COVID19 AND NORTH EAST INDIA: INDIGENOUS PUBLIC HEALTH COMMUNICATION PRACTICES OF TRIBES IN MEGHALAYA

Caroline Wahlang
Assistant Professor, Department of Journalism & Mass Communication, The English & Foreign Languages University, Regional Campus, Shillong, Meghalaya

Ravindra Kumar Vemula
Professor, Department of Journalism & Mass Communication, The English & Foreign Languages University, Regional Campus, Shillong, Meghalaya

ABSTRACT

The traditional institutions have played a very important and indispensable role in curbing the spread during the coronavirus epidemic. The lack of adequate health systems infrastructure and difficulty in accessing health care in remote tribal areas the local tribes devised and implemented indigenous and innovative methods address the public health issues. They created basic infrastructural quarantine facilities to meet the rising demand of thousands of locals returning to the state. They utilised ecologically sustainable natural resources in their natural surroundings. This paper documents such indigenous public health responses and measures carried out by tribal and indigenous peoples in Northeast India in order to mitigate the spread of COVID-19. This paper delves deeper into traditional village institutions and local community administration's active participation, traditional practices, and community-based methodology and approaches to combating the COVID-19 pandemic and its socioeconomic ramifications among the tribals of Meghalaya.

Keywords: traditional institutions, COVID-19, quarantine centres, community response, indigenous, Northeast, Meghalaya

Introduction& Background of the Study

Indigenous communities comprise over 476 million and make up more than 6% of the global population (World Bank 2023) They constitute approximately 19% of the world's severely poor and are much more likely to live in poverty than non-indigenous people[i]. Regardless of their location, whether rural or urban, and even across international borders, indigenous populations experience difficulties accessing healthcare due to isolation, distance, limited capacity, or simply a lack of health services and are most vulnerable to communicable and non-communicable diseases. They have much higher mortality rates and a poorer life expectancy than their non-indigenous contemporaries (Lane, 2020). During pandemics, Power et al. (2020) note, that indigenous peoples had chances of greater infection rates of symptoms, infection, and death than the rest of the population because of the enormous impact of social and cultural factors, and as well as a lack of political will[ii].

Studies have shown that the 1918–1919 influenza pandemic had seven times higher mortality rates for Māori indigenous people than New Zealand Europeans (Brundage, and Shanks 2008) In central Australia, they experienced rates five times higher than the non-indigenous population (Mousseau, 2013) Aboriginal peoples in Canada make up only 3.8% of the population but have a 6.5-fold higher risk of being admitted to an intensive care unit (ICU) than First Nations people (Boggild et al., 2011; Mousseau, 2013; Summers et al., 2018). According to the Centres for Disease Control & Prevention, 2009, of all other races combined, American Indian and Alaska Natives died from H1N1 at a rate that was four times higher. According to the 2009 H1N1 pandemic risk factors and policy recommendations, Mousseau (2013) argues that developing policies that benefit indigenous populations by enhancing socioeconomic circumstances such as housing, income, employment rates, and education rates is one of the ways to reduce the risk factors.

The author also maintains that the best strategies for reducing future pandemic infection rates among indigenous populations

will be those that are established through direct consultation, partnerships, and involvement with communities. Mousseau (2013) argues that rather than a genetic predisposition, the poor socioeconomic conditions that aboriginals experience are more likely to result in increased rates of infection for any pandemic. Malnutrition and under-nutrition, lack of sanitation, lack of clean water, and poor medical care, all contribute to the probability of high death rates among indigenous groups during any health emergency (Lane, 2020; Mousseau, 2013). Unlike other pandemics, the COVID-19 pandemic posed a new threat to indigenous peoples' health and way of life.

The UN Policy Brief on COVID-19 and Human Rights notes that "*the already-critical situation for many indigenous peoples, who face entrenched inequalities, stigmatisation, and discrimination, including poor access to health care and other essential services, is exacerbated by the pandemic*" (UNESCO, 2023). Furthermore, the policy asserts that pervasive stigma and discrimination in healthcare settings that include stereotyping and inadequate care discourage them from seeking health care. Despite a dearth of social and economic infrastructure, indigenous and tribal people around the world must rely on their own centuries-old wisdom to combat any health emergency such as COVID-19. Tribals have profound ties to the land and its resources, and their traditional knowledge and health practices are typically founded on a deep appreciation and reverence for nature. They have found a safe haven in nature during the pandemic. Traditional survival techniques and ethnic wisdom provided tremendous emotional, mental, spiritual, and physical assistance to the tribals (Petrov et al., 2021). Such practices enabled them to adapt to and prosper in their specific settings and provide a sustainable means of subsistence, and allowed people to go about their everyday lives without fear of being ill or going hungry as a result of lockdowns and town shop closures. Traditional knowledge is especially valuable in times of crisis. Tribal societies' strong sense of communal wellbeing and social solidarity is critical in responding to disasters.

Several studies have shown that tribal resistance in the face of the Corona virus stems from their deep spiritual attachment to nature, custodial role in conserving traditional knowledge, and strong sense of community welfare (Ambagudia, 2022; Choudhury & Roy, 2020; Cohen & Mata-Sánchez, 2021; Levkoe et al., 2021; Sen, 2020). The proactive response of the Orang Asli people, Malaysia is one such example where customary wisdom of diseases and epidemics were put in place. Orang Asli people are part of their collective decisive action were able to save their communities, by setting up checkpoints and barricades to keep an eye on the arrivals and departures of the villagers and made sure that the lockdown regulations were strictly adhered to during the COVID-19 pandemic. Such check points that were set up varied from village to community; some built simple huts out of bamboo, coconut fronds, or timber felled in the forests (Idrus et al., 2021). Oaxacans from Mexico State also relied on their traditions and indigenous mitigation methods against COVID 19 (Cohen & Mata-Sánchez, 2021, Leonard, 2020).

First Nation people in Canada, while gathering their bundles for food, medicine, birth, and death, also came up with creative self-defence techniques like crafting their own protective facemasks (Wright, 2020). Instead of relying on individuals to go to a food bank, Iwi (tribe nations) in Aotearoa were giving out food parcels to elderly people and using roadblocks to keep an eye on who enters and exits their region (Power et al., 2020). In India, the Great Andamanese, the Jarawas, the Onge, the Shompen, and the Sentinelese of the Andaman and Nicobar Islands as well as the tribal and indigenous people in Bastar, Chattisgarh, and Sundergarh, Odisha, India, embraced and maintained their traditional practices. In order to prioritise the social and cultural well-being of their community throughout this crisis, they developed practices such as gathering and sharing food, seeking medical plants, participating in rituals and prayers to worship tribal deities, and embracing spiritual healing techniques. Indigenous healthcare experts and traditional healers urged people not to be afraid of social exclusionary practices because isolation and self-reliance have always been integral parts of tribal culture.

The indigenous belief that humans are responsible for caring for nature and that nature itself teaches lessons in endurance, coupled with strong bonds of community and resilience, enabled the indigenous people of Bastar and Odisha to effectively pass through the challenges posed by the pandemic (Sen, 2020). Despite challenges such as a lack of appropriate surveillance and early alert systems, as well as

adequate social and medical services, indigenous peoples' traditional ways of life have gave them resilience and put them ahead of the curve in terms of taking precautions. Indigenous peoples pursued preventive measures as well as build their own responses to the pandemic utilising traditional knowledge and practices. Their sense of community was one of their biggest assets (Pascal, 2023; United Nations, 2020).

This paper examines how indigenous communities in Northeast India especially in Meghalaya have responded to COVID-19 . It studies the various responses and measures taken by tribal and indigenous peoples in Northeast India to combat the spread of COVID-19, public health approaches and grassroots health communication strategies practiced at local level. The research delves deeper into the *Dorbar Shnong,* or traditional village institutions, and local community administration's active participation, traditional practices, and community-based methodology and techniques for combating the COVID-19 pandemic and its socioeconomic implications in Meghalaya.

Research Methods

The study was conducted in phased manner and in mixed method. Data related to the COVID 19 and the mitigation measures adopted by the different tribes were collected from newspapers, news portals, and social media posts as part of the secondary data. Friends, former students and family members were contacted across various states of the north east for documentation of the COVID 19 mitigation efforts from various tribes of the North East India. Our primary data collection method in Meghalaya was non-participant observation (Gold, 1958). Over a period of three months, one author attended visited various locations in the various districts of Meghalaya including Shillong, the capital of Meghalaya. As a non-participant observer, she photographed and video recorded the various measures adopted by the tribals to combat COVID 19. In this paper we use data from seven such visits by the author. At the end of the observation period, one author also interviewed community members, including headman and other functionaries, asking for their reflections on COVID 19, Public health challenges and the problems faced by the local community. It also documented the various health communication approaches adopted them to spread the messages on COVID 19. Such non-participant observations and in depth discussions deepened our understanding of the tribals and their mitigation measures for COVID 19 more generally. Our analysis focuses on the dynamics between community members, local governing bodies and their inherent understanding of public health issues and the local mitigation measures.

COVID 19 and Local mitigation approaches in the North East India

Northeast India is home to a large variety of indigenous tribes and sub-tribes, as well as approximately 220 ethnic groups and languages. Prior to British dominance, the region consisted of several kingdoms ruled by different monarchs or chieftains. Following India's independence, when these regions amalgamated with the Indian Union, their traditional institutions were recognised, protected, and preserved constitutionally. The "Report of the Expert Committee on Tribal Health: 'Tribal Health in India' Bridging the Gap and a Roadmap for the Future" notes that, along with ten other states, the Northeast constitutes a major portion of indigenous and tribal populations in India, and a large majority are concentrated in rural villages (Press Information Bureau, 2018). India recorded its first COVID-19-19 case on January 30, 2020, in Kerala. The entire country was placed under lockdown by March 25, 2020.

In India's northeast, the first case was reported on March 24, 2020, from Manipur by a 23-year-old returnee from the United Kingdom[iii]. On March 24, Mizoram was the second state to report a 50-year-old person who had previously visited the Netherlands.[iv] Assam registered its first COVID-19 case on March 31, 2020 [v] , followed by Arunachal Pradesh on April 2[vi], Tripura on April 6[vii], Meghalaya on April 14[viii], Sikkim on May 23, 2020[ix], and Nagaland on May 25, 2020. [x] People in the region were overwhelmed by dread during the initial phase, which sometimes resulted in stigmatisation and discrimination against those infected with the virus.

The first documented case in Manipur was met with an aggressive reaction, and the patient was chastised for being reckless (Pascal, 2023). In Meghalaya, the person who died from the Corona virus was denied burial and cultural ceremonies. Uncertainty, anxiety, and cynicism fuel unruly behaviour and actions across the

region. The pandemic had other severe consequences that negatively impacted the people of Northeast India, in addition to the health crisis caused by a lack of adequate medical services, food shortages and insecurity, loss of economic livelihood, and loss of sociocultural practices. People from the Northeast endured racial discrimination and isolation in other parts of the country. Cases of racial profiling, stigmatisation, and even threats to the safety and security of young people from the region have been reported on numerous major media platforms across the country (Nanjappa, 2020; Wangchuk, 2020; Yanthan, 2020). Following the COVID-19 pandemic in 2020, racial discrimination increased. They were harassed, abused, and traumatised, according to the study, and were disparagingly referred to as "coronaviruses" (Singh, 2021). Following multiple incidences of racist attacks in India linked to the COVID-19 outbreak, the Ministry of Home Affairs (MHA) released an advisory urging law enforcement to take action against harassment of persons from the Northeast, and states are to take measures in response to such incidences (The Hindu, 2020). It's important to stress that these young individuals faced double discrimination and stigmatisation.

Upon their return, they were initially viewed with hostility and other negative attitudes and feelings that were frequently prompted by dread and terror. This was essentially the impetus behind the communities' resolve to take action on behalf of their own people, to welcome them back, and to provide temporary refuge for them in accordance with the COVID-19-19 procedures and standards. The strong sense of community solidarity and pro-active initiatives and activities of these communities have a significant impact on the region's capacity to respond to COVID-19 emergencies. By leveraging their strong community ties and traditional social structures and by employing localised inclusive and holistic approaches, the indigenous communities in Northeast India offer a path to crisis-resilient mitigation. These communities often have well-developed support networks. Preventive measures like voluntary isolation, sealing off their territories, and food distribution through community mobilisation have been part of centuries-old traditional structures and crisis response procedures and practices.

Like the rest of the nation, north-eastern state governments lacked the resources and were unprepared for COVID-19. With the country on lockdown and more people returning home, quick quarantine facilities are needed to stem the virus' spread. To address this, villages all over the Northeast were filling the gap, and, on the advice of village elders, quarantine facilities were established to set up a stronger monitoring facility and to provide the quarantine necessary for people who are COVID-19-positive. Each community formed a COVID-19 taskforce to ensure the smooth operation of the monitoring facility and to limit entry and exit into communities.

Mizoram was one of the first states in the country to seal off its international borders (Pascal, 2023). A particular illustration of the community's fortitude can be seen in the Nagaland village of Chizami, which lies 81 kilometres from Kohima, the state capital. Despite the lack of information surrounding Tripura and Mizoram, Chizami provides a fascinating example of how local people can overcome the difficulties brought on by the epidemic. Despite the dearth of health-care infrastructure, a strong sense of community inspired people to come together and look to nature for a way to contain the spread of the Corona virus. On the advice of their village councils, villagers created 14 COVID-19 "creativity" hubs utilising ecologically friendly construction techniques and locally available natural resources, in this case bamboo, which is abundant. These hubs are provided with two beds, separate temporary toilets and washrooms covered in plastic sheets, and a hearth with fuel for the returnees to brew their own tea or boil water. The centres s helped the returnees to feel at home and relieve their stress after having suffered quarantine in government institutional facilities. Keeping mental health as a goal, the facility was not called a quarantine centre because the name itself evokes negative perceptions but was called "COVID-19-19 Creativity Hub" to elicit a positive reaction and to make the most of the time people spend at the centre. The returnees passed their time by writing stories, poetry, and other literary works, as well as by sketching, knitting, and making other kinds of crafts, comparable to vacationing in the middle of nature in every way.

Rural quarantine centre were considered to be far superior than the institutional facilities in towns. Despite initial reservations, because there was much more room to wander around and engage in nature without feeling confined.

People created a garden of wild roses as a way to pass the time. Water collection efforts were also carried out as a result of the wet season, which was a big aid to the water scarcity situation in the villages. Organic meals were packaged in leaves, and discarded leaves are stored in a compost pit, because outside food was not permitted, people separately burnt little amounts of dry waste because there were no other options or facilities. Villages in Nagaland are very traditional and not open to the world of new ideas, but for the centre, everyone in the community participated equally, Quarantine was an exciting opportunity rather than a burden, and individuals who left the centre had a fresh outlook on village life. "Even in the midst of negativity, it was handled positively" (The Print, 2020). Inam village in Manipur's Senapati district contains about 5,000 residents and is about 107 miles from Imphal. About a thousand of the village's young adults reside and earn their living outside of the country.

The majority of people who returned, were compelled to do so because of discrimination that they encountered, job loss, or a combination of the two. Using eco-friendly natural resources such as bamboo and wood, four cottages that can house 10 to 15 people were constructed by the villagers to serve as quarantine centres. These houses were about 7 to 8 kilometres from the village and were carefully placed along river streams to help ease the issue of water scarcity. The community provided grains and vegetables to its residents upon their return, and their family members provided clothing. These returnees were permitted to prepare their own meals and must stay in these specific quarantine sites for 14 days before being shifted to the school building under the supervision of the local health worker (ASHA) and transferred to the district hospital, if required. While enforcing strict entry and exit controls, the village council has ordered residents to notify them of any new returns and had threatened excommunication for those who do not comply.

The local council also asked that workers from outside the community depart (Karmakar, 2020). Similarly, in Tungjoy village, in a single day, 80 bamboo homes were made to quarantine natives of the village who had returned. Each one-person cottage has a bed, electricity with a charging connection, a detached lavatory, and a gas table top. These huts were divided into red, orange, and green COVID-19 zones for those returning from the red, orange, and green zones. They were separated by fences and different water pipelines. Three information centres were set up for details on returnees. (Hazarika, 2020; The Hindu, 2020b). Médecins Sans Frontières (MSF) started a small emergency response in Imphal to assist those who experience difficulties obtaining healthcare services owing to factors such as cost, distance, and stigma. In Imphal, they developed a 42-bed high dependency unit (HDU) for COVID-19 patients to encompass the neighbouring districts of Thoubal and Bishnupur (Roshan, 2021). Locals in Itanagar's East Siang village of Mirem, Arunachal Pradesh constructed ten quarantine tents for home isolation[xi]. To prevent the transmission of the disease, tribal communities in Arunachal Pradesh, such as the Galo, Adi, Nyishi, Tani, and Shertukpen[xii], have adopted customary rituals and traditional lockdown practices (Choudhury & Roy, 2020). Residents of Debing village have constructed bamboo-thatched homes grouped into zones to house returnees from various locations. Furthermore, volunteers were assigned to monitor and maintain social distance as well as provide meals for people who had been isolated. Facility was set up with clear plastic and screening measures for people returning from various states.

The inspiration for the undertaking came from discussions in the Ngorlung-Ralung Forum WhatsApp group (Dodum, 2020). In Assam, following government guidelines, locals headed by the village headman in Dima Hasao district built an eco-friendly temporary housing quarantine hut made of bamboo and banana leaves that can house 15-20 people. Despite living in poverty, the locals were able to build the hut in two days. According to a Hangrum village resident, the campaign was launched in order to protect the community and its inhabitants from the fatal virus (Nath, 2020).

The Centre for North East Studies and Policy Research (C-NES) and the Government of Assam's National Health Mission (NHM) collaborated to provide healthcare services via boat clinics to combat the spread of COVID-19-19 among indigenous people living on isolated river islands of the Brahmaputra, which lack adequate infrastructure and access to healthcare. Divided into smaller groups, these boat clinic teams explored the interiors of the islands to successfully promote awareness owing to illiteracy and the emergence of false information within communities claiming that doctors were

administering treatments for an illness that would kill people in three months. Another popular misconception was that quarantine facilities were in fact prisons or jails. These boat clinics were designed to educate people about COVID-19-19, including how it spreads and the significance of social isolation, handwashing, and mask use, as well as how to break the virus's chain or prevent it from spreading. ASHA, AWW, and village elders and local headmen visited villages to identify people with travel histories who were subsequently isolated at home and constantly monitored by boat clinics. During the first phase of the outbreak, the boat clinic teams performed 1,475 home visits and isolated 1,005 people. While maintaining physical distance, 1,569 awareness actions were accomplished by September 2020 (Centre for North East Studies and Policy Research (C-NES), 2021).

COVID 19 and Meghalaya:

The three primary tribes found in the Meghalaya are the Khasi, Jaintia, and Garo. Close to 80% of its people live in villages, and its economy is based on agriculture (Census 2011). In terms of governance and administration, the Autonomous District Councils (ADC), in addition to the state government, look after local self-governance, as outlined and provided under the Sixth Schedule of the Indian Constitution, to protect indigenous people's traditions and customary practices within the state's scheduled areas. Along with a robust clan system (the lowest administrative level inside a family), the state has significant traditional institutions that date back centuries. Each community in a scheduled area is governed at the local level by village councils (*Dorbar Shnong* or Community Durbar), which are headed by elected village headmen (*Rangbah Shnong*) and community elders/traditional heads as executive members of the council and are under the political jurisdiction of the *Syiem* (King), who is in charge of the larger duties of administration of village clusters. For millennia, these three levels of administrative decentralisation have coexisted in state administration.

The index case: the initial phase of hopelessness and scepticism

The first incidence of COVID-19 in the state, on April 14,2020 four months after the first occurrence in the country, rocked Meghalaya to its core. Fear hung over the state more than the pandemic, as misconceptions grabbed hold of the people's minds. In the absence of credible information about the virus, viral social media posts and video reels, unverified testimonies, and stories based on false information circulated on social media platforms took precedence, resulting in a pandemic of dis-information, mis-information, and mal-information.

On April 15, 2020 social protests against the burial of the COVID-19 patient, a well-known figure in the state, developed as a result of society's extreme fear of the death announcement. In accordance with the standards set forth by the WHO and the Government of India, the Government of Meghalaya made arrangements for his cremation on the same day in a public crematorium, and as desired, his ashes were interred in the grounds of his own farmhouse in a different district. However, the local community once again voiced their opposition to the cremation, and the village council also issued a supplementary letter forbidding the burial of the ashes. Burial was not possible until the next day, when a church granted permission for the interment to be held at the church graveyard with three family members in attendance (Mandal, 2020). The humiliation, stigmatisation, and discrimination endured by the deceased's family members were more agonising than the pandemic. The case will live on forever in the state's dark period of COVID-19 history. The Meghalaya High Court came out with the order that people obstructing the ceremonial rights of individuals who passed away from COVID-19d should be punished (PTI, 2020).

Addressing fear and stigma:

Following the index case, contact tracing revealed that eight other people with close ties to the initial case tested positive for COVID-19. One of these is a domestic worker in the first case's family. The domestic assistant is from Mawtharia, Pomlakrai Village in Smit. All eyes and interests are focused on what will happen to the domestic help next. Will she face the same fate? What about her family members? Will they be subjected to the same humiliation, stigmatisation, and discrimination as well? Most importantly, who will come to their aid? This, like the first case, will not be forgotten in the history of the COVID-19 pandemic in Meghalaya, but for completely different reasons. In an atmosphere of desperation, scepticism, despair, and powerlessness, Pomlakrai, Mawtharia village, offers a ray of hope and an

optimistic approach to looking forward. In the words of the headman of Mawtharia Village, Mr. Borlik Suting, "When the case was first brought to my attention that one of our village residents, who works as domestic help in the house, with a heavy heart, we went to the house for a heart-to-heart talk, to console, and when we confirmed that the news was accurate, the village council's executive committee met urgently to decide on further courses of action. The village council agreed unanimously to come to the help of all afflicted families without fear, prejudice, or discrimination." With the cooperation of the Block administration officer and the health department, the COVID-19-positive individual was immediately sent to the isolation centre. The local council assumed responsibility, and a task group was formed with the support of the state administration. Since 35 primary contacts have been identified, their families have been given instructions to follow strict quarantine protocols. The village council imposed a total village lockdown, and as volunteers, village youths ensured that vehicle movements in the village are monitored and that COVID-19 protocols are followed at all times, as well as preventive measures such as mask wearing, hand washing, and physical distancing are strictly enforced in the village. As the affected people's livelihoods, as well as their food security and impending hunger, were jeopardised while in quarantine, the village councils and members of the community, including the women's group, banded together to provide them with basic necessities for survival, such as food and water, while strictly adhering to physical distance.

The health worker (ASHA) performed daily health monitoring of the afflicted without intimidation or prejudicial beliefs (Meghalaya COVID-19 Response Team, 2020b). In the midst of the chaos and uncertainties, the Pomlakrai village community emerged as a sparkling beacon of hope, a physical example of resiliency, belonging, and the human spirit. The village's ground-breaking strategy changed people's perspectives on COVID-19 crisis management. The bold initiative of the village not only served as an inspiration but also provided an entirely novel perspective on the necessity of tapping into latent societal resilience during times of crisis. After the success story went viral, it not only gained overwhelming support but also resulted in rapid model replication by all communities in Meghalaya. It served as a reminder that even in the most hopeless of circumstances, humanity can triumph.A lockdown has been imposed across the country, prompting citizens to return home; however, the massive influx of people has overwhelmed existing quarantine facilities, leaving many without a place to stay. Desperate for shelter, some have taken refuge on tree branches or under culverts, facing dangerous conditions that have unfortunately resulted in a few deaths due to snake bites (Nongbri, 2022). In Meghalaya, in light of all of these issues and as people have grown less scared and more competent at navigating and coping with the ongoing pandemic difficulties, village councils have stepped up to provide care and shelter for their own people. Meghalaya's village councils are playing a key role in aiding their community through this crisis, with over 20,000 returning to the state and an average of over 200 arrivals per day.

Addressing physical isolation and social distancing

Regardless of village or town demography, Meghalaya's village councils took up the duty of preserving their village. Strict orders were given to their own communities by volunteers assigned to monitor travel in and out of the village, and physical isolation and social isolation are rigidly enforced. Anyone caught violating the rules is taken to the local police station and/or subjected to sanctions ranging from modest punishments such as having to perform frog jumps to severe punishments such as excommunication, among other things. Every community member was required to abide by the COVID-19 prevention rules and measures, which were monitored by the vigilant village council and proactive young volunteers. Chaudhury (2020) notes that the village councils, or *Dorbar Shnong,* have been operating and maintaining these quarantine facilities on their own. Due to the community's participation in participatory governance, this model has proven to be quite effective in Meghalaya (Choudhury, 2020). In Sampalgre, East Garo Hills District, one family showed the way of tackling the issue when they built a quarantine hut for their son, who had returned home from Shillong. In this manner, the son of the family did not feel ostracised or left out, but was under the care of his family members and undergoing quarantine measures (Meghalaya COVID-19 Response Team, 2020a).

In the words of Swapnil Tembe, the District Collector of East Garo Hills, "it is an excellent

model". According to him, many of these traditional set-ups have been witnessed in Garo Hills.Other deep interior villages in Meghalaya have reportedly reported similar tales. Wahlyngdoh, a village of 53 homes with a total population of 316 people (162 men and 154 women) (Census 2011), is located in the West Khasi Hills and is located 20 km from the sub-district headquarters Nongstoin. Under the direction and supervision of the village council, it developed its own pandemic response plans despite being severely weak in transport due to bad roads and the absence of any other essential infrastructural facilities.

The villagers constructed huts made of hay to segregate any members of the community who returned from elsewhere or any members of the community who manifested any COVID-19 symptoms (*see Pictures 1 & 2*). A unique case of quarantine inside a forest for a family of seven, including a six-month-old baby, in Manad village in South West Khasi Hills went viral on social media sites. Following an investigation by the district administration, it was discovered that the village elders suggested the family relocate to a hut near their plantation, 15 minutes away from their village in Mawtangdiar, as a precaution. The family agreed to the plan since they thought it would be more practical to produce their crops rather than sit idle under quarantine. However, they later returned to the village due to the baby's need for food and medicine. Following their return, the family was interviewed, and a video of their "forest quarantine" episode became viral. The village authorities then fully apologised to the family, which they accepted (TNM NewsDesk, 2020). In an impressive two-minute video from Lum Phyllut Village in Khliehriat, Jaintia Hills District, a young boy boasts of having the entire area to himself as he proudly shows off his house, where he was undergoing quarantine, in the middle of nature, surrounded by rice fields that are about to be harvested. (Sohmynting, 2020). As people live in nature, such instances of quarantine in the forest or on a treetop in the jungle are not unusual in rural Meghalaya; the only difference is that they are not made public.

Addressing the practice of using masks, handwashing, vaccination, and sanitation

Other initiatives undertaken by village councils, particularly in cities and villages near towns, include the regulation of the flow of information to each member of the community via a public sound system (Marbaniang & Lyngdoh, 2020) installed in main linking points encompassing the entire village or town. In my community, for example, it was clearly announced that only two members of a family were permitted to go out for marketing or shopping during relaxed hours, to restrict shopping or marketing time, and to return immediately when finished. Relevant information about the significance of wearing masks, handwashing, and physical separation was supplied in the local language, which was delivered clearly and effectively and repeated at least three times. Clear instructions are given on what to do if a person or their family members think they exhibit COVID-19 symptoms. The village council closely collaborates with the state health agency to closely track deaths in the community. Even the century-old Khasi custom of retaining the body for three days prior to burial is scaled back to avoid overcrowding in the deceased's residence. Except for death due to COVID-19, when state health officials and the village council take full control of the funeral rites in the presence of two or three family members at a distance and a fourteen-day quarantine period for the deceased's entire family, the number of attendees remains restricted in death or marriage.

Vaccination

While the government actively encourages COVID-19 vaccinations, a number of plots have been designed to discourage and persuade people against vaccinations. The North-eastern states, in particular, have been influenced by those who reject vaccines from the West as well as those who are also motivated by religion (The Shillong Times, 2021, sec. Editorial). For instance, in Jongksha village, "Jesus will save us; we do not need to take the vaccine" was a rumour that discouraged people from taking the vaccine (India Times, 2021). Preachers, representatives of society, and community leaders should all promote vaccination (The Shillong Times, 2021).

In a study that aimed to understand the extent of vaccine hesitancy in seventeen villages covering four districts in the state, Nongrum & Marwein (2022) found that 21% of the participants said they were reluctant to get the vaccine because they had other medical issues and were taking medication for them; 30% said that they were hesitant mostly out of fear; and 14% were nursing or pregnant women who declined to receive the vaccine; 9% of the participants declined the vaccination because of

their religious convictions, while another 6% did not think COVID-19-19 even existed. It is worth noting that 9% of participants thought strengthening their immunity was more crucial than getting vaccinated. Another 15%, despite their willingness, delayed because they did not want to travel to another village for the vaccine. Further study into the participants' fears revealed that they were deeply concerned about bad health outcomes such as infertility, frailty, low haemoglobin levels, and even death. In order to combat misinformation, the state administration appealed to village councils, community elders, and church leaders (Govt. of Meghalaya, 2021). The state government works hard to promote behaviour change through the issuance of alerts, warnings, and counselling. The government of Meghalaya launched a project called "Pledge for Ten" to promote vaccination by asking those who have already received the shot to persuade ten additional people to do the same (UNI, 2021).

In times of uncertainties, anxieties, and superstitions brought on by erroneous information, misinformation, and disinformation, church elders, community leaders, and village councils have a key role to play in dispelling fears and providing cautions against relying on incorrect information. Together, they consistently played a crucial role in encouraging members of their community to take the vaccine. Additionally, for instance, in my community, facilities have been placed at a number of village intersections in an effort to encourage vaccinations, reducing the difficulty for residents who must travel a distance to acquire their vaccinations. A public announcement is made in advance over the neighbourhood public sound system regarding the day and time that the health officials will be present for vaccination.

The community elders had the immunisation first and attested to its safety in order to lead "by actions, not words." The village councils and elders play a very important role as opinion leaders in boosting vaccine acceptance among the populace. Nongthymmai, a nearby community with about 9000 inhabitants, has not only made the vaccine available to the general public but also dispatched employees to make house calls. Nongthymmai UPHC reports indicate that in this locality, first dosage coverage is 97% and second dose coverage is 90% (Nongrum & Marwein, 2022).

Hygiene and sanitation

When the COVID-19 pandemic lockdown was lifted, the village councils continued to practice what they do every year by organising a neighbourhood cleaning drive. Such activities are seen across the city (Marbaniang & Lyngdoh, 2020). Despite the challenging circumstances, maintaining the communities' cleanliness remained a top priority. Even though it was required that at least one family member participate in this activity, even the children enjoyed taking part and were eager to carry on the long-standing tradition. This long-standing habit served as a fundamental cornerstone for promoting harmony and unity, or communal cohesiveness, and its significance went far beyond simply keeping the town clean (*see pictures 3 & 4*).

Furthermore, the village council or councils working together took on the responsibility of installing water tap facilities in large gathering locations such as markets and other places where large numbers of people are expected to gather. These water faucets are equipped with soaps for handwashing or sanitizers for those visiting market areas, congested shopping malls, or public spaces. In Smit, for the benefit of the residents, non-governmental organisations came forward and provided assistance in installing four water tanks for hand washing (Nongbri, 2022).

Addressing food shortages and insecurity

While migratory workers, particularly from indigenous communities, are stranded across the nation without food or shelter (The New Indian Express, 2020), the challenges faced by the repatriation to Meghalaya were primarily carried by their traditional institutions. The village councils also take care of making sure they have a decent place to stay during quarantine, according to Nongbri (2022). In a study at two Lower Lumparing Community Quarantine Centres in Shillong, food for the people in quarantine was prepared by their own family members and handed over to the staff at the centres to deliver the food to the intended individual (Marbaniang & Lyngdoh, 2020). Food insecurity is a problem that threatens the survival of certain marginalised populations in the state, in addition to poverty and loss of livelihood.

The majority of villages raised money on their own to regularly assist such struggling families with free food and necessities from their own

treasuries (Nongbri, 2022). Civil society, non-profit organisations, and religious institutions all contribute to resource sharing by making monetary and in-kind donations to less fortunate members of the community. Residents of Sohra-rim, Kongthong, Tyrna, and Jaintia Hills, for example, receive food grain help from youth humanitarian organisations. Through networking, concerned individuals established a network to help those in need by distributing food and other essentials. Another group of young people developed criteria to reach out to the most vulnerable: the landless and daily wage earners who are not included in the public distribution system, remote and inaccessible public distribution system villages, families led by single women, orphans, and tourist stakeholders such as boatmen, guides, and sellers, among others. A different crew of off-roaders made it to the inaccessible terrain places where even the local government was unable to go in order to distribute food grains and other essentials for survival (Wangchuk, 2020b).

DISCUSSIONS AND CONCLUSION

The strong sense of community cohesion exhibited in most indigenous communities in the Northeast is one of the primary elements that had a big influence in preventing and controlling the spread of the Corona virus. A close-knit community that lives in nature rather than close to nature provides them with the resources they require urgently during the crisis. In Meghalaya, in particular, the presence of traditional institutions such as the *Dorbar Shnong* or village councils provides a buffer zone for the people, easing the shock caused by the pandemic and providing emotional support in times of uncertainty, which is exacerbated by the vulnerability of unreliable information. Nongbri is not wrong to argue in his paper that Meghalaya would have been in jeopardy if the *Dorbar Shnong* had not actively participated during the pandemic and the media would have brought the government down. In the words of the Chief Minister of Meghalaya, "*Without the active support of the people through the traditional institutions, it will be very difficult for the government to control this pandemic*." (Das, 2020).

The contributions of the village councils towards containing and controlling the pandemic have also been lauded and recognised at the international level. When asked about the assessment of the state's handling of the COVID-19 pandemic during a press briefing, the WHO Surveillance Medical Officer, Dr. N. Roy, stated "*Meghalaya has given a lesson to India on how the community can deal with these cases*" (The Shillong Times, 2020). The India Development Review attributed customary laws, strong local institutions, and community resilience to be the major factors that contribute to India's Northeast winning the fight against the COVID-19 pandemic (India Development Review (IDR), 2020).

The study discovered that village councils and the role of village elders in Northeast India are strikingly similar to those of indigenous communities worldwide when it comes to monitoring, implementing customary practices, and ensuring quarantine measures to prevent disease transmission in natural environments.

In Meghalaya, the study indicates how the efficiency of traditional methods can be attributed to strong community cohesion evident in traditional institutions and community administration, which considerably influenced coronavirus control and containment. In fact, village councils in Meghalaya have been critical in slowing the spread of the virus. Their contributions to raising awareness, adopting preventive measures, and mobilising local resources have been extremely important at the grassroots level. Nonetheless, in Meghalaya, traditional institutions in local governance are frequently overlooked. However, the COVID-19 pandemic has highlighted their critical role in crisis management. Rather than limiting their potential, it is critical to recognise and respect their contributions. Enhancing their capabilities and giving them greater authority is essential, since doing so will undoubtedly contribute to a more efficient and effective response to health emergencies in the future.

Pictures

Picture 1: Wahlyngdoh COVID-19-19 Quarantine Hut

Picture 2: Wahlyngdoh COVID-19-19 Quarantine Hut

Picture 3: Community cleaning at Nongrah (a)

Picture 4: Community cleaning at Nongrah

References

Ambagudia, J. (2022). Tribes, COVID-19-19 *and the State in India. Journal of Asian and African Studies.* https://doi.org/10.1177/00219096221117073

Arunachal Today. (2020, June 11). *Villagers of Mirem build 10 quarantine huts for returnees*. Arunachal Today. https://fb.watch/mYgHSGaviu/?mibextid=4zoUgC

Brundage, John F., and G. Dennis Shanks. "Deaths from bacterial pneumonia during 1918–19 influenza pandemic." Emerging infectious diseases 14.8 (2008): 1193.

Boggild, A. K., Yuan, L., Low, D. E., & McGeer, A. J. (2011). The Impact of Influenza on the Canadian First Nations. *Canadian Journal of Public Health*, *102*(5), 345–348. https://doi.org/10.1007/BF03404174

Centre for North East Studies and Policy Research (C-NES). (2021, August 9). *Boat Clinics of Assam Fights COVID-19-19*. Centre for North East Studies and Policy Research (C-NES). https://c-nes.org/6150/boat-clinics-of-assam-fights-COVID-19-19/

Choudhury, R. (2020, June 5). 'Homely' Quarantine Centres In Meghalaya. Courtesy: Traditional Bodies. *NDTV*. https://www.ndtv.com/india-news/coronavirus-homely-quarantine-centres-in-meghalaya-courtesy-traditional-bodies-2241462

Choudhury, R., & Roy, D. D. (2020, April 22). *How Indigenous Quarantine Rituals Helped Arunachal Become COVID-19-Free*. India News, NDTV. https://www.ndtv.com/india-news/coronavirus-india-how-indigenous-quarantine-rituals-helped-arunachal-become-COVID-19-free-2215932

Cohen, J. H., & Mata-Sánchez, N. D. (2021). Challenges, inequalities and COVID-19-19: Examples from indigenous Oaxaca, Mexico. *Global Public Health*, *16*(4), 639–649. https://doi.org/10.1080/17441692.2020.1868548

Das, M. (2020, June 30). How Meghalaya managed to keep its COVID-19 count low. *Times of India*. https://timesofindia.indiatimes.com/city/shillong/how-meghalaya-managed-to-keep-its-COVID-19-count-low/articleshow/76709859.cms

Dodum, R. (2020, June 13). It Takes a Village: Arunachal and Meghalaya Villagers Build Quarantine, Provisions for Returnees. *The Citizen, Independent Journalism*. https://www.thecitizen.in/index.php/en/NewsDetail/index/9/18875/It-Takes-a-Village:-Arunachal-and-Meghalaya-Villagers-Build-Quarantine-Provisions-for-Returnees

Govt. of Meghalaya. (2021). Meghalaya's religious and faith-based leaders to play

key role in battle against vaccine hesitancy and mis-information on COVID-19-19. In *Press Note*. Government of Meghalaya, Health & Family Welfare Department. https://meghealth.gov.in/COVID-19/Press%20Note%20on%20interaction%20with%20faith%20based%20leaders%2009-07-2021.pdf

Hazarika, M. (2020, May 16). Manipur village builds 80 quarantine huts in a day, complete with toilets and electricity. *The Print*. https://theprint.in/neye/manipur-village-builds-80-quarantine-huts-in-a-day-complete-with-toilets-and-electricity/422982/

Idrus, R., Man, Z., Williams-Hunt, A., & Chopil, T. Y. (2021). Indigenous resilience and the COVID-19-19 response: a situation report on the Orang Asli in Peninsular Malaysia. *AlterNative: An International Journal of Indigenous Peoples*, *17*(3), 439–443. https://doi.org/10.1177/11771801211038723

India Development Review (IDR). (2020, May 6). *Lockdown Lessons: 4 Reasons Why India's North-east is Winning the Fight Against COVID-19-19*. The Better India. https://www.thebetterindia.com/225425/fight-against-COVID-19-19-coronavirus-post-lockdown-north-east-states-pandemic-india/

India Times. (2021, June 20). 'Jesus Will Protect Us': Meghalaya Cult Leader Convinces Followers To Reject COVID-19 Vaccines. *Indiatimes.Com*. https://www.indiatimes.com/news/india/cult-leaders-influence-affecting-COVID-19-vaccination-drive-in-meghalaya-say-officials-543116.html

Indigenous Lawyers Association of India (ILAI). (2020, April 6). *COVID-19-19 In India: Reverse Migration Could Destroy Indigenous Communities*. Indigenous Lawyers Association of India (ILAI). http://www.indigenouslawyers.org/resources/COVID-19-19-in-india-reverse-migration-could-destroy-indigenous-communities/

John, N. (2020, March 20). Called 'Coronavirus', denied autos: North-East citizens face harassment across India. *The News Minute*. https://www.thenewsminute.com/coronavirus/called-coronavirus-denied-autos-north-east-citizens-face-harassment-across-india-120738

Karmakar, S. (2020, April 23). COVID-19-19 quarantine in traditional style in Naga village in Manipur. *The Deccan Herald*. https://www.deccanherald.com/india/COVID-19-19-quarantine-in-traditional-style-in-naga-village-in-manipur-828688.html

Lane, R. (2020). *UN/DESA Policy Brief #70: The Impact of COVID-19-19 on Indigenous Peoples*. https://www.un.org/development/desa/dpad/publication/un-desa-policy-brief-70-the-impact-of-COVID-19-19-on-indigenous-peoples/

Leonard, K. (2020). Medicine lines and COVID-19-19: Indigenous geographies of imagined bordering. *Dialogues in Human Geography*, *10*(2), 164–168. https://doi.org/10.1177/2043820620934941

Levkoe, C. Z., McLaughlin, J., & Strutt, C. (2021). Mobilizing Networks and Relationships Through Indigenous Food Sovereignty: The Indigenous Food Circle's Response to the COVID-19-19 Pandemic in Northwestern Ontario. *Frontiers in Communication*, *6*. https://doi.org/10.3389/fcomm.2021.672458

Mandal, T. K. (2020, April 17). Dr Sailo Served Meghalaya, But Couldn't Find a Final Resting Place. *The Quint*. https://www.thequint.com/voices/blogs/dr-sailo-of-bethany-hospital-in-shillong-died-on-coronavirus-funeral

Marbaniang, D. G., & Lyngdoh, S. (2020). Curbing COVID-19-19- role of the Traditional Dorbar. *The Journal of Community Health Management*, *7*(4), 120–124. https://doi.org/10.18231/j.jchm.2020.026

Meghalaya COVID-19-19 Response Team. (2020a). *EAST GARO HILLS VILLAGE SETS AN EXAMPLE FOR HOME QUARANTINE*. Facebook. https://www.facebook.com/MeghCOVID-19/videos/291054421924009/?extid=WA-UNK-UNK-UNK-AN_GK0T-GK1C&mibextid=4zoUgC&ref=sharing

Meghalaya COVID-19-19 Response Team. (2020b). #Meghalaya UNITED Against #COVID-19_19 | #Pamlakrai Village a Classic Example to be followed. In *FaceBook Official Page Video Post*. https://www.facebook.com/MeghCOVID-19/videos/265392041301312/?mibextid=2Rb1fB

Mousseau, M. (2013). H1N1 in Retrospect: A Review of Risk Factors and Policy

Recommendations. *International Indigenous Policy Journal*, *4*(2). https://doi.org/10.18584/iipj.2013.4.2.4

Nanjappa, V. (2020, March 24). Stop harassing and referring to people from North East as coronavirus. *One India*. https://www.oneindia.com/india/stop-harassing-and-referring-to-people-from-north-east-as-coronavirus-mha-3057213.html

Nath, H. K. (2020, March 30). *Coronavirus in India: Villagers construct eco-friendly makeshift quarantine hut in Assam*. India Today. https://www.indiatoday.in/amp/india/story/coronavirus-in-india-villagers-construct-eco-friendly-makeshift-quarantine-hut-in-assam-1661428-2020-03-30

Nongbri, P. L. (2022). Traditional Institutions in the Khasi Jaintia Hills of Meghalaya: A Proactive Role in Containing the COVID-19-19 Pandemic. *International Journal of Mechanical Engineering*, *7*(Special Issue).

Nongrum, M. S., & Marwein, N. (2022, January 7). Why is there COVID-19-19 vaccine hesitancy in Meghalaya? . *The Northeast Network (TNT)*. https://theNortheasttoday.com/oped/why-is-there-COVID-19-19-vaccine-hesitancy-in-meghalaya/cid6183646.htm

Pascal, G. (2023). COVID-19-19 in India's Northeast. *The Lancet Infectious Diseases*, *23*(6), 671. https://doi.org/10.1016/S1473-3099(23)00281-5

Petrov, A. N., Welford, M., Golosov, N., DeGroote, J., Devlin, M., Degai, T., & Savelyev, A. (2021). Lessons on COVID-19-19 from Indigenous and remote communities of the Arctic. *Nature Medicine*, *27*(9), 1491–1492. https://doi.org/10.1038/s41591-021-01473-9

Power, T., Wilson, D., Best, O., Brockie, T., Bourque Bearskin, L., Millender, E., & Lowe, J. (2020). COVID-19-19 and Indigenous Peoples: An imperative for action. *Journal of Clinical Nursing*, *29*(15–16), 2737–2741. https://doi.org/10.1111/jocn.15320

Press Information Bureau. (2018). *Migration of Tribals*. https://pib.gov.in/Pressreleaseshare.aspx?PRID=1556176

PTI. (2020, April 17). *Take action against anyone hampering last rites of COVID-19-19 patients: Meghalaya HC*. India Today. https://www.indiatoday.in/india/story/take-action-against-anyone-hampering-last-rites-COVID-1919-patients-meghalaya-hc-1668170-2020-04-17

Roshan, N. (2021, November 5). *Providing support for COVID-19-19 in Manipur, India*. Médecins Sans Frontières (MSF). https://www.msf.org/providing-support-COVID-19-19-manipur-india

Sen, P. (2020, May 24). *Tribal Communities Don't See Coronavirus Epidemic As War*. Outlook. https://www.outlookindia.com/website/story/opinion-immunity-boosting-and-bonding-with-nature-tribal-communities-holistic-approach-to-pandemic/353415/amp

Singh, V. (2021, April 12). Northeast citizens faced racial discrimination amid COVID-19-19 outbreak, says govt. study. *The Hindu*. https://www.thehindu.com/news/national/other-states/Northeast-citizens-faced-racial-discrimination-amid-COVID-19-19-outbreak-says-govt-study/article34303162.ece

Sohmynting, M. (2020). *My Quarantine Centre /Phyllut Pynthor Langtein/Sah Lum samen samen ha pneh ka Mei Mariang*. YouTube. https://www.youtube.com/watch?v=7xXp0k3At7Q&ab_channel=MaiongSohmynting

Summers, J. A., Baker. Michael G, & Wilson, N. (2018). New Zealand's experience of the 1918–19 infuenza pandemic: a systematic review after 100 years. *NZMJ*, *131*(1487), 54–69.

The Hindu. (2020a, March 23). Coronavirus outbreak: MHA advises against discrimination of Northeast people. *The Hindu*. https://www.thehindu.com/news/national/coronavirus-outbreak-mha-advises-against-discrimination-of-Northeast-people/article31145387.ece

The Hindu. (2020b, May 14). Manipur village builds quarantine huts for returnees. *The Hindu*. https://www.thehindu.com/news/national/other-states/manipur-village-builds-quarantine-huts-for-returnees/article31582052.ece

The New Indian Express. (2020, March 29). Soliga tribals run out of food, desperate for vehicles. *The New Indian Express*. https://www.newindianexpress.com/states/karnataka/2020/mar/29/tribals-run-

out-of-food-desperate-for-vehicles-2122860.html

The Print. (2020). Bamboo huts, makeshift toilets, hills & clouds, this Nagaland creativity hub is a quarantine centre. In *COVID-19 Ground Report*. The Print Facebook Page. https://www.facebook.com/watch/?v=2949266348515997

The Shillong Times. (2020). *WHO pat for state on COVID-19 management*. https://theshillongtimes.com/2020/06/17/who-pat-for-state-on-COVID-19-management/

The Shillong Times. (2021, May 11). Vaccination hesitancy in Meghalaya. *The Shillong Times*. https://theshillongtimes.com/2021/05/11/vaccination-hesitancy-in-meghalaya/

TNM NewsDesk. (2020, August 23). Village chiefs tender apology for 'jungle quarantine' of family in Meghalaya. *The News Mills: Voice of Northeast India*. https://thenewsmill.com/2020/08/village-chiefs-tender-apology-for-jungle-quarantine-of-family-in-meghalaya/

UNESCO. (2023, April 20). *Indigenous peoples and the COVID-19-19 pandemic: a Global Overview*. UNESCO. https://www.unesco.org/en/articles/indigenous-peoples-and-COVID-19-19-pandemic-global-overview

UNI. (2021, June 9). Meghalaya DC calls for 'Pledge for Ten' for COVID-19-19 Vaccination. *UNI*. http://www.uniindia.com/meghalaya-dc-calls-for-pledge-for-ten-for-COVID-19-19-vaccination/east/news/2417595.html

United Nations. (2020). *COVID-19-19 and Indigenous peoples*. COVID-19-19 and Indigenous Peoples. https://www.un.org/development/desa/indigenouspeoples/COVID-19-19.html

Wangchuk, R. N. (2020a, March 18). *Opinion: Stop Calling People From the Northeast 'Coronavirus'. It's Unacceptable.* The Better India. https://www.thebetterindia.com/220430/india-coronavirus-COVID-1919-delhi-Northeast-racism-unacceptable-opinion-nor41/

Wangchuk, R. N. (2020b, November 10). *Shillong Residents Get 2000 Families Food & Cash During Pandemic, Ensure Govt Aid*. The Better India. https://www.thebetterindia.com/241653/meghalaya-heroes-shillong-COVID-1919-pandemic-volunteers-distributing-food-cash-below-poverty-line-undocumented-india-nor41/

Wright, T. (2020, March 27). Leaders detail concerns about COVID-19-19 impacts on Indigenous populations. *The Canadian Press*. https://nationalpost.com/pmn/news-pmn/canada-news-pmn/leaders-detail-concerns-about-COVID-19-19-impacts-on-indigenous-populations

World Bank (2023) Indigenous Peoples Overview (worldbank.org) https://www.worldbank.org/en/topic/indigenouspeoples#:~:text=There%20are%20an%20estimated%20476%20million%20Indigenous%20Peoples,for%20about%2019%20percent%20of%20the%20extreme%20poor. Accessed on 06th February 2023.

Yanthan, B. S. (2020, March 23). *Naga Students in Kolkata*. Facebook. https://www.facebook.com/cheesionette/videos/10157985407357674/?sfnsn=wiwspmo&mibextid=4zoUgC

Notes

---

i (Lane, 2020)

ii (Power et al., 2020)

iii "1st Coronavirus Case In North-East, Full Lockdown In Almost All Of India". NDTV. 24 March 2020. Retrieved 5 June 2020.

iv "Coronavirus in Mizoram: Total number of COVID-19 positive cases, deaths on April 14, 2020". Deccan Herald. 14 April 2020. Retrieved 5 June 2020.

v "First Corona Case in Assam: 52 year tested positive in Silchar Medical College". Barak Bulletin. 31 March 2020. Retrieved 2 April 2020.

vi "Coronavirus Outbreak: Arunachal Pradesh registers first COVID-19 case after 31-year-old Tablighi Jamaat attendee tests positive". FirstPost. 2 April 2020. Retrieved 5 June 2020.

vii Loiwal, Manogya (6 April 2020). "Coronavirus in India: Woman tests positive for Covid-19 in Agartala, first case in Tripura". India Today. Retrieved 14 May 2020.

viii "Meghalaya registers first COVID-19 positive case". The Hindu. 14 April 2020. ISSN 0971-751X. Retrieved 14 May 2020

[ix] "Coronavirus:Sikkim reports first COVID-19 case". The Hindu. 23 May 2020. Retrieved 8 June 2020.

[x] Karmakar, Rahul (25 May 2020). "Nagaland reports first COVID 19 case". The Hindu. Retrieved 2020-05-28.

[xi] (Arunachal Today, 2020)

[xii] The Galo tribe implemented Ali-Ternam, a traditional lockdown, to prevent the disease from spreading. The Adi tribe practised a ritual known as Motor. The Nyishi tribe also practised a ceremony known as Arrue that incorporated the idea of self-quarantine