

# **Rights of Vulnerable Families and Children of India under COVID-19: Implications for Effective Response and Mitigation Strategies**

**RAPID NEED ASSESSMENT SURVEY: ROUND II**

JULY 2020

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## LIST OF ACRONYMS

|         |  |
|---------|--|
| AWC     | Anganwadi Centre                                       |
| ANC     | Ante Natal Care  |
| EMI     | Easy Monthly Instalments                               |
| HH      | Household  |
| MGNREGA | Mahatma Gandhi National Rural Employment Guarantee Act |
| NGO     | Non- Government Organization                           |
| PNGO    | Partner Non-Government Organization                    |
| PDS     | Public Distribution System                             |
| PNC     | Post Natal Care  |
| SC      | Save the Children                                      |
| WASH    | Water, Sanitation and Hygiene                          |
| NSAP    | National Social Assistance Programme                   |

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## EXECUTIVE SUMMARY

Corona, the most recently discovered type of virus, has spread across 213 countries and territories in the world and is known to cause respiratory infections and death. To avoid and contain its spread to the minimum in India, the Government of India had implemented a complete lockdown across the country from 25 March 2020 until the end of May 2020. Foresighting the hardship and challenges, the Government also announced a relief package of Rs 1.70 Lakh Crore (Additional ration/pulses through Public Distribution System (PDS), cash transfer in Jan Dhan accounts, poor senior citizen, poor widows, poor disabled, increase in MNREGA wage, support to farmers under PM Kisan Yojana, various social protection schemes, insurance cover for health worker etc.) under Pradhan Mantri Garib Kalyan Yojana for the poor and most marginalised to help fight the battle against Corona Virus. Announcement of the relief package was a much-appreciated decision but lockdown brought forth some completely new but inevitable challenges.

Through Rapid Need Assessment (RNA), Save the Children (Bal Raksha Bharat) undertook the task to understand the most important challenges at the household level, distress measures for meeting family needs, effects on children's education, key concerns with regard to children and other needs of the population. The results of the assessment were to help Save the Children (SC) in India develop, review and align its COVID-19 response strategy and programming accordingly in order to respond to and support children with their specific needs. The survey also aimed to provide valuable evidence to influence and support effective measures by the Government to mitigate the challenges faced by the vulnerable families, especially the children, in context of COVID-19.

The assessment focused on capturing information on the below aspects:

- a) Vulnerability of the households due to COVID-19
- b) Challenges faced by the households due to COVID-19
- c) Impact of COVID-19 on households' day-to-day life
- d) Impact of COVID-19 on children
- e) Knowledge and practices of household members with respect to COVID-19
- f) Access of relief package and services mandated by Government of India

The assessment, longitudinal in design, had households sampled from SC's supported project intervention areas in both rural and urban locations across 14 states and 2 UTs. Information was collected telephonically from adult family members of sampled households by partner NGOs and SC staff. The sample size covered in Round 1 and 2 of the rapid assessment survey was 7455 and 7239 respectively. Round 1 data collection was done during April 5-18 and Round 2 during June 7-30, 2020. Sampling technique was purposive in nature.

**In RNA Round 2**, nearly three-fifths of the sample was from rural areas (58%), more than half of the respondents were females (54%) and it was found to be higher in urban areas (58%) as compared to rural areas (52%). The **response rate** for the Round 2 was 97%, out of which nearly 66% were the repeat sample from Round 1.

### Key Findings

The most **crucial challenges** faced by the households were "Lack/Limited cash for meeting day-to-day expenses" (Overall (O): 80%, Rural (R): 77%, Urban (U): 84%), "lack of livelihood/ job opportunities" (O: 74%, R: 68%, U: 84%) and "lack of sufficient food supplies" (O: 50%, R: 43%, U: 61%). "Lack/limited cash for day to day expenses" and "lack of livelihood opportunities' challenges have increased by 4

percentage points (RNA-1: 76%, RNA-2: 80%) and 1 percentage point (RNA-1: 73%, RNA-2: 74%) respectively.

When inquired about the **major impact of COVID-19**, 'loss of work/income' (O: 80%, R: 74%, U: 89%), 'discontinuation of children's education' (O: 62%, R: 67%, U: 55%), 'adverse impact on health' (O: 31%, R: 28%, U: 35%) and 'Increased debt' (O: 20%, R: 17%, U: 24%) were reported as the top four impact areas. 'Discontinuation of children's education' was reportedly the key impact specifically for children, adversely affecting their continued education.

Effect of the pandemic on **livelihoods** indicate that a quarter of primary bread earners of the households revealed change in their livelihood activities (O: 25%, R: 29%, U: 18%) and another quarter reported no work opportunity (O: 25%, R: 20%, U: 31%) in post-COVID scenario. It is important to mention that to "address day-to-day family needs" nearly half (O: 45%, R: 38%, U: 56%) of the households resorted to "credit/mortgage/loan" while one out of ten had reportedly 'sold household assets' to meet their family needs. Compared with the Round 1 findings, there is 20 percentage point and 7 percentage point increase in "credit/mortgage/loan" and "sold household assets" as two distress measures respectively in Round-2.

When probed regarding the **top three concerns with respect to children**: 'fear of getting infected by corona virus' (81%, same across Rural & Urban), 'children being out of schools with lack of learning opportunities at home' (O: 67%, R: 70%, U: 62%) and 'not being able to provide adequate meal' (O: 40%, R: 31%, U: 52%) were the key concerns shared by the respondents.

On **Government's social protection schemes**, close to three-fourths (75%) of the households had received ration through PDS - full or in partial. Compared with the Round 1, there is a 12 percentage point increase in those who have received PDS supply (received at doorstep and or PDS shop). Additional ration was received by more than three-fifths of the households, MNREGA wages by 12 per cent and free gas under Ujjawala scheme was received by slightly less than one-third of the households. Close to one-third households had also received Cash Transfer as an immediate government support.

**Essential health services** were adversely affected due to COVID-19, especially for the vulnerable sections of the population. The findings reveal that the Immunization (42%) was the most utilised health service, followed by IFA/Calcium during ANC/PNC (21%). Antenatal care was reportedly availed by 10% and postnatal care services by 11% of the HHs.

**Food insufficiency** is still a critical cause of concern across households as 'number of days food ration in a household' or 'days of food sufficiency' indicate that three-fifths of urban households and two-fifths of the rural households were reportedly having ration for less than 2 weeks. The proportion of households with "ration less than 2 week" has reduced from Round 1 to Round 2. *Mid-Day Meal (MDM)* was reportedly not available to two-fifths of the households (O: 39%, R: 38%, U: 40%). Availability of MDM was reported by around one-third of the sampled households, who were receiving it either at their doorstep or by visiting school. Close to one-fifth of the households (19%) reported that they either did not want or could not go to school to receive MDM. *Take Home Ration (THR)* was reportedly not available to one-third of the households (O: 31%, R: 28%, U: 33%). Availability of THR was reported by three-fifth of the households (56%) who were receiving it either at their doorstep or by visiting AWC. Close to one in ten (9%) stated that they either did not want or could not go to AWC to get THR.

On the issue of **education opportunities**, nearly one-fifth households reported that the children had received learning material, while another one-third households had received online sessions from teachers. In addition, two-fifth households reported that they did not receive any kind of support from school or education departments and around 16% households reported that their children could not avail the benefits of online education due to non-availability of mobile or network connection. These three education opportunities were same across rural and urban settings. *On how children spend their time*: nearly two-fifths (37%) of the households reported that children are “playing without learning” which varied from 43% in urban to 33% in rural households. Three out of ten households reported that children are engaged in “work at home” which was almost same for urban (29%) and rural (30%) locations.

**Childline (1098)**, a phone number that spells hope for millions of children across India and is a significant measure to ensure protection of children, was known to almost half (47%, same across rural & urban) of the sampled household respondents.

On the issues of **Knowledge and practices of household members with respect to COVID-19** ‘Fever’ (95%), ‘Cough’ (93%) and ‘Shortness of breath/difficulty in breathing’ (83%) are most known (nearly same across rural & urban settings) COVID-19 symptoms. ‘Frequent hand washing with soap/sanitizer’ (89%), Social Distancing (85%) and ‘To maintain personal hygiene’ (79%) were the top three preventive measures (same across rural & urban settings) to which survey population was found aware. Also there is increase in awareness level of ‘frequent handwashing with soaps’ (RNA-1: 84%, RNA-2: 89%) and ‘To maintain personal hygiene’ (RNA-1: 74%, RNA-2: 79%) across two rounds whereas awareness level on ‘social distancing’ (RNA-1: 89%, RNA-2: 85%) and ‘Staying indoors’ (RNA-1: 52%, RNA-2: 41%) was seen declining from round 1 to round 2. When it comes to practice of social distancing norms, most followed mechanisms for social distancing were wearing masks (89%) and maintaining 1.5-2 meter distance from others (88%) which was nearly same across rural and urban settings.

## Recommendations

### **Increased awareness on COVID-19**

- Provision of *child-friendly outreach messages* and running *child-friendly public information campaigns* in collaboration with civil society organizations, to parents, caregivers, teachers and others who work directly with children, for effective prevention and psychosocial support.

### **Ensure equitable access and enhanced Social Protection and Livelihood benefits**

- Ensure marginalised families are given *livelihood support* under National Urban Livelihood Mission (NULM) and National Rural Livelihood Mission (NRLM).
- *Design an Urban Employment Guarantee Scheme* modelled on the lines of the Rural Employment Guarantee Scheme to benefit the marginalised migrant population in the urban areas.
- Strengthen the *coverage of MGNREGA* to include the large number of poor beneficiaries who are yet to avail the benefits under this scheme. An increase in minimum person days from 100 to 150 days in MGNREGA to be considered, as there are many in need of livelihood as well as in debt.
- Strengthen the *grievance redressal mechanism* and ensure transparency in the effective delivery of MGNREGA, NULM and NRLM programmes.

- *Call for relaxation in the eligibility of National Social Assistance Programme (NSAP).* Instead of using BPL threshold as an eligibility criteria. Government must come up with multiple deprivation criteria outlined in the Socio-Economic Caste census to target beneficiaries, as this will help in estimating a new set of beneficiaries who are at the threshold and might 'fall in the cracks' due to COVID-19.

### **Strengthen Food Security**

- Take strict measures to ensure *PDS is accessible for the vulnerable population* as per the recent directives issued, with more effective implementation of PDS for adequate, fair timely and proper (in terms of quantity and quality) PDS to all.
- Immediate need to *Universalise PDS*. The Government can request well-to-do citizens to opt-out of PDS as done in the subsidy programme for LPG (Ujjawala).
- Accelerate efforts to ascertain allocation & distribution of *additional food supply* to the most vulnerable population, with greater focus on urban areas, to ensure food security under *Pradhan Mantri Garib Kalyan Anna Yojna (PMGKAY)* for next 5 months.
- Strengthen *Take Home Ration and Mid-Day Meal service delivery* strategies to ensure continuation of services and coverage to the most vulnerable communities, especially in urban areas

### **Improve continuation and access to essential Maternal and Child health care services**

- Improved coverage and quality of *Essential Maternal & Child health care services* like ANC, Immunization, PNC and childhood illnesses, especially among the most marginalized and vulnerable populations.
- Strengthen *Inter-departmental collaboration* among Health, ICDS, PRI & Dept. of Drinking Water and Sanitation to ensure full and quality implementation of the required interventions and guidelines for continued MNCHN services.
- Provide *accurate information to the community* on availability of continued maternal, newborn & child health and nutritional services (MNCHN) along with COVID-19 preventive measures using multiple communication and media platforms.

### **Ensure continuation of Learning and educational support**

- Ensure *safe return of every child* when educational facilities re-open, with a focus on re-integration of children who are at risk of dropping out especially girls, children in street situation, children of migrant families and those from low-income households.
- Ensure *continuity of learning* for all children in both Anganwadis and schools, with equitable access to remote learning practices and tools as well as continuous guidance for parents, caregivers and educators. Provide every child with a learning assessment on their return to school to inform targeted learning interventions such as remedial and accelerated education programmes.
- Ensure *uninterrupted provision of safe and nutritious food to children especially mid-day meal*.
- Provisioning of *mental health and psychosocial support* to combat the impact of COVID-19 for children, parents, caregivers, educational personnel and their communities.
- Invest in building back *better and resilient education systems* to recover from the crisis with a focus on ensuring adequate WASH facilities, additional classrooms and staffing to enable safe and learning environments.



- *Minimize the use of Anganwadi centers, schools and educational institutions* for any public health interventions to reduce risk of COVID-19 transmission and develop preparedness plans in case schools need to close again.
- Develop and issue guidance on best practice in *remote learning practice and tools*, ensuring that tools and technology used are accessible to all (i.e. not exclusionary to poor, disabled or marginalised children).

**Strengthen Child Protection mechanisms**

- Increase *allocations of resources* to adapt and *strengthen Childline* in the context of COVID-19. Childline staff to be provided with PPE kits for themselves and for children they rescue.
- Strengthen awareness and ensure *Childline toll-free number 1098*, which is declared as the COVID-19 emergency outreach number for children/parents/caregivers, *is accessible* for children in distress due to COVID-19.
- Strengthen *dissemination of information on Gender Based Violence (GBV) response services* (such as helpline numbers), through digital, tele-calling, audio-visual, mass media (radio/cable TV), and traditional paper-based media.

# 1. BACKGROUND

## Context

Transferred from animals to humans, Corona is most recently discovered virus that has spread across 213 countries and territories in the world. The virus is known to cause respiratory infections ranging from the common cold to more severe diseases and can even lead to death. COVID-19 has adversely affected the lives of the people, especially children, with the vulnerable families facing the maximum brunt. It exposes children, both boys and girls, to multi-dimensional risks, with disruption to their healthcare, protection, education and overall wellbeing, including social interaction with friends, peers, family members, teachers and adult caregivers. To avoid its spread in the country, the Government of India had taken stringent measures, which includes complete lockdown which was absolutely essential considering the COVID containment strategy but this also brought forth several challenges including socio-economic, especially for the vulnerable sections of the society, including children. The Government, at central and state level, has undertaken several economic and social welfare measures to address those challenges. Announcements of Rs. 1.70 Lakh Crore relief package<sup>1</sup> under *Pradhan Mantri Garib Kalyan Yojana* for the poor to help them fight the battle against Corona Virus was a much appreciated decision. The measures were intended at reaching out to the poorest of the poor, with food and money in hands, so that they should not face difficulties in buying essential supplies and meeting essential needs. However, a lot more needs to be done by the Government, NGOs and CSOs at various levels to achieve long-term goals.

## Need of the RNA Survey

Through the Rapid Need Assessment (RNA), Save the Children made an effort to understand the challenges and needs of the most vulnerable sections of the population, especially children. As this survey was done in two rounds, the change in the priorities of the marginalized population over a period of time was also observed, which in future will help SC align its programs and design its strategies to respond and support children according to their specific needs. The survey also aimed to provide valuable evidence to influence and support effective measures by the Government to mitigate the challenges faced by the vulnerable families, especially the children, in context of COVID-19.

## Objectives of the RNA Survey

Rapid Need Assessment Survey was conducted to understand the situation at the ground, especially focusing on the following aspects:

- a. Vulnerability of the households to COVID-19
- b. Challenges faced by the households due to COVID-19
- c. Impact of COVID-19 on households' day-to-day life
- d. Impact of COVID-19 on children
- e. Knowledge and practices of households with respect to COVID-19
- f. Access of relief package and services mandated by Government of India

<sup>1</sup> Relief package under *Pradhan Mantri Garib Kalyan Yojana*, Ministry of Finance (GoI), 26 March 2020 5:12PM by PIB Delhi

## Scope of RNA Survey

The RNA focused on capturing information with respect to the vulnerability status of households, livelihood & food security, distress measures undertaken by the households, migration, service utilization, awareness of COVID-19 symptoms, children's education and child protection during 1st and 2nd Round of the surveys. Whereas the first round captured the situation during the lockdown during April 5-18, the second round was conducted during June 7-30 (i.e. post-lockdown period). It included some common questions across the two rounds to observe change over time, and included additional questions in round 2 on child protection, child poverty, child education and health and nutrition.

## Methodology

This survey deployed a rapid phone-based longitudinal design with respondents sampled from SC-supported intervention areas from rural and urban areas. The survey was done telephonically, due to the lockdown restrictions, and no field visit or door-to-door interviews were undertaken. The interviews were conducted by Partner NGO staff and SC staff. Sampling technique was purposive in nature.

## Sample Size

The total sample size covered in the Round 1 and 2 of RNA was 7455 and 7239 respectively. Under RNA round 2, rural sample constituted almost three-fifths (58%) of the total sample. Respondents' coverage indicate that nearly two-third (66%) of the households were the ones covered during Round 1 of the rapid assessment survey. The repeat household's proportion was higher in urban area (70%) as compared to rural area (63%).

## Target Population

Households are selected from project intervention areas of 14 states (Assam, West Bengal, Bihar, Jharkhand, Odisha, Uttar Pradesh, Madhya Pradesh, Maharashtra, Rajasthan, Karnataka, Himachal Pradesh, Andhra Pradesh, Telangana and Tamil Nadu) and 2 Union Territories (Jammu & Kashmir and NCT of Delhi) where Save the Children is implementing different projects.

## Quality Assurance

Quality assurance mechanisms like adherence to ethical standards, proper training of data collection team, data quality checks (validity, range & consistency) and routine monitoring were followed during different stages of the survey.

## Limitations:

1. Data collection could not be done face-to-face, due to the lockdown restrictions, keeping in mind the safety of the respondents' and field staff
2. The survey findings are not representative of the state trends, as the sample was purposive and was limited to intervention projects of SC

## Ethical consideration

The basic survey ethics like: informed consent, choice to terminate the interview and not to respond to any particular or set of questions, avoidance of false promise (cash or kind), privacy & confidentiality and respect & dignity of the respondent were followed. In addition, no advice or guidance for COVID-

19 treatment was provided -- instead respondents were guided to get in touch with state/health department helpline for any kind of such information. Corona helpline numbers specific to the state/district authorities were shared with the respondents.

## 2. KEY FINDINGS

### Sociodemographic Characteristics

As indicated in Figure 1, 54 percent of the RNA 2 respondents were female and it was found to be higher in urban areas (58%) as compared to rural areas (52%). The Figure 2 clearly reflects availability of children in 93 percent of the surveyed households. The proportion of children across different age groups reflects higher proportion in urban (57%) as compared to rural (47%) for 0-6 years; while it is almost same for 7-14 years age group; while in case of 15-18 years it was found to be 35% for rural areas and 26% for urban.

Figure 1: Respondents by Gender

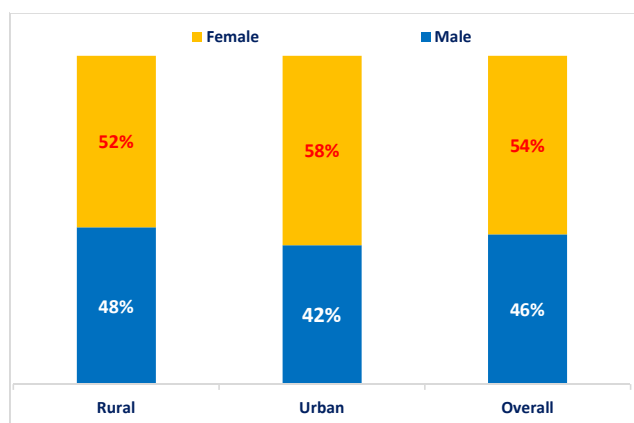
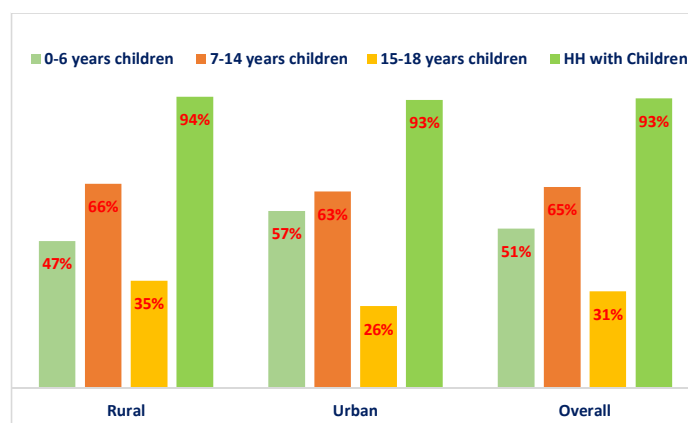


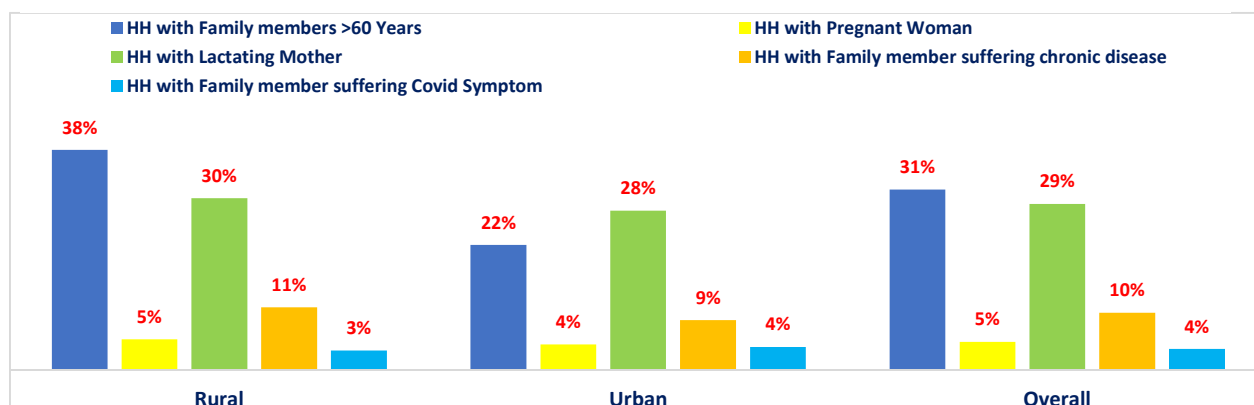
Figure 2: Households with Age-Wise Children



### Household Vulnerability

RNA-2 focused on certain vulnerabilities within the sampled households like: old age family member i.e. >60 years, pregnant or lactating mother or any member suffering from COVID-19 like symptoms (Refer Figure 3). The results reveal that nearly one-third (31%) of the HHs had a member aged > 60 years whereas the proportion of old age people was higher in rural areas (38%) as compared to urban areas (22%). For pregnant women and lactating mothers the proportion, was 5% (R: 5%, U: 4%), and 29% (R: 30%, U: 28%) respectively. Comorbidity and any family member suffering COVID-19 like symptoms was reported by 10% (R: 11%, U: 9%), and 4% (R: 3%, U: 48%) respondents, respectively. In response to children being suffered from diarrhoea/pneumonia 2 weeks before the survey (2nd or 3rd week of May 2020), only 1% of the HHs reported the same.

Figure 3: Vulnerability of Households



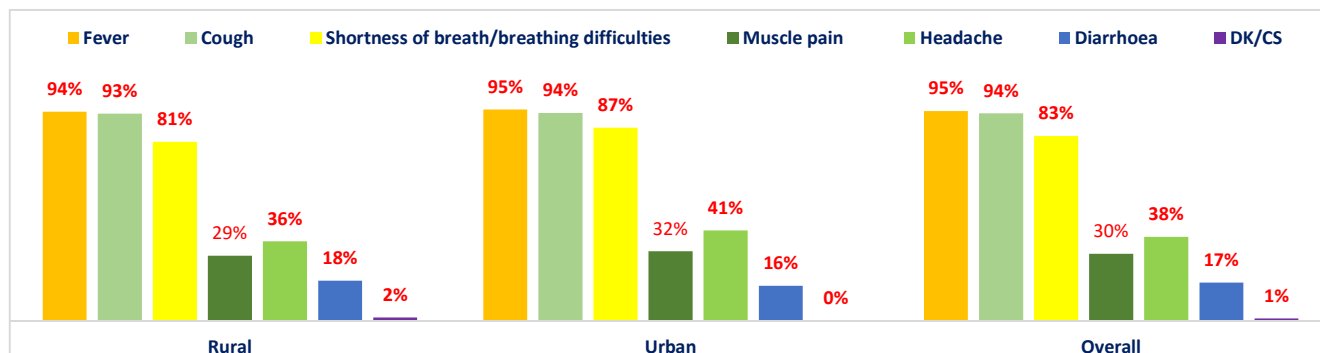
## Knowledge and practice related to COVID-19

This section of the findings talks about the awareness level and practices being followed to prevent COVID-19. In the current scenario when COVID-19 Vaccine or any curative medicine is yet to reach to the patients, correct knowledge and following good practices are essential measures to contain the spread of this deadly pandemic. Question related to ‘awareness on the symptoms of COVID-19’, ‘awareness on the precautions to be taken to prevent infection’ and mechanisms/preventive behaviour followed were asked.

### Awareness about COVID-19 Symptoms:

Findings related to knowledge about COVID-19 symptom indicate that most of the survey participants were aware of the clinical symptoms and most known symptoms were ‘Fever’ (95%), ‘Cough’ (93%) and ‘Shortness of breath/difficulty in breathing’ (83%) (Refer Figure 4). The top three symptoms were found to be the same across both: rural and urban. Headache (38%), Muscle Pain (30%) and Diarrhoea (17%) were also reported as other symptoms. It is also important to mention that 1% were reportedly not aware of any symptoms.

Figure 4: Awareness about COVID-19 Symptoms



### Awareness on recommended precautions to prevent COVID-19:

The Government of India has undertaken a massive awareness drive across the country and awareness on Government-recommended preventive measures to contain the spread of Corona Virus reflects that ‘Frequent hand washing with soap/ sanitizer’ (89%), Social Distancing (85%) and ‘To maintain personal hygiene’ (79%) were the most reported preventive measures (Refer Table 1). The awareness on these three measures was found to be the same across rural and urban geographies.

Table 1: Recommended Preventive Measures for Corona

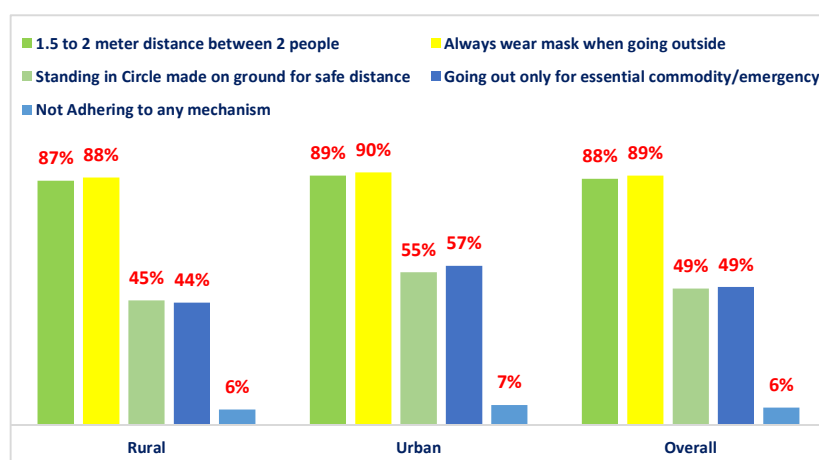
| Awareness on Coronavirus Precautions  | Rural | Urban | Overall |
|---|-------|-------|---------|
| Frequent hand washing with soap/ sanitizer                                      | 88%   | 89%   | 89%     |
| Social Distancing   | 86%   | 84%   | 85%     |
| To maintain personal hygiene  | 79%   | 79%   | 79%     |
| Cover your nose and mouth with handkerchief/tissue while sneezing and coughing. | 45%   | 53%   | 49%     |
| Installing Aarogya Setu App/State Government Recommended App                    | 38%   | 48%   | 42%     |
| Home Isolation or staying indoors   | 37%   | 47%   | 41%     |
| Not touching face, mouth, eyes and ears   | 25%   | 33%   | 28%     |
| Staying away from person having fever, cough, fatigue, breath shortness         | 23%   | 24%   | 24%     |
| To sneeze in the inner side of your elbow and not to cough into palms of hands  | 19%   | 26%   | 22%     |
| For any fever/flu-like signs/symptoms, call State helpline number               | 13%   | 19%   | 16%     |
| To check for respiratory symptoms   | 13%   | 16%   | 15%     |
| To take their temperature regularly   | 12%   | 16%   | 14%     |

Comparison of awareness on preventive measures to stop Coronavirus infection indicates an increase of 5 percentage points for the leading measures i.e. 'frequent handwashing with soaps' (RNA-1: 84%, RNA-2: 89%) and 'To maintain personal hygiene' (RNA-1: 74%, RNA-2: 79%) across two rounds. It is important to mention that there has been a decline from round 1 to round 2 in awareness level on 'social distancing' (RNA-1: 89%, RNA-2: 85%) and 'Staying indoors' (RNA-1: 52%, RNA-2: 41%).

#### Practice related to social distancing:

The survey findings reveals that the participants' high knowledge of COVID-19 translates into good and safe practices and the survey participants were reportedly adhering to social distancing norms while visiting common spaces like community toilet, community taps/wells/other water source, or buying essentials from market/shops etc. (Refer Figure 5) Almost 9 out of 10 (89%) of the respondents maintain '1.5 to 2 meter distance between 2 people' and always 'Wear masks' (88%) whenever they go outside of their homes. In addition, half of respondents stand in 'Circle made on the ground to keep safe distance' (49%) when they are at any shop and similar proportion of respondents reported 'Going out only for essential commodity/emergency' (49%). The respondents' good and safe practices could be the result of Government of India's various initiatives for providing education and outreach material to increase public understating of the disease and influence behavioral change. At the same time, there were around 6 percent survey participants that reported, "Not to adhering to any social distancing norms".

Figure 5: Practices Related to Social Distancing



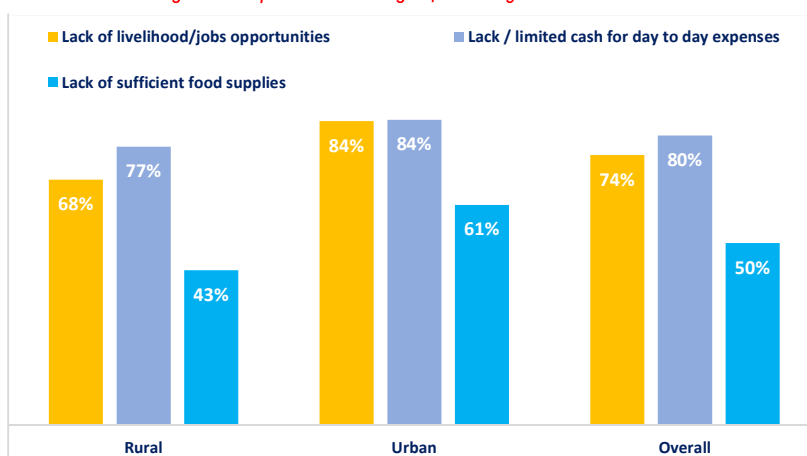
## Challenges under COVID-19

As the whole world is facing challenges due to COVID-19, India also faces multiple challenges on the COVID-19 front. COVID-19 has amplified challenges faced by India's poor -- hunger, poverty and jobs. From household helps to daily-wage labourers and lower-salaried employees, a large section of India's poor has been hit severely due to this pandemic. COVID-19 threatens children's rights, both boys and girls, and exposes them to potential disruption to their healthcare, protection, education and overall well-being, including social interaction with friends, peers, family members, teachers and adult caregivers. During this time, it is thus imperative to take cognizance of the adverse impact COVID-19 can potentially have on the most vulnerable and marginalized girls and boys, with special focus on girls. The survey explored different kind of challenges faced by poor and most marginalized people like; 'Most Crucial Challenges faced by family', arrangement of Cash for 'Meeting family needs' and 'Three Primary Concerns about Children'.

### Top three challenges to family due to COVID-19

Talking about the top three challenges being faced by households due to COVID-19 (Refer Figure 6), three fourths of the households reported "lack/limited cash for day to day expenses" which was higher amongst urban households (84%) as compared to rural ones (77%). Three quarters of the households reported "lack of livelihood/ jobs opportunities" which varied from 84% in urban settings to 68% in rural areas. One half of the households also stated "lack of sufficient food supplies" which was found to be 61% and 43% for urban and rural settings respectively.

Figure 6: Top Three Challenges for Family due to COVID-19



As compared to round 1, the round 2 results reflects that "lack/limited cash for day to day expenses" and "lack of livelihood opportunities" challenges have increased by 4 and 1 percentage points respectively, reflecting continued grim situation.

### Hardship of household for meeting family needs

Findings related to 'Arrangement of cash to meet day to day family needs' indicate that nearly half (45%) of the households resorted to "credit/mortgage/loan" while one out of ten households had reportedly "sold household assets" (Refer Table 2). This reflects a very grim situation for the vulnerable households who are facing all the hardships in meeting their basic family needs. However, it is also very important to highlight that 20 percent household reported to manage their needs 'through support received from the Government', which is a positive indication of various welfare initiatives undertaken by Government of India.

Compared with the Round 1 findings, there is 20 and 7-percentage point increase in "credit/mortgage/loan" and "sold household assets" as the two distress measures respectively in Round-



2. This reflects a very grim situation for the households who are facing all the hardships in meeting their basic family needs.

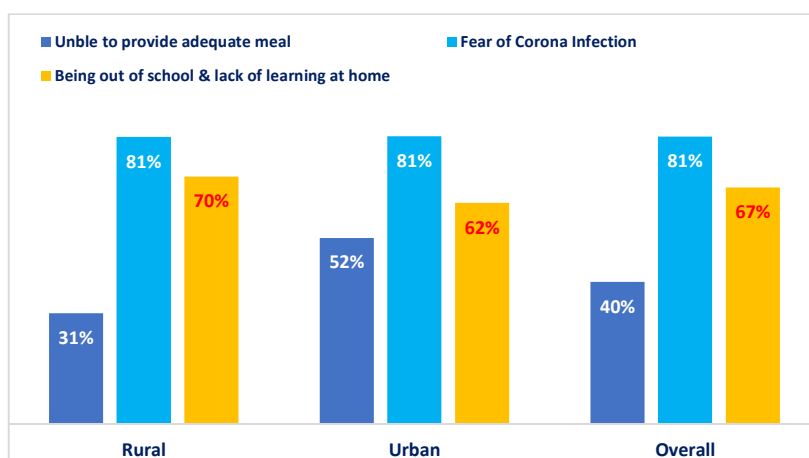
*Table 2: Hardship of Household for Meeting Family Daily Needs*

| Ways of meeting family needs                              | Rural | Urban | Overall |
|---|-------|-------|---------|
| Through Past savings                                      | 77%   | 78%   | 77%     |
| Credit/Mortgage/Loan etc.                                 | 38%   | 56%   | 45%     |
| Through support received from Government                  | 21%   | 18%   | 20%     |
| Through support received from NGOs                        | 8%    | 21%   | 13%     |
| Sold some household items / assets                        | 16%   | 4%    | 11%     |
| Through Regular Salary                                    | 9%    | 9%    | 9%      |
| Reduced frequency of meals                                | 5%    | 10%   | 8%      |
| Deferred monthly payments (EMI, Rent, Utility Bills etc.) | 4%    | 3%    | 4%      |
| Did not pay school fee/Delayed school Fee                 | 3%    | 3%    | 3%      |
| Deferred health priorities                                | 1%    | 0%    | 1%      |

### *Three primary concerns about children*

Information was collected on key primary concerns households had particularly with respect to the children (Refer Figure 7). The major concerns reported were “fear of getting infected by corona virus” (81%) which was expressed equally by both: urban and rural households. “Children being out of schools with lack of learning opportunities at home” (67%) which was relatively higher in rural areas (70%) as compared to urban (62%) and “not being able to provide adequate meal” (40%) which varied from 52% in urban to 31% in rural areas.

*Figure 7: Three Primary Concerns Households Had for Children*



### **Food security under COVID-19**

Availability and access of food become extremely important in the present context and Government of India undertook series of measures<sup>2</sup> as soon as the lockdown announced to provide uninterrupted and easy access of food to poor and most needy people. However, the Coronavirus pandemic and the economic consequences of an extended business shutdown could force many bottom of the pyramid people to either live on no income or identify alternate ways of livelihood. The survey attempted to assess accessibility of different types of aid promised by the government for poor people, change in livelihood scenario and impact of these two factors on household food security.

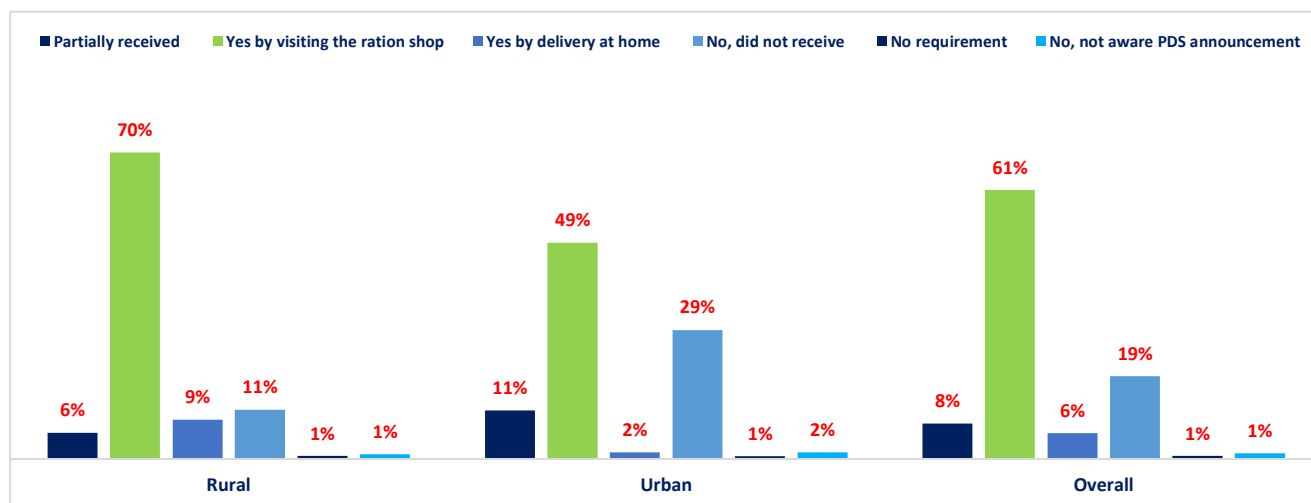
<sup>2</sup> Relief package under Pradhan Mantri Garib Kalyan Yojana, Ministry of Finance (GoI), 26 March 2020 5:12PM by PIB Delhi

### Ration under PDS

Under National Food Security Act (NFSA), the Government provides 5 kg of food grains per person at subsidized rates i.e. wheat at Rs 2 a kg, rice at Rs 3 a kg and coarse grains like *Bajra* at Rs 1 a kg. As a relief measure during lockdown, the Government decided to increase the limit to 7 kg a month and free ration over and above the monthly quota of 5 kg food grains per month for next three months to PDS (ration) cardholders. That means beneficiary was entitled to get 12 kg of food grains per month, initially until 30 June 2020 that later extended until November 2020<sup>3</sup>.

Findings on essential commodities through Public Distribution System or as per the latest Government announcements depicts that close to three-fourths (75%) of the households had received ration through PDS either by visiting shop, or through delivery at home -- full or in partial form (Refer Figure 8). More rural households (85%) had received ration as compared to urban areas (62%). However, it is also important to note that the findings reveal that around one-fifths (19%) HHs not received PDS supplies.

Figure 8: Access of Ration under PDS



It is very important to mention that compared with the Round 1 findings, there is a 12-percentage point increase in those who have received PDS ration (received at doorstep and received at PDS shop) and 4-percentage point decrease in proportion of people not receiving PDS ration in Round-2. This reflects higher proportion of households receiving PDS supply over the period and the Government initiatives benefiting more and higher proportions of the population.

### Additional benefits under social protection schemes

Of the various relief measures<sup>4</sup> announced by the Government, the survey assessed availability of additional ration/pulse, MGNREGA wages, cash transfer and free cooking gas (under *Ujjawala* scheme) to the underprivileged, poor and migrant workers affected by the lockdown amid COVID-19 outbreak. The findings indicate that additional ration was received by more than three-fifths of the households, MNREGA wages by 12 percent and free gas under *Ujjawala* scheme was received by slightly less than

<sup>3</sup> Extension of Pradhan Mantri Garib Kalyan Ann Yojana till November, 2020, Ministry of Consumer Affairs, Food & Public Distribution (GoI), 30 June 2020 7:32PM by PIB Delhi

<sup>4</sup> Relief package under Pradhan Mantri Garib Kalyan Yojana, Ministry of Finance (GoI), 26 March 2020 5:12PM by PIB Delhi

one third of the households. Close to one-third households had also received *Cash transfer* as an immediate government support (Refer figure 9 to 12).

Figure 11 Additional Ration/Pulses Benefits under PDS

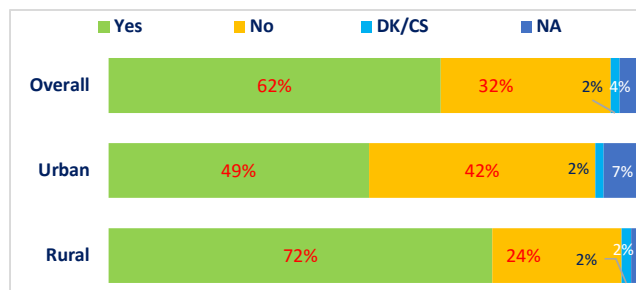


Figure 12: MNERGA Wages Available by Households

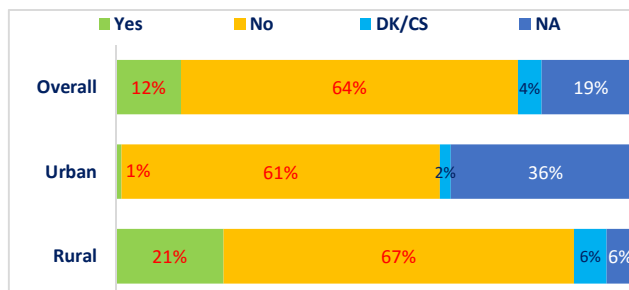


Figure 9 Cash Transfer Available by Households

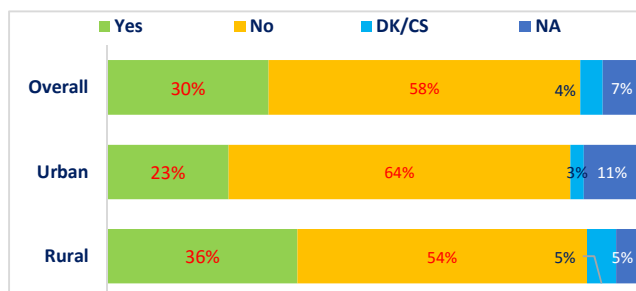
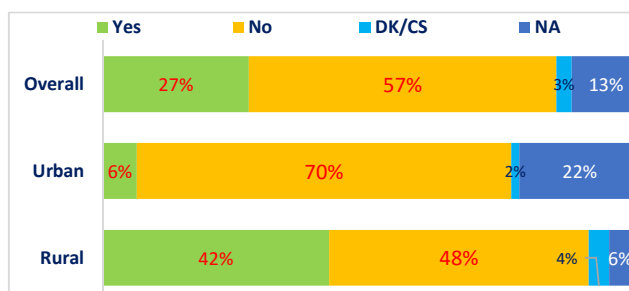


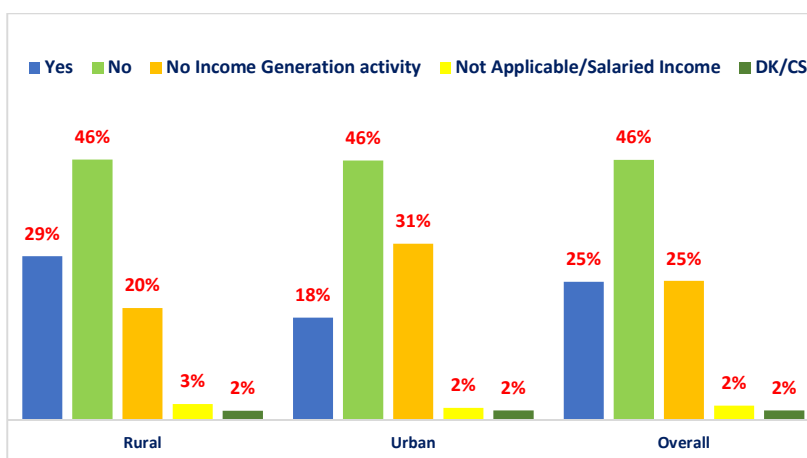
Figure 10: Free Cooking Gas under Ujjawala Scheme Available by Households



### Change and current livelihood opportunities

Impact of COVID-19 on livelihood is clearly coming out from the survey also as one-fourth of primary bread earners of the sampled households had “no income generation activity” and equal proportion of earners have to change their pre-covid occupation (Refer Figure 13). “No income generation” activity was higher in urban areas (31%) as compare to rural area (20%), whereas more number of rural primary bread earners (29%) changed their pre-COVID 19 job than urban primary bread earners (18%).

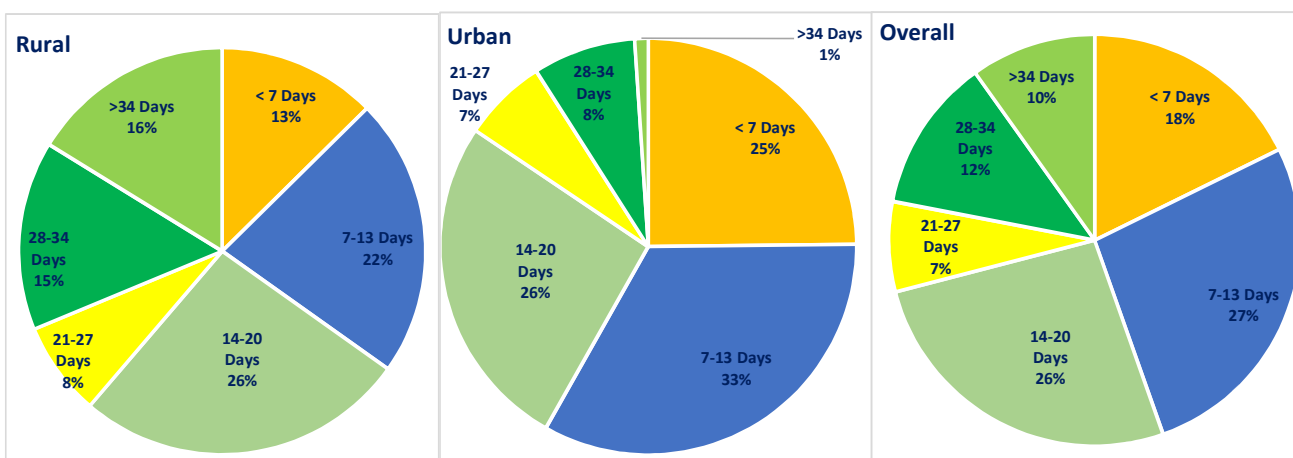
Figure 13: Livelihood Opportunities - Change and Current Status



### Number of days' food sufficiency at home

Access to various welfare measures and availability of livelihood opportunities has direct relation with household food security. Food insufficiency seems to be a cause of concern across households as findings on ‘Number of days food ration in a household’ indicate that three-fifths of urban households and slightly over one-third of the rural households were reportedly having food supplies for less than 2 weeks (Refer Figure 14).

Figure 14: Number of Days' Food Sufficiency at Home



The comparison of food sufficiency reveals that while 62% households had food supplies less than two weeks in Round 1, it was reduced to 45% in Round 2. This confirms to our earlier finding regarding increased food supplies under PDS and additional rations provision.

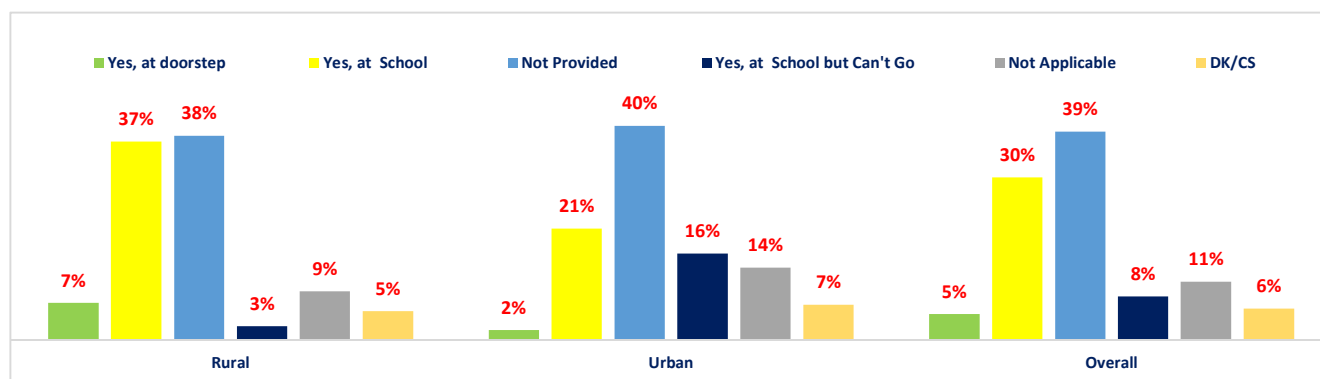
## Health & Nutrition of children under COVID-19

### Access to Mid-Day Meal and Take Home Ration

Since March 24, 2020, schools and Anganwadi centres (AWCs) have been shut due to the COVID-19 lockdown, and with it, the supply of Mid-Day meals (MDM) and take home ration (THR) has been affected.

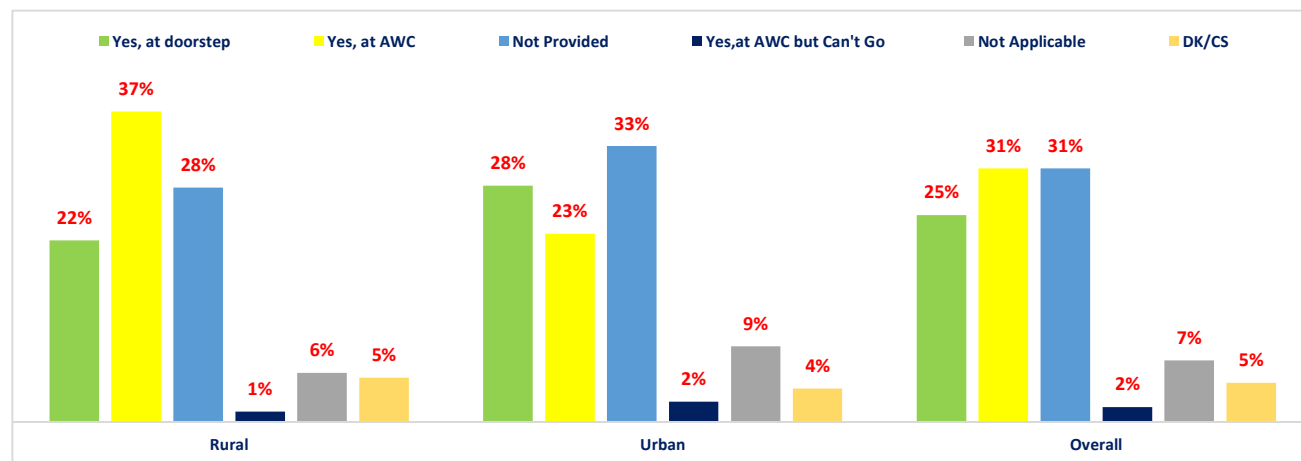
The survey findings related to MDM supply indicate that around two-fifths (39%) households did not receive MDM which was found to be almost same across rural (38%) and urban areas (40%) (Refer Figure 15). The proportion of households who received it either at their doorstep or by visiting school were close to 35%. The accessibility was higher in rural areas (44%) as compared to urban (23%). Nearly one-fifths (19%) of the sampled households either did not want or could not go to school to receive MDM (R=12%, U=30%).

Figure 15: Access to Mid-Day Meal



Access to Take Home Rations (THR) indicates that close to one-thirds of the households (31%) did not receive THR (R=28%, U=33%) (Refer Figure 16). Whereas around 56% households received THR either at their doorstep or by visiting AWC (R=59%, U=51%) and nearly one in ten (9%) are such households who either did not want or could not go to AWC to get THR (R=7%, U=11%).

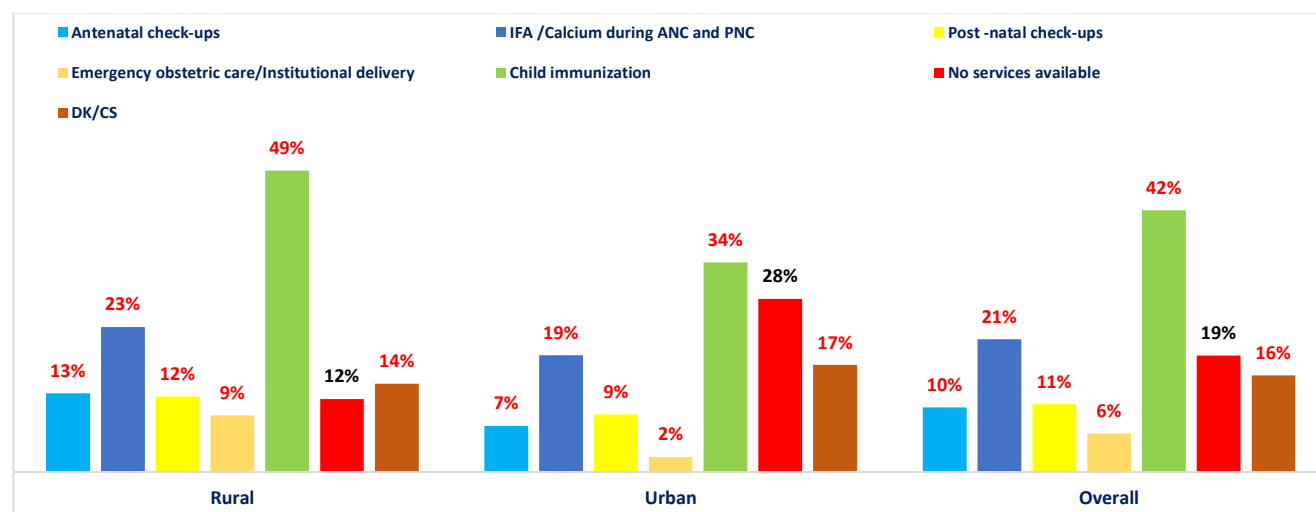
Figure 16: Access to Take Home Ration



#### Ante Natal Care, Post Natal Care and Child Health Care Services

The Government of India's April 2020 guidelines<sup>5</sup> recommend maternal and child health services as essential services with a view to ensure that in times when the COVID-19 pandemic has demanded additional attention of the entire public healthcare system, maternal and child health do not get negatively affected. The survey findings reveal that the Immunization (42%) was the most utilised health service that varied from 49 percent in rural areas to 34 percent in urban areas (Refer Figure 17). This was followed by IFA/Calcium during ANC/PNC (21%) which was almost the same across rural and urban settings. Antenatal care was reportedly availed by 10% and postnatal care services by 11% of the HHs.

Figure 17: ANC, PNC and Child Health Care Services



<sup>5</sup> "Enabling Delivery of Essential Health Services during the COVID-19 Outbreak" dated 14th April 2020  
<https://www.mohfw.gov.in/pdf/EssentialservicesduringCOVID19updated0411201.pdf>

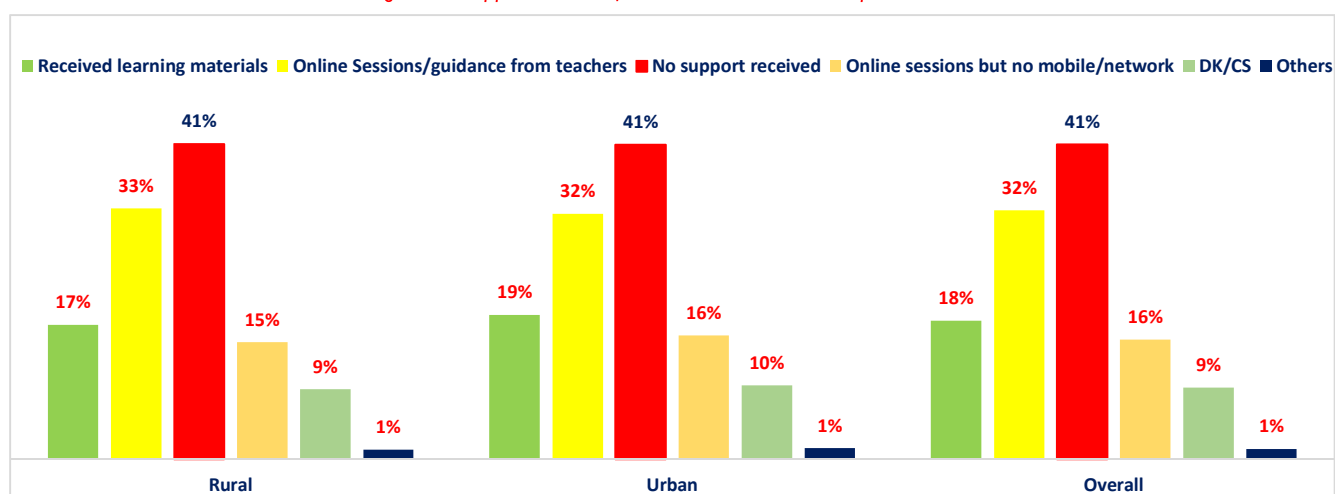
## Education of children under COVID-19

Against the backdrop of COVID-19, children have been adversely affected due to lack of education opportunities. The survey explored the support from School or Education Department, their continued learning as well as usual ways through the children spend their time at home post closure of schools.

### Support from school or education department

Information was collected on status of children with respect to continued education and how they are spending time. It is important to mention that nearly one-fifth households across rural and urban settings reported that their children had received learning material and another one-third households stated that their children had received online sessions from teachers (Refer Figure 18). It is also very important to mention that around 41% of households shared that their children did not receive any support from school and another 16% households reported that their children could not avail the benefits of online education, due to non-availability of mobile or network connection. The trend was similar for both: urban and rural locations for the above education related services.

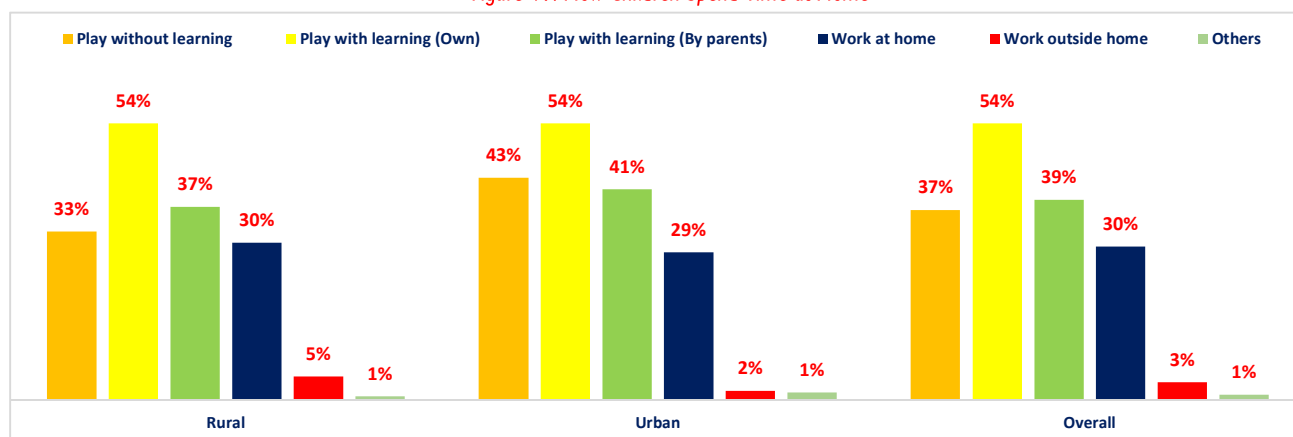
Figure 18: Support Received from School or Education Department



### How children spend time at home

On the ways that children spend their time – nearly two-fifths (37%) of the households reported that children are “playing without learning” which was found to be 43% and 33% for urban and rural households respectively (Refer Figure 19). Three out ten households reported that children are engaged in “work at home” which was almost same for urban (29%) and rural (30%) locations.

Figure 19: How Children Spend Time at Home



### Child Protection through awareness of CHILDLINE (1098) under COVID-19

As CHILDLINE (1098) is a phone number that spells hope for millions of children and is an essential child protection mechanism, the awareness for the child line was assessed through this survey. The findings indicate that nearly half (47%) of the household respondents across both the urban and rural settings reported that they are aware of Child Helpline Number (1098) (Refer Figure 20). Awareness about CHILDLINE (1098) was higher amongst female (51%) (U=53%, R=49%) as compared to male (42%). (U=40%, R=43%) (Refer Figure 21).

Figure 20: Awareness about CHILDLINE (1098)

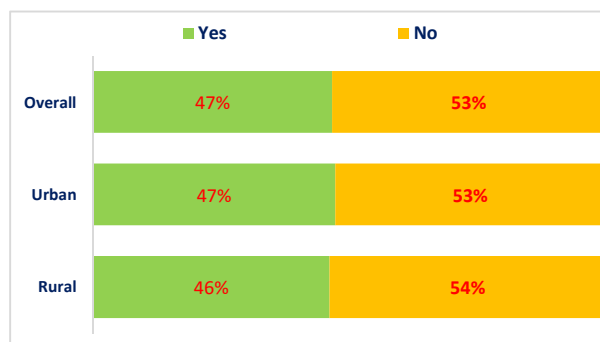
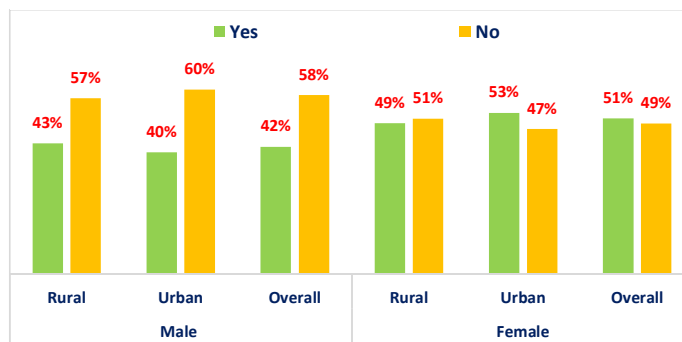


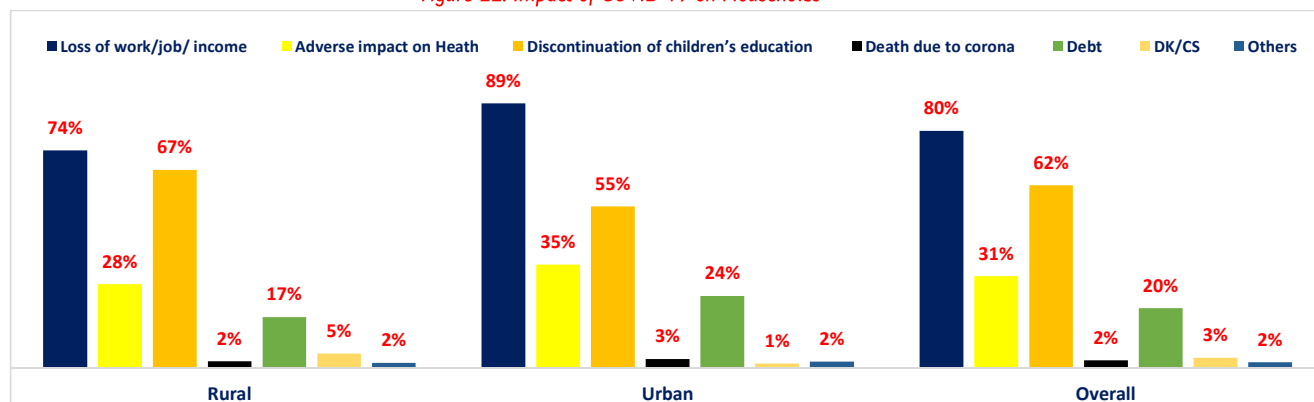
Figure 21: Awareness about CHILDLINE (1098) by Gender



### Impact of COVID-19

To protect against the deadly virus, the Indian Government has taken necessary and strict measures but along with an unprecedented human toll, COVID-19 has triggered a deep economic crisis. The poor and marginalized people are the biggest sufferers of this pandemic. The survey concluded with an enquiry on Impact that Corona pandemic has made at household level (Refer Figure 22). We had enquired about the top three impacts of COVID-19 on households; and the findings reveal that 'Loss of work/job/ income' (80%) which was relatively higher in urban (89%) areas as compared to rural (74%) and 'Discontinuation of Children's Education' (62%) which varied from 67% in rural areas to 55% of urban households as the two major changes that this pandemic has made at community at large.

Figure 22: Impact of COVID-19 on Households





### 3. RECOMMENDATIONS

While appreciating the Government of India's efforts for the existing measures that have been taken in light of COVID-19 pandemic, it is imperative to take cognizance of the adverse impact that COVID-19 has had on the **most vulnerable and marginalized girls and boys, with special focus on girls. This calls for great cohesive action by different stakeholders at various levels.** As the RNA 2 findings show, increasing number of COVID-19 cases both in rural and urban areas have put families at risk and impacted millions of children directly or indirectly. Loss of livelihoods, distress measures for meeting family needs, reduced food supply & security, maternal & child health services, nutritional food support, continued education and ensuring protection of children are largely impacted. To ensure that the well-being of the most vulnerable families and their children are not compromised, the key recommendations for the Government are:

#### **Increased awareness on COVID 19**

- Provision of **child-friendly outreach messages** and running **child-friendly public information campaigns** in collaboration with civil society organizations, to parents, caregivers, teachers and others who work directly with children, for effective prevention and psychosocial support.

#### **Ensure equitable access and enhanced Social Protection and Livelihood benefits**

- Ensure marginalised families are given **livelihood support** under National Urban Livelihood Mission (NULM) and National Rural Livelihood Mission (NRLM).
- **Design an Urban Employment Guarantee Scheme** modelled on the lines of the Rural Employment Guarantee Scheme to benefit the marginalised migrant population in the urban areas.
- Strengthen the **coverage of MGNREGA** to include the large number of poor beneficiaries who are yet to avail the benefits under this scheme. An increase in minimum person days from 100 to 150 days in MGNREGA to be considered, since there are many in need of livelihood as well as in debt.
- *Strengthen the **grievance redressal mechanism** and ensure transparency in the effective delivery of MGNREGA, NULM and NRLM programmes.*
- Call for **relaxation in the eligibility of National Social Assistance Programme (NSAP)**. Instead of using BPL threshold as an eligibility criteria, Government must come up with multiple deprivation criteria outlined in the Socio-Economic Caste census to target beneficiaries -- as this will help in estimating a new set of beneficiaries who are at the threshold and might 'fall in the cracks' due to COVID-19.

#### **Strengthen Food Security**

- Take strict measures to ensure **PDS is accessible for the vulnerable population** as per the recent directives issued, with more effective implementation of PDS for adequate, fair timely and proper (in terms of quantity and quality) PDS to all.
- Immediate need to **Universalise PDS**. The Government can request well-to-do citizens to opt-out of PDS as done in the subsidy programme for LPG (Ujjawala).
- Accelerate efforts to ascertain allocation and distribution of **additional food supply** to the most vulnerable population, with greater focus on urban areas, to ensure food security under Pradhan Mantri Garib Kalyan Anna Yojna (PMGKAY) for next 5 months.
- Strengthen **Take Home Ration and Mid-Day Meal service delivery** strategies to ensure continuation of services and coverage to the most vulnerable communities, especially in urban areas

### **Improve continuation and access to essential Maternal and Child health care services**

- Improved coverage and quality of **Essential Maternal & Child health care services** like ANC, Immunization, PNC and childhood illnesses, especially among the most marginalized and vulnerable populations.
- Strengthen **Inter-departmental collaboration** among Health, ICDS, PRI and Dept. of Drinking Water and Sanitation to ensure full and quality implementation of the required interventions and guidelines for continued MNCHN services.
- Provide **accurate information to the community** on availability of continued maternal, newborn and child health and nutritional services (MNCHN) along with COVID-19 preventive measures using multiple communication and media platforms.

### **Ensure continuation of Learning and educational support**

- Ensure **safe return of every child** when educational facilities re-open, with a focus on re-integration of children who are at risk of dropping out especially girls, children in street situation, children of migrant families and those from low-income households.
- Ensure **continuity of learning** for all children in both Anganwadis and schools, with equitable access to remote learning practices and tools as well as continuous guidance for parents, caregivers and educators. Provide every child with a learning assessment on their return to school to inform targeted learning interventions such as remedial and accelerated education programmes.
- Ensure **uninterrupted provision of safe and nutritious food to children**, especially Mid-Day Meal.
- Provisioning of **mental health and psychosocial support** to combat the impact of COVID-19 for children, parents, caregivers educational personnel and their communities.
- Invest in building back **better and resilient education systems** to recover from the crisis with a focus on ensuring adequate WASH facilities, additional classrooms and staffing to enable safe and learning environments.
- **Minimize the use of Anganwadi centers, schools and educational institutions** for any public health interventions to reduce risk of COVID-19 transmission and develop preparedness plans in case schools need to close again.
- Develop and issue guidance on best practice in **remote learning practice and tools**, ensuring that tools and technology used are accessible to all (i.e., not exclusionary to poor, disabled or marginalised children.)

### **Strengthen Child Protection mechanisms**

- Increase **allocations of resources** to adapt and **strengthen Childline** in the context of COVID-19. Childline staff to be provided with PPE kits for themselves and for children they rescue.
- Strengthen awareness and ensure **Childline toll-free number 1098**, which is declared as the COVID-19 emergency outreach number for children/parents/caregivers, **is accessible** for children in distress due to COVID-19.
- Strengthen **dissemination of information on Gender Based Violence (GBV) response services** (such as helpline numbers), through digital, tele-calling, audio-visual, mass media (radio / cable TV), and traditional paper-based media.