PARTICIPATION IN PLAY

DEMONSTRATING A PRACTICABLE APPROACH TO PEOPLE'S PARTICIPATION IN

THE CONTEXT OF POLICYMAKING DURING COVID-19

INTRODUCTION

"This preamble embodies that this Constitution has its root, its authority, its sovereignty from the people"
Dr. B. R. Ambedkar (October 17, 1949)

The essence of sovereignty is that it vests in the people. ... It encapsulates the Indian people's right to self-governance.
The Preamble, A Brief Introduction[1]

A democracy is not just about people's right to vote; it is about the right of people to shape their own lives. This right of people to determine their own lives is the principle that underlies the decision to go with Universal Adult Franchise at the time of India's independence in 1947. Irrespective of a person's social location in terms of caste, class, gender, religion or region, every citizen has the right to vote and have a say in how their lives are governed. Yet, how much people's voices are heard, listened to, and translated into policies has always been a constant struggle, with local agitations, people's movements, and legal challenges spearheading these struggles. In 1993, the devolution of formal power to local governments was institutionalised with the 73rd and 74th Amendments to the Constitution. The poor state of the implementation of these Amendments across the country is a testament to how long the road ahead is in realising meaningful public participation.

This absolute lack of participatory modes in evolving policy was felt most intensely during the last two years when the world was caught in the midst of an unprecedented public health crisis with the COVID-19 pandemic. This was a crisis that impacted all classes and communities but inevitably debilitated the most vulnerable populations in unimaginable ways. The gap between policymaking during the pandemic and needs of vulnerable groups.

THE GAP BETWEEN POLICYMAKING DURING THE PANDEMIC AND NEEDS OF VULNERABLE GROUPS

In February 2020, the World Health Organisation (WHO) announced the name of a new disease, COVID-19. As the disease spread worldwide, India implemented a nationwide lockdown in March 2020. There were a slew of policy measures implemented in Karnataka to tackle the challenges people faced due to the lockdown and its severe impact on lives and livelihoods. These policies were implemented in a top-down manner, without inclusive public, parliamentary or all-party consultations. While on the one hand response to a disaster has to be timely and adequate, on the other, the measures taken have to speak to the needs on the ground. Much critical analyses from the media, activists and scholars have shown how needs of vulnerable groups, most affected due to periodic and extended lockdowns, were not taken into account in framing policy responses[2]. For instance, the needs of vulnerable migrant workers who were plunged into an unprecedented crisis during the lockdown and the relief packages subsequently announced to mitigate their situation reveal the startling gaps between needs and relief measures.

Image1: Participants narrating stories at Anekal

1   The Preamble, A Brief Introduction, second edition, published by Alternative Law Forum, January 2021
2   https://caravanmagazine.in/health/bengaluru-workers-suffer-as-karnataka-response-covid-marked-by-delays-inefficiency

ACCESS TO BASIC NEEDS

A brief review of different surveys and studies undertaken to understand the challenges vulnerable communities faced revealed a wide range of problems. The issues listed below showcase the extent and types of problems people faced as a result of the policies adopted by various governments.

Access to medical care

As the information on what kind of facilities and beds were available was online, citizens who did not have the wherewithal to access technology found it difficult to access this information in a timely manner. In many cases, communities did not have access to testing facilities, quarantining facilities, vaccination, beds, doctors and medicines either because there was inadequate state provisioning or they did not have required money or transportation to access them.

Access to education

Lack of or inadequate access to smartphones and internet, affected access to education for children from low-income backgrounds. At the time of severe economic distress, parents also had to ensure that they spend on smartphones and internet connectivity.

Access to transport

Frontline workers and domestic workers reported that the shutdown of public transport meant that they had to walk, use unsafe and costly means of transport to report to workplaces. Others reported that the lack of transport even made accessing medical care difficult.
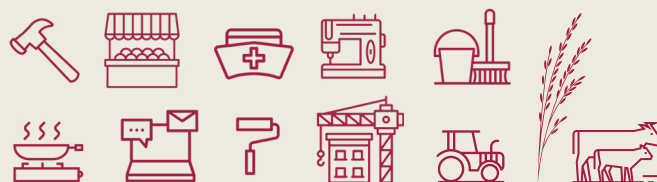
Access to livelihoods

Given the wide restrictions and its changing nature (weekend curfew, night curfew, total curfew) people working as street vendors, migrant workers, transport sector workers and others lost income for a prolonged period of time leading to increased distress. No alternative arrangements were made for farmers and agriculturists in selling and transporting their produce, affecting both producers and the buyers adversely.

Access to nutrition

The closure of anganwadis and schools disrupted state provisioning of nutritious food to pregnant women, new mothers, school-going children. Inability to purchase food because of lack of income and rise in prices of groceries and vegetables; and patchy provisioning of food relief in terms of ration kits, through public distribution system and Indira canteens has resulted in drastic fall in nutritional levels of working classes. This has made large sections of people more susceptible to severe forms of COVID-19 as well as affected their capacity to withstand long-term effects of the infection. As governments have not yet measured the nutrition status of working classes, addressing the gap becomes more difficult.

Access to social security

Relief packages was the mainstay of the policy strategy adopted by the state to mitigate the devastating effect the pandemic and the lockdowns have had on people's livelihoods. The quantum of funds allocated (for instance, Rs. 2000.00 for workers in the informal sector during the second lockdown) do not cover the rent and basic needs of a single working-class household. Access to even these relief packages was difficult. Beneficiaries of schemes such as pension, widow benefits among others reported not receiving these during months of the pandemic.

ACCESS TO INFORMATION

A major issue during the pandemic and the lockdown was the lack of access to timely information about the range of policy measures, movement restrictions and alternative options in the languages people understood. Information about when the lockdown would begin to the nature of restrictions and the processes governing those restrictions to where beds, ambulances, medicines were available to what helplines people could access for their specific problems were all difficult to obtain.

Image 2 : Participants sharing their reflections post the participatory planning exercise in Anekal

For vulnerable groups, the adverse consequences following the pandemic range from immediate hardship, such as loss of livelihood, hunger, and shelter, to long-term impact in the form of severe nutritional deprivation, emotional trauma, impact on education and livelihood prospects, and experience of violence.

Given the gaps between policies and needs of vulnerable communities, the objective of this project was to **demonstrate** the need to take into account the lived realities of vulnerable communities when planning and implementing government processes to combat the third wave of COVID-19 pandemic and its aftermath.

The part above provides an overview of how existing government policy interventions did not account for the needs and preferences of vulnerable communities. In the rest of this document, we discuss a practicable pathway forward toward public consultations. We will demonstrate how governments can elicit needs and preferences of vulnerable groups that can be used to inform policymaking.

While this has been done specifically in the context of the COVID-19 crisis in preparation for possible future waves it could be equally applicable for any policy response that involves relief, rehabilitation and reconstruction of lives and livelihoods.
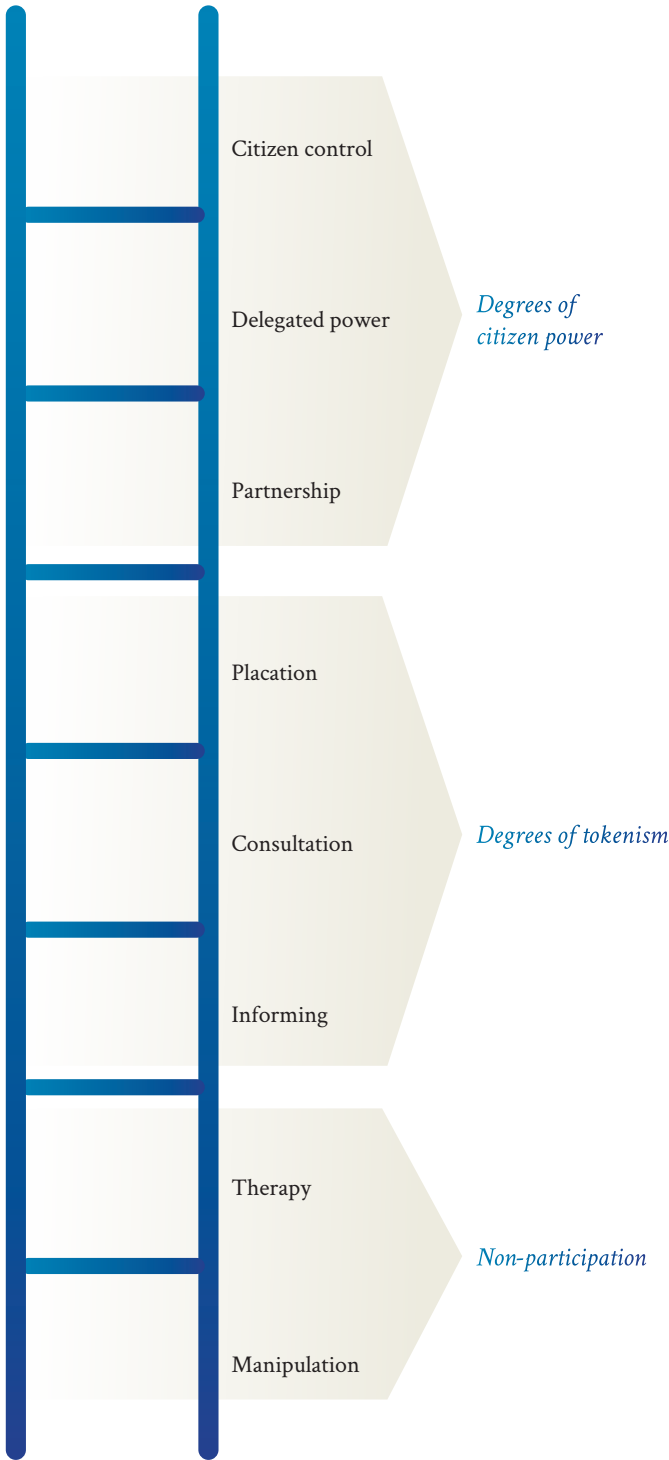
PRACTICABLE PATH TO PUBLIC CONSULTATION

A PRACTICABLE FRAMEWORK FOR PARTICIPATION

In practice, citizen participation ends up as being exercises conducted to tick off a checklist, and on the other extreme is non-existent. What does a practicable approach to citizen participation then look like?

Our approach is to see citizen participation as a two-way process. Just as the government needs to open up more pathways and strengthen existing formal modes of participation, people too need to develop a civic muscle, and understand different ways in which they can engage with the government and strategically use those paths.

In order to examine the current status of participation and to illuminate a way forward, the first step was to choose an analytical framework. The 'Ladder of participation' is an oft-cited framework to describe different levels of participation.

The 'Ladder of Participation' clearly sees participation as a way to share more power with the people, echoing the principles underlying the 73rd and 74th Amendment to the Constitution. Despite being extensive, the 'Ladder of Participation' is hard to use as an analytical framework in practice. Compared to the 'Ladder of Participation', the Organisation for Economic Cooperation and Development[3] (OECD) provides a more practicable framework to examine current status of participation and devise pathways to deepen participation involving three stages of participation, which are Information, Consultation, and Active Participation.
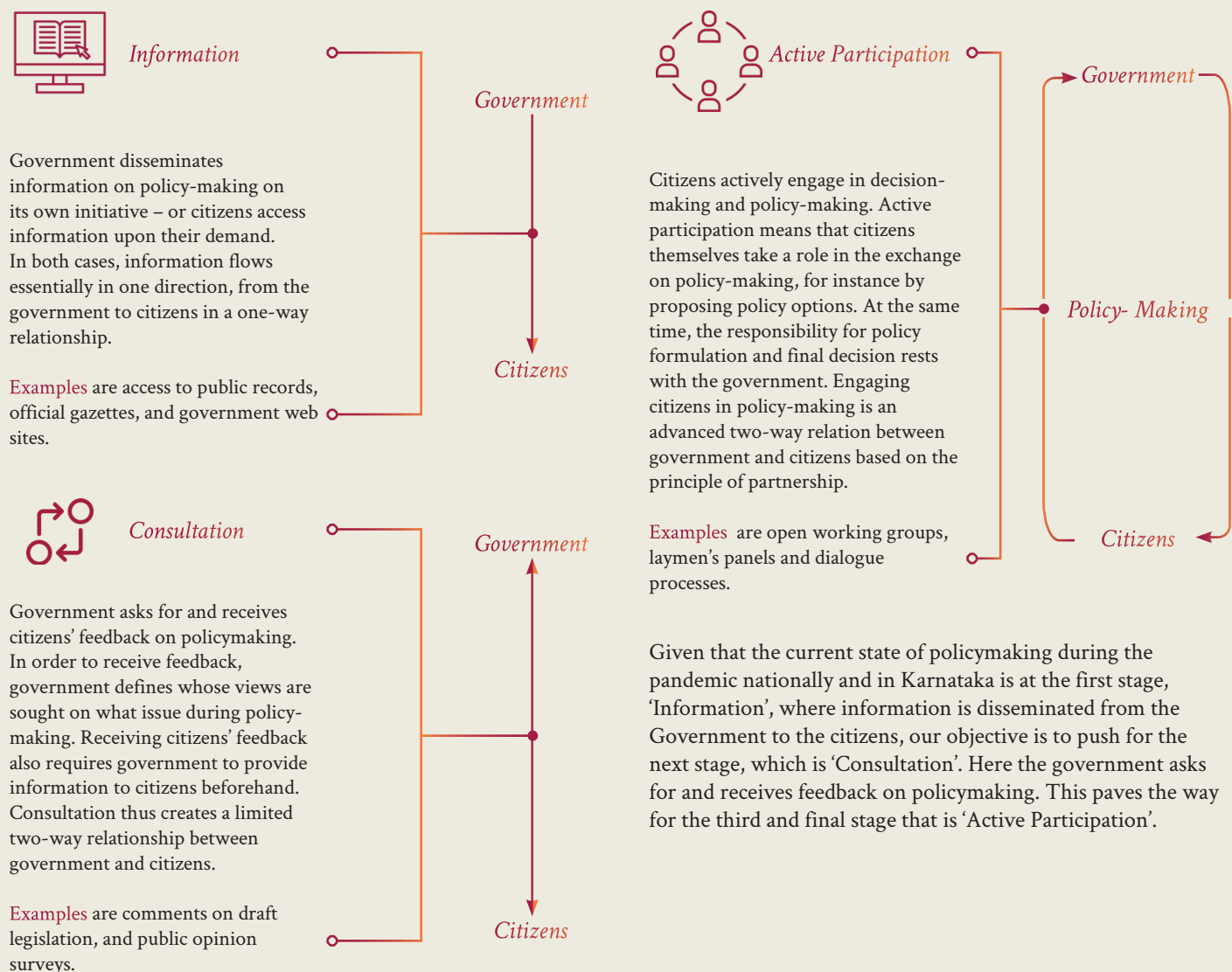
Citizen control

Delegated power

Degrees of citizen power

Partnership

Placation

Consultation

Degrees of tokenism

Informing

Therapy

Non-participation

Manipulation

3   https://www.internationalbudget.org/wp-content/uploads/Citizens-as-Partners-OECD-Handbook.pdf. (The OECD is an intergovernmental organisation with 38 member countries.)

HOW CAN GOVERNMENT STRENGTHEN THEIR RELATIONS WITH CITIZENS?

In practical terms, this means:

Information

Government disseminates information on policy-making on its own initiative – or citizens access information upon their demand. In both cases, information flows essentially in one direction, from the government to citizens in a one-way relationship.

Examples are access to public records, official gazettes, and government web sites.

Government

Citizens

Consultation

Government asks for and receives citizens' feedback on policymaking. In order to receive feedback, government defines whose views are sought on what issue during policy-making. Receiving citizens' feedback also requires government to provide information to citizens beforehand. Consultation thus creates a limited two-way relationship between government and citizens.

Examples are comments on draft legislation, and public opinion surveys.

Government

Citizens

Active Participation

Citizens actively engage in decision-making and policy-making. Active participation means that citizens themselves take a role in the exchange on policy-making, for instance by proposing policy options. At the same time, the responsibility for policy formulation and final decision rests with the government. Engaging citizens in policy-making is an advanced two-way relation between government and citizens based on the principle of partnership.

Examples are open working groups, laymen's panels and dialogue processes.

Government

Policy- Making

Citizens

Given that the current state of policymaking during the pandemic nationally and in Karnataka is at the first stage, 'Information', where information is disseminated from the Government to the citizens, our objective is to push for the next stage, which is 'Consultation'. Here the government asks for and receives feedback on policymaking. This paves the way for the third and final stage that is 'Active Participation'.

In this document, we will discuss how a participatory planning process was implemented in Anekal, Bagalur, and Kolar for people to systematically share their experiences of the pandemic, discuss issues, and strategise pathways forward to address those issues. These three sites were chosen to represent experiences of lockdowns and the pandemic of communities residing in rural, peri-urban or small towns of Karnataka.

OUR GOAL is to demonstrate that the following participatory planning process will strengthen public participation from the perspective of both the government and the people in the following way:

For the government- Provide a practicable way to collect needs and preferences of vulnerable groups so that policymaking is responsive.
For the people (and civil society organisations)- Strengthen civic muscle, and provide a practicable way to engage with the government.

In the following sections, we will first describe the process followed, and the experiences in Anekal, Bagalur, and Kolar, followed by recommendations that speak to and stem from people's concerns.

A GAME OF STORIES: A PLAY-BASED APPROACH FOR PARTICIPATION

WHAT IS THE APPROACH?

Since ancient times, human beings have told stories to each other to make collective sense of the world. Stories let us speak about not just what happened, but about our feelings, what we thought, how we made choices, and what we expected and did not. Given the complexity of detail and perspective that stories provide, they are an abundant source of information about people's lived experiences. In other words, stories are a source of qualitative data, providing rich insights into people's needs and preferences, a critical input for policy decisions.

Imagine a group of people who live together in a community come together and play a game of stories. They tell each other stories about their experiences in getting to work during a lockdown, their struggles with finding medical care, and even, the unexpected challenge of cooking with whatever you can find.

As people share these stories with each other, two things begin to happen:

1. **A sense of collective understanding:** On listening to others speaking about similar issues and challenge, people feel less alone; they develop a sense of collective understanding built on shared experiences and challenges.
2. **A collective pool of common issues:** The stories shared form a collective pool of experiences, from which common issues faced by the community emerge.

WHY A GAME?

Games provide a structured, non-confrontational, and realistic environment which allows people to immerse themselves in a situation and learn from it. The individual and social learning that emerges from such games can be transferred to the real-world. Features of the games used for participation:

1. Can be played by people with different kinds of literacies
2. Complex information can be presented in ways for people to engage with effectively
3. Acts as a data collection mechanism by providing a structured and economical way of collecting qualitative data

'Ondu Kathe Keli' was developed to facilitate sharing of stories to aid in participatory planning. Up to 50 people can play in one session.

Image 3 : Simple tools which aided the exercise

WHAT HAPPENS IN ONDU KATHE KELI?

There are two phases to the entire process. The first phase involves sharing stories using the game 'Ondu Kathe Keli', and the second phase involves people strategising on how to address the issues collectively.

PHASE 1:

Sharing stories- Using a game called 'Ondu Kathe Keli'. Upto 50 people can play in one session.
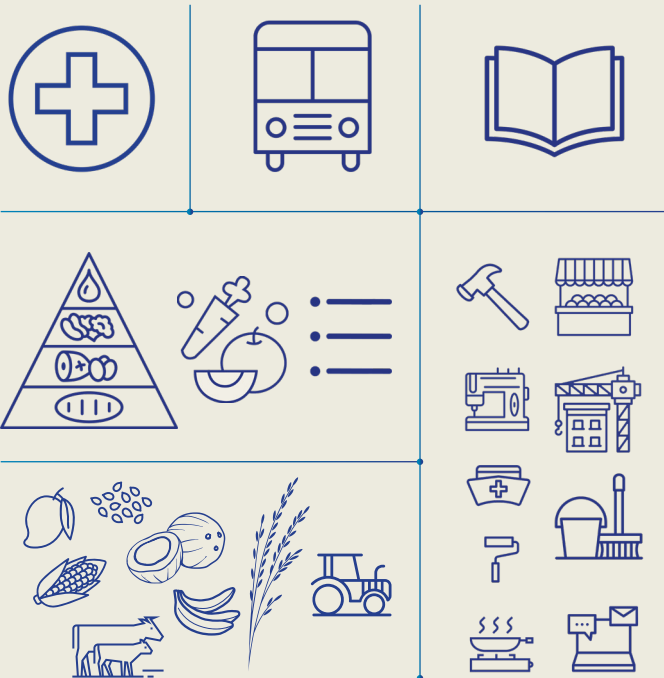
PHASE 2:

Strategising on pathways forward- Once the stories are shared in Phase 1, the main issues that emerge from the stories are collected by note takers, and in Phase 2, participants discuss these issues to figure out solutions to the issues, and collectively discuss how they can achieve these solutions.

WHAT HAPPENS IN A GAME SESSION OF PHASE 1?

SETUP OF THE GAME:

There are six booths, and each booth has a theme. The themes are chosen based on the particular community's concerns and focus.

THE GAME PLAY:

When a Teller tells a story, the Listener gives them a block. Stories of strength are given a yellow block, and stories of challenges are given a purple block. These blocks are added to a transparent jar in the middle. As the stories are told and blocks are collected, the jar gets full, and when the jar is full, the game ends.

DATA COLLECTION:

There are note takers at every booth, and they collect details of issues that emerge from the stories.

TIME REQUIRED FOR THE ENTIRE EXERCISE

The entire exercise takes 6 hours that can be split into two days if required, or conducted in a day, depending on the time available.

ASSETS REQUIRED TO CONDUCT THE SESSIONS

1. Game assets of Ondu Kathe Keli (described in Appendix 2)
2. Worksheets for Phase 2 (described in Appendix 3)

ROLES:

There are six people who act as 'Listeners', and they sit at each booth. Everyone else is a Teller.

x 6 PLAYERS

x REMAINING PLAYERS

WHO WERE THE PEOPLE INVOLVED, AND THEIR ROLES?

The people involved are as follows:
1. Game facilitator
2. Community liaison
3. Facilitator for Phase 2

EXPERIENCES IN ANEKAL, BAGALUR AND KOLAR

ANEKAL

The session in Anekal was done over two days. The first session was conducted with nearly 60 participants, who came from various communities in the taluk, such as handloom and powerloom weavers, auto drivers, school teachers, agriculturists among others. After explaining why we were doing this exercise to everyone present, they started to play 'Ondu Kathe Keli', the Phase 1.

The six thematics in Anekal were agriculture, livelihoods, education, food and nutrition, health and transport. For the next hour or so, participants visited various booths and shared their experiences and their community's difficulties during the two waves of COVID-19.

Later, in a debriefing session, the problems kept pouring in, and were primarily focussed on the various government systems and processes that failed to respond to people's needs. Participants spoke of the government not anticipating the problems people would face when lockdowns are announced, not informing people well in advance about the announcement of the lockdown, the absence of local elected representatives on the ground during COVID-19 relief work and the complete lack of transport to access critical needs such as medical care, essential items such as groceries, vegetables and milk.

Given that a primary occupation in Anekal is weaving, both of handloom and powerloom varieties, the lockdown put a halt to activities of production and distribution. Weavers were left completely without support and income, even as stocks piled up and could not be transported to markets. When transport became possible, prices dropped drastically leaving weavers in penury.

In the second session, held a few weeks later, the participants came together to discuss the problems that had been identified after the first session. The organisers listed out all the problems that had been identified and participants chose key issues that could be discussed further and solutions for these problems. Participants were then divided into three groups and each group discussed problems from two thematics. Later, two members from each of the groups presented the solutions they had collectively discussed to everyone present. People responded with modifications and other workable solutions to the problems as well.

BAGALUR

We did the entire participatory planning exercise with people from various communities in Bagalur over two sessions in a single day. The objectives and process were explained to

Image 4 : Participants discussing solutions for the listed problems in Anekal

Image 5 : Participants narrating stories at Anekal

everyone at the outset. Participants played 'Ondu Kathe Keli' and the themes chosen were agriculture, health, education, nutrition and livelihoods.

During the game, participants went to different booths to share their stories of difficulties and experiences of COVID-19. The exercise involved sharing stories of difficulties faced for which participants received a yellow block, and stories of challenges they overcame for which they received a purple block. It was revealing to see how most participants received a yellow block rather than purple blocks, indicating the extent and range of difficulties they faced. The session concluded with listeners from each booth talking to the rest of the participants what were the key issues that had been reiterated through the stories they heard during the session.

Unlike in Anekal, the second session was conducted with all the participants. In conversation with members of SIEDS, we had identified issues which had come up in stories which we could discuss with participants present. One of the primary issues that came up in Bagalur was the lack of access to drinking water during COVID-19, especially since some areas had not been serviced with drinking water pipelines. Due to the ban on movement during lockdown, water tankers also could not reach the areas; when they did, they charged exorbitantly. Without any income during lockdowns, people reported heavily relying on the public distribution system to meet food needs. The system however failed in providing any meaningful intervention as it did not offer anything more than rice and a kilogram of cereal. As one woman asked, how are we supposed to eat the rice when we had no money to buy oil or even salt. We identified community-level solutions, the different state authorities that could be approached with demands and the issues that the state government needed to proactively work.

KOLAR

In Kolar, we discussed themes around education, health, food and nutrition, livelihoods and agriculture. Participants included auto-drivers, social activists, students, agricultural families and home-makers. Participants from minority communities were also present in the exercise. The exercise was conducted over the span of a single day. The problem sharing happened between 11 am and lunch time and post lunch, the solutions were discussed.

The sessions in Kolar threw up some challenges. The session was held on a Saturday. The three weekends prior to that had

Image 6 : Participants narrating stories at Bagalur

seen the state go under a weekend lockdown due to the third wave. Therefore on this particular Saturday, since the town was open for business on a weekend after a long period, people were eager to catch up with their business as well. Around 10 auto-drivers had come to participate in the discussion and they shared their problems and then left to make a living. In a small town like Kolar, auto fares are typically between INR 40 - 70 and drivers need to make a certain number of trips to earn their living. Only a subset of the 10 came back for the session on solutions. Another challenge was that of language. Some of the participants were not comfortable in Kannada and the exercise had to be explained to them in their language, which took some time but was done effectively.

One of the problems shared in Kolar was the multi-layered problems with reference to education, both in offline and online modes. Due to the pandemic, state-run road transport corporations reduced the number of buses they are plying and changed the routes, making it very difficult for students to access their college. They would have to go very early or late or walk long distances. Education during lockdowns was also a challenge. Participants shared how there were households with two or more children but there was only one multi-media enabled phone to access online classes. Even with this phone there were network issues or some families could not afford data packages.

The fact that students themselves were present for the exercise meant that a variety of solutions came up for discussion. Students stressed on the fact that those who attended government run schools and colleges suffered more. They asked that students attending private and government institutions must be provided equal opportunities. In terms of access they asked for wider bus connectivity with higher reliability and for tabs and data packs to be provided to all students.
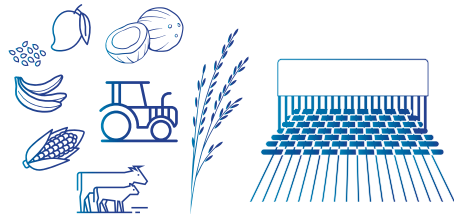

Image 7 : Participants narrating stories at Bagalur

PROBLEMS IDENTIFIED
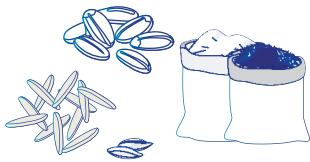
UNEMPLOYMENT AND LOSS OF INCOMES

AGRICULTURE AND WEAVING

LACK OF ACCESS TO DRINKING WATER
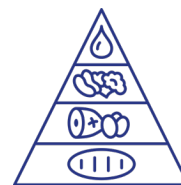
RATION KIT DISTRIBUTION DURING THE LOCKDOWN

RATION THROUGH PDS SHOPS

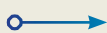AVAILABILITY OF HEALTH CARE AND MEDICINE

EDUCATION

NUTRITION

TRANSPORTATION

UNEMPLOYMENT AND LOSS OF INCOMES

PROBLEMS IDENTIFIED FROM THE STORIES

- Although large corporations were being given land in peri-urban and non-metropolitan areas, these companies have not been hiring locals.

- When they do hire, they keep employment insecure by resorting to unwanted firing and periodic removals.

- Underemployment is already prevailing in these areas, particularly among educated youth, who are not getting employment commensurate with their qualifications.

- No work for wage labourers

- Salaries have not been paid properly for several months now.

- Loss of incomes, reduction in wages have increased debts and affected capacity to pay back loans;

- Harassment from microfinance companies have increased.

- Under NREGA, people have not been getting work.

LOCAL GOVERNMENT SOLUTIONS

- Panchayats should ensure wage labourers get labour cards in the sectors they work in such as construction work.

- Should support the formation of Stree Shakti groups

- Free platform must be created to discuss the problems on livelihood with the government.
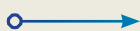
STATE GOVERNMENT SOLUTIONS

- Ensure employment to domiciles in private companies.

- Labour department has to undertake suo-moto enquiries into how companies treated the employees during the pandemic

- Information about grievance redressal mechanism should be disseminated widely.

- Information on National Rural Livelihoods Mission to be given to residents

- Interest on loans must be reduced and EMI duration to be extended as per the current situation.

- Lockdown guidelines must be given to the public at least 1 month prior

AGRICULTURE AND WEAVING

PROBLEMS IDENTIFIED FROM THE STORIES

- Weavers and agriculturists found it difficult to access markets during the lockdowns, with no alternative arrangements made for the transport of finished goods and harvested crops. This led to major losses and decimation of livelihoods.

- Did not have access to fertilisers, seeds and raw materials for weaving

- No assistance from government

- Drastic fall in prices led to farmers dumping produce on roadsides.

- Small farmers do not get loans from banks.

- Middle-men became powerful in this period and ate into what was owed to the farmer/ weaver.

LOCAL GOVERNMENT SOLUTIONS

- Proper survey must be done and relief funds to be allotted for damaged crops.

- Raw materials to weavers or farmers must be given by the local government like panchayats.

STATE GOVERNMENT SOLUTIONS

- Government must create a marketing platform where farmers and consumers have direct contact in Taluk levels.

- Seed banks must be opened in each taluk by the government.

- Interest on both private and government loans must be deducted.

- New technologies and techniques adopted in farming, dairying, fishing etc., must be shown through projector in each village frequently

- Fixed rates should be given from the government.

- Agricultural land must not be privatized.

LACK OF ACCESS TO DRINKING WATER

PROBLEMS IDENTIFIED FROM THE STORIES

- In many areas, access to drinking water was patchy or non-existent even before the pandemic. People made up for this by ordering water from tankers and paying high prices.

- But during the pandemic, even tankers were not available because of total lockdowns.

- When they became available, it was exorbitant and it became very difficult for people to access drinking water during the lockdowns.

LOCAL GOVERNMENT SOLUTIONS

- Provide piped water connection to all households

- Regulate prices of water tankers

- Free regular tanker facilities to unserviced areas to be provided by local panchayats or municipalities

- Water and sewerage lines to be provided on an urgent basis

- Water through borewell to be provided in the interim period

STATE GOVERNMENT SOLUTIONS

- Priority to provide regular water supply to marginalised communities, especially since they do not have space to store water

RATION KIT DISTRIBUTION DURING THE LOCKDOWN
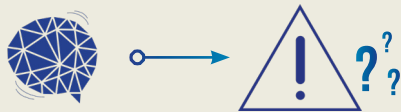
PROBLEMS IDENTIFIED FROM THE STORIES

Ration kit distribution during the lockdowns were arbitrary and those involved in distribution often favoured only those that they knew.

- These individuals received ration kits multiple times while the really deserving were left out.

- Items in ration kits were adulterated and people had no mechanism to complain. People also reported being afraid to complain.

LOCAL GOVERNMENT SOLUTIONS

- Panchayats should be asked to make list of beneficiaries that require immediate assistance.

STATE GOVERNMENT SOLUTIONS

- There should be a direct and anonymous mechanism through which adulteration by government officials can be complained against.

# RATION THROUGH PDS SHOPS
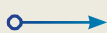
PROBLEMS IDENTIFIED FROM THE STORIES

- Items received in PDS shops were not diverse and sufficient.

- Many did not have ration cards

- Ration cards without present addresses
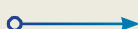
LOCAL GOVERNMENT SOLUTIONS

- Since communities in different regions will have different requirements, panchayats and local ward committees should identify specific dietary requirements of communities in their localities prior to the pandemic.
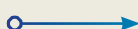
STATE GOVERNMENT SOLUTIONS

- The state should ensure that in the case of a lockdown when working class households do not have access to job markets, they should provide all essential ingredients through its PDS shops.

AVAILABILITY OF HEALTH CARE AND MEDICINE

PROBLEMS IDENTIFIED FROM THE STORIES

- Although number of patients kept increasing, the number of beds was not increased in government hospitals.
- Medicines for individuals with chronic illness were also in short supply.
- Doctors do not come on time in government hospitals.

- No information about health camps in slums and villages.
- Cost of medications were high and everyone couldn't afford
- Government hospitals do not have the medicines prescribed by the doctors in these hospitals

- COVID-19 related medicines were exorbitant, in short supply and inaccessible.
- Lack of information about services and facilities available at local government health centres such as PHC and Jan Aushadi Kendra

- Long-term effects of COVID-19 are a serious concern and medication required for that need to be made available.
- Shortage of doctors and nursing faculty

LOCAL GOVERNMENT SOLUTIONS

- Local primary health centres and Jan Aushadhi Kendras need to stock basic medicines required for symptoms such as fever, cough etc.

- These centres need to also stock medicines required to combat long term effects of COVID-19.
- Relationship between COVID-19 patients and doctors should be even more lenient and friendly.

- Services and subsidies available at these centres need to be widely disseminated among communities Putting up boards outside these centres will also help in ensuring accountability.

- Health camps should be regularly organised by local PHCs to monitor those with co-morbidities in poorer areas.

STATE GOVERNMENT SOLUTIONS

- Enough number of doctors and nursing staff should be provided in Government hospitals and they must abide by time.

- Circular should be in easy and simple language so that everyone can understand.
- Relief fund for COVID-19 death families must be increased to 10 lakh and to release the funds immediately.

- Test and treatment for all diseases must be free.

- Ayushman Bharath, Arogya Bheem card, Yashaswini card, NDC, E- Shram card and other types of health cards must be distributed to the patients freely

- Jana Aushadi Kendra to be opened in all the Taluk and villages.

- It should be applicable not only for operations but to all types of treatment.

EDUCATION

PROBLEMS IDENTIFIED FROM THE STORIES

- No access to smart phones; in households with more than one child, not enough smart phones.

- Insistence on payment of fees even when no classes were being conducted; refuse to promote students if fees were not paid

- Internet connectivity is poor, particularly in villages. Students here are unable to access classes.

- Private school teachers lost jobs.

- Not enough teachers in a school.

- Because of the pandemic induced losses, KSRTC cut its routes and schedules making it difficult for students to access schools and colleges

- Addiction of children to devices
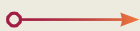
LOCAL GOVERNMENT SOLUTIONS

- Local governments must provide the basic facilities for online education in their wards.

- Have classes batch-wise in schools

- Make available internet packages and multi-media enabled phones to students
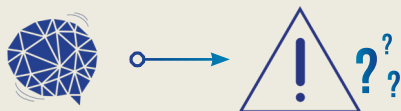
STATE GOVERNMENT SOLUTIONS

- Private institutions must reduce their annual fee.

- More awareness to be given about Vidyagama classes.

- Start in-person classes through Vidyagama as soon as possible

- State must provide free educational channels.

- Scholarships must be given in large numbers.

- Government must provide free internet service in all the villages.

- School and college fees, where needed, should be paid by the government.

- Free tuitions must be given by graduate students for free and government should pay them.

- More teachers should be hired; local teachers should be hired in government schools

NUTRITION

PROBLEMS IDENTIFIED FROM THE STORIES

- Nutrition among children has taken a major hit

- Increase in prices of essential items including cylinders

- Homeless and migrant workers were unable to access food during the lockdown

- Children in anganwadis and schools are not getting adequate nutrition

LOCAL GOVERNMENT SOLUTIONS

- Panchayats and ward level officials must identify vulnerable communities such as physically challenged, children and pregnant women to provide nutritious food.

STATE GOVERNMENT SOLUTIONS

- Government should reduce the prices on all the food items.

- For BPL card holders, cylinders must be given free.

- During lockdown food must be provided to the people for free.

- Awareness about food and nutrition to be given in Anganwadis to all the women.

- Nutritious food should be given at schools and anganwadis.

- Migrants and homeless should be given food at ration shops

- More range of items should be made available through public distribution systems.

TRANSPORTATION

PROBLEMS IDENTIFIED FROM THE STORIES

- Increase in prices of petrol

- Lack of Ambulance facility.

- Increase in fares

- Lack of drivers during lockdown.

- Not enough autos and buses.

- Inadequate transport from villages to schools/hospitals

- Rent on auto, cabs etc., are high.

LOCAL GOVERNMENT SOLUTIONS

- All PHCs should have sufficient ambulance service.

STATE GOVERNMENT SOLUTIONS

- Prices on fuels must be reduced.

- Covid pre-cautions must be taken and limited seats to be filled in local transportation.

- Tickets fare must be reduced.

- Free transportation to be provided during lockdown.

- Even during lockdown minimum wages to be paid for drivers.

- Bus pass must be given free for students, physically challenged and senior citizens.

- Frequency of buses must be increased in village areas.

STORIES FROM THE FIELD SITES

KOLAR

1. Everyone in our family was infected with COVID-19 during the peak of the pandemic. Others in the village began to see us differently because of this and were treating us as untouchables. We did not step out of home and maintained home quarantine, contacting the doctor over phone and following the instructions he gave us. We were in a terrible situation. Because of COVID-19, none of us could go out to work. ASHA workers used to come near our house and give us medicines. Our house had turned into a jail. Before the pandemic, we had taken some loans but we could not pay the monthly instalments for it. All our money went into healthcare. We did not have proper food and we could not step out to buy any food either. Some organisations gave us daily kits but we were very concerned about how we will face the days ahead. As if this was not enough, we had taken loans from Stree Shakti groups and that also remains unpaid. No one should face the kind of difficulties we faced. Thankfully, our family had no deaths.

2. During the peak of the pandemic, I had developed fever. But there was no bus or auto to go to the hospital. I called an auto driver I know. But he refused stating that I have fever so I probably have corona. Then somehow I found another auto and we were on our way to the hospital when the police stopped the auto and started beating the driver. During the pandemic, the police really behaved like rowdies. Only after we said that we were on the way to the hospital did they allow us to go. We also had difficulties in buying food during the lockdown. My daughter-in-law who was pregnant went into labour at that time. There the doctor gave some reasons and delayed the delivery. The baby died in the womb, Somehow we were able to rescue the mother. After corona, the mental peace in our house has been shattered. We all have had to face hunger and struggle with ill-health.

BAGALUR

1. I am the only earning member in the family and we are a large family. After corona, I lost my job. We have so much difficulty in buying food. We don't get enough ration. This has led to health problems at home.

2. Three of our family members got infected with COVID-19. We had to shut down the shop we were running at this time. We did not get treatment or oxygen at government hospital so we had to go to a private hospital. We had to borrow loan of Rs.2 lakh for this treatment. We are not able to pay monthly instalments for it. We don't have enough food at home because of the poverty we are facing.

3. My mother is a chronically-ill patient. My father has a broken bone in his back. Everyone at home has lost their

jobs. We live in a hut. We do not have BPL card either. Unable to buy groceries, we are just drinking ganji (gruel) and sleeping.

4. We do not have our own houses so we have built huts on government land. Although there are more than 150 houses here, there is no basic infrastructure here. We have no electricity, we purchase our water, none of us have ration cards. We have brought this to the attention of panchayat president and members many times but we have received no response. Earlier, we used to somehow do some jobs and manage our lives but now with no jobs, we have no means to lead our lives. We have no money to feed ourselves.

5. We took a loan and purchased an auto. We were paying monthly instalments. But my husband who was driving the auto got corona and died. They re-possessed the auto because I was not able to continue to make payments. I have no job and I have three children at home. We are not able to eat even one meal properly.

6. I have so many health problems. I have stopped receiving pension entirely. I have BP, sugar, leg pain. I have six daughters at home. My son has a heart problem. None of us have any work.

7. I am unable to work because I have bone-related issues. We are four people in our family. Only my son works. We have a loan of Rs. 1.5 lakh. Paying monthly instalments and running the household has become very difficult. We are finding it difficult to eat even one meal properly.

ANEKAL

1. I lost my elder brother and mother due to COVID-19 during second wave. My brother was working in power looms. He was married and had two young school-going children. Both my mother and brother had taken first dose of Covishield in the month of April and mild symptoms were seen after a week of taking vaccination. Then I took both of them for COVID-19 test in the government hospital and both were tested positive. Then we got the BU number, and with the help of ward councillor we admitted them to Narayana Hrudayalaya. My mother was admitted on 26th April 2021 and my brother on 2nd May 2021. Initially, they did not get ICU beds but were on oxygen support. On April 29th 2021 my mother expired when she was shifted to ICU. My brother had trouble breathing and was shifted to ICU. On May 7th 2021, even my brother expired. After that, there was a lot of difficulties as my brother had loans in banks at a high rate of interest. We could not pay it for a few months. Now me and my sister-in-law's family have taken the responsibility of repaying the loans. My sister-in-law is working in a factory in the packing section. It was

Image 8 : Participants narrating stories at Kolar

give any guarantee. They said that we could come see him and we wore PPE kits and went twice. On 6th June 2021 morning by 8:00 am we got a call from the hospital that he was serious. By the time we rushed to hospital, he was no more. We were told that the cause of death was COVID-Pneumonia and specific shock. After his death, we suffered a lot. We had taken loans for house construction and now we don't have any support from family. We have applied in Taluk office for covid death compensation amount which was declared by the government but still we have not received it. My mother-in-law is old and sick. I've taken up her responsibility too. Financially, we are managing but missing our loved ones forever is so difficult. We are both breathing that's it. But mentally we are already so depleted. People around me, including my family, are forcing me to get married once again.

Image 9 : Participants narrating stories at Kolar

difficult to pay the children's fees so we in the family have shared all the expenses. We recently received some amount from the government and we paid loan dues. Yes, we are facing difficulties with finances but missing their presence is even more difficult. It's hard to survive without loved ones. Somehow, we are surviving.

2. I lost my husband Arun in the second wave of the pandemic. We had been married only for 11 months. I am working in a granite factory near Jigani APC and my husband was working in a private company. I had holiday during lockdown but my husband had work daily. In spite of taking all the safety measures like bathing and doing steam inhalation after returning from work, he got infected. Even then, once he had all the symptoms, he was under home quarantine for three days later. When he developed a high fever, we took him to the local clinic where he was admitted for four days. After that his condition was serious and then when he took the covid test, it was positive. We got BU number from Government hospital then we got bed in Vimalalaya Hospital, Huskur gate. He was there for five days. The first three days the hospital told us he was recovering. Then they said that there are no ICU beds available here so you need to shift him to Narayana Hrudayalaya. We managed to get an ICU bed there and immediately we shifted him there. Then I tested positive and was admitted to the same hospital for a week. I recovered and was discharged but my husband was still in ICU and we were not allowed to see him. Doctors called us twice a day and kept us informed about the patient's condition. In the first week of June first week, they told us that the patient's survival is difficult so we can't

REFLECTIONS AND NEXT STEPS

REFLECTIONS ON PROBLEMS SHARED

The exercise of conducting these sessions in three different places helped us to map problems and solutions that were specific to the location and community. In Anekal, it helped us to understand the problems of communities of weavers and agriculturists who were left with no demands for their produce and no access to markets. In Bagalur where most participants were from an unauthorised colony, it helped us map how the fact of being unauthorised and precarious impacted adversely the community's ability to face the consequences of the lockdown. In Kolar, since a large number of participants were students, the importance of inter-city and inter-district transport for those in non-metropolitan areas stood out starkly.

This exercise also helped us to understand the commonality in the experiences of lockdowns faced by communities in non-metro locations. Some of the common problems people shared with us included nepotism and discrimination in distribution of relief provisioning by local leaders and elected representatives, the grossly inadequate range of items provided through the public distribution system (PDS), the inability to access transport for medical care and to purchase essentials as well as to travel to urban centres for work and education and the absence of local panchayats and municipalities both during and after the pandemic. One of the most important issues that came up during discussions was the absence of information about various government schemes, what facilities are available in state-run facilities such as primary health centres and Jan Aushadi Kendras and what kinds of rights communities have in terms of availing basic amenities such as water, transport and livelihoods and demanding them from various wings of the state such as panchayats and municipalities.

The problems faced by communities in these three locations were also the result or exacerbation of already existing structural problems. For instance, youth unemployment or underemployment was cited in all three places as a major barrier to income security. While large companies are setting up units in these places, they are not employing youth from surrounding areas. While land and other resources of the place are being used up by the company, this has not translated to benefits for the local population. During the pandemic, people stated that these forms of unemployment and underemployment had already left them at the margins of development. These diminished capacities were further hit by the pandemic and the lockdowns.

The solutions discussed with the communities included interventions in local self-governance institutions such as panchayats and municipalities, specific processes that the state government needs to undertake in further waves of lockdowns such as informing well in advance about lockdowns and nature of restrictions and larger policy level decisions about tackling unemployment and increasing social security cover for vulnerable communities.

MAKING PARTICIPATION PRACTICABLE

To make participation practicable, we have demonstrated a game-driven approach to share issues and collectively prioritise the issues and plan pathways. The process can be used by the following actors and in the following contexts going forward:

FOR GOVERNMENT :

1.   Embedding in existing government processes:
By focusing on communities in three different non-metro locations, we have been able to demonstrate a practicable approach to participatory policymaking. The toolkit can thus be used by local governments such as panchayats, ward committees, to assess the needs of various communities they need to serve.

2.   Designing policy interventions:
When new policy interventions need to be designed, the toolkit can be used to assess the needs of the community and design interventions accordingly.

FOR CIVIL SOCIETY ORGANISATIONS :

1.   Strengthen civic muscle:
Identifying which problems can be addressed at a community-level and understanding what role an individual plays as a citizen in the public sphere is part of strengthening the civil muscle. Civil society organisations can use the toolkit to strengthen civic muscle such that both problems and solutions can be identified through the game and which and how different government departments can be approached for grievance redressal and addressing immediate and long-standing issues faced by the community.

2.   Formulating programs:
Civil society organisations can use the toolkit as a way for the community to themselves decide what problems need to be focused on and prioritized in order to design interventions.

APPENDIX 1:
BRIEF BACKGROUND ABOUT THE FIELD SITES AND THE STATE OF LOCKDOWN IN THESE PLACES

KOLAR

Kolar district is located in South Karnataka and is about 70 km from Bangalore Urban. Here, SIEDS, with the focus on gender also works with marginalised communities–SC, ST, Muslim and migrant workers – who live in poorly-serviced areas such as Nissar Nagar, Talagunda and Beedi Colony. Here, people work largely in the informal sector and common occupations include rolling beedis, street vending, auto-driving, vehicle repair and agriculture. A predominant concern for residents in these areas is the absence of basic infrastructure such as roads, sanitation and water supply.

The experience of these communities during the peak of the pandemic showed how government processes had failed to respond to urgent and emerging needs. People felt that both government and private hospitals did not offer proper treatment. Hospitals had shortage of beds, ventilators and oxygen and no hygiene was maintained in them. Even when ventilators were available, there were no trained personnel to run them. If it was a COVID-positive patient, beds would be openly denied.

Unable to earn an income, people went hungry for long periods of time. Some organisations distributed ration kits consisting of groceries, cereals and vegetables to urban poor communities. However, the state and local institutions failed in ensuring systematic coverage of marginalised communities in need of food during the lockdown. Unable to pay rent, people returned to their villages under duress. But even this return was difficult as transport was not available. People resorted to any form they could access, including goods vehicles, lorries and even headed back on foot with their children and baggage. But they could not find any work back home either.

Ration received at PDS shops had worm-infested rice and wheat flour. The range of items given through the PDS system was woefully inadequate as well since people had no income to buy other essential items such as oil, salt, vegetables among others.

Instances of police atrocities also took place here. When going to work, even if workers showed ID cards or if people went to buy medicines from the store, the police would beat them with lathis or seize their vehicles. They would not even ask the reason for why people had stepped out of their homes. The cruel side of the police really got highlighted in this period.

BAGALUR

Bagalur is a village in Karnataka which comes under Grama Panchayat in Bengaluru North Taluk. Bagalur consists of Hindu, Christian, Muslim and Dalit population. Currently, SIEDS focusing on COVID-19 health intervention is working in collaboration with the Public Health Centre in four wards of Bagalur namely, Gunddappa Circle (Ward 3), Bagalur Colony (Ward 4), Razakpalya (Ward 5) and BS Palya (Ward 7). The major occupations pursued by communities in these places include daily wage labour, fishing, silk weaving, garment weaving, factory labourers, street vending and auto driving. As in Kolar, communities here also live in under-serviced areas where water supply, sanitation, roads, garbage disposal are absent.

As elsewhere, unemployment and loss of income due to the lockdowns made ration and everyday essentials such as milk and vegetables unaffordable. Further, since most households buy essentials on a daily or weekly basis, it was impossible for them to buy in quantities that would sustain them for the entire lockdown.

Travelling to the market to buy vegetables became very difficult as there was no public transport facility. People had to walk to the market for 2 kms to get vegetables. Numerous migrant workers and their families started walking to their homes since they faced unemployment and did not have money to survive. Due to desperate search for food, many migrants used to come to the main road and hope that someone would provide them food during the lockdown.

Many people could not afford masks and sanitisers at the time of lockdown and they lacked awareness on COVID-19. Many children couldn't attend online classes as their families couldn't afford smartphones and internet connectivity. With schools continuing to be shut, children started going for coolie work with their parents. Many faced financial crises and did not have money to pay rents and EMI.

ANEKAL

Anekal is a taluk in Bengaluru Urban district. Here, SIEDS, with the focus on gender, youth and public health, works in 12 wards of Anekal city, Neralore village and in the Hakki Pikki Colony in Bannerghatta. Although the taluk is close to Bangalore city, villages in interior areas of the taluk have little to no access to transport facilities as well to proper road infrastructure. Even after the lifting of the lockdown, students continue to face hurdles in accessing schools and colleges. Access to drinking water was yet another major difficulty,

especially in Neraluru panchayat where migrant workers are most affected.

Unemployment is a long-standing problem in this taluk and this was exacerbated during COVID-19 and the lockdowns when even those employed lost jobs, did not receive wages on time or received reduced wages. For senior citizens, the delay in pensions was a major concern since they depended on this to manage their lives.

Two main occupations in Anekal are handloom weaving and powerloom weaving. The pandemic has particularly disrupted livelihoods of weavers as demand collapsed and weavers and workshops were left with their manufacture, unable to sell or not receiving the payments due to them. Yet another major occupation is agriculture where the closure of, or lack of access to agricultural markets, disrupted the supply chain. Farmers and farm labourers were severely affected by this.

Image 10 : Sharing in process in Anekal

APPENDIX 2:
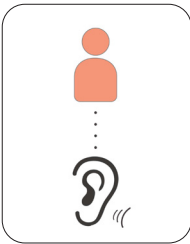## GAME ASSETS OF ONDU KATHE KELI - PHASE 1

ONDU KATHE KELI

Participatory planning exercises were conducted with communities in peri-urban areas of Anekal and Bagalur. In these places, people spoke about how lockdown impacted them personally and at the community level. The stories shared were along the thematics of:

- "Aahara" Food,
- "Swasthya" Health,
- "Krishi" Agriculture,
- "Kelsa" Work,
- "Sarige" Transport and
- "Shikshana" Education.

Based on these stories shared by them, community-level issues were identified either by the organisations conducting them (Bagalur) or by people themselves (Anekal).

THE GAME PLAY:
When a Teller tells a story, the Listener gives them a block. Stories of strength are given a yellow block, and stories of challenges are given a purple block. These blocks are added to a transparent jar in the middle. As the stories are told and blocks are collected, the jar gets full, and when the jar is full, the game ends.
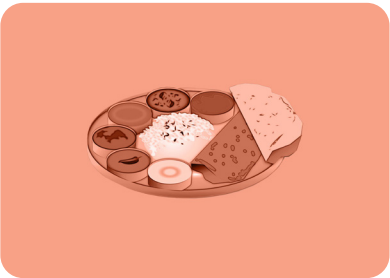
DATA COLLECTION:
There are note takers at every booth, and they collect details of issues that emerge from the stories in the note taking sheet.

LISTENER'S BADGE

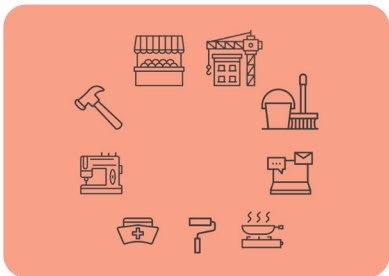**TELLER'S BADGE**

**POSTER FOR THE BOOTH:
"AAHARA" FOOD**

**POSTER FOR THE BOOTH:
"SWASTHYA" HEALTH**

**POSTER FOR THE BOOTH:
"SARIGE" TRANSPORT**

**POSTER FOR THE BOOTH:
"KRISHI" AGRICULTURE**

**POSTER FOR THE BOOTH:
"KELSA" WORK**

**POSTER FOR THE BOOTH:
"SHIKSHANA" EDUCATION**

APPENDIX 3:
WORKSHEET FOR PHASE 2

After Phase 1, the community-level issues and solutions were discussed collectively (Bagalur) or discussed in smaller groups and the solutions presented to the larger group (Anekal).

It is important to note here that some of the problems existed prior to the onset of the pandemic but were exacerbated during the pandemic and the lockdown because livelihoods were massively impacted. People were then left with no means to mitigate the pre-existing problems.
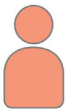
CHART: TO SEGREGATE ISSUES AT INDIVIDUAL, HOUSEHOLD AND COMMUNITY LEVEL

APPENDIX 4:
ABOUT THE ORGANISATIONS

SOCIETY FOR INFORMAL EDUCATION AND DEVELOPMENT STUDIES

Formally registered in 1976, over the past four decades of its existence SIEDS (Society for Informal Education and Development Studies) has been a unique experiment in collective politics and functioning. Over the decades the core concerns of SIEDS have evolved around human dignity and rights; social harmony and peace; transformative and constitutional justice, decentralised democracies and inclusive development. While responding to multiple issues related to gender, class, caste, religion, environment, local self-governance and basic entitlements for the rural and urban poor, the attempt has been to weave together responsive activism with reflective analysis and a critical aesthetics. The search has been for processes of change that while rooting themselves in specific cultures and communities draw from more universal notions of justice, peace and human creativity.

For more information mail at *siedscollective@gmail.com*
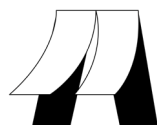
ALTERNATIVE LAW FORUM

The Alternative Law Forum (ALF) was started in 2000. ALF is committed to responding to issues of social and economic justice. We work to make the law and legal institutions accessible to marginalized communities and citizens. We do so by conducting critical research with an interdisciplinary approach, offering legal support and pedagogic interventions.

For more information mail at *contact@altlawforum.org*

FIELDS OF VIEW

At Fields of View our goal is to deepen public participation, improve data-driven decision-making, and inclusive planning in public policy. We design tools such as games and simulations to create an informed dialogue between the public and policymakers so that we build a sustainable future together.

For more information mail at *info@fieldsofview.in*

ACKNOWLEDGMENTS

We would like to sincerely thank each and every one of the participants from Kolar, Bagalur and Anekal. Without the generous sharing of their time and experiences , we could not have carried out the participatory exercises.

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