jun 3:1411-21.[Google Scholar]
9. Gerbaudo P. The pandemic crowd. Journal of International Affairs. 2020 Apr 1;73(2):61-76.[Google Scholar]
10. Güner HR, Hasanoğlu İ, Aktaş F. COVID-19: Prevention and control measures in community. Turkish Journal of medical sciences. 2020;50(9):571-7.[Google Scholar]
11. Liu H, Ye B, Hu Y. Stressful life events and depression during the recurrent outbreak of COVID-19 in China: the mediating role of grit and the moderating role of gratitude. Psychology research and behavior management. 2022 May 31:1359-70. [Google Scholar]
12. Nygren KG, Olofsson A. Managing the Covid-19 pandemic through individual responsibility: the consequences of a world risk society and enhanced ethopolitics. InCOVID-19 2022 Nov 28 (pp. 199-203). Routledge.[Google Scholar]

Creative Commons (CC) License

This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY 4.0) license. This license permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.