

Concept Note (Presented by UNICEF, India)

A community based monitoring to assess socio-economic impact of COVID – 19 pandemics on vulnerable population, especially children and women in 7 states

Background:

1. The looming public health crisis due to COVID-19 pandemic has quickly metamorphosed into an economic crisis leading to unprecedented job losses, declining household income, manifold increase in debt burden, food insecurity and challenges in accessing Government social benefits, due to complete closure of economic activities, discontinuity of Government service centres and unfavourable trade and business environment. The intensity of the socio-economic impact is still not known in its full measure and, yet, it is well known, pandemic would have long term effect not seen in very recent past in human history. As economic activities restart, the low level of consumption and investment is visibly clear and vulnerable families who are significantly dependent on informal sector, in seasonal employment, cross-border trade and hawking, especially those who migrate to cities in search of jobs and live in informal settlements, are the hardest hit.
2. Children and women in such families experience the harshest impact of the pandemic and its after-shocks. To assess and monitor the depth of socio-economic impacts of COVID-19 pandemic, it is critical to understand and track the vulnerabilities experienced by children and their families, especially over a longer period. It is, in this regard, UNICEF as part of UNCT's COVID response team and its joint covid response on evidence generation, is undertaking a near real time community based monitoring (CBM) of the situation assessment, across several dimensions with major focus on the most vulnerable population groups. The objective is to support government in taking informed decisions based on quick evidences and help shape Government's policy framework and to work as a feed-back loop to mitigate the challenges, both in short-term and longer-term.

Framework:

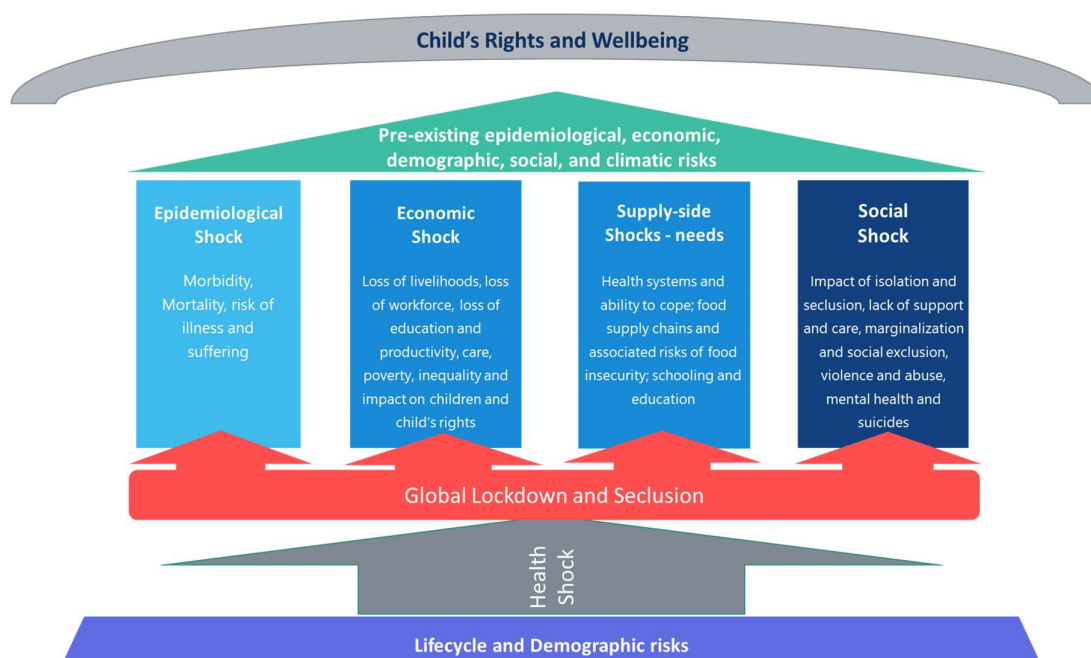


FIG-1

3. Objectives:

- To provide evidence and quick analysis of the impact of the COVID-19 pandemic on vulnerable population with regards to a broad range of issues, including impact on livelihoods, access to essential goods and basic services, awareness about critical health and hygiene issues, especially to mitigate COVID related risks and receipt of and access to direct benefit transfers and allied social protection services to social protection measures.
- To use the evidence for UNICEF's programming and also to share with policymakers and programme implementers in order to be able to initiate mechanisms to mitigate the current and future risk of widened inequalities in the on-going and in the aftermath of the pandemic.

4. Community based Monitoring – instituted within the selected community:

A community-based monitoring (CBM) mechanism has been established in 300 habitations with support from 15 CSO partners selected based on their field presence in selected districts, areas of work and capacity in 12 districts, spread over 7 (seven)¹ UNICEF program States in the country. The mechanism entails a cohort based data collection, entailing data collection in 4 (four) waves. For details, pl see the box below (FIG-2).

4.1 Selection of states and districts

States selection has been done basis – (a) UNICEF program states and (b) high prevalence of COVID positive cases (as per MoHFW notification, in April 2020). UNICEF presence was taken as one of the selection criteria for the states to ensure faster commencement of all necessary follow- up actions that might emerge from the evidences.

4.2 Overall, selection of districts has also been led by the information on the spread of corona and people who got affected due its spread. Names of affected district were taken monitoring reports published by MoHFW. Thus, the selection was non-random to ensure that right perspectives of the impact of COVID 19 are captured in the survey. For rural districts, selection has been done based on the following two main criteria -

- Percentage of main agricultural worker in the district (census 2011), mainly to capture casual workers (affected by COVID lockdown and thereafter)
- Percentage of COVID positive cases as per MoHFW cases

Whereas, selection of urban districts has been made basis following two criteria:

- % of slum population in the urban area
- Percentage of COVID positive cases as per MoHFW cases

This led to selection of all slum habitations in the elected urban districts which were affected by virus.

¹ *Uttar Pradesh: Agra, Lalitpur, Jalaun, Rajasthan: Jaipur, Jodhpur, Gujarat: Ahmedabad, Maharashtra: Mumbai, Sangli, Tamil Nadu: Chennai, Dindigul, Andhra Pradesh: Kurnool and Telangana: Hyderabad*

5. Approach

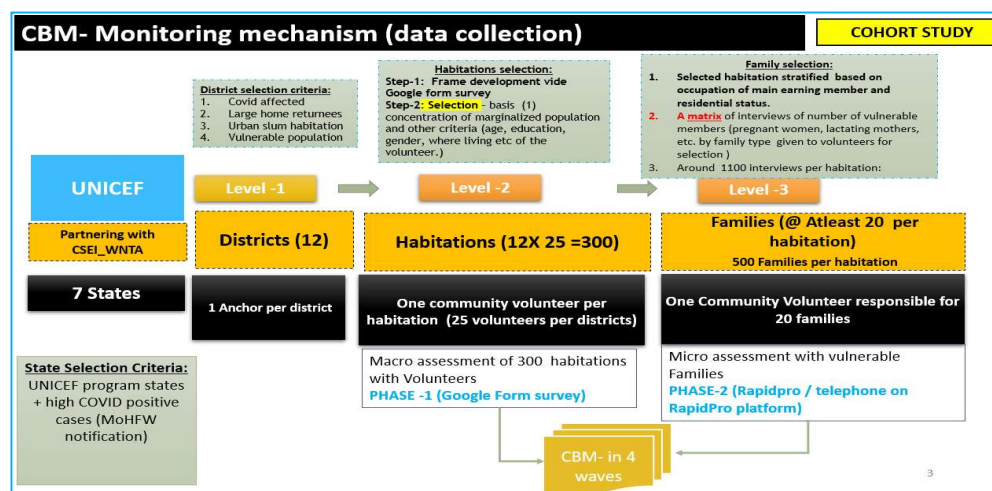


FIG-2

Each wave includes collection of data from community volunteers (300 community volunteers) to get a sense of the macro situations as well as, from around 6000 odd marginalized families to assess the vulnerabilities. Each wave assesses on-going situation and the trends would be captured through the four waves². Each wave would cover, expectedly cover 12,000 interviews with (1) main earning member of the selected family (2) pregnant women (3) lactating mother (4) mother with children below one year (5) Mother with 2-5 years child (6) mother with a child aged 6-19 years, and (7) mother/ caregiver of differently abled child. Thus, in every wave, CBM collects information from seven types of respondents, over a specific period to analyse the trend in socio-economic indicators for the purpose of the study.

6. Capturing vulnerable population

| Respondent type | Purpose |
|--|---|
| Main earning member of the selected family | To capture information about, basic background about family, residency status, livelihood, employment, access to MGNREGA, timeliness in receiving MRNREGA entitlement, Access to PDS, food security, debt, overall economic condition, proxy income, hygiene, cash assistance, old-age pension, widow pension, covid stigma/fear, access to communication |
| Pregnant women | Access to local health facilities, maternal care services from the local health facilities and AWC; access to THR services from AWC, coverage of PMMVY, |
| Lactating Mother | Access to THR services, messages on BF |
| Mother of child below 1 year | Child's growth monitoring, immunization missing, feel safe in taking child to health centre; place of immunization |
| Mother of child 2-5 years | ECE, place of ECE, Access to THR services, |
| Mother of child 6-19 years | Continuing school going, reasons of not going, support to child for studying, attending on-line classes, continue to receive scholarship |

² First wave is implemented in May-July mid; second wave in August-Mid September; third wave in September end-october and the fourth round to be held in October end, 2020

(those who received earlier); getting mid-day meal, child marriage in during & post lockdown period

Since, seven states under the study have different vernacular languages, all questionnaires (developed in English) are translated by professionals into Hindi, Gujarati, Marathi, Tamil and Telegu.

7. Additional Vulnerability:

Employment situation of the main earning member of the family adds another layer of vulnerability. Accordingly, the families within the selected habitation are first grouped into two broad domains:

- Permanent residents
- Home Returnees

Within each of the two domains, families are further stratified by following groups to capture vulnerabilities:

Permanent Families:

1. Main earning member – Casual worker
2. Main earning member – with Salaried / regular income
3. Very poor families (without any assets like house, ag. Land, no job etc. street vendor)

Home Returnees

4. Home Returnees – Main Earning member living outside but rest family lives in the habitation;
5. Home Returnees – (returning without main earning member);
6. Home Returnees – returning with main earning member in habitation

Note: The above population groups are over-lapping and intersecting and therefore for interviews, adequate stratifications have been done as follows:

The stratifications have been done as follows:

| Broad Classification of families within a selected habitation | Family Type | To be sampled/registered for the assessment per Habitation | | | | | | | | | | |
|---|--|--|----------------|----------------------|----------------|------------------|----------------------|---------------------------|---------------------|---------------------------------|--|------------|
| | | Number of interviews | | | | | | | | | | |
| | | Family type Number | Head of Family | Female headed Family | Pregnant women | Lactating mother | With adolescent boys | with a child below 1 year | child 2-5 years 2-5 | Disabled child (Wherever found) | with a school going child (6-19 Years) | Row Totals |
| PERMANENT RESIDENT OF THE HABITATION | 1. Main earning member - Casual worker | 5 | 4 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 12 |
| | 2. Main earning member – with Salaried / regular income | 2 | 2 | | | | | 1 | 1 | | 1 | 4 |
| | 3. Very poor families (without any assets like house, ag. Land, no job etc.) | 3 | 3 | | 1 | 1 | | | 1 | 1 | 1 | 8 |
| HOME RETURNES | 4. Home Returnees - Main Earning member living outside but rest family lives in the habitation | 3 | 2 | 1 | 1 | 1 | 1 | | 1 | 1 | 1 | 9 |
| | 5. Home Returnees - (returning without main earning member) | 2 | 1 | 1 | 1 | 1 | 1 | | 1 | | 1 | 7 |
| | 6. Home Returnees - returning with main earning member in habitation | 5 | 4 | 1 | | | 1 | 1 | 1 | | 1 | 10 |
| TOTAL | Per Habitation Sample / Interviews | 20 | 16 | 4 | 4 | 4 | 4 | 3 | 6 | 3 | 6 | 50 |

FIG-3

Note: As per the protocol, no one member can be **respondent for more than one group**. In other word, if there is a woman having a child 2-5 years and have been registered (selected), she would not be selected for other category of respondents – example, ‘mother with a child below 1 year’ or any other.

8. Sample size and required number of volunteers per district:

Given that a traditional household survey is not possible, it is to be noted that proposed assessment is not to provide any statistically significant estimate, but provide a situation assessment, based on the available observations collected during the study, in each wave. To have a fair representation from all the above vulnerability groups, it is decided to reach at least 500 families from each selected district. As the families would be accessed through community volunteers, it is proposed to work with 25-30 volunteers per district. The overall the study covers around 6000 families with more than 10,000 expected interviews, over 12 districts.

9. Implementation mechanism & innovative use of technology:

9.1 Given the current challenges of not being able to access families directly through a traditional survey methodology (neither CAPI nor PAPI are possible) and also considering that the assessment results are needed quickly for quick and smart policy tuning, close to near real time basis (noting that the situation is evolving and therefore need for technology and innovation), it is proposed to set up a mechanism which can capture the current and evolving socio-economic situation of vulnerable population alongside potential future situations as foreseen by the vulnerable families. Traditional field research organizations may not be available to collect data, because of the lockdown declared by the Government, therefore, the mechanism needs to be largely technology driven and also innovative in in data capturing.

9.2 It is proposed to use established platform like RapidPro, widely used in several countries for RTM purposes in several sectors like health, immunization, civil registration, disaster and emergency and regular monitoring. The platform is quite easy to use, flexible, efficient in terms of cost. It uses mobile telephone to administer questions to the targeted respondents and the responses are on a UNICEF server, located in India. The schematic design is as follows

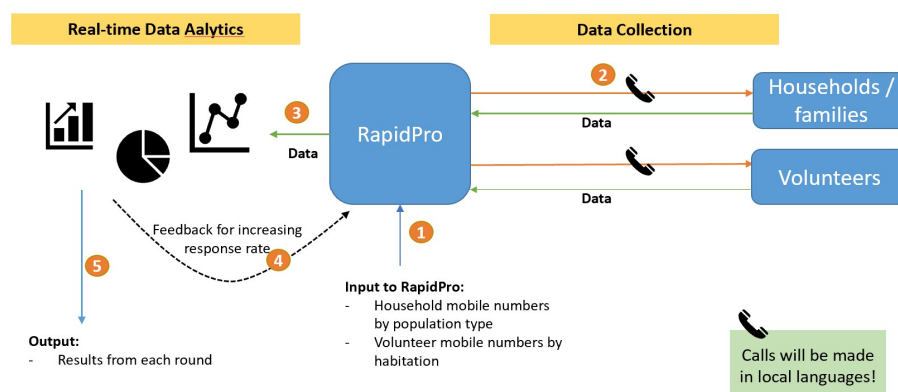


FIG-4

9.3 **Each volunteer engages with 20 families and accountable for data collection in his/her habitation.** While family members would respond to household information specific to the theme

under consideration, there are 7 types of questionnaires developed, for each type of respondent. Thus, the volunteers and anchors at district level (each anchor coordinates with 25-30 community volunteers) form key implementation link to this CBM process. **Entire coordination, identification and final selection has been done on various technology platforms. For example, google forms were used for collecting information to develop the frame for selection of habitations, and a quick dashboard used for giving feedback to all, in a transparent manner.**

9.4 One of critical necessity of CBM is the possession of an android mobile with anchors and volunteers, essential for sharing videos on training, messaging, development of group communications through WhatsApp messaging (supporting instant course correction), monitoring and feed backs on data quality. Possession of any type of mobile is a re-requisite for the selected respondents.

Consent: The survey with families and volunteers will be undertaken after taking digital consent from all respondents.

10. Training of the anchors and Community volunteers

Training of data collectors is the most important area, more so when data is collected remotely. A cascading structure has been used for building capacity of the community volunteers, beginning with training of anchors and the CSO partners. This was followed by training of volunteers at district level. All trainings would be done on virtual mode through videos and MS power points. All trainings followed by hands on exercise. The training included taking through the questions but also ethical issues and how responses to be collected. **The training component has been included for all waves.**

11. Quality checks

11.1 Remote data collection usually has several challenges in terms of (a) non-availability of a suitable frame for selection of samples, (b) response rates (c) limited control over data collector, sometimes leading 'non sampling' errors (d) challenges of quick checking data quality and (e) monitoring implementation of the data collection, as per the SOPs and protocols;

11.2 Given the above challenges, the CBM process Suo-moto decided to develop a tentative listing frame for selection of habitations, seeking information on more than 400 habitations from the community volunteers. Based on the decided criterion, a list of 300 habitations have been selected by the central team in Delhi. Details of the criteria used have been discussed at length above. A Google form based response sheet developed and used for this purpose.

11.3 For selection of families within a selected habitation, selected community volunteers have been trained how to group the families, as per the matrix. (See Fig-4). Having received inputs through a Google response sheet, final selection of the families done by the Delhi team.

11.4 A real-time dashboard developed and used for monitoring implementation of the data collection, which also helped in monitoring 'response' from each of the 300 volunteers, for each of the respondent groups. In addition, the dashboard provided 'timestamps' monitoring, enabling central team to assess how much time, on an average used by each volunteer to complete a questionnaire. A close monitoring is done to see which volunteers used less than the 'reasonable time', and/or using 'odd hours' for interview. Such information led to taking corrective steps.



FIG-5

Other corrective and accountability measures adopted included tasking of, each anchor and central team member to call few families to cross verify that call from the volunteers have been received and there is no fake data, entered by the volunteers.

12. Advantages of the current methodology over traditional survey methods:

A digital assessment facilitated through the civil society volunteers is the most effective method and has the following advantages:

- Current pandemic situation prohibits F2F interview for collecting information. Therefore, a mobile based information collection mechanism is proposed using UNICEF's RapidPro platform³;
- Data collection would be done remotely through a smartphone or even on a key-pad based mobile and therefore does not necessarily need F2F meetings;
- Proposed system allows collection of information from community volunteers; they also facilitate in registering the families living in his/her habitation and also in collecting information directly from the families.
- As these volunteers are part of the same habitation, they have in-depth knowledge and understanding of the changing macro and socio- economic-situation of the habitation and the about the households.
- The volunteers being residents of the same habitation were able to ensure that the respondents or the households do not drop-out between the surveys, reducing attrition and low cost;
- As the volunteers are working for one or many of the social causes in their habitations it would be easier for them to assess the gap between entitlement and supply situation;

³ Pl see <https://rapidpro.io/> for details

- Though results may not be statistically significant due to lack of proper probability design, it definitely, allows robust assessment of the situation and trends.

13. Role of the Civil Society organization and its volunteers (CSV)

CSOs and its volunteers are the main stay of this survey. It is through the selected CSOs/ CSVs, families from the CSV's work area (habitation) would be accessed (and registered for the survey). Main role of CSOs would be for (1) identification of the volunteers in all selected states / districts (2) their training (3) full coordination (4) ensuring their participation over the entire period of assessment and provide appropriate replacement when needed. Broadly, CSVs will:

- facilitate in selection of the families and collecting the contact numbers based on a protocol decided by the technical team and UNICEF and their registration;
- ensure the selected families do not drop out
- Hand-holding /Training if needed of the families so that they are capable to respond to the IVRs etc. for the entire period of 5-6 months.

14. Interviewing Community Volunteers

In addition to families who would be contacted directly in a virtual mode, CSVs would also be interviewed to collect macro-situation relating to availability of water, sanitation facilities, schools, working of AWCs, access to health families in the emergency situation, level of poverty, food distribution, access to social benefits etc. including overall socio-economic condition of the people living in the habitation.

15. Limitations of the study

As mentioned above, over and above the remote data collection with limited control on the field level activities (vis-à-vis the CAPI/ F2F systems), lack of a proper and updated frame for selection of samples at all levels, hinders estimating statistically significant prevalence. Secondly, since the purpose is to do a quick assessment of the impact of covid, samples size by geography cannot be large. This may make drilling of data challenging. However, it can be addressed by other statistical modeling tools and pooling of information. This is possible under the current cohort based longitudinal study.