

Assess Impact of COVID Pandemic On Socio-economic Condition of Vulnerable Population

Through a Rapid Community Based Monitoring (CBM) Mechanism

Some Key Trends of Results Directly and Indirectly Affecting Children

Data collection period: (1) May end & (2) June / July, 2020

WAVE-1/4



The pictures have been taken from several places. We would like to thanks all.

UNICEF & Lead CSO Partner (Centre for Social Equity and Inclusion)

UN Joint Immediate Socio-Economic Response in India (Due to COVID Pandemic) inspires the study

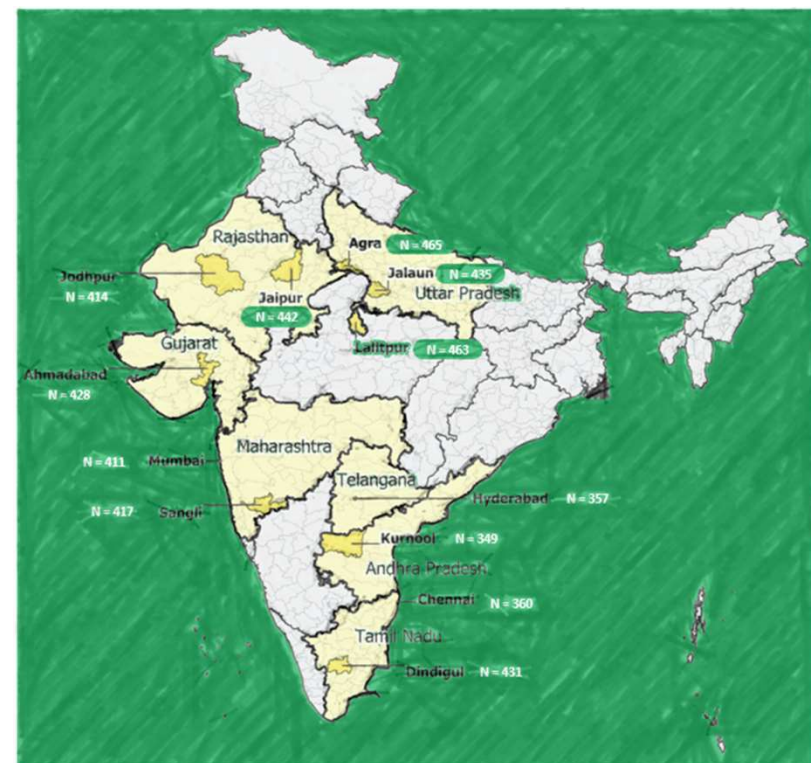
Objectives:

- To gather evidences and its quick analysis of the impact of the COVID-19 pandemic **on the most vulnerable population** on a broad range of issues **that direct or indirectly affect children and women**. **Example** on livelihood, employment, access to essential and basic services, cash assistance, hygiene practices, social protection services, media preferences, covid related stigma and fear;
- Also to purpose the evidences, for current and future policymaking to reduce the risk of widened inequalities in the aftermath of the pandemic

- ❑ The CBM has been designed **as a cohort based longitudinal study**, spread tentatively over a period of **5-6 months in purposively selected geographies**, from high prevalence COVID-19 infected areas, based on MOHFW's Covid case load report in April 2020. (In April , there were 111 hot spot districts , within 16 unicef programming states)
- ❑ Selection of habitations have been from areas with concentration of (1) marginalized population and (2) high home returnees. (mostly in predominantly rural districts);
- ❑ The other selection criterion has been - the availability of **quality of community volunteers** in terms of their gender, age and proximity to the selected habitations.
- ❑ Selected Urban habitations are all from slums and shanties.

Today's presentation:

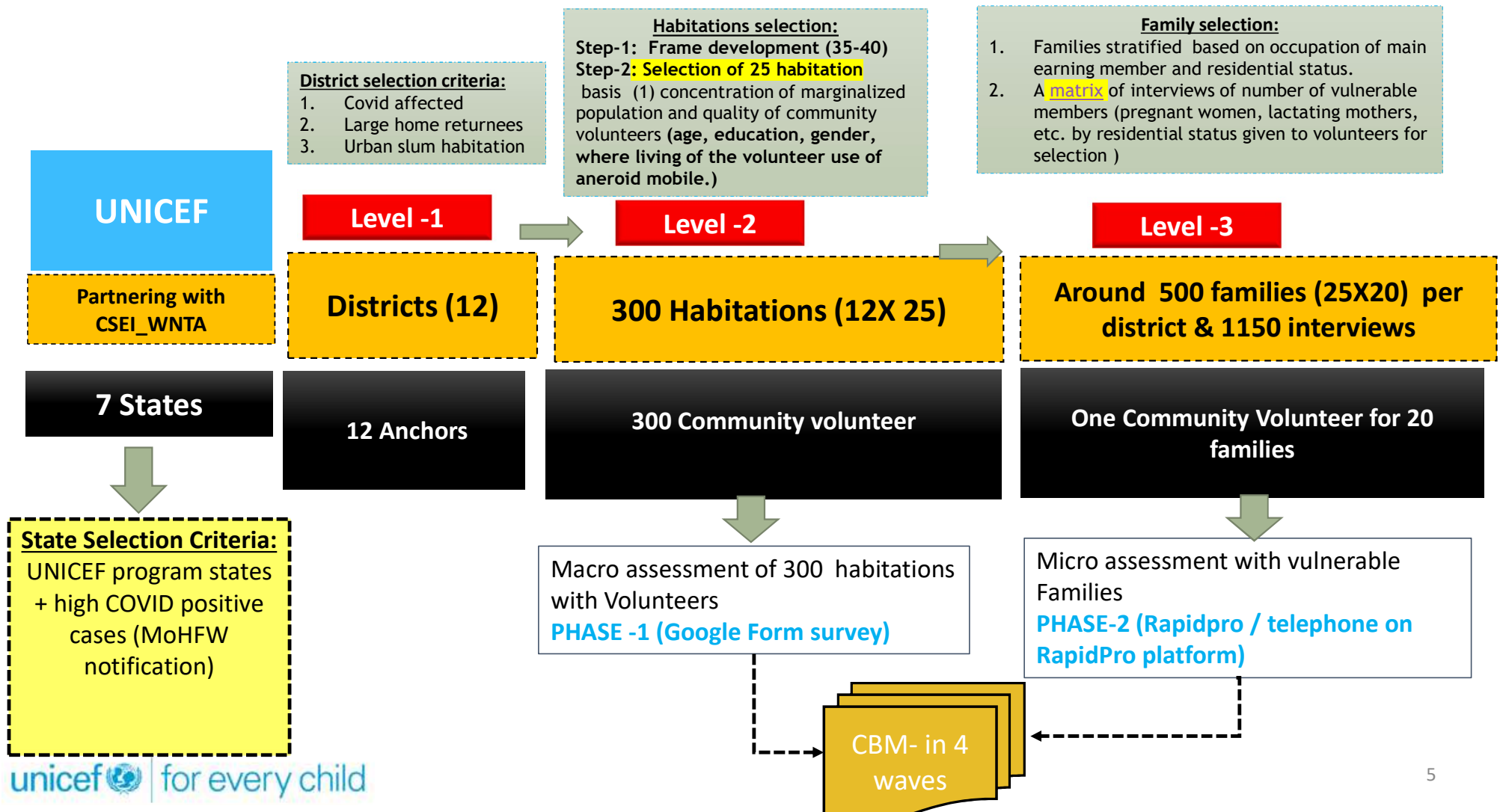
- ❑ Briefly on design and sample composition
- ❑ The results attempting to capture change between pre-lockdown and current situation (as in June/July- Wave-1)
 - Economic condition of vulnerable families;
 - Availability of food in family
 - Cash assistance and how targeted it is;
 - Debt burden;
 - Access and utilization of certain Services at AWCs, for pregnant and lactating mothers;
 - On-line education of children age 6-19 years
 - Child marriage/ engaged during Pandemic
 - Coping with pandemic like frequency of hand washing
 - Trusted media
 - Stigma of COVID



Try and compare a few macro results captured in May, 2020

CBM- Mechanism

COHORT design – purposive selection due to evolving infection situation

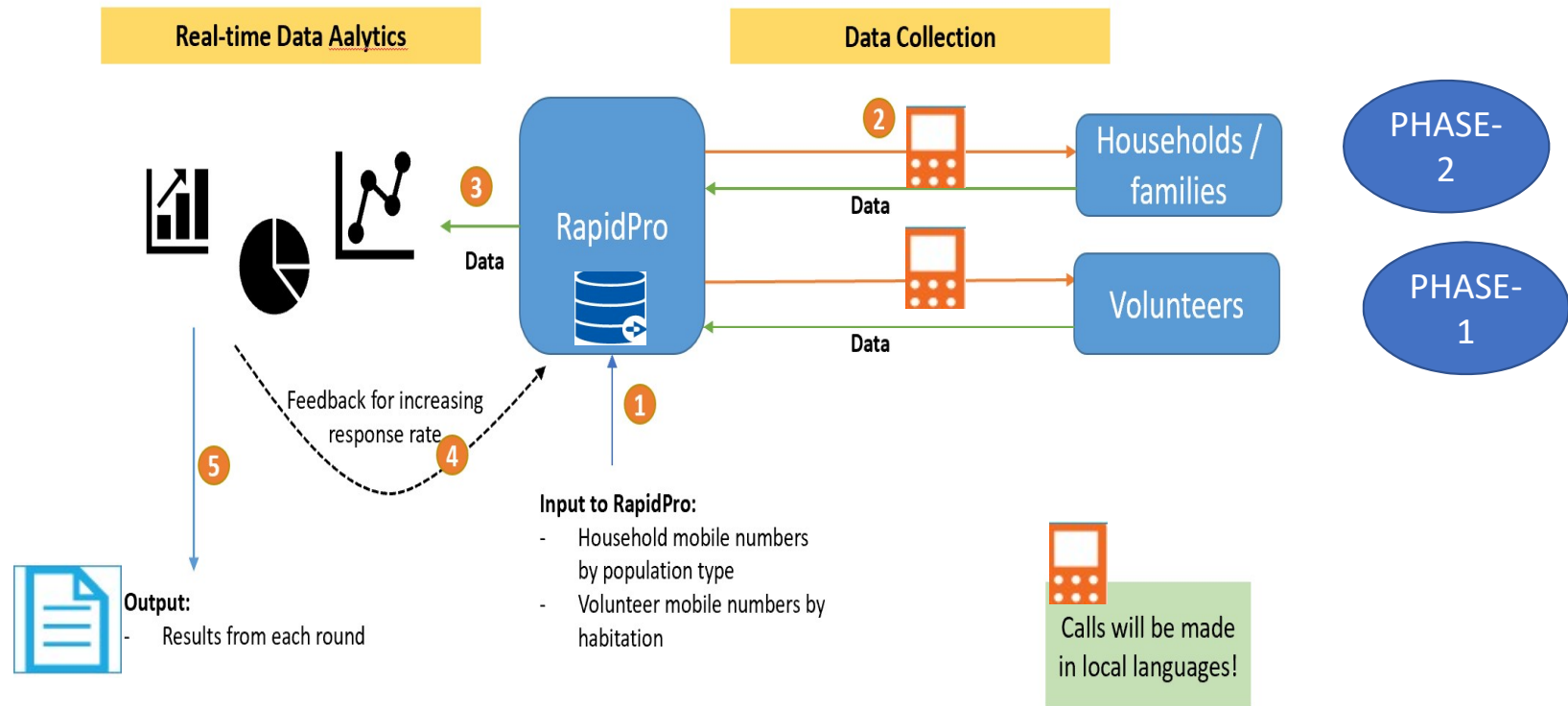


Family Type परिवार के सदस्यों का चयन		To be sampled/registered for the assessment per Habitation										
Around 1200 Interviews per district		Number of interviews										
Broad Stratification of Families within a Habitation		Family type Number	Male Head of Family 1A	Female headed Family 1B	Pregnant women	Lactating mother 2	With adolescent boys 3	with a child below 1 year 4	child 2-5 years 2-5 5	Differently abled child 6	with a school going child (6-19 Years) 7	Row Totals रो टोटल
<div><div><div>1. Main earning member - Casual worker</div><div>2. main earning member – with Salaried / regular income</div><div>3. Main Earning member living outside but rest family lives in the habitation</div><div>4. Home Returnees due to corona (returning without main earning member)</div><div>5. Home Returnees due to corona , returning with main earning member in habitation</div><div>6. Very poor families (without any assets like house, agr. Land, no job etc.)</div></div><div>Permanent Resident</div><div>Non-resident - returnees</div><div>Permanent Resident</div></div>	1	5	4	1	1	1	1	1	1	1	1	12
	2	2						1	1		1	4
	3	2	1	1	1	1			1	1	1	9
	2	1	1	1	1	1		1			1	7
	5	4	1			1	1				1	10
	3	3		1	1				1	1	1	8
Per Habitation Sample		20	16	4	4	4	4	3	6	3	6	50

Capturing vulnerable population

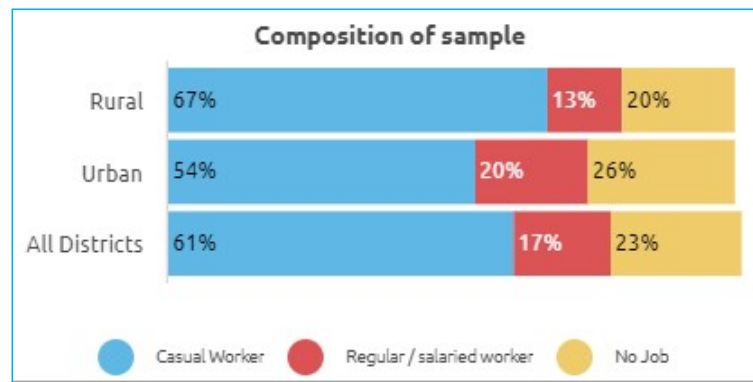
Respondent type	Information captured
1. Main earning member of the selected family	Basic background about family, residency status, livelihood, employment, access to MGNREGA, timeliness in receiving MRNREGA entitlement, Access to PDS, food security, debt, overall economic condition, proxy income, hygiene, cash assistance, old-age pension, widow pension, covid stigma/fear, access to communication
2. 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,
3. Lactating Mother	Access to THR services, messages on BF
4. Mother of child aged below 1 year	Child's growth monitoring, immunization missing, feel safe in taking child to health centre; place of immunization
5. Mother of child aged 2-5 years	ECE, place of ECE, Access to THR services,
6. Mother of child aged 6-19 years	Continuing school going, reasons of not going, support to child for studying, attending on-line classes, continue to receive scholarship (those who received earlier); getting mid-day meal, child marriage in during & post lockdown period
7. Mother with a differently able child	Continuing education

Technology Architecture

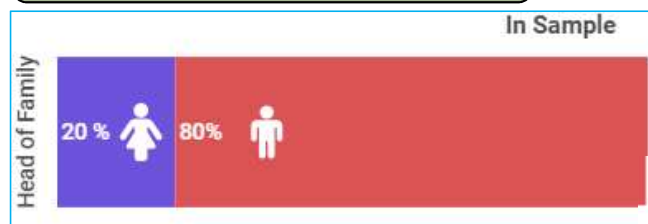


Basic facts about Wave-1

- ❑ Total Sample – 4972 families: [R/U: 50.5/49.5 percent]
- ❑ 298 habitations
 - 29 % of the rural and 7 % in urban famlies are Home Returnees;



Additional Vulnerability



- Selected 300 habitations cover close to 82,000 + families; Average of size of selected habitations: 280 families;
- ❑ Contains 806 families who have returned to habitation due to covid situation

❑ COVERAGE:

- ✓ Urban habitations are from slum areas and 'basti' / shanties;
- ✓ Social Group:
 - SC+ST- 51 %
 - OBC: 26 %
 - Others: 23%

❑ LOGISTICS

- Fieldwork done with support from 15 civil Society organizations under one umbrella- CSEI/ WNTA organizations;

❑ Community volunteers

- Male / Female volunteers (M/F, 73/225)
- 85 percent of the volunteers living in the same habitation;

Names of State /districts:

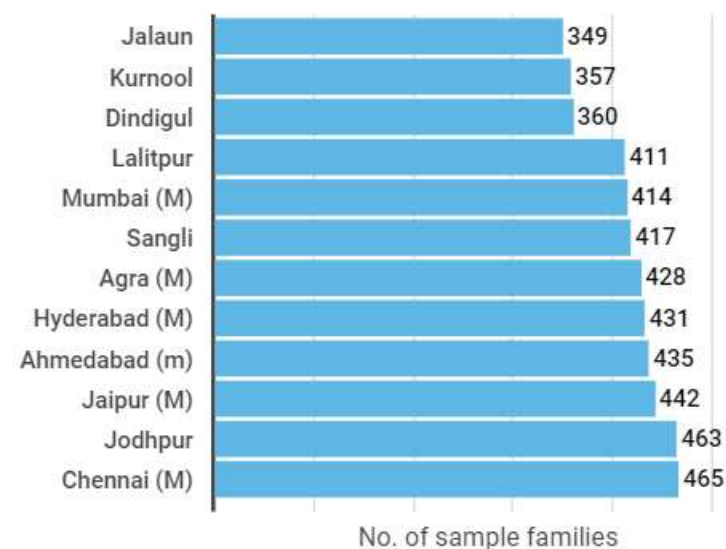
Uttar Pradesh : Agra, Lalitpur, Jalaun, **Rajasthan:** Jaipur, Jodhpur, **Gujarat:** Ahmedabad, **Maharashtra:** Mumbai, Sangli, **Tamil Nadu:** Chennai, Dindigul, **Andhra Pradesh:** Kurnool and **Telangana:** Hyderabad

Interviews Held of different Respondents (Family members) **5270 interviews**

Pregnant women	737	Lactating Mothers	752
Mother with 1 year child	451	Mother with 2-5 years child	1010
Mother with 6-19 years child	2044	Mother with a differently abled child	276

FIG-2

Number of respondent families in Wave-1 – By District



N= 4972

FIG-1

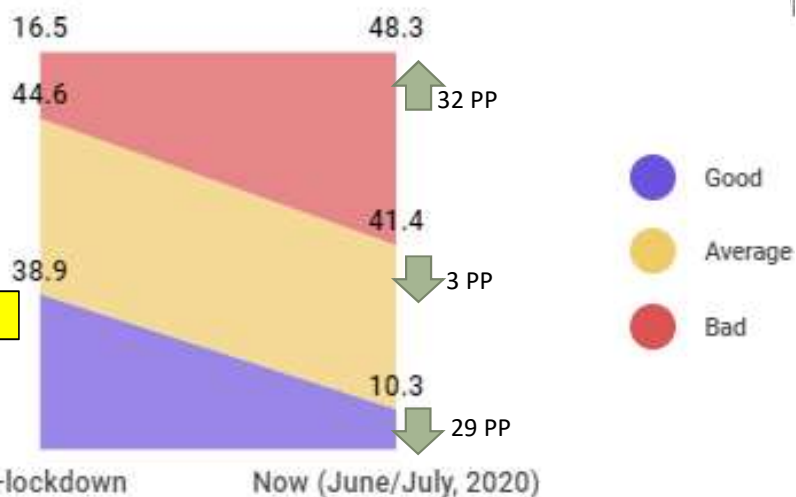
Indirect Impact on children & women



Q: How did/do you see your economic condition? (Two questions- Prelockdown & NOW)

Respondent: Main earning member of family ; Self Assessed

Worsening economic condition



- Percentage of families self assessing their economic condition as 'bad' increased by more than 30 percentage points
- Self assessed families as 'good' declined by 29 % points; from 39 % in pre-lockdown, slipped to around 10 %;

Q: what was/is your main source of income?

More 'no job' in Urban (26%) than in rural areas (20%) now.

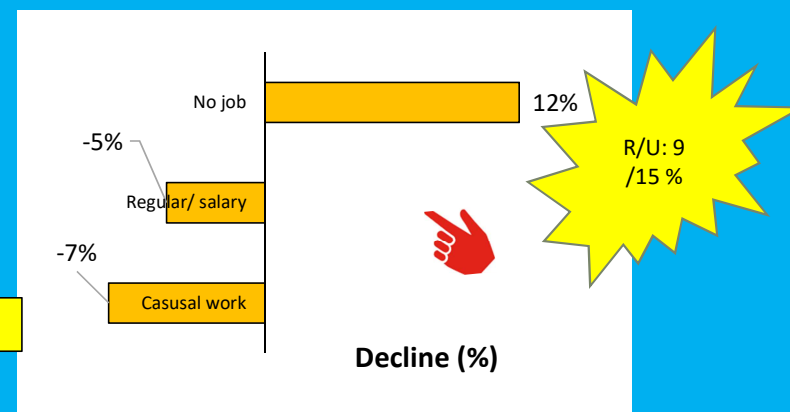


FIG-2

	Prelockdown			Now		
FIG-3	Casual Worker	Regular / salaried worker	No Job	Casual Worker	Regular / salaried worker	No Job
Rural	73%	16%	11%	67%	13%	20%
Urban	63%	26%	11%	54%	20%	26%
Grand Total	68%	21%	11%	61%	17%	23%

Declining income of the families : Prelockdown vs Now

Q: How was/is your monthly income? (1) Normal (2) More than normal (3) less than normal (4) DK

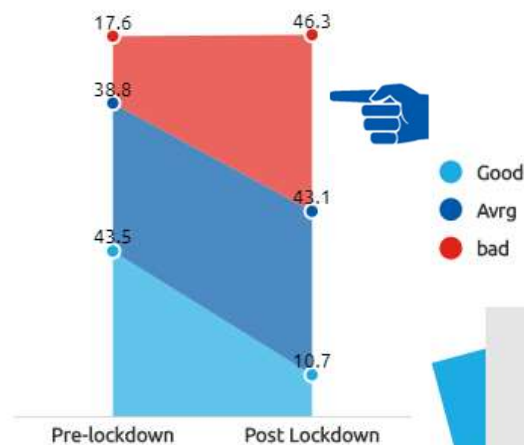
Two questions asked: before march lockdown and second question NOW

	Type of Respondents	Normal	More than normal	Less than normal	DK	Grand Total
Pre-lockdown	Permanent Resident (N=3780)	66.2	8.3	21.2	4.3	100.0
Pre-lockdown	Home Returnees (N=806)	68.3	4.6	23.1	4.0	100.0
Now	Permanent Resident	19.1	6.3	66.7	7.9	100.0
Now	Home Returnees	17.3	4.1	72.6	5.9	100.0
Difference	Permanent Resident	47.1	1.9	-45.4	-3.6	
Pre-lockdown/NOW	Home Returnees	51.0	0.5	-49.5	-2.0	
Pre-lockdown	Male headed family (N=3994)	68.4	7.4	20.3	3.9	100.0
Pre-lockdown	Female headed Family (N= 969)	58.6	9.7	26.2	5.5	100.0
Now	Male headed family	19.9	5.6	67.5	7.0	100.0
Now	Female headed Family	16.1	6.9	67.8	9.2	100.0
Difference	Male headed family	48.5	1.8	-47.2	-3.2	
Pre-lockdown/NOW	Female headed Family	42.5	2.8	-41.6	-3.7	

Note: Normal is interpreted as monthly income needed for running family's expenditure,

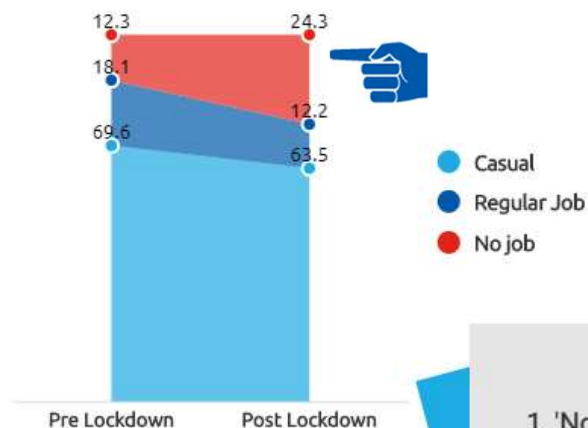
Changing Economic Condition of home Returnees (N=806)

Self Assessed



In the changing economic condition of home returnees, shift is towards 'bad' situation, increasing by round 29 percentage points

Changing Employment Status of home Returnees (N=806)

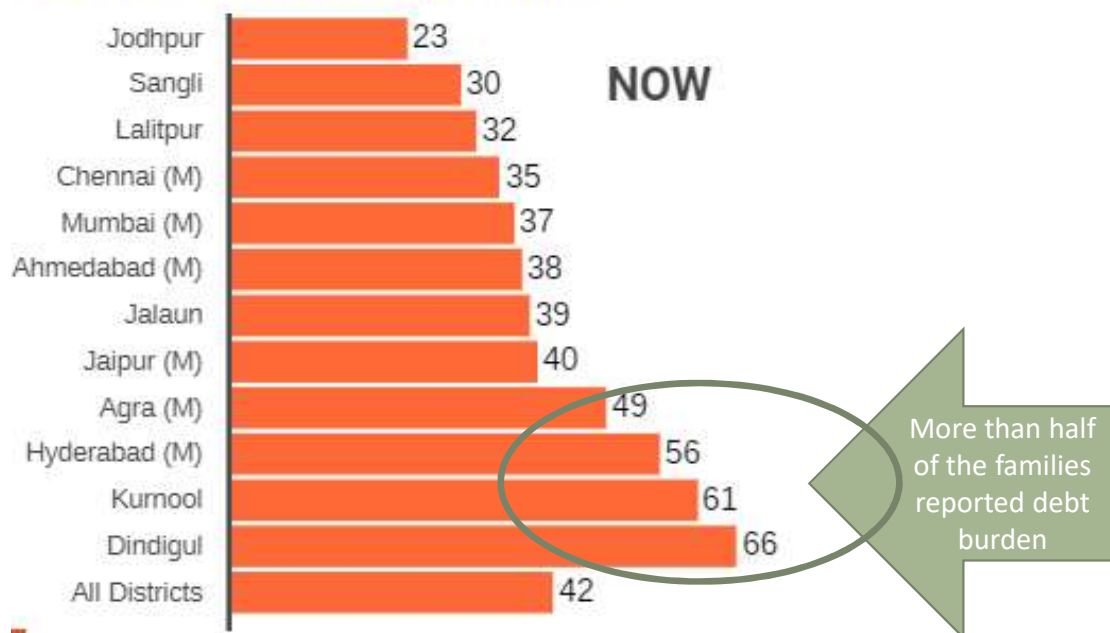


1. 'No job,' has doubled;
2. Regular job is shrinking
3. Employment in informal sector is declining

Share

Q. Does your family have any debt burden due to corona lockdown?

Debt burden due to pandemic



In 10 out of 12 districts, more than 30 percent earning members reported that have debt burden

FIG-1

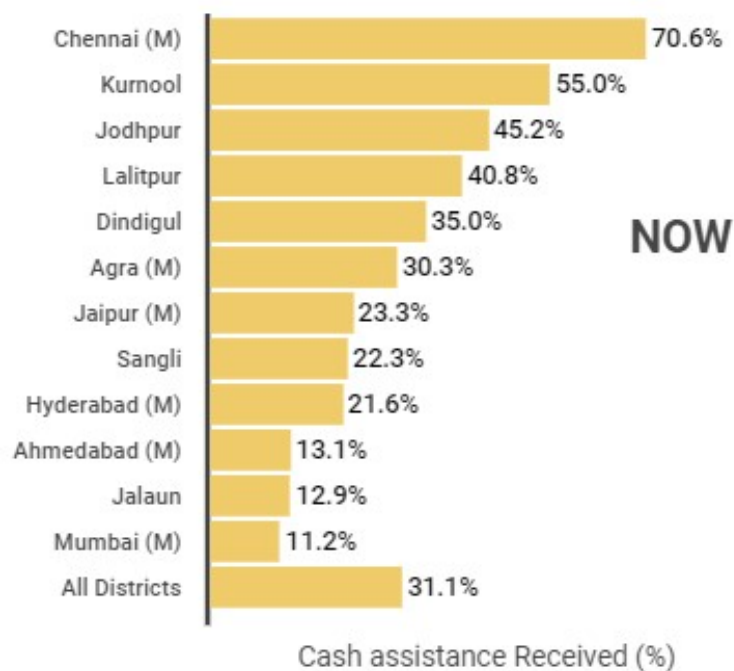
2 in 5 earning members reported that they have debt burden due to pandemic

Debt burden of different Population Groups

- ✓ 42 % main earning members, permanently staying in the habitation
- ✓ 42 % Head of family who recently returned to habitation along with main earning member
- ✓ More than 60 % of the families whose main earning member is a casual worker have debt,

Fig-2

Q: Have you received any cash assistance from the government in the last 1 month?



Is Cash assistance well targeted?

- Just around 40 % of those in debt got cash assistance and 52 % of those in 'not in debt also got cash assistance;
- Around 36 % of the families who stated to have 'No food for next 7 days; did not receive cash assistance

- Cash assistance has been provided to people in all most districts under study, but in varying measures (11-71 %);
- Cash assistance has been given more in rural areas (56%) than in urban areas (44%)

Is cash assistance well targeted? NOW

N=4972

Debt Burden due to COVID	Cash assistance Received	No Cash Assistance	DK	Grand Total
Yes there is debt	32%	<u>65%</u>	3%	100%
No Debt	31%	67%	3%	100%
Grand Total	31%	66%	3%	100%

2077

FIG-1

Types of employment	Cash assistance Received	No Cash Assistance	DK	Grand Total
Casual worker	43%	<u>53%</u>	4%	100%
Regular/ salaried Worker	30%	61%	10%	100%
No Job	47%	47%	6%	100%
Grand Total	42%	53%	6%	100%

3015

823

1134

FIG-2

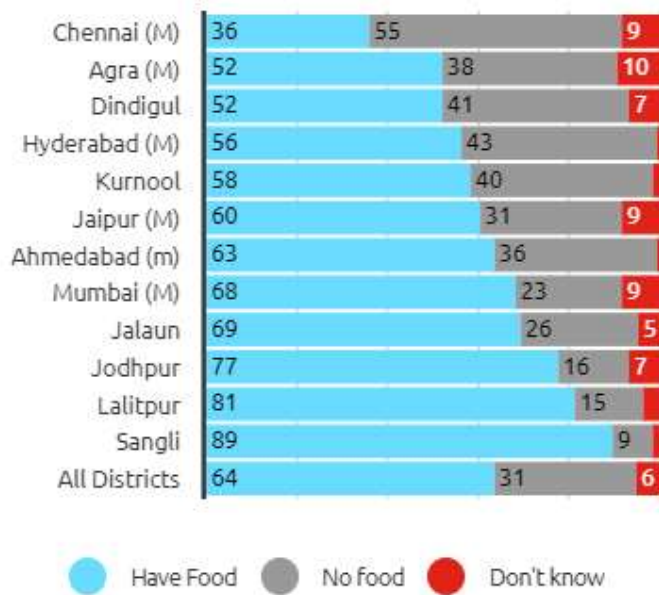
Food at home for next 7 days	Cash assistance Received	No Cash Assistance	DK	Grand Total
Yes	34%	62%	5%	100%
No	59%	<u>36%</u>	5%	100%
Grand Total	42%	53%	6%	100%

1519

FIG-3

Q. Is there enough food for all in the family for next one week?
(NOW)

% of main earning member report about availability of food in the family for next week

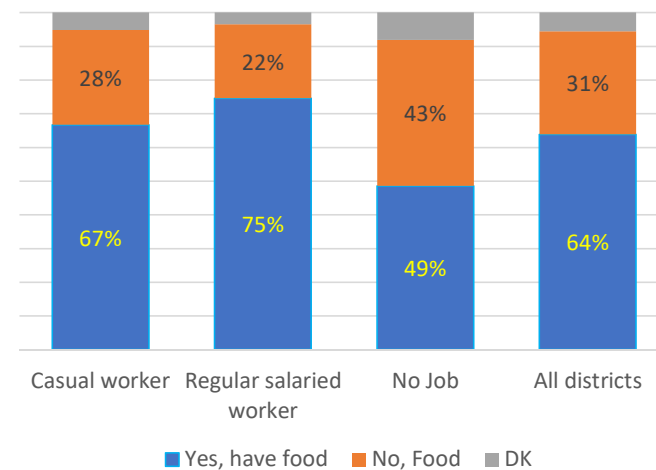


N=4972

Almost half of female headed HHs reported food shortage.

Around 43 % families with earning member unemployed, reported shortage of food for next week; followed by casual workers (28 %)

% earning members reporting on food availability in next 7 days- by type of employment



Close to 30 % earning members reported no food for next 7 days – R/U: 24/37 percentage

Do all members of the community have PDS (ration) cards?

Respondent: Community Volunteers (asked in May 2020)

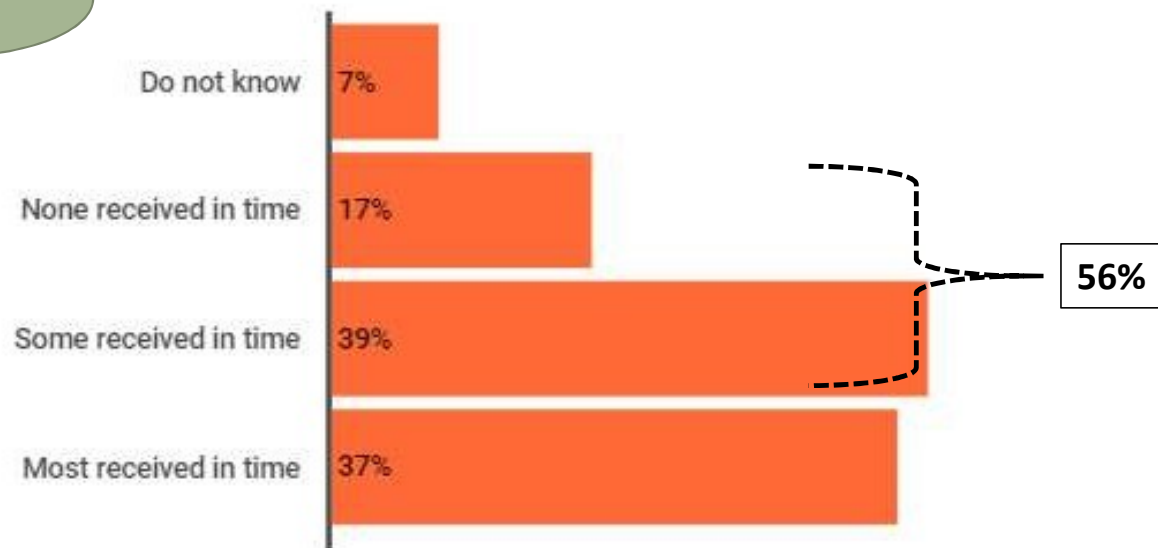
Community Volunteers thus spoke-

Around 13 percent of community volunteers from urban areas reported, that some families in their locality do not have PDS card;

Around 36 percent Community volunteers also reported that home returnees not getting MGNREGA job card.

N=298

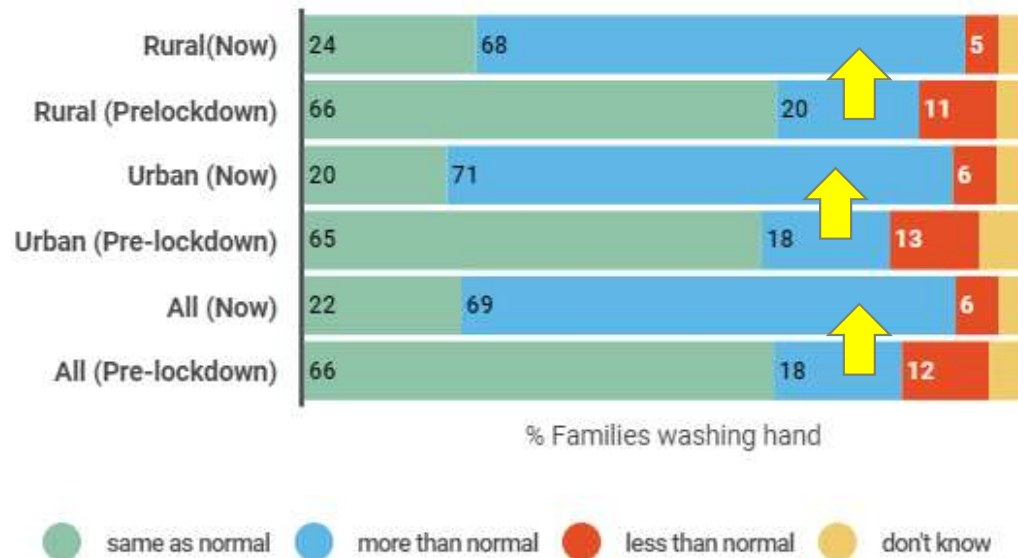
% Volunteers reporting on Timeliness in MGNREGA wage payment



As of today, how often do you wash your hands?

Frequency of washing hands improved in both rural and Urban areas:

Increased By :
Rural / Urban: 48/53 percentage points



In May,
2020

This is how community Volunteers stated

Overall, handwashing 'more than normal' in 37 % of the rural habitations and 56 percentage of urban habitations

Direct effect on children and women



Pre-Natal services (As in June/ July, 2020)

(% of Pregnant women reporting)

Having a government health facility nearby



Rural/Urban: 73/72 %

Pregnancy related services available at the nearby health facilities



Rural/Urban: 73/62 %

Ante-Natal services - availed last month



Rural/Urban: 54/40 %

PMMVY Coverage



Rural/Urban: 22/9 %



N=687

R/U:

354/333

- Impact of lockdown is not uniform across all districts; In May, 2020, access to treat from Government's health facilities varied between 4 percent to 30 percent in the districts (as reported by volunteers)

Q: Now, do pregnant women get ration from Anganwadi center to take home?

- Yes
- No
- I don't go to anganwadi center/no anganwadi center in area

	Receiving THR Now	Not Receiving THR	DK
Rural	50%	47%	4%
Urban	29%	64%	7%
All District	40%	55%	5%

Time to rejuvenate ICDS services (Pre-lockdown & NOW)

N= 752
R/U:360/392

Around 20 % decline in THR services to lactating mothers from AWCs, between pre-lockdown (68 %) to 48 % NOW

Growth monitoring of children has almost halved- between pre-lockdown and NOW (June/ July, 2020)

Significant disruption in THR services for children aged 2-5 years too from AWCs; overall decline is around 15 percentage points,

NOW

Q: During the Corona pandemic, have you received information on improved breast feeding or children's feeding practices from the government (AWW/ASHA/Sub-Center/PHC)?

Yes

No

Don't Know

Just 36 % in rural areas and 26 % in urban areas, lactating mother reported to have received information;

Fig -1

How Community Volunteers responded (In May 2020)

Fig -2

- In May, 2020, in around one-third habitations, Pregnant women and Lactating mothers did not receive THR from AWC

Respondent: Mother of child, aged less than 1 year

Q: Does the Health centers or anganwadi centres in your area provide vaccinations to children now-a-days?

N: 451



Close to 3/4th of the mothers reported that local health centres/ AWCs are open for immunization;



Children from families with main earning member having 'no job' (36 %) or working as 'casual worker' (31 %) missed immunization more than children from families with main earning member in a regular jobs (25%);

Q: Has your child missed any immunization dose during the last month?

?

More mothers from urban areas missed immunization of their children (33 percent) than mothers from rural areas (30 percent);

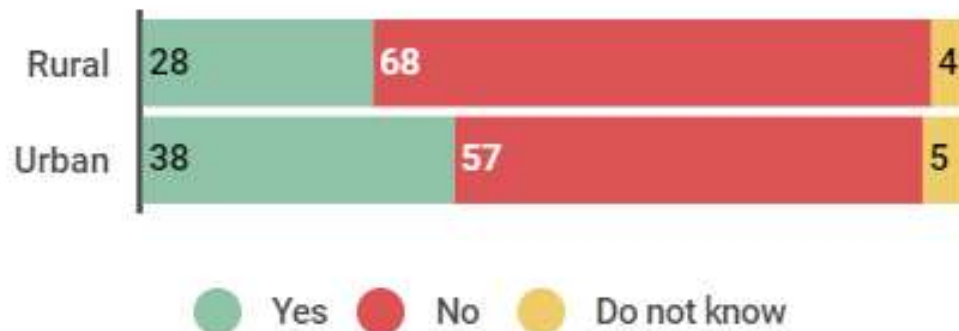
55% of the rural and 45 % of the urban mothers with a child less than one year stated they DO NOT feel safe to take their child to AWC/ health centres for immunization

Q: In the ongoing CORONA pandemic, would you take your child to the local government centres like, Anganwadi, health centres, PHC etc. for vaccination services?

Respondent: Mother of child, aged 6-19 years year

Children age 6-19 years going to school - yet to start

Are children attending any on-line classes?



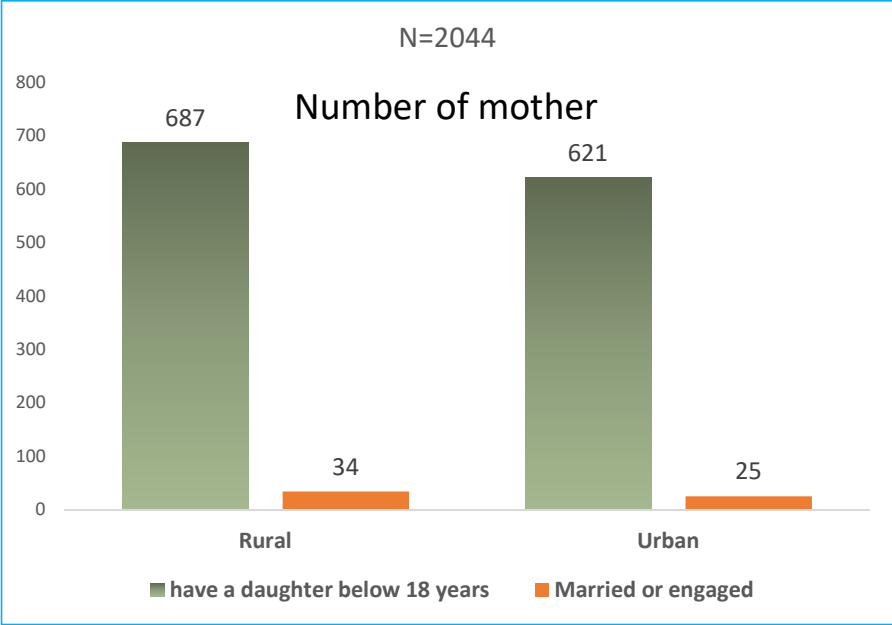
★ one-third of mothers of child age 6-19 years reported- their children attending on-line classes

★ Close to 20 % reported that their schools do not have on-line class facilities

N=2044

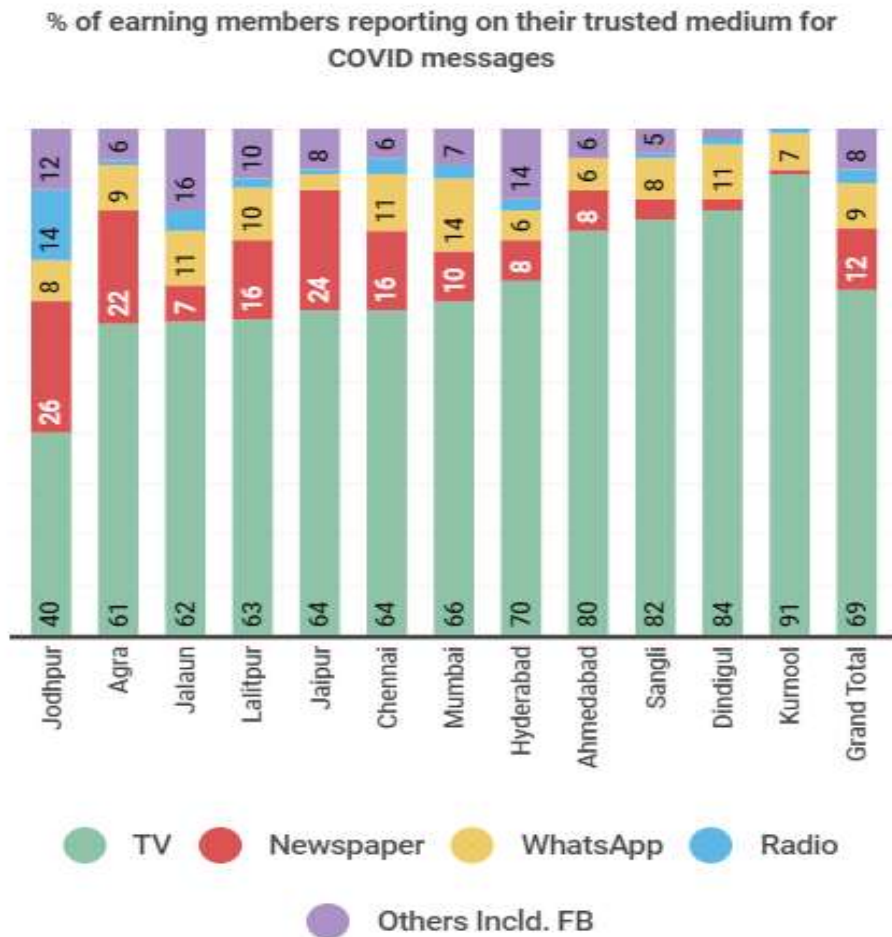
Respondent: Mother of child, aged 6-19 years year

Q: Did any of your daughters below 18 years of age got married or are engaged for marriage, since start of lockdown?



	Rural	Urban	Total
sample	1079	965	2044
Have a daughter	687	621	
Got married or engaged for marriage	34	25	

Q: What is the trusted media for information on CORONA?

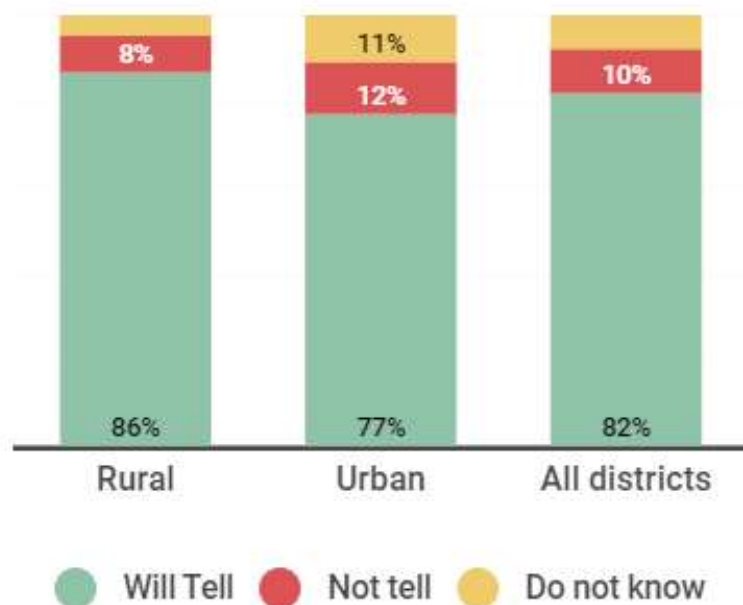


Overall, 7 in every 10 main earning members identified Television as the most trusted medium for information on corona, followed by Newspaper (12 %), Radio (3 %), WhatsApp (9%) and rest trust other mediums including Face Book.

There is no significant differential in preference of different medium between R/U; except that , in urban areas, people also read Newspaper (15%)

Would you tell your friends and neighbors in case you or any family member is quarantined for corona virus symptoms?

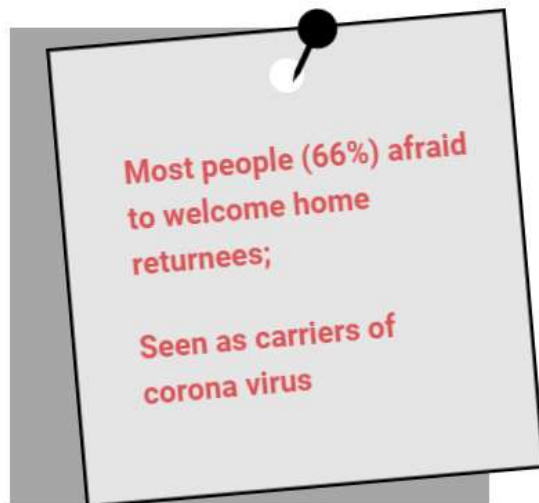
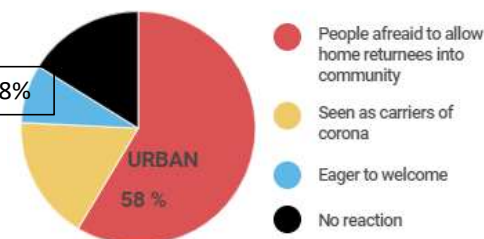
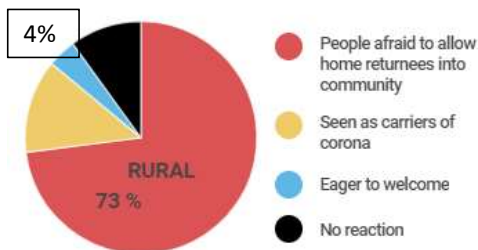
Tell Others about Quarantine (% of Earning Member responding)



People, in both rural and urban areas are willing to tell friends and neighbors' if he/she is quarantined' due to CORONA Virus..

Possibly, openness is more in rural areas (86%) than in urban areas (77 %)

Families reaction to home returnees



Q: In your community how did people treat those who came from outside?

1- People were afraid to allow them within the community for fear of COVID and they were asked to stay away

2- They were seen as carriers of CORONA

3- People were eager to welcome them into the community and families

4- No reaction

In May 2020, Community Volunteers responded as follows:

- Around three-fourth of the volunteers reported that people in the habitation were either afraid of the home returnees or looked down upon; - SITUATION HASN'T CHANGED SINCE MAY, 2020
- A little below, one in five volunteers reported, home returnees are welcome to the community

Broad take away

1. Given the worsening economic situation and unemployment, **additional support in terms of food supplementation for all in the informal sector employment**, especially for the home returnees ; that also **brings in policy domain, enhancement on 'portability' of the schemes and Government services**;
2. As debt burden and availability of food are connected, advocacy would be appropriate for **robust cash plus assistance and also for a longer period**, given that the situation is still evolving.
3. **Food security** is an area that might need additional attention, **in urban areas, severity is also associated with lack of job**; **extending MGNREGA type schemes in urban areas may be one immediate step, but looking for a sustained quality job and long term engagement should be a step forward**;
4. In rural areas, **quick disbursement of MGNREGA entitlements** need focus of the Government given the food insecurity at home;
5. **Making health centres and AWCs more safe from virus would make access improvement,; need confidence building measures among the community (using local communication tools) ; given that there is so much of fear and stigma from corona virus**;
6. On-line continuation of school level study, would **need new thinking, given the digital divide**; a mechanism that **is cheap and available to poor families should be promoted; perhaps subsidized**;

In next wavewhat is new in Wave-2?

- **CBM in the Wave-2 has asked new questions – on:**

- Access to old age pension, widow pension; practice of use of masks, social distancing;
- Selling of personal property / assets due to poverty;
- adequacy of cash assistance for meeting daily needs;
- Has pandemic forced child to work – by gender
- If Infected by corona, and treatment seeking, where?
- Are Govt. facilities providing treatment **for general sickness?**
- where are the pregnant women from your community, delivering during this period?
- Is there enough food for child at home (2-5 years)?
- Do all your school going children aged 6 to 19 years go to school now?
- How do children in your household study at home?



Thank you

