Ansuni Awaaz

Social Impact of COVID-19 on Rural India

Based upon direct interaction with rural communites affected by the pandemic

SPACE 2 GROW
IMPACT ACCELERATED

May 2021

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Introduction

COVID-19 pandemic, has drastically affected the lives of every individual in India, while our urban cities are facing the crises of it, how well our rural populations are prepared for this? In the last few weeks we have heard of many cases of the spike in the number of cases in rural India and how COVID-19 is increasing its reach in the rural areas of India. With reverse migration, people going back to villages looking for rural jobs has only made the vulnerability of transmission of the infection a reality.

Now the question arises how prepared are we if this strikes rural India ? According to the National Health Profile 2019 only 37% of beds in government hospitals are in rural India, which would mean that 3.2 beds for every 10,000 people in rural areas and this situation is even worse in the states which are epicentre of this pandemic, viz., in Maharashtra with just 2 beds per 10,000 people and in Bihar 0.6 beds per 10,000 people. We are all aware about what COVID-19 second wave did to urban India, the whole of urban India is on their knees demanding medicines, oxygen beds, ventilators or ICU beds and the situation being severe in the capital city Delhi puts a question mark on how well are we prepared for the second wave in the rural areas. This disparity in healthcare services will exacerbate the loss of life in rural India.

We have a crucial phase now, else rural component of the second wave becomes a major medical disaster—an opportunity to plan and implement an effective preventive programme to minimise its rural impact is the need of the hour. The complexity of the issues along with other socio-economic issues that impact the rural population, will only make the process of rebuilding a significant challenge for communities and the ecosystem.

What we set out to do? How was the report generated? Whats makes it relevant and actionable?
Key Findings.

Objectives

With the second wave continuing to impact the people in urban India, it is evident that attention and resources now also have to be directed and prioritized towards the rural areas and communities in terms of COVID-19 relief and response efforts, given that the approach still remains that of a reactive approach, rather than a preventive approach.

Space2Grow, our partners and volunteers geared to action something urgently for the rural community, where the impacts of the second wave of the pandemic would be large and devastating, and yet may go unnoticed. This led to the idea of conducting a brief study to have a better hold of the situation in the villages, the challenges, and their needs; based on which appropriate and informed steps and measures could be designed and undertaken by us, and also by relevant authorities and stakeholders. Most importantly, we were driven by a joint need to bring to the fore the invisible and unheard voices - voices of rural communities and of grassroots organizations silently toiling away, and hence the name of Unsuni Awaaz or Unheard Voices.

Specifically, the study aimed to understand the following :

1. Level of awareness of our rural population regarding COVID-19 and its prevention and containment measures/protocols
2. Level of preparedness in rural areas towards prevention and containment of COVID-19 (i.e., situational analysis of healthcare facilities in affected villages)
3. Mapping of key challenges of rural India to fight this pandemic (at administration, community, and NGO/grassroots organization levels)
4. Impact on rural livelihoods
5. Impact on children and women (such as increased vulnerability, discontinuity of education due to digital divide, etc)

The findings of this study are aimed at informing not only us and our partner organisations, but governments, local authorities, philanthropists, the social sector at large and anyone interested and keen to contribute to addressing and/or mitigating the havoc COVID-19 is having on rural communities and be part of the solution to restore respect for dignity of lives in these areas.

Methodology

The study targeted the rural belt in 6 states and with 5 grassroots and/local organizations working directly with the communities and among 210 community members across these states.

The data collection was driven by our existing partnership with nonprofits/CBO's and their work in the context of the pandemic, and communities that they work with within the districts and villages.
.
These include organizations ranging from those working in rural areas with survivors of human trafficking, community development to those directly engaged/involved in COVID-19 relief efforts.

The process was a random sampling of people in rural areas covering representative samples across the states, with the following key steps

1. The telephonic survey was conducted for both nonprofits, community-based organizations, and communities with the help of our partner organisations and volunteers;
2. Analysis of survey questionnaires to understand the trends in the infrastructure facility, access to education, and risk to livelihoods; and
3. Preparation of the conclusive report that highlights the analysis of the data in the context of health and beyond - impacts on communities.

Key Findings

- The order for the sample population according to the states are Madhya Pradesh (40%), West Bengal (22%), Maharashtra (19%), Rajasthan (11%), and Uttar Pradesh (8%), the responses collected from the community.

- For the majority of the population (54%), the hospital is within the range of 0-5 Kms, with little or no information on the ability of the hospital to provide support in the context of the second wave of COVID-19.

- Almost all people are aware of the COVID-19 appropriate behavior (that of washing hands, social distancing, and wearing masks) but there is increased response to say that awareness is not leading to a behavior change.

- 83% of the sample population is aware of the need for home isolation, with a given limitation for almost all within the rural area, of no space within households for isolation.

- Only 45% of the population confirmed their awareness that the hospital in their district are capable of handling COVID-19 patients, but feared accessing the hospitals, with growing stories on conditions of the hospitals.

- Only 60% of the surveyed mentioned government hospitals are capable of handling COVID-19 cases.

- Lack of healthcare infrastructure is the biggest challenge in the rural district in India along with a lack of awareness about COVID-19.

Key Findings

- As we see lack of awareness (that leads to behaviour change) as one of the biggest challenges for COVID-19 in rural areas, an awareness campaign and training from expert doctors/medical experts is what 76% of the population think is needed.

- According to 75% of the population, COVID-19 had a major impact on the mental health of the individuals followed by loss of livelihood and poverty which is around 70%.

- Violence against women and an increase in human trafficking are also the major consequences of the COVID-19 according to 40% and 25% population respectively.

- The survey reveals that 62% of the community surveyed feels that the hospitals are capable of handling COVID-19 cases while on contrary the larger population 67% feels lack of awareness is a major issue that rural India will face. 60% of the surveyed, associated manpower and reliable energy as the key infrastructure components for COVID-19, with no mention of the ever increasing lack of oxygen, bipaps etc. Whereas, the nonprofits associate the lack of the impending need for oxygen, ICU beds, etc as a key challenge to handle within rural communities.
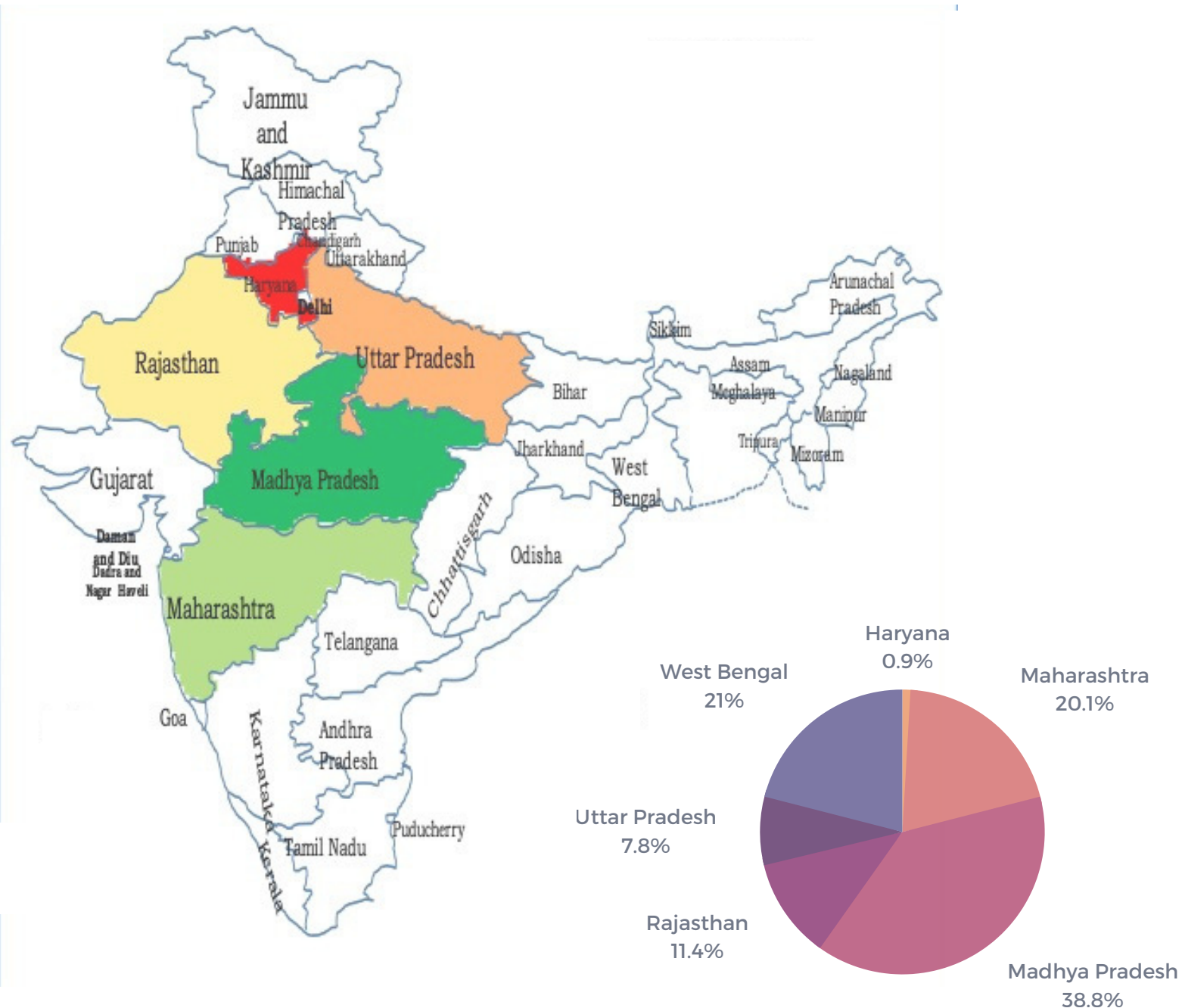
COMMUNITY SPEAK

What is the reality and perception in the communities? Can we uncover insights to take action at the last mile.

Reach-out at a Glance

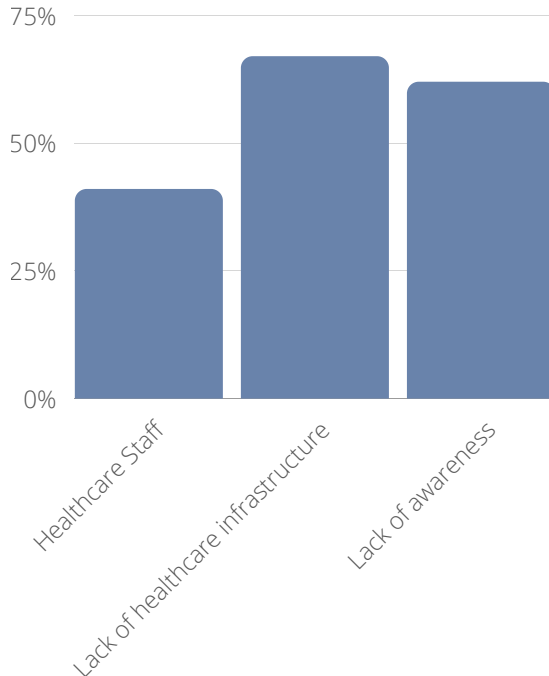## COVID-19 RURAL INDIA SURVEY : COMMUNITIES

Map states labeled: Jammu and Kashmir, Himachal Pradesh, Punjab, Chandigarh, Uttarakhand, Haryana, Delhi, Rajasthan, Uttar Pradesh, Bihar, Sikkim, Arunachal Pradesh, Assam, Meghalaya, Nagaland, Manipur, Tripura, Mizoram, Jharkhand, West Bengal, Gujarat, Madhya Pradesh, Chhattisgarh, Odisha, Daman and Diu, Dadra and Nagar Haveli, Maharashtra, Telangana, Goa, Karnataka, Andhra Pradesh, Puducherry, Tamil Nadu, Kerala

Pie chart:
- Haryana 0.9%
- Maharashtra 20.1%
- West Bengal 21%
- Uttar Pradesh 7.8%
- Rajasthan 11.4%
- Madhya Pradesh 38.8%

6 States

90% Rural Population

47%   53%

Healthcare

WHERE ARE WE?

CHALLENGES FOR SECOND WAVE

The community survey reveals that more than 60% of the population lacks awareness of the healthcare facilities and also approximately similar percentage consider lack of healthcare infrastructures the major challenge for the second wave of COVID-19 in rural areas

Hesistant for vaccination

36%
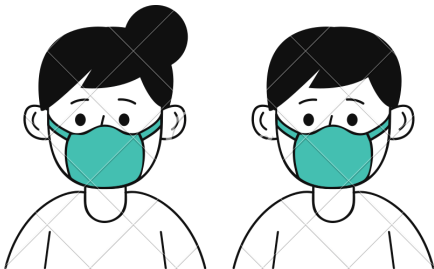
Glad to know that people we have surveyed - almost 100% of them are aware about COVID appropriate behaviours, all of them are of the view that people are not following them strictly despite the awareness.
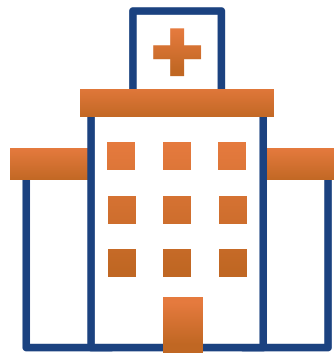
Only 61% of the government hospital in the above six states are capable of handling COVID-19 patients and this is associated with only availability of electricity and manpower

While 64% of the population is not hesitant for vaccination around 90% of them are not them aware about the process of vaccination, how to register and time duration.

86%
are aware about home isolation but lack the infrastructure for home isolation ultimately spreading it in entire family
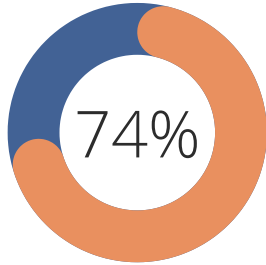
45%
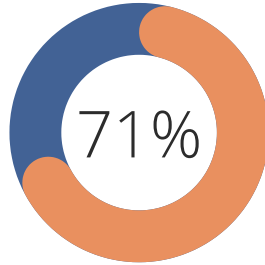think their nearby hospital is capable of handling COVID-19 patients

67%
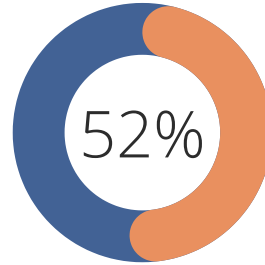feel lack of infrasructure as a major challenge for COVID-19
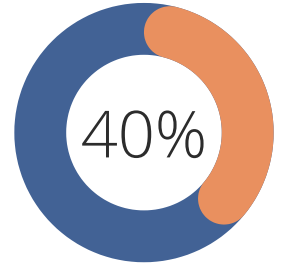
Covid & Beyond

INCREASING VULNERABILITIES

74%
Impact on Mental Health

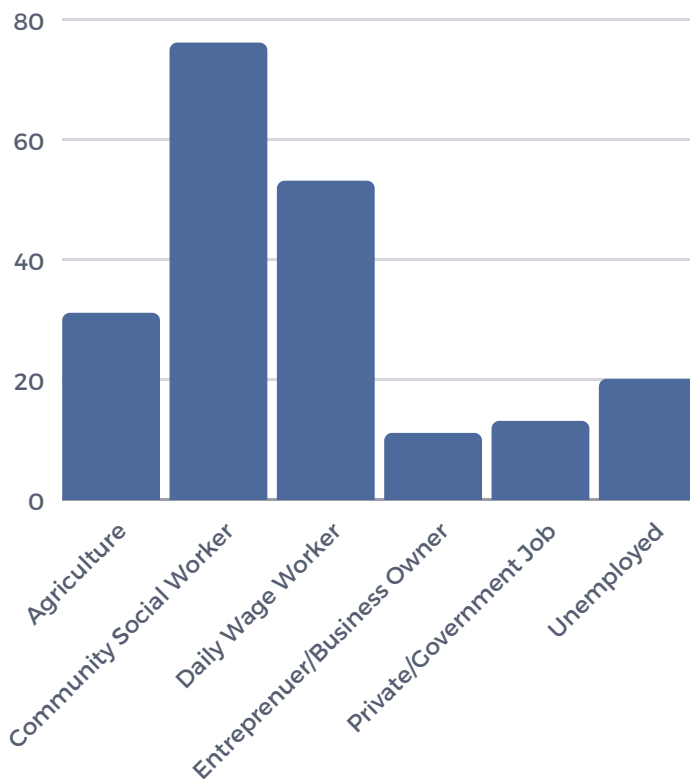**71%**
Poverty/Loss of Livelihood Opportunities

52%
Increase in Human Trafficking/Online Safety of Children

40%
Violence against Women/Domestic Violence

IMPACT ON LIVELIHOOD

COVID-19 has had a major impact on the livelihood of the community diversified with various types of occupation. For 51% of the sample population household income had decreased and for 38% the work load increased. Around 20% of them lost or at a verge of losing jobs due to COVID-19.

Only 7% of the sample population had no effect on their livelihood due to COVID-19.

48%
of community think to be prepared for COVID-19 we need alternate livelihood opportunitiies
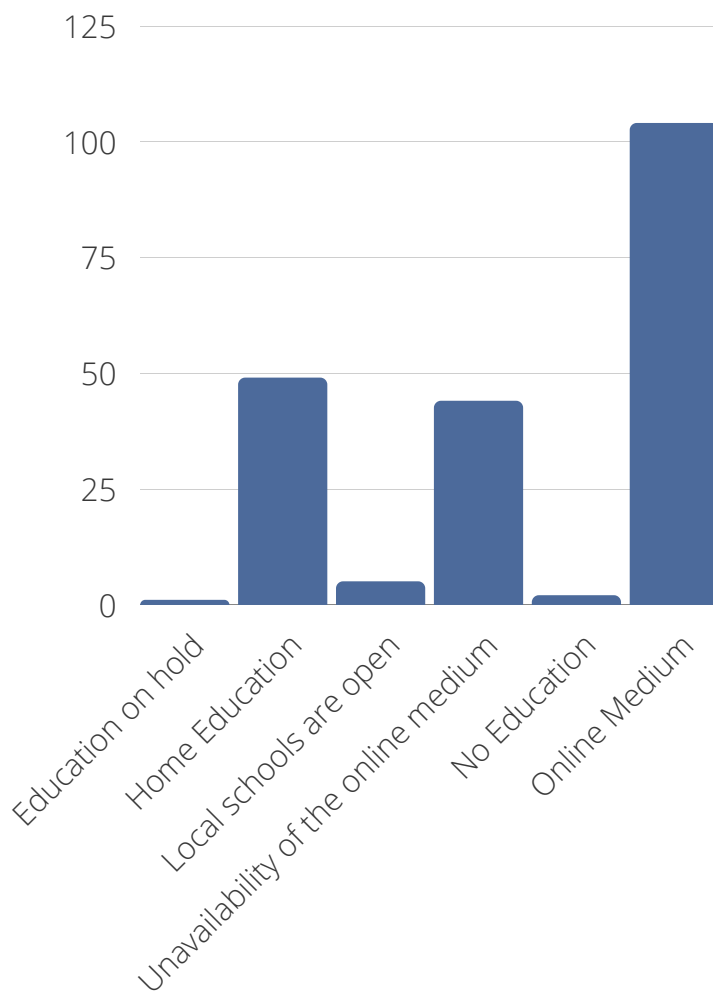
52%
feel dependency on the livelihood as the biggest challenge for second wave of COVID-19

28%
faced major loss in their business due to the impact of pandemic

Covid & Beyond

IMPACT ON EDUCATION

125

100

75

50

25

0

Education on hold

Home Education

Local schools are open

Unavailability of the online medium

No Education

Online Medium

IMPACT ON EDUCATION

Out of over 146 million students of rural India, only 50% have access to internet and 66% of the students were not made aware about the online education by school authorities per the Annual State of Education Report 2020.

The education sector has seen a extremely adverse shift due to COVID-19 and it's represented through our survey which showed that more than 50% of the students have the Online Medium of education but more than 80% of them are still lack familiarity with digital technology.

A significant number of people have also put their children education on hold for a reason of involving them in the livelihood work and this has only worsened in the second wave with children who have lost their parents/ earning members of the family to COVID (in urban areas)
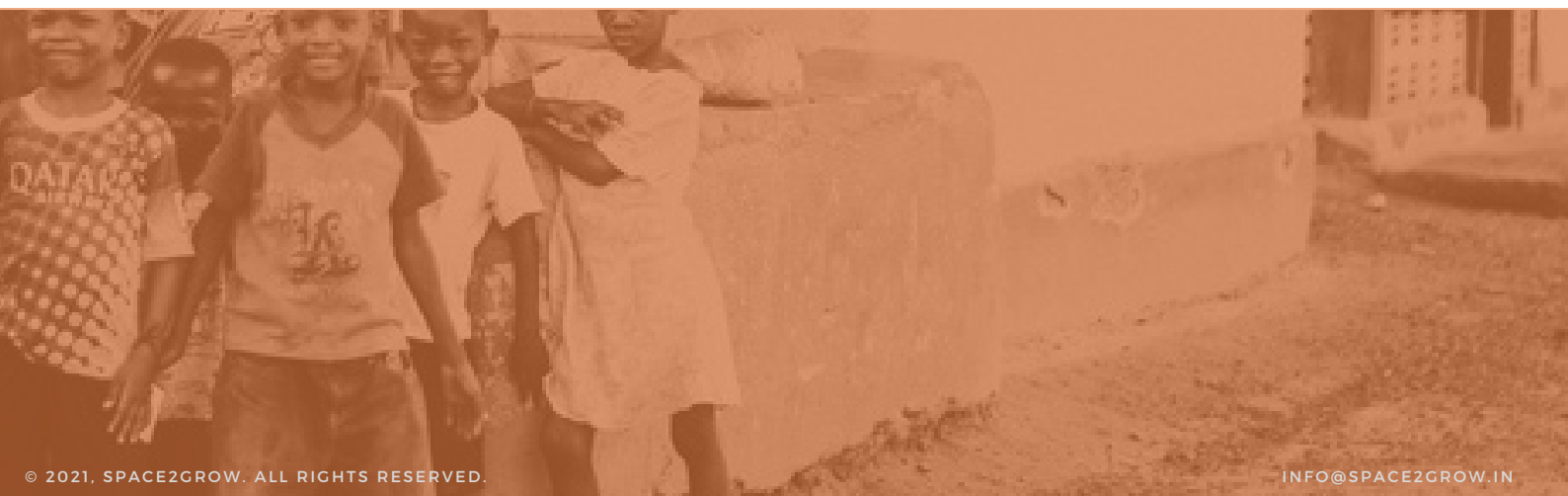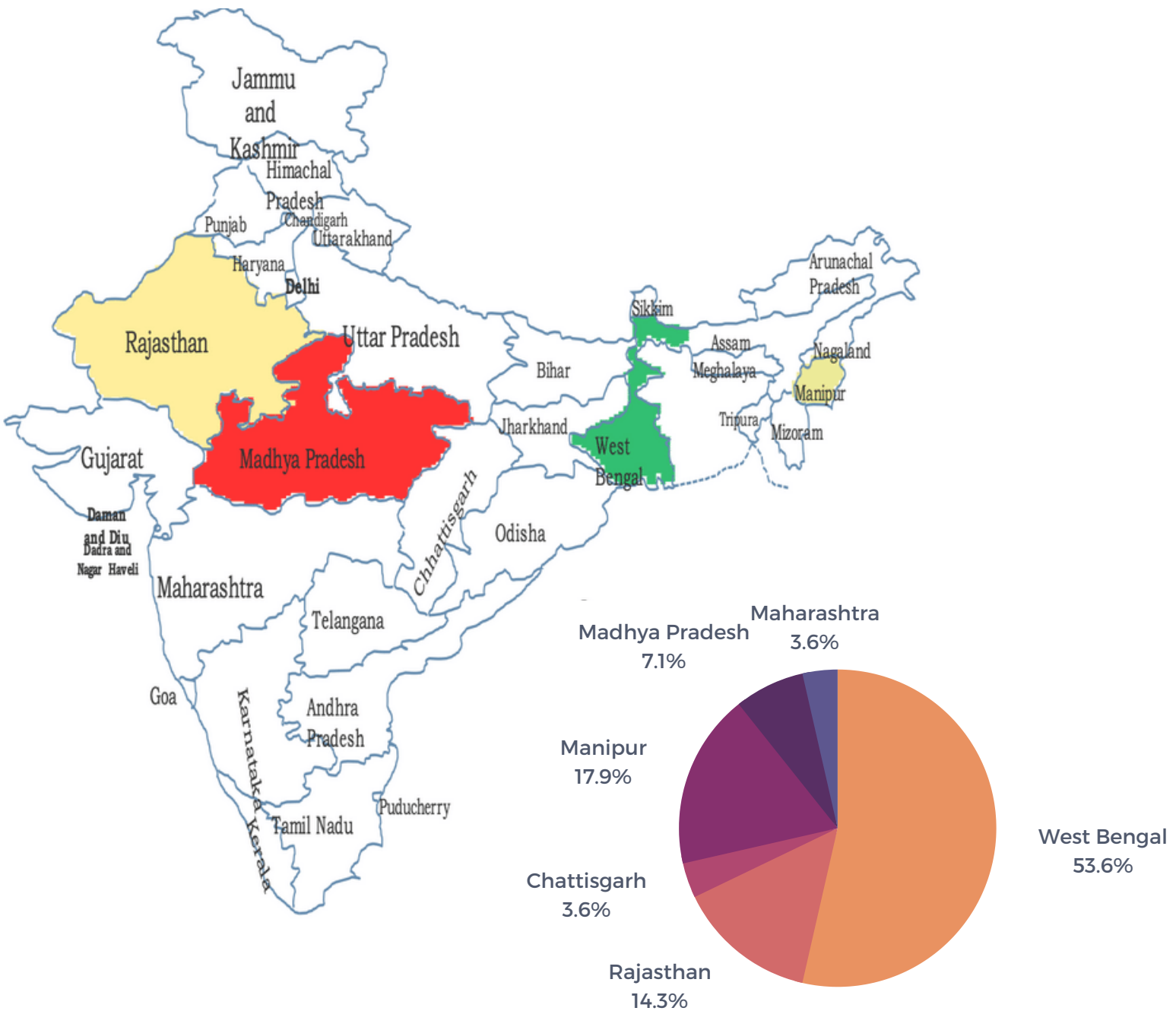
NGO SPEAK

What is the reality and perception in the non-profits that are supporting these comunities? What can we learn from the challenges they are facing?

Reach-out at a Glance

COVID-19 RURAL INDIA SURVEY : NON-PROFITS

Jammu and Kashmir

Himachal Pradesh

Punjab

Chandigarh

Uttarakhand

Haryana

Delhi

Rajasthan

Uttar Pradesh

Bihar

Sikkim

Arunachal Pradesh

Assam

Meghalaya

Nagaland

Manipur

Tripura

Mizoram

Jharkhand

West Bengal

Gujarat

Daman and Diu

Dadra and Nagar Haveli

Madhya Pradesh

Chhattisgarh

Odisha

Maharashtra

Telangana

Goa

Karnataka

Andhra Pradesh

Kerala

Tamil Nadu

Puducherry

Madhya Pradesh 7.1%

Maharashtra 3.6%

Manipur 17.9%

West Bengal 53.6%

Chattisgarh 3.6%

Rajasthan 14.3%
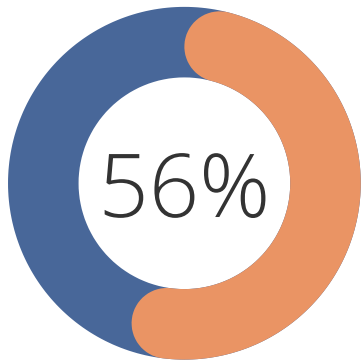
6
States

26
Non-Profit Organisations members

100+
Non-Profit Organisations across 6 states working on COVID-19 relief
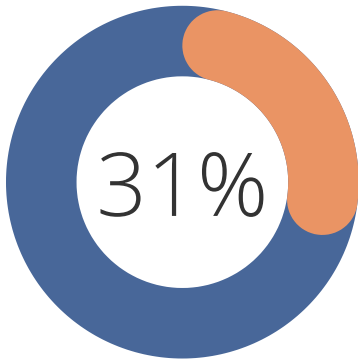
What do NGOs need?

## TO AMPLIFY THE ON-GROUND IMPACT THEY CREATE

56%

FUNDING SUPPORT

Funding has been a major challenge for more than 50% of the organization in these times. The sudden surge in the cases leading to the second wave has impacted the lives of the associated beneficiaries which led to immediate requirements like rations, medicines and house rents etc.

31%

STRATEGY SUPPORT

These are unprecedented times and when we are fighting with an invisible enemy, the strategies to help the vulnerable have to be made accordingly, With over 30% of the organizations feeling the need for strategy support is an indication of the requirement to upscale the grass-root level organisations and interventions.

93%
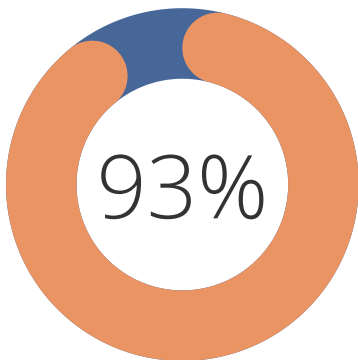
INFRASTRUCTURE SUPPORT

At a grassroots level, the lack of infrastructure support has always been a major challenge. Over 90% of the community-based organization need support with mobile health infrastructures and vaccination for their employees to carry out their relief work

56%
of hospitals need immediate oxygen support

31%
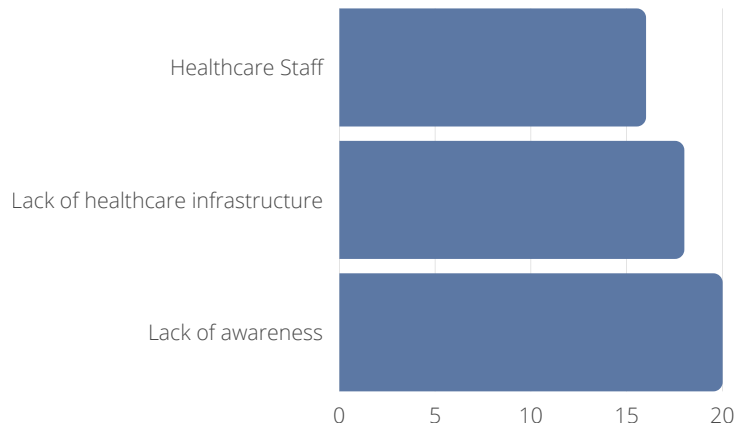need medicines, mask, sanitizers and relevant COVID toolkit

64%
need ICU, Ventialotrs, BIPAP and relevant infrastructure facilitites

What do NGOs need?

ADDRESS THE HEALTHCARE AND SUPPORT CONSTRAINTS

Healthcare Staff

Lack of healthcare infrastructure
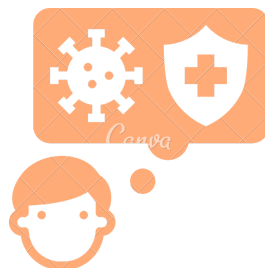
Lack of awareness

0   5   10   15   20

CHALLENGES FOR HEALTHCARE

The major challenge which lies among the rural community is an acute lack of awareness about basic healthcare needs, precautions and infrastructure facilitites - like spaces for isolation at home, shelter for reverse migrants,.

Only 34% of the states have less than 100 cases each day

Only 51% of the members of the community have medium level awareness about COVID

53% of the states have more than 15 sub-health care centres and less than 20 public health care centres

What do NGOs need?

ON GROUND ACTIONS FOR IMMEDIATE IMPACT

COMMUNITY ISOLATION CENTRES

With the households with one room, one toilet in the rural area and the issues like running water for regularly washing hands and proper hygiene, home isolation is not a solution to stop the spread. In fact, it will spread the disease more. We need central community isolation centres where medicines and food is provided to those infected with COVID-19.

VIRTUAL TRAININGS

We need training of the COVID volunteers and community members on COVID protocols and COVID appropriate behavior. The information, education, and communication should be in the local language using audio and visuals along with some practical workshops.

IMPACT ON LIVELIHOOD

Among all the major impacts of COVID-19 in rural areas, the major impact is on livelihood and opportunities. Most villagers rely on weekly markets to sell their goods and earn money for food and ration. As markets are closed, work is getting affected like zari, tailoring, etc and as the awareness about COVID is increasing the necessities of an individual are also decreasing leading to less demand in the market and here alternate livelihood solutions and opportunities become important.
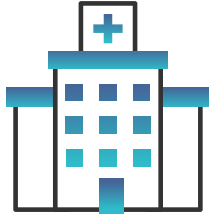
S2G SPEAK

What have we learnt? Way forward
for all stakeholders.

Recommendations

Infrastructure Support

- Immediate need to assess the hospital infrastructure needs. Fill the gaps - with manpower, resources, tools needed, Especially around beds, oxygen, medicines and life support machines.

- Funding support through government. Pool funding of CSRs for providing immediate support

- Creating/ providing government infrastructure for community/central places for quarantine and isolation.

- Easy, updated and relevant information access.
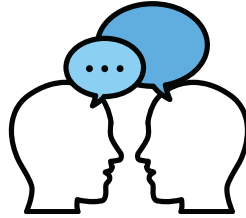
Awareness and Behavioural Change

- Social Media Platforms and Community Based Organisations - through direct audio-visual training. Create awareness that can be scaled up.

- Reduce the fear of vaccination. Create community ambassadors who act as role models.

- Create platforms and spaces for hearing community voices. Monitor and assess what people within communities need.

- Acknowledge and address the needs of the frontline NGOs.

Institutional Responsiveness

- Create a decentralised mechanism for execution of services : panchayat level/district and state level.

- Create multi-stakeholder help desks that provide multiple services : health, ration, education, information on livelihoods.

- Easy access of services at each level through teams

- Adopt a district/ block approach to ensure no district lags behind and becomes a hot spot.

- Leverage private players who have deep rural reach. Retail, Agri-Value Chains etc.

HELPING HANDS

What made this possible? Volunteers and Partners.

Our Volunteers

NISHIKA CHARI (7TH STANDARD)

"This volunteering experience has been awesome and super informative"

Listening to stories of people and finding out details has been so informative and has taught me so many things. It has been a huge pleasure to be a part of this since not a lot of people get a chance to actually talk to people in villages.

AYESHA SINGHAL (10TH STANDARD)

"The volunteering experience gave me an opportunity to understand the situation in rural India."

The volunteering experience helped me voice the concerns of the people from rural communities, regarding various issues such as the impact of covid-19 on their livelihood and the current medical facilities available to them. In order to understand and provide the requisite support to those who are in need, it is vital to communicate with those impacted.

HANSIKA BAHL (12TH STANDARD)

"Everyone is unaware about and to put it bluntly, lots of people couldn't care less about it"

I was genuinely amazed by the work Space 2 Grow does and it has inspired me to help even in the smallest of ways because even a small help can be a huge thing for the other person. I wake up with a different mindset now and look forward to my day.

NIHARIKA GUPTA (12TH STANDARD)

"The calls made me feel connected across the states with people"

I got to know and learn so much about all the hardships that they were facing and how strong they were being in facing the pandemic with great bravery
I even got to talk to a beneficiary who, while facing hardships with money and food, was working with an organization himself.

We thank all our volunteers - Nishika, Ayesha, Hansika, Niharika, Purva , Pravin, Sreejani, entire All Hand Meet volunteer team and Space2Grow team for their time and dedication in completion of this report.

INFO@SPACE2GROW.IN

Our Partners

We would also like to extend our gratitude to other partners -
TBSS, SHEDO (Social Health & Education Development Organization) , Youth Chetna
Sangathan, MNREGA Mazdoor Union, Langar-E-Mustafa, Ekal Mahila Adhikar
Sangthan, Athakosia Adivasi Ektamanch, Ekal Mahila Adhikar Sangathan, Jan
Chetna, Barak Solidarity Forum, Musht Samaj Sewa Samiti, Holistic Life Transforming
and Empowering Community, Sikandarpur Youth Association, Jeevika Development
Society and Global March Against Child Labour.

THANK YOU.

Let's hear them out. Let's work together to remove this scourge and protect our communities.

Space2Grow would like to thank all our partner organizations who helped us in this study. A special thanks to all our volunteers for helping us out in the surveys. Thanks to all the community members who shared their stories, struggles and hopes with us.

www.space2gorw.in info@space2grow.in