

Rapid Assessment

Social Protection and Relief Measures COVID-19 Response

Andhra Pradesh

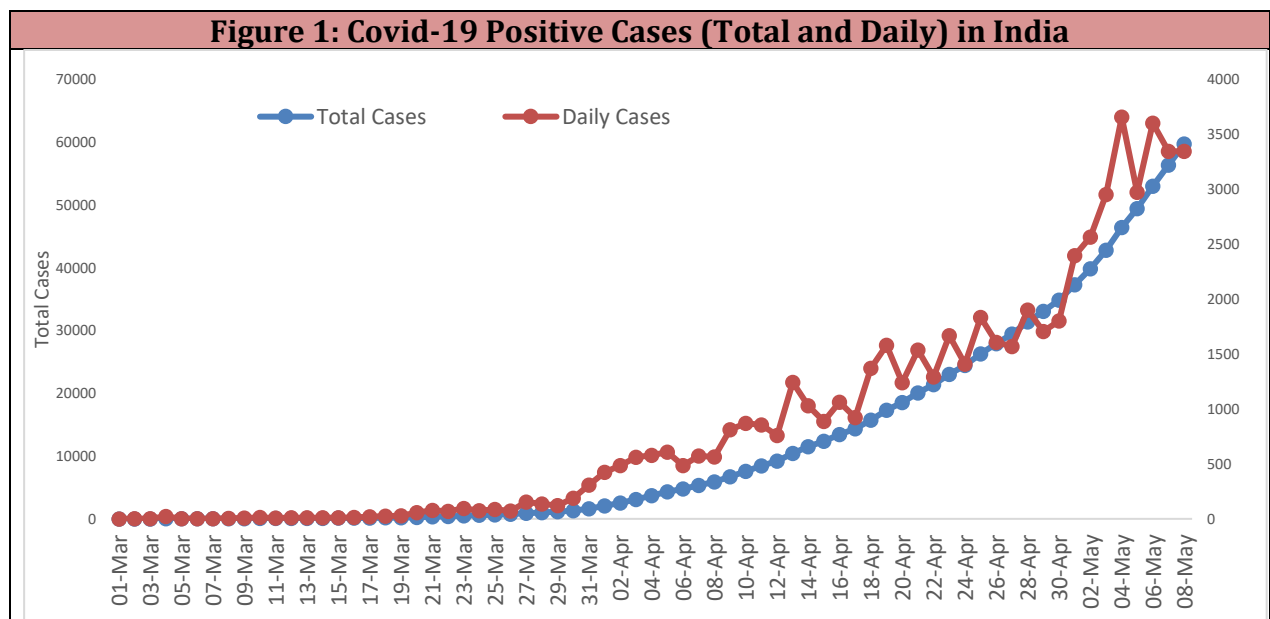
Round 1: 24 April – 8 May, 2020



1. Introduction:

Covid-19 Spread in India and Andhra Pradesh

The outbreak of the Corona Virus Disease 2019 (referred to as Covid-19) pandemic is recognized to be a global health emergency. The outbreak in China in the last quarter of 2019 had subsequently spread to rest of the world since January 2020. Across more than 200 countries all over the world there are 4.0 million positive cases and 2.76 lakh deaths due to the virus infection (as on 8/05/2020). It means there are 516 positive cases and 35 deaths per million population at the global level. Although India had its first positive case in January 30, 2020, the number of cases began substantially increasing since March 2020. As of now (on 08/05/2020) with 59,695 positive cases India emerged as fourteenth largest country in the world and fourth largest in Asia. The incidence rate in India is 43 positive cases per million population. Despite the fact that being the second largest in population while accounting for 17 per cent of the total population in the world, its contribution to the Covid-19 positive cases is a meagre 1.5 per cent. But future of virus infection is unpredictable despite the containment measures, as the number of daily cases are increasing day to day as of now.



Note: Primary Y-Axis scales the Total Cases; Secondary Y-Axis scales the Daily Cases.

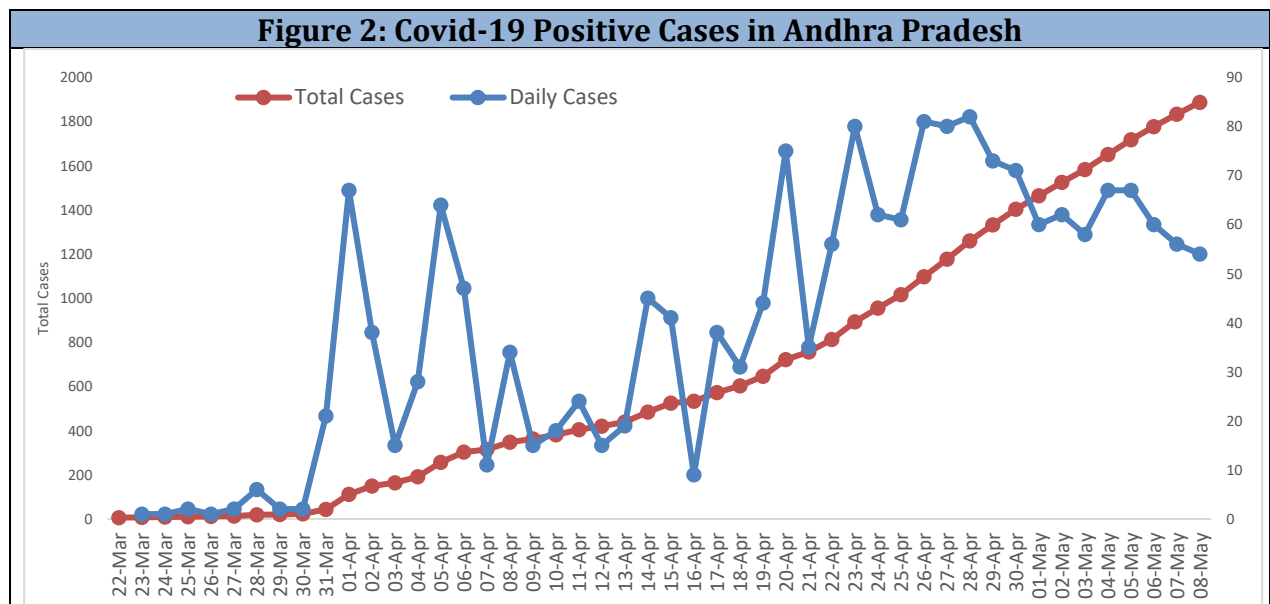
Source: <https://www.covid19india.org/>

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Andhra Pradesh having emerged as the eighth largest state in India in number of positive cases with covid-19 infections and it has 1887 cases as of now (9/05/2020 at 9.00 AM IST). Within India, in fact, the incidence of corona positive cases is varying across states.

Maharashtra is the largest state (18063 cases) in India in this respect, it is followed by Gujarat (7403), Delhi (6318), Tamil Nadu (6009), and Rajasthan (3579). North-eastern states have very low incidence. The state of Kerala which initially had relatively very high incidence of cases, could reduce spread of infection drastically by the end of April 2020. In Andhra Pradesh the total number of cases continue to increase, although the rate of growth in total number cases has been decelerating over weeks of time. The state of Andhra Pradesh that accounts for nearly 4 per cent total population of India, is contributing to around 3 per cent of total corona positive cases in India.

Andhra Pradesh accounts for nearly 4 per cent total population of India, and contributes to around **3 per cent** of total corona positive cases in India.



Note: Primary Y-Axis scales the Total Cases; Secondary Y-Axis scales the Daily Cases.

Source: <https://www.covid19india.org/>

As regards the recovery rate, if we take recovered as a percentage of total confirmed cases, Andhra Pradesh state performance is modest with 44.6%. Among the outcome cases (within the cases died and recovered), the state of Andhra Pradesh witnesses the recovery rate at

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95.4% and case fatality rate at 4.6% (Table 1). While keeping the better case recovery rate and low case fatality rates state of Andhra Pradesh is doing much better when compared to states like Maharashtra, Gujarat and Punjab. However, in few other states like Kerala and Tamil Nadu, the case fatality rate is much lower than that observed for the state of Andhra Pradesh. A total of 41 deaths among Covid-19 infection cases are registered/recorded in the state (as on 9/05/2020: 9.00 AM IST). There are 842 infection cases in the state that have recovered from the infection. It means that among the total of 1887 confirmed cases in the state, the active cases as of now are 1004.

Table 1: Incidence of Covid-19 Infection Cases and its Outcomes across Major States/UTs in India: As on 9/05/2020 (9.00 AM IST)

State/UT	Total Cases			% of Recovered to Confirmed	Case Fatality (%) of Outcome Cases	Case Recovery (%) of Outcome Cases
	Confirmed	Recovered	Deceased			
1	2	3	4	5	6	7
1 Maharashtra	19063	3470	731	18.2	17.4	82.6
2 Gujarat	7403	1872	449	25.3	19.3	80.7
3 Delhi	6318	2020	68	32.0	3.3	96.7
4 Tamil Nadu	6009	1605	40	26.7	2.4	97.6
5 Rajasthan	3579	2011	103	56.2	4.9	95.1
6 Madhya Pradesh	3341	1349	200	40.4	12.9	87.1
7 Uttar Pradesh	3214	1387	66	43.2	4.5	95.5
8 Andhra Pradesh	1887	842	41	44.6	4.6	95.4
9 Punjab	1731	152	29	8.8	16.0	84.0
10 West Bengal	1678	323	160	19.2	33.1	66.9
11 Telangana	1132	727	29	64.2	3.8	96.2
12 Jammu and Kashmir	823	364	9	44.2	2.4	97.6
13 Karnataka	753	376	30	49.9	7.4	92.6
14 Haryana	647	279	8	43.1	2.8	97.2
15 Bihar	579	267	5	46.1	1.8	98.2
16 Kerala	504	484	4	96.0	0.8	99.2
17 Odisha	270	63	2	23.3	3.1	96.9
18 Jharkhand	154	41	3	26.6	6.8	93.2
19 Uttarakhand	63	45	1	71.4	2.2	97.8

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20	Assam	60	35	2	58.3	5.4	94.6
21	Chhattisgarh	59	38	0	64.4	0.0	100.0
22	Himachal Pradesh	50	34	3	68.0	8.1	91.9
23	Goa	7	7	0	100.0	0.0	100.0
All India		59695	17887	1985	30.0	10.0	90.0

Note: Case Fatality and Case Recovery is among the Outcome Cases consists of total of recovered and deceased.

Source: <https://www.covid19india.org/>

District level situation within the state of Andhra Pradesh of corona positive cases indicates, it is highest of 547 cases in Kurnool district and lowest of 4 cases in Vizianagaram district. There is a huge variation across districts. Kurnool is followed by Guntur (374) and Krishna (322) districts. All these three districts have distinctively high incidence in terms of number of positive cases when compared to the rest of the districts in the state. These three districts together accounting for two-thirds (67%) of the total cases in the state. Initially, three north-coastal Andhra districts were free of covid-19 infection positive cases but recently, these districts too have been registering infected cases during the last two weeks.

Kurnool, Guntur and Krishna Districts contribute to about **two-thirds** or 67% of the total cases in A.P

In terms of outcome of the cases, Covid-19 infection related deaths recorded in five districts of the state. Such deaths are highest in Kurnool district (14 deaths) followed by Krishna (11), Guntur (8), Anantapur (4) and Visakhapatnam (1) districts. No deaths have been recorded so far in other districts of the state.

Deaths recorded in five districts – Kurnool, Krishna, Guntur, Anantapur, Vishakhapatnam.

Table 2: Incidences of Corona Positive Cases across Districts in Andhra Pradesh: as on 8/05/2020

Sno	District	Confirmed Positive Cases		Recovered Cases: All	Deceased Cases: All
		All	Children		
1	2	3	4	5	6
1	SRIKAKULAM	6	0	0	0
2	VIJAYANAGARAM	4		0	0
3	VISAKA PATNAM	57		23	1
4	EAST GODAVARI	41		26	0

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5	WEST GODAVARI	68		33	0
6	KRISHNA	322		126	11
7	GUNTUR	374		164	8
8	PRAKASAM	61		60	0
9	NELLORE	97	2	60	0
10	CHITTOOR	85		74	0
11	ANANTHAPUR	99		42	4
12	KURNOOL	547		191	14
13	KADAPA	96		43	0
Total (13 Districts)		1857	2	842	38

Source: Government of Andhra Pradesh.

About the corona spread into rural areas, among the 26 GPs surveyed across all 13 districts, five of them (GPs) have 23 corona positive cases. It is highest (12 cases) in Dachepalli GP in Guntur district followed by two GPs in Prakasham district (4 and 3 cases). The data from the above table 2 and the GPs indicates that the corona spread has largely been localized to urban or peri-urban areas.

Overall, the state of Andhra Pradesh in respect of containing the incidences of Covid-19 infection spread is performing moderately. The state contribution to total number of cases in India is disproportionately low (3%) as compared to its share in the country's population (4%). The growth in total positive cases is decelerating week to week in the recent past. But the daily new cases detected are still considerably higher than that in March or April 2020. Hence, the state need to adopt further cautious measures while continuing with existing pre-cautionary measures to combat and contain the infection spread.

Containment and Relief Measures

As part of containment measures the state of Andhra Pradesh has initiated measures like the social distancing and adhering to the lockdown since third week of March, 2020 when Government of India proclaimed such containment measures. Along with the containment measures, clinical measures of testing, tracing, isolating/quarantining and supporting the infected/isolated/quarantined are the most crucial and critical for the successful combating of the infection spread.

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In Andhra Pradesh so far 1.57 lakh tests (as on 08/05/2020) have been administered in respect of identifying the Covid-19 infection cases. Along with normal real time reverse transcription polymerase chain reaction (referred to as RT-PCR) tests, the Government of Andhra Pradesh has initiated conducting rapid diagnostic tests (RDTs) to detect the viral proteins (antigens) in a sample on a mass scale. Isolation centres have been marked and quarantining the susceptible individuals have been maintained. All the hospital beds (more than 15000) including the private ones are made available for purposes of isolating the covid-19 infected cases. Success of these measures in the states is yet to be materialized.

Further, as the containment measures such as a lockdown has disrupted the economic activities and livelihoods of the people in India across states, as is the case across countries all over the world. Particularly the poor, vulnerable sections of the society and the migrant workers have been hit hard by these measures. In this regard, to mitigating impact of job loss and ensuring food security, certain relief measures have been initiated by the Government of India and the state government that is being implemented in the state. For instance, under the Prime Minister Garib Kalyan Yojana (PMGKY) an additional ration of 5 kg rice per person and 1 kg pulses per month are to be provided along with Rs. 1500 per month per family from April to June 2020 for the poor and vulnerable, as a special social/financial assistance for the lockdown period.

Box 1: Key Highlights of the Humanitarian Cash Transfers and Relief Measures:

- Insurance cover of Rs 50 Lakh per health worker fighting COVID-19 to be provided under Insurance Scheme
- 80 crore poor people will to get 5 kg wheat or rice and 1 kg of preferred pulses for free every month for the next three months
- 20 crore women Jan Dhan account holders to get Rs 500 per month for next three months
- Increase in MNREGA wage to Rs 202 a day from Rs 182 to benefit 13.62 crore families
- An ex-gratia of Rs 1,000 to 3 crore poor senior citizen, poor widows and poor disabled
- Government to front-load Rs 2,000 paid to farmers in first week of April under existing PM Kisan Yojana to benefit 8.7 crore farmers
- Central Government has given orders to State Governments to use Building and Construction Workers Welfare Fund to provide relief to Construction Workers

Source: Ministry of Finance, GoI, 26 March 2020

2. Rapid Assessment of Social Impact:

UNICEF continues its efforts to support the state governments of A.P. and advocate on the short- and medium-term responses and relief measures needed to be put in place to ensure the rights of the most vulnerable children during the pandemic are considered and mainstreamed. The Hyderabad Field Office worked with partner network CADME to undertake rapid assessments of the existing social protection and essential services to children and the vulnerable population and the newly announced relief measures to understand the gaps, the challenges and the success stories at Gram Panchayat levels that gives an idea of the preparedness at the point of last mile governance and delivery.

CADME is a coalition of twenty five organizations working together for disaster preparedness with vulnerable communities of Andhra Pradesh and Orissa covering 582 most vulnerable communities and preparing the communities to combat the pre-, during and post-disaster situations. CADME has a long standing presence at the GP level.

Objective of the Rapid Assessment

The three key questions that the rapid assessment intends to answer the following questions:

- The progress of interim humanitarian measures like the cash and in-kind transfers announced as a response to COVID-19 pandemic under the Pradhan Mantri Garib Kalyan Yojana (PMGKY being implemented targeting population below poverty line.
- If the existing social protection schemes continue to ensure the core commitments to children are met
- Do Gram Panchayats have the capacity to monitor the relief services to the target population to ensure inclusion of the vulnerable population – elderly, widows (single female headed households), persons with disability, BPL households with pregnant women and children.
- Ease of Access to the transfers already made, where people are able to withdraw the cash transferred into the bank accounts easily.

A total of 26 GPs, with two GPs in each of the 13 districts, are canvassed, covering all districts in the state. **It is based on interviewing the key informants of the GPs, usually the elected GP member or Panchayat Secretary, about the situation in their GPs.** These interviews were conducted telephonically between 26 April, 2020 and 4 May, 2020. These 26 GPs consists of 59 villages/hamlets. Altogether they have nearly thirty thousand households and

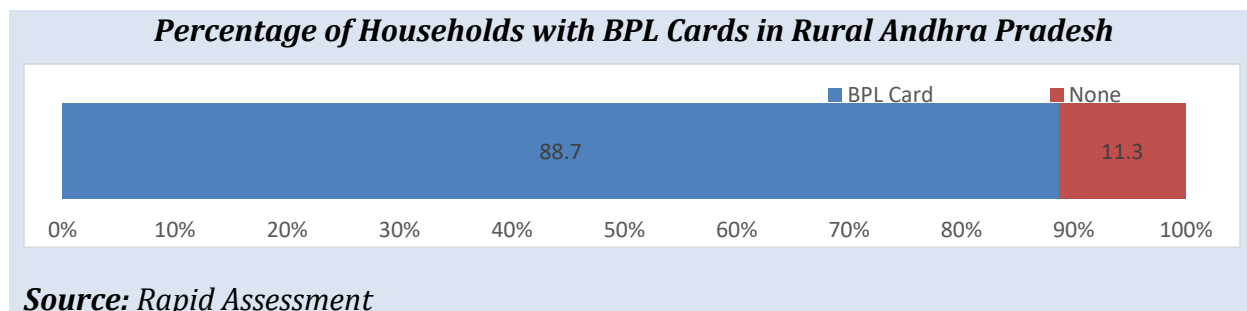
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more than a lakh population. The average number of households per GP is 1123 and average population is 4234. As some of the GPs have two or more number of villages/hamlets, if we take the average number of households and population per village/hamlet, they are 495 and 1866 respectively. The average household size is 3.8, among the surveyed GPs.

3. Key Findings:

Households Receiving PMGKY – Food Rations

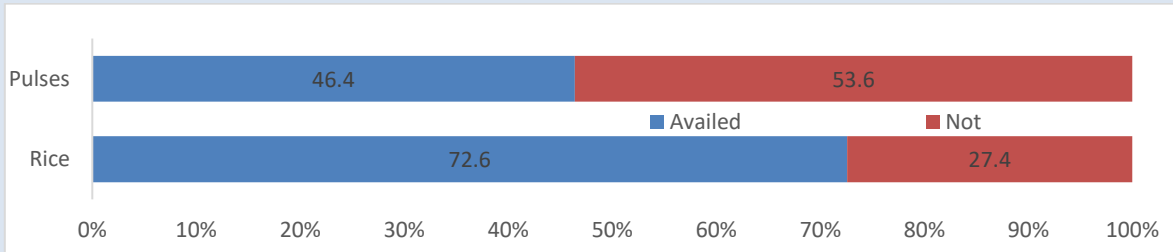
As regards the delivery of relief measure, most of the beneficiaries eligible for such relief measures are those who are living below poverty line (BPL) and are able to produce a ration card to claim the transfers. It was important to know how many of the rural households are in the category possessing BPL cards. Nearly 88.7 percent of households in the surveyed GPs have below poverty line (BPL) cards to avail their entitlements through public distribution system (PDS) and any other direct benefit cash transfers (DBTs). They are all entitled to benefit from emergency relief measures initiated in the context of Covid-19 under PMGKY.



In respect of the BPL household availing the additional ration under the Prime Ministry Garib Kalyan Yojana (as a Covid-19 relief), little less than one-fourth (72.6 %) of the BPL households availed the additional ration of five kilogram rice per person per month. In case of pulses (one kilogram), it is even lower, less than half (46.4%) of BPL Card-holder households in the rural Andhra Pradesh have availed it.

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Percentage of Households among BPL Card-holders availing additional ration under PMGKY in Rural Andhra Pradesh



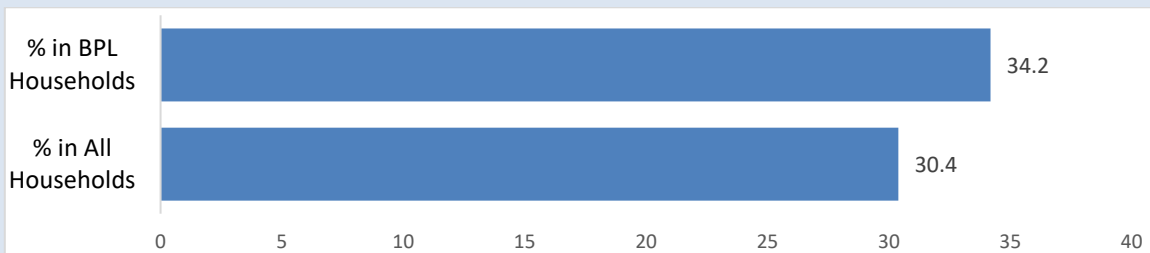
Note: PMGKY – Prime Minister Garib Kalyan Yojana.

Source: Rapid Assessment.

Households Receiving PMGKY – Financial Assistance

Further, it appears that the financial assistance under the Prime Minister Garib Kalyan Yojana (PMGKY) has reached not more than one-third of the households in rural Andhra Pradesh as reported by the GP members. Households that benefitted from PMGKY are 30 per cent of all households and 34 per cent among the BPL card-holder households as reported by the GP members.

Percentage of Households availing Financial Assistance under PMGKY in Rural Andhra Pradesh

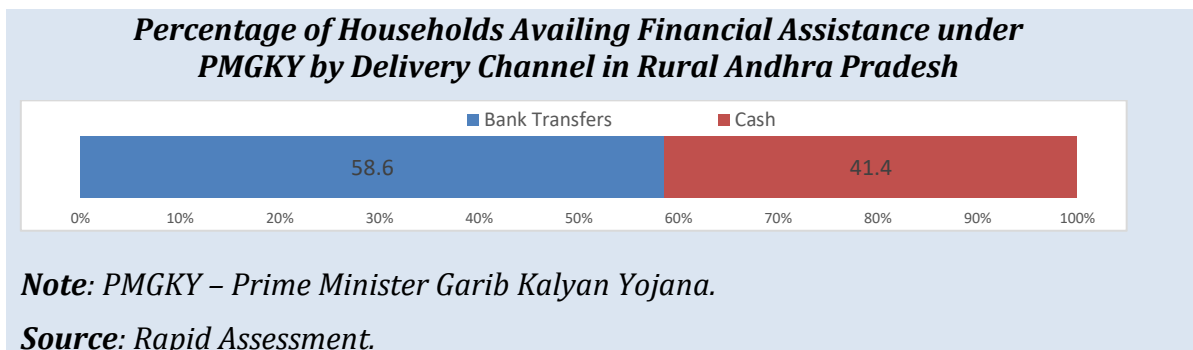


Note: PMGKY – Prime Minister Garib Kalyan Yojana.

Source: Rapid Assessment.

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How the financial assistance under PMGKY is delivered is also a matter of concern. Among those households who had availed the financial assistance under PMGKY, for 58.6 per cent of them received the cash transfer benefit delivered to them through the channel of bank transfers. For the rest 41.4 per cent of them, they received the benefit as cash was directly distributed to them.

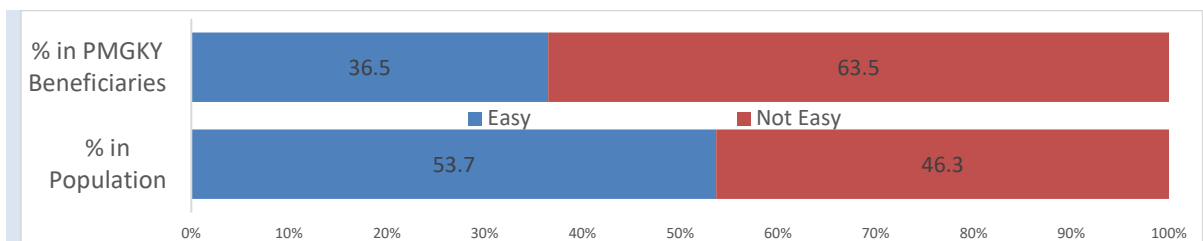


Ease of Access to the Bank Transfer under PMGKY

Whether it is easy or not easy to withdraw money from banks matters in utilizing the amount of financial assistance that is availed and transferred to the beneficiaries through bank. It is so especially in the context of Covid-19 related population movement restriction through lockdown and shut down of public transport. In this regard, although for little more the half (53.7%) of the total population in GPs responding it is easier to withdraw money from bank, it is so (easy) for only one-third of population in households benefitted from PMGKY financial assistance across the GPs included in the rapid assessment. For more than sixty (63.5%) per cent of beneficiary population it is difficult (not easy) to withdraw money from banks as a result of the distance of the banks or ATM locations and the village and the rural ATMs not being serviced frequently.

Percentage of Population by 'ease' of Withdrawing Money from Banks in Rural Andhra Pradesh

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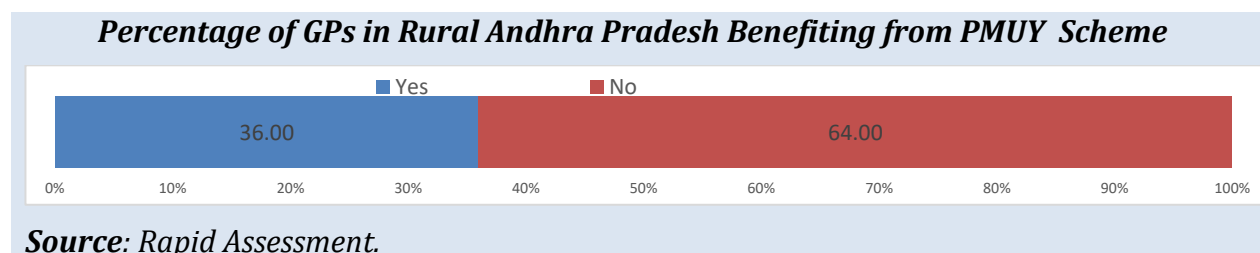


Note: PMGKY – Prime Minister Garib Kalyan Yojana.

Source: Rapid Assessment.

Women Benefiting from Prime Minister Ujwala Yojana (PMUY)

The Prime Minister Ujwala Yojana (PMUY) providing LPG connection and cylinder, clean cooking fuel, is meant to protect health of the women and children from smoky kitchen and unsafe collection of firewood. The GPs benefiting from the scheme appears to be very low, as only one-third (36%) of GPs have reported at least few women beneficiaries.

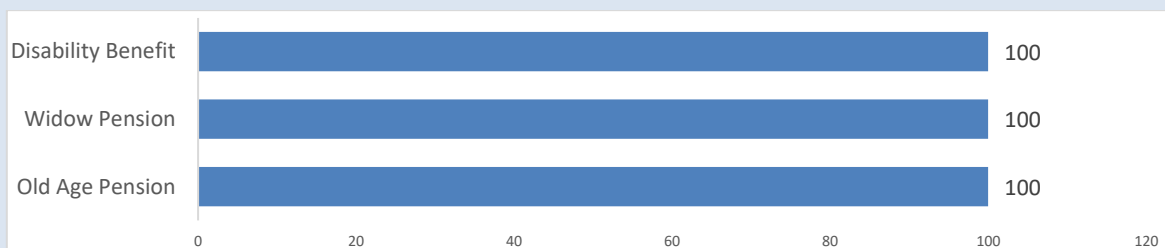


Source: Rapid Assessment.

Continuity of the Regular Social Protection Schemes

How the regular welfare (social security) schemes of the state and central governments are implemented during the lockdown period is also examined across GPs included in the assessment. Three most important social assistance schemes such as Old Age Pension (OAP), Widow Pension and Disability Benefits, are active across all the GPs (100%) surveyed. Key informants of all the GPs admitted that benefits under these schemes are being regularly distributed. Most of these benefits are transferred as Direct Benefit Cash Transfer and this routine transfer has not been affected by the lockdown. While each beneficiary of Old Age Pension and Widow Pension schemes would get Rs. 2250 per month, the beneficiary of Disability Benefit would receive Rs. 3000 per month. These payments have been reported to be made in the month of April in most cases.

Percentage of Gram Panchayats (GPs) that reported Beneficiaries who have availed the Selected Welfare Schemes in Rural Andhra Pradesh

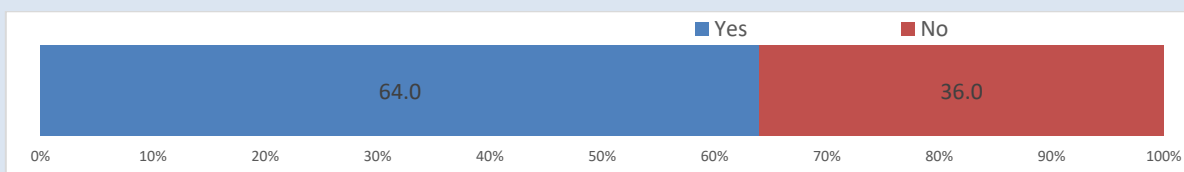


Source: Rapid Assessment.

Existing Education Scholarships

In respect of scholarship schemes benefiting only those beneficiaries in less than one-third (64%) of GPs that responded. Under the Amma Vodi scheme, Rs. 15000 worth annual benefit is being benefitting the parents of children attending schools. In another scheme of scholarship, Jagananna Vidya Deevena, the beneficiary students in post-metric education level would get Rs. 10000 per annum to cover their educational fee and other expenses.

Percentage of GPs having Beneficiaries who have availed Benefits from the Scholarship Schemes in Rural Andhra Pradesh



Note: Scholarship Scheme including Ammavodi and Jaganna Vidya Deevena.

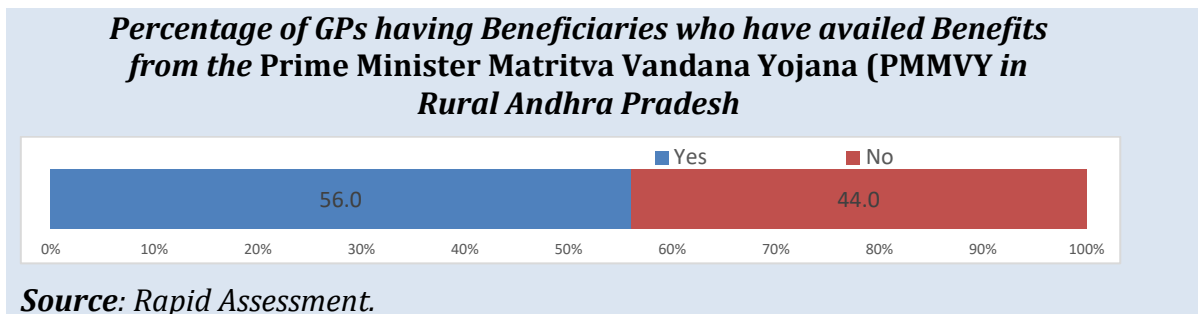
Source: Rapid Assessment.

Prime Minister Matritva Vandana Yojana (PMMVY)

The erstwhile Maternity Benefit Programme (MBP) of Government of India is renamed as PMMVY which in the state of A.P. is implemented as NTR Benefit scheme for benefiting

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pregnant women and lactating mothers for first living child. Cash incentive worth of Rs. 5000 is provided for the beneficiaries in three installments to cover for out of pocket expenditure during pregnancy.



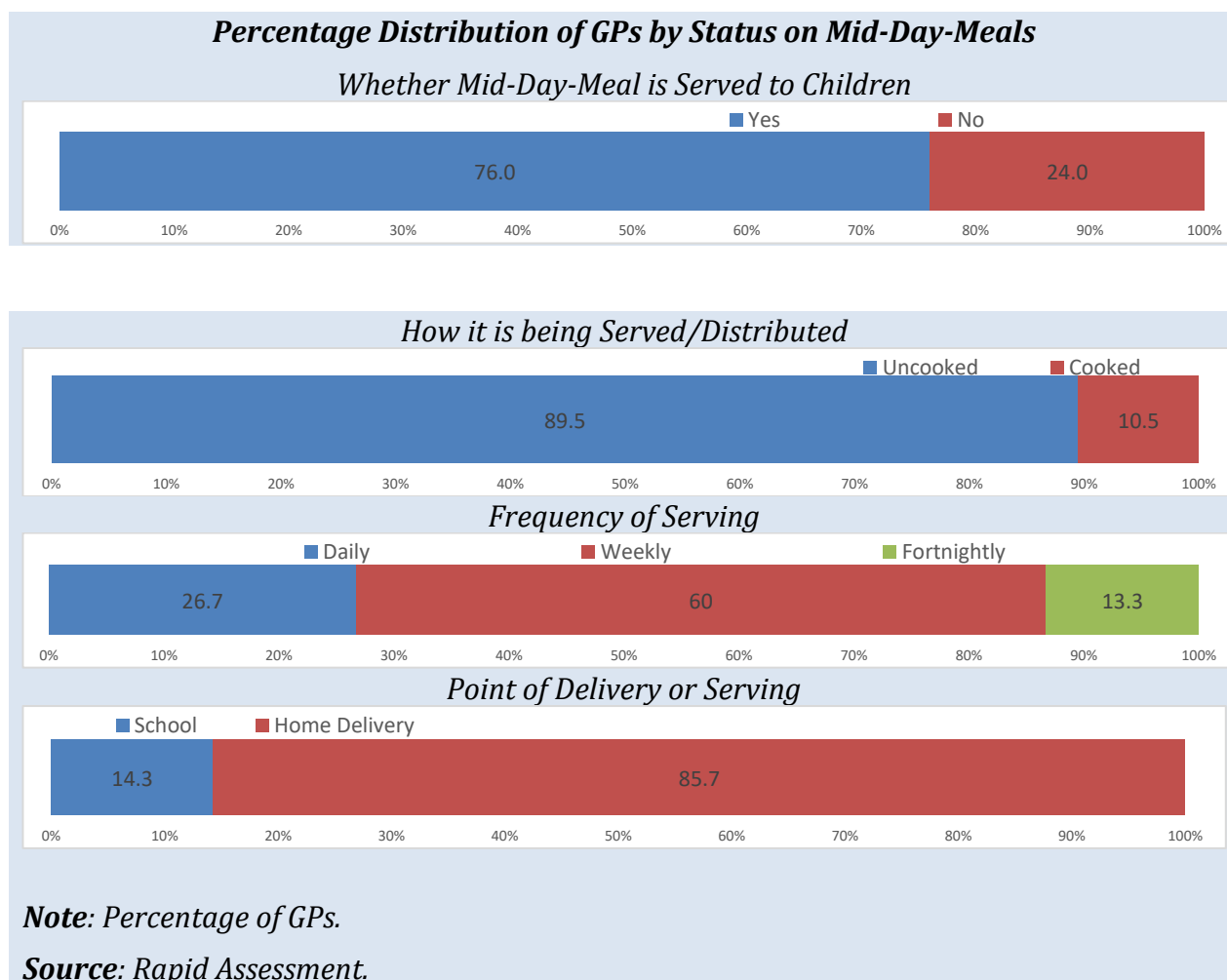
As the key informants indicated it appears that only 56 per cent of the GPs have reported to have availed the benefits of PMMVY in rural Andhra Pradesh. However, those GPs that have not reported about PMMVY, perhaps provide a representation of the fact that some (nearly half) GPs do not closely monitor the implementation of the PMMVY scheme. It is important to note that the graph is not necessarily a proxy for lower targeting of the scheme and or the uptake of the scheme. It is also important to note that situation pertaining to one particular GP cannot be extrapolated to the situation analysis of the entire district but will still be useful to highlight and direct attention of the district administration to ensure that all GPs are aware of the implementation of relief measures alongside the essential and crucial social services that are equally important and are partners in the dissemination of information and delivery of services where necessary.

Implementation of the Mid-Day Meal Scheme:

Mid-Day-Meals (MDM) scheme is one of the largest nutrition supplementation programme for school attending children in India across states. In the normal situation it being implemented by largely serving the cooked meal in the school. As educational institutions including schools are pre-closed with the containment measures in the context of Covid-19 infection spread. In order to avoid nutritional deprivations of children during the lockdown period, the state has taken certain measures to continuing such nutritional supplementation through serving it in different forms. Definitely there are certain deficiencies in implementing it during the lockdown period. In this regard, as the respondent key informants indicated,

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nearly one-fourth (76%) of GPs in rural Andhra Pradesh continue to implement the scheme benefiting the children and rest one-third of the GPs could not do so. Among those GPs implementing it, it is largely (in 90% GPs) served by distributing uncooked dry rations to beneficiary families. Frequency of distribution in majority (60%) of GPs, it is weekly, but a considerable percent (26.7%) of GPs serve or distribute it on daily basis. Another 13 per cent of the GPs do the same fortnightly. The delivery point is largely (85.7%) home delivery, only in a small percent (14.3%) of GPs it is still distributed or served at school premises.

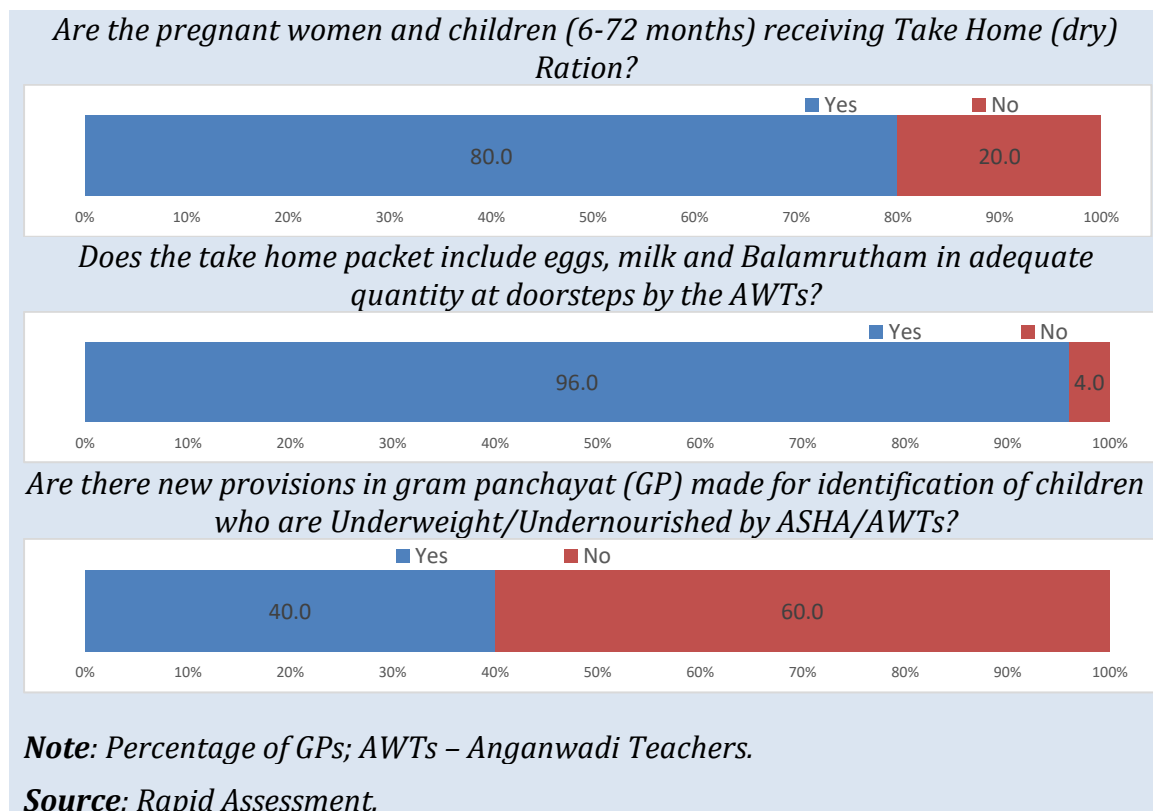


Continuity of Regular Nutrition Services during Lockdown

Emergency ambulance services are available in 72 per cent of GPs in rural Andhra Pradesh. Nearly 80 percent of GPs take home dry ration is being distributed to pregnant women and

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children of 6-72 months olds. In most (96%) of the GPs, the take home packet consist of eggs, milk and Balamrutham in adequate quantity being delivered at the doorsteps by the Anganwadi Teachers (AWTs). Only 40 percent of GPs have new provisions made for identification of children who are underweight or undernourished by ASHA workers or Anganwadi Teachers. It means more than one-quarter GPs in rural Andhra Pradesh are deprived of emergency ambulance services, women and children in twenty percent of GPs deprived of take home dry ration. Nearly 60 percent of GPs do not have provisions made for identification of underweight or undernourished children.

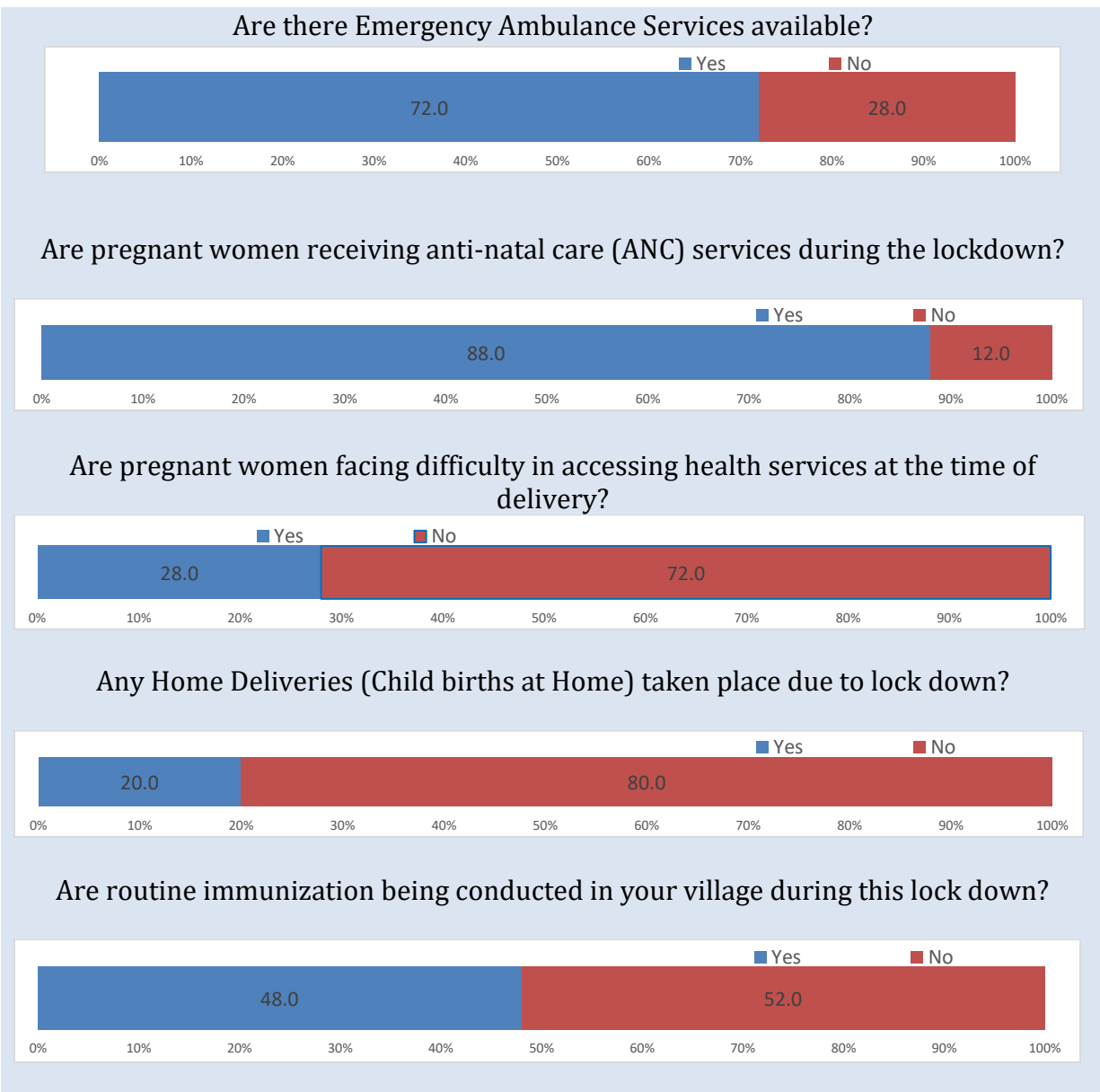


Continuity of Health Services during Lockdown

As the key informants indicated 88 percent of GPs have pregnant women receiving anti-natal care (ANC) services throughout the lockdown period without difficulty. In other words pregnant women in the rest 12 per cent of GPs are facing difficulty in availing ANC services. As regards whether the pregnant women are facing difficulty in accessing healthcare services

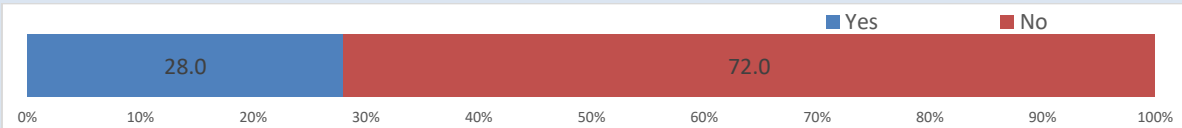
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at the time of delivery, as respondent key informant indicates it is so in 24 per cent of GPs but for pregnant women in a majority (76%) of GPs, they do not have any difficulty. In 20 percent of GPs home deliveries are taking place due to lockdown. It appears there is difficulty in conducting routine immunization programmes due to lock down, as less than half (48%) of GPs have been having such programmes continuing, in more than half of GPs it is not being conducted during the lock down period. Twenty eight percent of GPs reported to have families facing certain difficulty in getting sick and new-born admitted to SNCU due to lockdown.



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Did any family face any challenge in getting sick newborn admitted to SNCU due to lockdown?

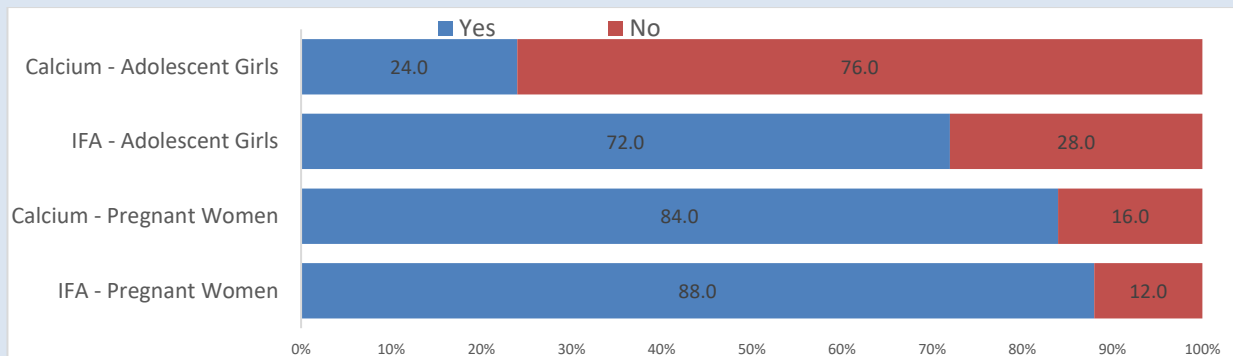


Note: Percentage of GPs; SNCU – Sick and New-born Care Unit.

Source: Rapid Assessment.

Pregnant women in majority of the GPs have been receiving iron and folic acid (IFA) tablets and calcium tables. Pregnant women are receiving IFA tables in 88 percent of GPs and for calcium it is in 84 per cent of GPs. Adolescent girls in 72 percent of GPs receiving the IFA tables but it is very low in case of calcium, only 24 percent of GPs.

Are the pregnant women and adolescents in your gram panchayat (GP) receiving Iron and Folic Acid (IFA) and Calcium Tablets?



Note: Percentage of GPs; IFA – Iron and Folic Acid Tablets

Source: Rapid Assessment.

Impact on Employment

One of the adverse impacts of the containment measure lockdown, is disruption of economic activities leading to job losses. As the respondent key informants of GPs surveyed in the state of Andhra Pradesh reported, the incidences of jobs lost is very high. More than a quarter (25.5%) of the population has lost their current jobs in rural Andhra Pradesh. It is evident across rural areas that very often rural workers travel on daily basis for work to nearby urban

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towns and other rural workplaces. Construction sector along with mining and quarrying among others are predominant ones engaging such commuting workforce. Owing to shut down of public transport and economic activities that they usually engage, particularly the commuting migrants have largely become jobless.

Percentage of Jobs Lost (% in Population) in Rural Andhra Pradesh



Note: Number of persons who lost Jobs as a per cent of Total GP Population as reported by GPs.

Source: Rapid Assessment.

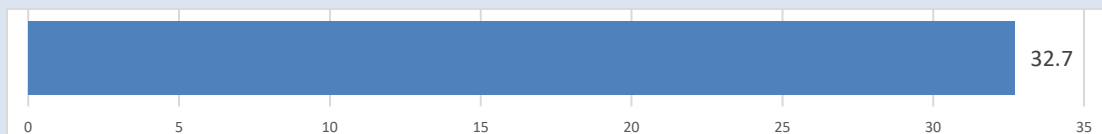
Out Migrant Worker and their Returning Home

As it is reported, out-migrant workers in these GPs form around 8 percent of the population in all these GPs. They are not commuting workers on daily basis, they stay at workplaces for some time (certain period or season) and return, it goes on like that. In the context of Covid-19 containment measures, percentage of migrant workers returned home to total migrant worker population is 32.7 per cent.

Out-Migrant Workers as a Percentage of Population



Migrant Returned Home as percentage of Out-Migrant Workers



Source: Rapid Assessment.

4. Conclusion:

The rapid assessment is not a scientific method of analysis or survey to understand the exact condition of beneficiaries. However, it is a useful dip-stick to gauge the current situation to bring immediate attention to the areas and people / groups that might be excluded in some way. It is also important to note that the situation pertaining to one particular GP cannot be extrapolated to represent the status of people living in the entire district. However, the findings will still be useful to highlight and direct attention of the district administration to ensure that all GPs are aware of the various relief measures put in place by the government and are equal partners in the dissemination of information and support the village functionaries in the delivery of services where necessary.

The findings provide a picture of the situation with respect to the reach and implementation of the relief measures during lockdown at the village or GP level, and is the GP's own assessment of the situation. However, the rapid assessment from the lens of a GP member (elected) provides important inferences on the role of GPs and their capacity to monitor social service delivery in these difficult times.

The response to the rapid assessment tool provides answers to the four important questions outlined in the objective of the study.

The first question was to understand the progress of interim humanitarian measures like the cash and in-kind transfers announced as a response to COVID-19 pandemic under the Pradhan Mantri Garib Kalyan Yojana (PMGKY) being implemented targeting the population below poverty line.

The findings show clearly that the implementation of the interim measures announced under PMGKY to mitigate income and food insecurities has received a mixed response. In case of the dry rations most households with BPL cards have received the additional supply of rice, which in itself is a big relief to households below the poverty line. However, the other essential items like pulses and oil or the cooking gas promised under the Ujwala scheme has shown a limited supply. The second important component of the PMGKY – the cash transfer, has also been reported to be received by a smaller percentage of eligible households. Though

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this is a direct benefit transfer and should be made easily through the registration of the bank accounts of the beneficiaries, further investigation at the GP level will be required for ensuring the relief measures reach all eligible beneficiaries.

The second question was to understand if the existing social protection, health and nutrition schemes continue to ensure the core commitments to children are met during lock down. The findings of the assessment as reported by the GP seems to suggest that most of the social protection schemes in terms of widows pension for female headed households, old age pensions contributing to the overall household income that can impact children indirectly, disability benefit is being transferred with no disruption. However, in case of PMMVY, the distribution has been reported to be sporadic. This will require further attention to be drawn to improving care and support to pregnant women and lactating mothers during lockdown. It is interesting to note that although majority of the GPs have pregnant women and children benefiting from the take home dry ration with sufficient quantities of eggs, milk and balamrutham packets, still some of them are missing. Most of the GPs have pregnant women provided with micronutrient supplementation of iron and folic acid tablet along with calcium but in case of adolescent girls the supplementation is missing in considerable proportion of GPs. Also, it appears that although most of the GPs have pregnant women getting their ANCs, GPs that are missing routine immunization programmes are considerably high. A good number of GPs have reported to not have emergency ambulance services available. Further, it also appears that due to lockdown there is difficulty in getting admitted the sick and newborn in SNCU and the pregnant women are facing difficulty in accessing the healthcare services that have resulted in home deliveries being reported in a few GPs.

The third question was on the Ease of Access to the cash transfers already made, where people are able to withdraw the cash transferred into the bank accounts easily. Most GPs have reported the difficulty in accessing the cash that has been transferred to the bank accounts either because of the distance of the ATM or Banks from the villages coupled with restrictions on mobility during the lockdown and the reduced frequency in servicing the bank ATMs. It has also been noted that cash distribution was directly undertaken as a part of the door step delivery of relief assistance under PMGKY. This calls for the attention of the district administration and the banks for alternative arrangements for cash transfers, in GPs where bank transfers have not reached the beneficiaries or accessing the cash that has been transferred to the banks is an issue.

The fourth question was if Gram Panchayats have the capacity to monitor the relief services to the target population to ensure inclusion of the vulnerable population – elderly, widows

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(single female headed households), persons with disability, BPL households with pregnant women and children.

The GPs have played an important role in facilitating the quick delivery of the relief measures particularly the distribution of rations under the PMGKY scheme. In case of A.P. the village volunteers recruited by the state government were instrumental in the door-to-door delivery of dry rations. However, when it comes to monitoring of the delivery of social protection and social services, the rapid assessment highlights that while the GPs were able to provide the number of households and those that have BPL cards without any difficulty during the telephonic interaction, there is still a divergence in the awareness or information that the GP members have about the various schemes and the active monitoring of social assistance by the GPs, particularly those schemes that are largely implemented by line departments directly. For instance, most critical services carried out by the health centres or nutrition centres or distribution of dry rations under Mid-Day Meal are being reported to have continued without much disruption in most GPs. However, the schemes like PMMVY and NTR kit, or scholarships and cash transfers under PMGKY have received a mixed response with some GPs not reporting on the current status of implementation. This may also be a reflection of the limited feedback received from the beneficiaries by the GPs during the lockdown.

Key Action Points:

1. Most GPs participating in the rapid assessment have reported to have a fair coverage of the ration cards. However, it is suggested that district administration could identify with the help of the field functionaries in the GP i.e., Panchayat secretaries, AAAs, Rozgar sevaks to understand those households that may be vulnerable or BPL and not possess ration cards. These households could be provided the food assistance with appropriate fiduciary measures to reduce leakages in place, using Aadhar Card as ID.
2. The distribution of the dry rations in terms of items like pulses and oil needs attention on the supply and distribution measures in place at the district and the GP level, as a number of GPs have reported to have received rice but not essential items like the pulses and oils also announced as a part of the PMGKY scheme.
3. The migrant workers who have returned to the state as well as commutant workers that are facing a job loss due to lockdown will require alternative means of livelihood through MGNREGA and other local initiatives to help tide over the loss of income.
4. It is interesting to note that two schemes that directly target women as the main beneficiaries i.e., PMMVY and Ujjwala scheme included in the rapid assessment have

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shown a very low response rate from the GPs. A closer examination of the ground situation by the district administration at this stage is important, as Ujjwala scheme was included in the central government’s relief package announced in April 2020. Similarly, the PMMVY covers pregnant and lactating mothers which requires special attention during the lockdown from the point of ensuring health and life security as well as safe maternity for pregnant women.

5. The possibility of COVID-19 exacerbating destitution and loss of income, health and food security, brings to light the need for a robust social protection mechanism to be put in place as a long-term resilience and preparedness measure to mitigate unforeseen shocks. The regular social security assistance like the widow’s pension for female headed households, the disability benefits, scholarships and old age pensions that have been implemented for many years have been reported to be functioning well. However, the immediate relief measures that was announced need further examinations, close monitoring of the system of targeting and delivery of the benefits by the district and state administration.
6. Identification of the set of essential, non-negotiable social services and the concurrent monitoring at the district and state level becomes absolutely necessary in ensuring that the most vulnerable that is children in need, institutions, from vulnerable backgrounds, pregnant women and lactating mothers, persons with disability, widows or single headed households and elderly as well as tribal populations are serviced equally well in terms of relief measures with a wider coverage of social protection mechanism.
7. The rapid assessment also highlights the role of the GP being crucial in ensuring that the relief measures could provide an additional layer of support to the district administration in terms of implementation and monitoring of relief measures reaching the right target group on time. The capacity of GPs for monitoring at the community level needs to be strengthened as a medium to long term measure.

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