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## Responding to the needs of *beedi* workers after the outbreak of the COVID-19 pandemic

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### ABSTRACT

As the nation-wide covid-19 lockdown was implemented, a large number of workers who were engaged in *beedi* work (tobacco manufacturing industry) lost their daily wage work. These people had migrated to metro cities almost ten years ago for their livelihood, working in this perilous industry. Soon thereafter, though, they felt that they had no choice but return to the hazardous *beedi* work. This narrative tells the story of the formation and development of a small group that aimed to provide relief for the *beedi* laborers and their families.

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The news of the coronavirus outbreak came to light on December 31, 2019 when China informed the World Health Organization (WHO) about a cluster of cases of pneumonia of an unknown cause at Wuhan city in Hubei province. Subsequently, the other provinces of China and the rest of the world were soon affected.

By the middle of September 2020, India surpassed Brazil by registering the most covid-19 cases in the world after the United States. In terms of coronavirus-related deaths, as I write this in the first week of September 2020, India is now third after the United States and Brazil with a total of 71,642 individuals succumbing to the highly infectious disease.

After the onset of the outbreak, laborers from the informal sector were soon faced with the stark reality of sweeping shutdowns of economic activity in India. Widespread panic led to migrant laborers who were previously working in different states, returning back to their native places.

My (lead author, Md. Saddam Ali) Ph.D. study is related to occupational health hazards among women in the Nalanda district of Bihar, India employed in the *beedi* factory. I am a resident of this district and most familiar with the issues and challenges faced by workers engaged in the *beedi* industry.

## The incident leading to an idea and formation of our group

One day in May 2020, when I was sitting with my family members and discussing the lethal covid-19 pandemic, one of my friends came to my home and informed me about the death of a migrant laborer living in our community. The whole community was terrified. People stopped allowing their children to play in the locality.

My friend (Amit Prajapati) and I visited the home of the deceased laborer. He was 40 years old. We met and interacted with his family members and his neighbors. We got to know about the cause of his death. The poor laborer died due to hunger and lack of a proper medical diagnosis. He was suffering from tuberculosis and respiratory illness. He used to work in Kolkata, India in the local *beedi* industry (tobacco manufacturing). Due to the lockdown, he lost his job and had to migrate back to his native home. Since he had no money to help to support his family, he was left with no alternative but to return to work in the hazardous *beedi* industry. In time, with no proper diagnosis his condition deteriorated and he died due to hunger and a compromised immune system.

We were deeply affected, hearing about his painful death. Indeed, it was not too late, both of us agreed, to aid other poor and vulnerable laborers in this marginalized section society.

## Joining hand in hand

One day after our visit, I called and then sat with Amit Prajapati to discuss helping the migrant laborers. Amit Prajapati is a professional social worker, working in the social welfare department under the Government of Bihar, India. I said to him that we are professional social workers, therefore it was our duty to try and help the migrant laborers who were so affected by the covid-19 pandemic.

Amit Prajapati responded that we need to identify someone to join us who is more experienced in this field and who understands the intricacies. An impeccable woman was already in my mind for such an initiative; someone who was experienced, mature, and deeply committed to uplifting society.

I said that Dr. Alisha is who we should contact to become involved with us. Luckily, I found her number from a website. We scheduled an appointment and went to her office. Dr. Alisha is the president of an NGO named *Aasra Al-Hind* Educational and Social Welfare Society. I wanted her to be the part of our group because she is experienced and has worked at the grassroots level. Her organization was working in four states of India: Delhi, Uttar Pradesh, Jharkhand, and Bihar during the lockdown.

Since I had good rapport with her, I told her the story of how we came to approach her and what we had in mind. She seemed to be quite interested in our proposal for an initiative to bring relief to *beedi* workers. Indeed, she told

us that she was planning to work along these lines herself. It was a coincidence that we approached her when we did. I invited her to become a part of our group. She was more than happy to join us.

Dr. Alisha said, “As far as my experience working in this field is concerned, aiding poor, vulnerable, and needy people is not an easy task. We need help and guidance from a community leader and a few community volunteers.”

Amit Prajapati responded, “If we talk to the ward councillor Md. Amir Khushroo, of the local community, it will be better for our group because he is an elected member of the municipal corporation. Additionally, he has better connections and popularity among the local people.”

Dr. Alisha said, “Yes, very good. I do agree. Adding a ward councillor to our group will make our relief efforts easier to implement. We must talk to him as soon as possible.”

On behalf of the group, I called the ward councillor and quickly discussed with him our plan and strategy regarding providing relief for migrant laborers, in the hope that he would join our group effort. Since he was in a bit of a hurry, he asked all of us to join him for an evening snack and tea around 6:00 pm. We agreed and I thanked him.

When we reached the ward councillor’s home that evening, he was already waiting for us. He offered us some beverages and tea. He asked us, “Can you please take me through the earlier conversation again?”

I was quite nervous about how to pitch the idea. However, he encouraged me when he looked at us and said, “You guys are tomorrow’s future. It is my obligation to aid and advise you for the betterment of society in the future.”

This helped me to relax a bit. I introduced the other two group members and each of us took turns explaining the entire scenario as we envisioned it.

The ward councillor said, “Since the day lockdown was implemented, we have been under a lot of pressure. Maintaining law and order as well adherence to covid-19 guidelines is a tough nut to crack.”

I was a little unhappy to hear this. He saw my face and realized that I was feeling a little disheartened. However, considering the gravity of the situation, he later agreed to join our group and help us in whatever way he could. He gave me his phone number and invited me to call him as needed. He told us, “Don’t worry you guys are doing great. Just let me know if anything is required. I will manage my schedule.”

### **Deciding on a meaningful group name**

Amit Prajapati said, “We need a good name for our group and it should have an impactful meaning, I suggested the name of the group as *Samaj Utthan Dal* because the sole purpose is for the uplifting marginalized and vulnerable people. To help the migrant laborers especially to those who were engaged in a hazardous occupation such as working in the *beedi* industry.

The ward councillor said, “Yes, the name of the group sounds good and meaningful – *Samaj Utthan Dal* – a group for social upliftment. It will set an example for others.

Dr, Alisha nodded affirmatively and said, “All of us agree.” And, so the name: *Samaj Utthan Dal*, representing social upliftment, stuck.

### Identifying the target group

The target group of our efforts were migrant laborers who had reverse migrated, had come back to their native places after the implementation of the lockdown.

Arun Prajapati said, “I was thinking that we should target the entire migrant laborer class.”

Dr. Alisha said, “No, it would be quite a large a target for us to focus upon.”

Even I had reservations about such a large target group, but the ward councillor didn’t think it would be too ambitious a goal and said, “Don’t worry. We can do it.” He suggested that with his support and connections, it would be much easier to focus on more people.

Despite this ambitious goal, as you will see, the matter of the target group was revisited a little later in our group deliberations as reality set in.

### Structuring the implementation

After finalizing our target, our group started to prepare a draft for implementing the plan. I took the responsibility of making the list of migrant laborers who were now engaged in *beedi* work.

Amit Prajapati and I reviewed the documents of laborers’ families. This included ration cards and Aadhar cards. These documents are essential for getting food and raw materials from government and non-government organizations. We prepared a list of food to be distributed, including mustard oil, gram, dal, rice, wheat, and more.

The ward councillor took the responsibility of making sure beneficiaries had ration cards to be linked with Aadhar cards. To further clarify, the ration card is an official document issued by state government in India to households that are eligible for subsidized food grains from the public distribution system, under The National Food Security Act, 2013. Ration card holders will get subsidized foods if their cards are linked with an Aadhar Card as per the government of India.

An Aadhar card includes a 12-digit unique identification number issued by the Indian government to every resident of India. The ward councillor is a representative of the local people and he has the authority to recommend names to receive ration cards.

We had spent more than a week compiling a list of potential beneficiary families. It was somewhere around 60 households consisting of about 300 individuals.

Dr. Alisha said, “See, our target group is too big for our limited supplies. We need to be more specific.” Upon seeing the real numbers, Mr. Amit Prajapati and the ward councillor agreed with her. After further deliberation, we decided to help only those beneficiaries who were engaged in *beedi* rolling, which brought the number of beneficiaries down to 30 households consisting of 150 members.

### **Engaging the local community as volunteers**

Next, we pondered whether we should solicit help from the local people to help mobilize our resources. Amit Prajapati didn’t think so: “No, we should not take monetary or other forms of support from the local people. Because members of our group live in the same locality, local people might spread baseless rumors about us.”

The ward councillor was a politician by profession and he was the part of our group. We were concerned that members of his rival political party might try to defame the group. For example, they could claim that we mismanaged money contributed by local people. Or, they could contend that the ward councillor joined the group effort solely to gain political advantage.

Regarding this concern the ward councillor tried to reassure the group by telling us that he had good rapport with the majority of people. He said, “Being an elected member of the urban municipal corporation and representative of this locality, it’s my responsibility to make sure that nobody will spread any [hurtful] rumors about the *Samaj Utthan Dal*.”

Despite the ward councillor’s reassurances, the matter continued to create some anxiety and conflict in the group. After a heated discussion about the concern, we decided to take only voluntarily services from the local people, as opposed to monetary contributions. The volunteer efforts would include help in packaging the food bags and distribution of foods, masks, sanitizers and so forth.

Once our group worked through the conflict and differences among us, we came to a mutually agreeable solution about how to engage the local community. It was a stressful time in the group, but it made us more cohesive, which was essential for the important work ahead.

### **A life struggle for the target group: *Beedi* rollers and the covid-19 pandemic**

The nature of working in the *beedi* industry is most challenging because people worked together in a group. In a situation like the covid-19 pandemic, they

faced a greater chance of spreading covid-19. The group decided to interact with the target group as per the list provided by the local ward councillor.

The group selected the village “*Banoulia*” of Bihar Sharif Nalanda district of Bihar, India. This is a semi-urban locality that comes under the Nalanda district of Bihar (India). All the members of our group were from the same locality. A short time after forming our group, we started to interact with the community people and visited many homes of the *beedi* roller laborers.

Dr. Alisha said that she could never have imagined the poor conditions of the laborer classes who had returned from Delhi, Mumbai, Kolkata, and other megacities of India. She was extremely shocked to see the working conditions of the *beedi* workers. Workers were rolling *beedi* without using masks. There were no sanitizers provided for the workers. They worked in dark and dingy places and did not adhere to social distancing. Apart from this, their children were playing outside the house along with the other children without maintaining physical distancing. Young people in the community were playing chess, carom board (a table top game of Indian origin), cricket, and so on.

### Strategic planning and food distribution

A complete draft and other important documents were given to me by Amit Prajapati. He suggested to me that since this was my native place and I knew the people, I should take responsibility for identifying the genuine beneficiaries, since we had limited resources for distribution.

I replied, still conflicted that we could not help everyone, by stating that every individual is needy in the present situation. Nevertheless, our major focus was to be on *beedi* rollers. It was understood that if we have an overflow of resources, only then we will also help the other poor people in the community.

Amit Prajapati responded, “Yes, I do agree on your point.” Further, he reminded us that most of the migrant laborers had no ration cards because, most of the time they were residing outside their hometown, until their recent return.

Ward councillor said, “I think, our group currently needs to focus upon the target group (*beedi* rollers). So first we have to work with the target group and then we can deal with the issue of making ration cards for others.”

Finally, our group agreed on this point. I had a list of beneficiaries consisting of about 150 individuals from 30 households. Dr. Alisha had already completed making packets of ration kits through her NGO. The kits consisted of 20 kg rice, 20 kg flour, 5 kg potato, 5 kg onion, 5 liter mustard oil and 1 kg packet of salt. They were subsidized through Dr. Alisha’s NGO – Aasra Al Hind Educational and Social Welfare Society, of which she is President.

The next day, in the early morning we were ready for the distribution of the kits. We then gathered at the ward councillor’s guest house.

Amit Prajapati and Dr. Alisha shared some of their thoughts with the group. They said that it would be unethical and unfair if we distribute foods and other raw materials from the house of the local ward councillor. They said that the people in the community might think that these are personal donations meant to further the political ambitions of the ward councillor during the municipal election.

I agreed that this was a serious concern. Nevertheless, the ward councillor said he did not see it as a problem. To reassure us, though, he graciously added, “Whichever place the group decides [is best] for the distribution of the food to take place, I am with the group.”

Amit Prajapati said, “I have a good rapport with the headmaster of the local school. If he allows us then we can distribute the ration kits at the school playground.” There was unanimous agreement. He talked to the headmaster of the local school and fortunately, he gave his consent. This relieved us all with respect to our concerns about any perception by local people that political motives were behind our efforts.

We proceeded to the local school and the headmaster offered to volunteer. Following his lead, some of the teachers also volunteered. We distributed the ration kits maintaining all of the issued government health and safety guidelines. It is estimated that a ration kit should last individual beneficiaries about a month and a half each. There were five kits left over that we were able to distribute to other needy individuals outside of our target group. Everything went smoothly and no problems were encountered. Nevertheless, this was just the beginning of our work together.

After the *beedi* worker initiative, we met to evaluate our efforts and to decide whether to continue our work. Consequently, *Samaj Utthan Dal* continues to work for the social upliftment and empowerment of migrant laborers. We have since worked with other migrant laborers including hawkers, street vendors, construction workers and others. Our group is helping them to obtain ration cards and linking them to Aadhar cards.

## Conclusion

Based on our in-depth interactions, observations and analysis of the target group, we concluded that much more is needed for social transformation and uplifting the community, especially in the areas of health, education, skill development, women empowerment, social-emotional growth, and much more. Beyond these broad categories, we observed that the groups that need the most support are widows, differently-abled, cancer patients and aged. Although we are off to a good start in helping them to get ration cards that are linked with the Aadhar cards in order to maximize their benefits, much more is needed that is beyond our reach and which will require a national commitment and effort.