

STUDY ON RESPONSE OF FRONTLINE WORKERS AND GRAM PANCHAYATS TO COVID-19 IN RURAL AREAS - GUJARAT

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List of Abbreviations

ANC- Antenatal Care
ANM- Auxiliary Nurse Midwife
ASHA- Accredited Social Health Activist
ATM- Automated Teller Machine
AWW- Anganwadi Worker
CHC- Community Health Centre
CSO- Civil Society Organization
ECE- Early Childhood Education
FHW- Female Health Worker
GP- Gram Panchayat
GRS- Gram RojgarSevak
HH- Household
IAG- Inter-Agency Group
ICDS- Integrated Child Development Services
IEC- Information Education Communication
IFA- Iron Folic Acid
MGNREGA- Mahatma Gandhi National Rural Employment Guarantee Act
NGO- Non-Governmental Organization
PDS- Public Distribution System
PHC- Primary Health Centre
PNC- Postnatal Care
PPE- Personal Protective Equipment
PRI- Panchayati Raj Institutions
SHG- Self-Help Group
SMC- School Management Committee
SNCU- Sick Newborn Care Unit
TDO- Taluka Development Officer
THR- Take Home Ration
WASH- Water, Sanitation, Hygiene

Introduction

Declared a pandemic by the World Health Organisation, India like many other countries has been struggling to keep up with the spread of COVID-19. Amidst the phases of nationwide lockdown and repercussions of centrally strategized actions, the importance of decentralized planning was once again reiterated during the spread of the COVID-19 in India. Gram Panchayat and the community leaders are best placed to monitor the spread of the virus at the community level. Whether it is for tracing and tracking, managing a quarantine facility or addressing the immediate needs of the people, the Gram Panchayat is the most effective unit for administration. Through actions that have been decided through people's participation and contextual to a given village, response to the spread of COVID-19 in rural areas can be effectively managed.

Rationale of the study

With the above background, three target groups were identified for this study on institutional response to COVID 19 in rural areas. In the current context, the importance of health and hygiene has increased unprecedentedly. To reduce the rural community's risk, a decentralized mechanism for healthcare, involving the local government, AWW and ASHA workers is essential. It has been observed that the PRI members, the ASHA and AWW have been actively engaged at this point of time, making arrangements, preparing facilities, spreading awareness, etc. In fact, the ASHA and AWW have been leading the whole process in the rural areas.

Gram Panchayat and local level institutions are essential for response to any kind of crisis that disrupts the "normalcy" in the community. Therefore, the decision to respond must come from the community itself. The Sarpanch who is the elected representative of the people must be involved in major decisions like setting up containment and quarantine centres and making sure that the marginalized and vulnerable groups receive their entitlements through effective implementation of public programmes. They are a link between the community and the government and are therefore, also responsible for conveying the needs of the community workers to the district authorities so that ASHA and AWW can work to the best of their abilities. Anganwadi workers in most rural communities

have been assigned the task of community surveillance, provision of Take Home Ration, spread awareness on COVID-19, amongst their other regular activities. In order to make sure that mortality from treatable diseases does not increase, they are in charge of ensuring the upkeep of the health of mothers, children and those who require regular treatments. ASHA workers have been responsible for disseminating information about prevention of spread and protection from COVID-19 by inter-personal communication with the community. They have been engaged in household visit for awareness on health related issues and assistance to pregnant and lactating mothers. The three institutional representatives together can work towards psycho-social well-being of those who need in quarantine and in need of support.

Main objectives

Keeping the importance of the PRI, AWW and ASHA workers, the study is aimed at:

- (i) Understanding the changing role of the three institutional groups in order to improve community response to and resilience from COVID-19.
- (ii) Understanding the problems faced by them in the changing scenario, especially in the last-mile movement of health-related data, information, goods and services.
- (iii) Identifying achievements and best practices that PRI, AWA and ASHA members have conducted with regard to community health.

It is clear that the three mentioned institutional groups are the backbone behind a strong and healthy rural community. Therefore, Institutional Response to COVID-19 must begin from them.

Methodology

The target groups of respondents, as mentioned in the previous section, are the Sarpanches, the ASHA and the Anganwadi workers. The study was conducted through a quantitative study design with the use of a detailed questionnaire for each group. Most of these questions were close-ended and in the multiple choice format (see Annexure).

Sample for the study

A total of 558 functionaries were interviewed for the study. The details are shown in the following table:

S. No.	Respondent	Numbers
1.	Anganwadi worker	180
2.	ASHA	181
3.	GP - Sarpanch	197
	Total	558

These respondents were selected from 26 districts across the Gujarat state. Random sampling was done according to the availability of the respondents and reach of the interviewers. The following table gives the detailed information about the districts and blocks included in the study:

S. No.	Districts	Blocks
Central		
1.	Ahmedabad	Dholka, Sanand, Bavala
2.	Gandhinagar	Dahegam, Gandhinagar
3.	Anand	Khambhat, Tarapur, Sojitra
4.	Kheda	Kheda, Matar
5.	Vadodra	Vadodara, Desar
6.	Mahisagar	Santrampur, Kadana
North and Kutch Vagad		
7.	Mehsana	Mehsana, Jotana
8.	Patan	Harij, Sami, Shankheshwar
9.	Morbi	Morbi, Halvad
10.	Surendranagar	Lakhatar, Wadhvan, sayla
South		
11.	Bharuch	Jambusar
12.	Surat	Choryasi, Kamrej
13.	Valsad	Pardi, Valsad
14.	Tapi	Dolvan, Vyara
Saurashtra		
15.	Rajkot	Jasdan, Vinchhiya, Lodhika, Rajkot, kotadasangani
16.	Amreli	Khamba, Jafrabad, Amreli, Babra
17.	Botad	Botad, Gadhada
18.	Bhavnagar	Palitana, Ghogha, Gariyadhar, Bhavnagar

19.	Dwarka	Khambhaliya, Bhanwad, Kalyanpur
20.	GirSomnath	Talala, Verawal
21.	Jamnagar	Jamnagar, Jodiya, Lalpur
22.	Junagadh	Talala, Mandarda
23.	Porbandar	Porbandar, Kutiyana
Eastern Tribal		
24.	Aravali	Meghraj, Modasa, Malpur, Bhiloda
25.	Panchmahal	Godhara, Kalol, Morava Hadaf, Vadimatariya
26.	Chotaudepur	Naswadi, Chotaudepur, Kawant

Data Collection

The process of data collection was carried out in collaboration with the members of the Inter-Agency Group (IAG), Gujarat. 30 CSOs were roped in to do the data collection for the study. The process took about 20 days to collect data and for all the data to be compiled.

The questionnaires were put into Google forms for each and the links were shared with the surveyors. The forms were bilingual – English and Gujarati, and were designed keeping in mind the possible role of these functionaries in response to COVID-19 and the impact of the lockdown on the community members. Due to the limitation of movement and entry into certain areas, some forms were filled in telephonically, and where possible the surveyors visited the Gram Panchayats, maintaining physical distance and taking all precautions with regard to COVID-19. The purpose of the study was explained to the respondents and that it was completely voluntary on their part to answer these questions.

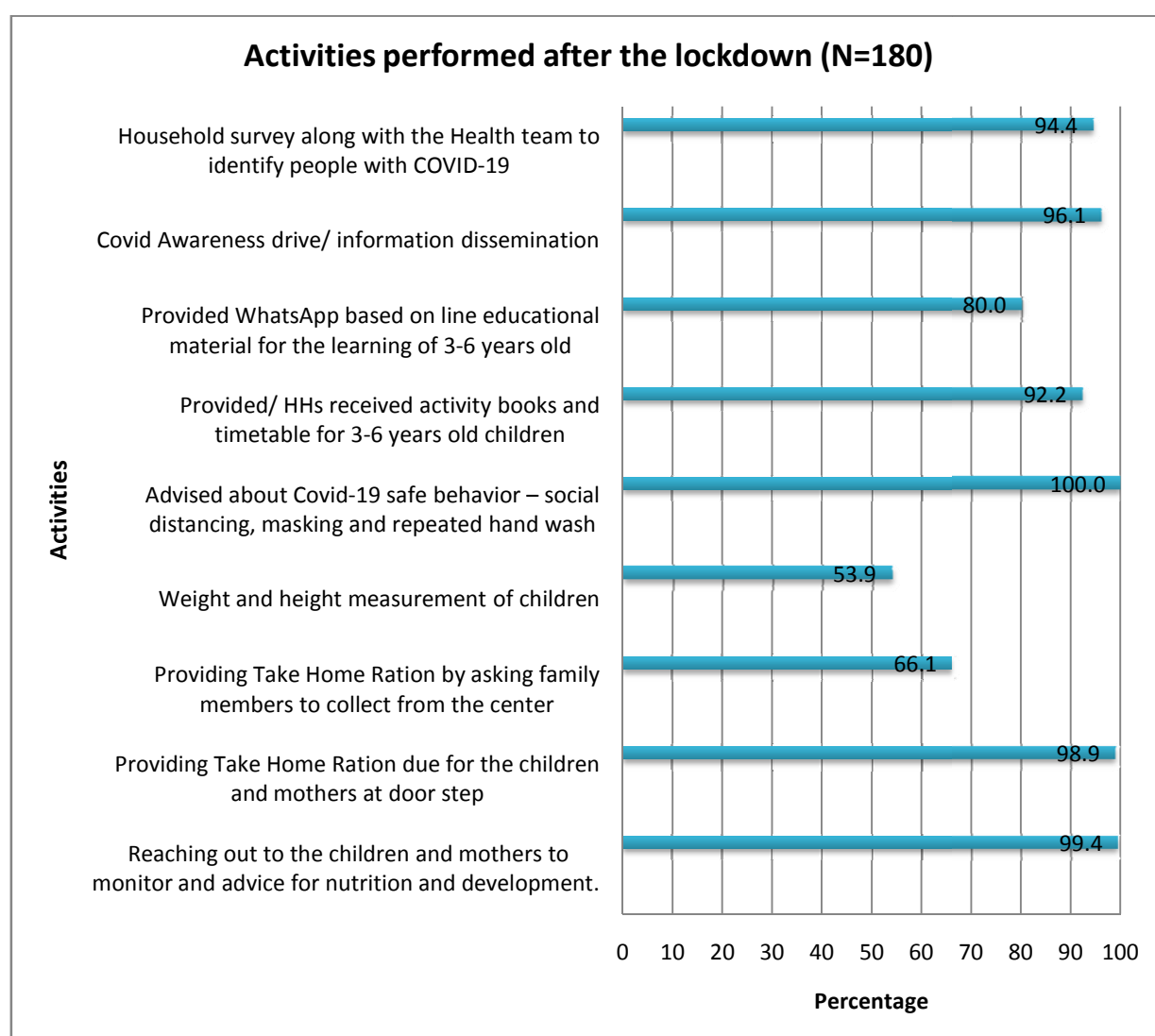
Challenges faced during data collection

- As mentioned above, due to limitations of movement, a lot of the forms were filled in telephonically. The forms were detailed so there are chances of miscommunication.
- In studies like this, there is a tendency to mark “yes” for most actions mentioned in the questions. Also, there are some responses which may be contradictory in nature with the other answers of the same respondent. With regard to this, the information could not be cross-checked due to the restrictions.

Institutional Response to Covid-19 – Anganwadi worker

1. Activities undertaken by the Anganwadi workers during the lockdown

To understand the nature of response to COVID-19 by Anganwadi workers, it is important to see what kinds of activities were carried out by them during the lockdown period. Nine such activities were identified that were critical for responding to COVID-19 at the Gram Panchayat level, keeping mind the health of children (0-3 and 3-6 years) and mothers. The following chart shows that 7 out of 9 activities have been carried out by the 180 respondents who responded to the question.

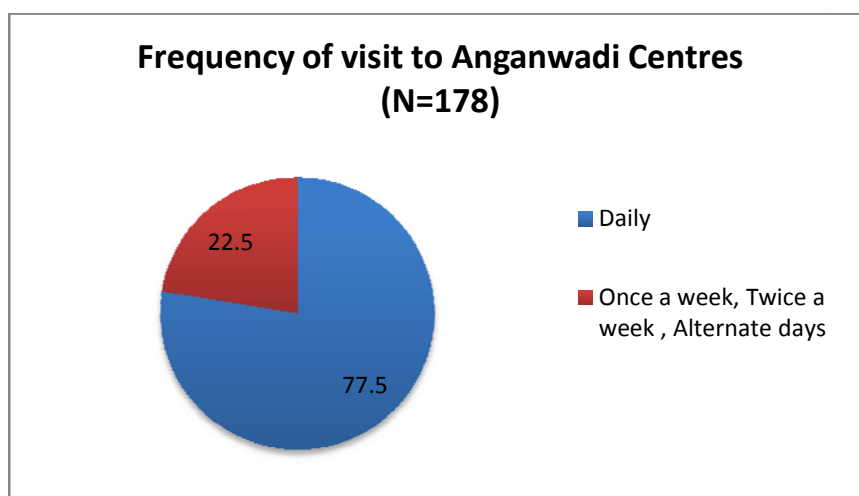


Among the nine activities of the Anganwadi workers activities regarding weight and height measurement of children (53.9%) were not being done. This may be due to the limitations

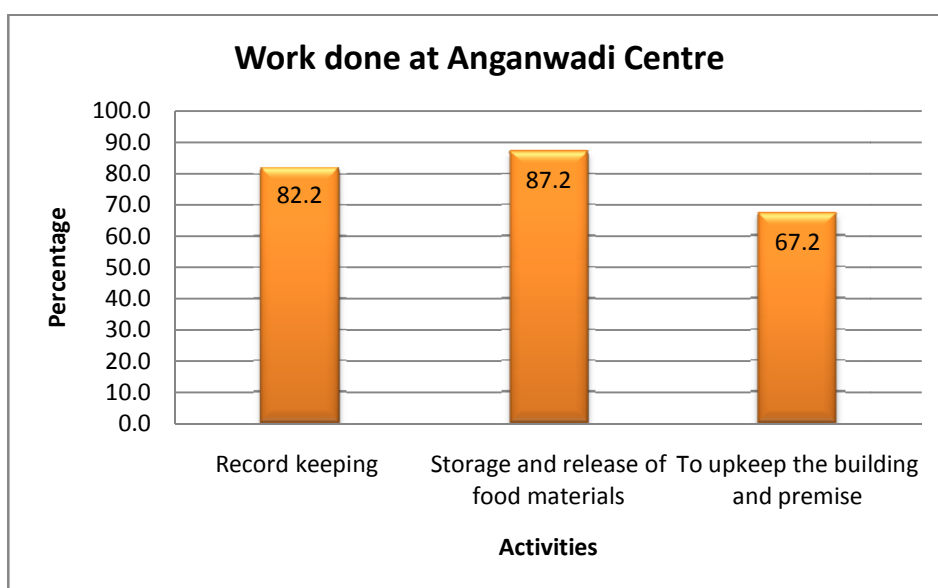
of use of instruments during household visits but this is a critical activity that was largely missed during the lockdown. With regard providing THR by asking family members to collect it from the centre (66.1%) is contradicting to the activity on providing THR at doorstep, to which 98.9% of 180 AWWs have responded to be doing during the lockdown.

2. Functioning of the Anganwadicentre

Through the study the AWWs were asked whether they have been going to the Anganwadicentres. Out of 179 responses received for this question, it is seen that all 179 (100%) AWWs have been going to the Anganwadicentres.



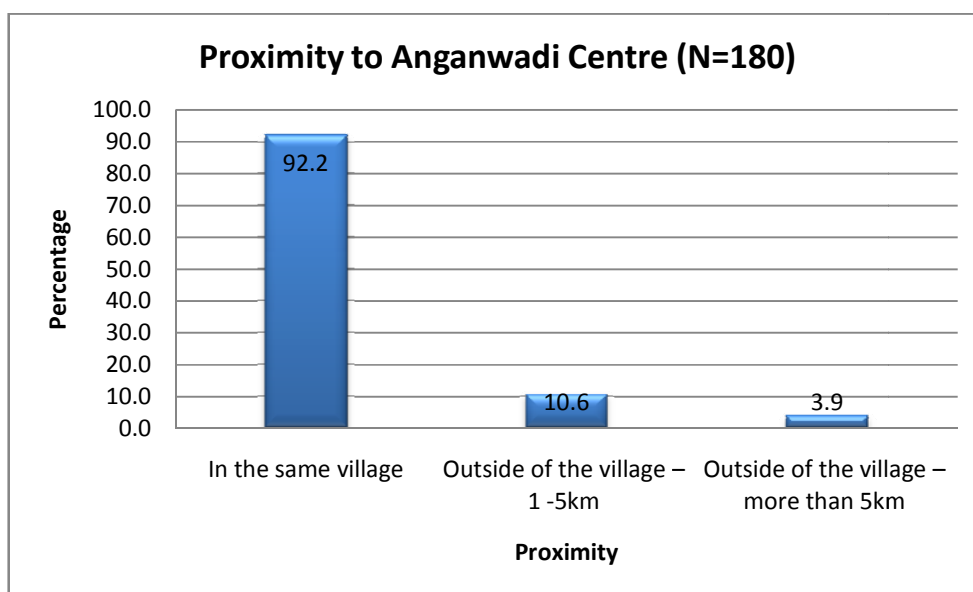
Regarding the frequency of their visit, 77.5% of 178 respondents had been going to the centres on a daily basis during the lockdown. This indicates that AWWs have been active during the lockdown in visiting the centres and have been exposed to the risk from the infection.



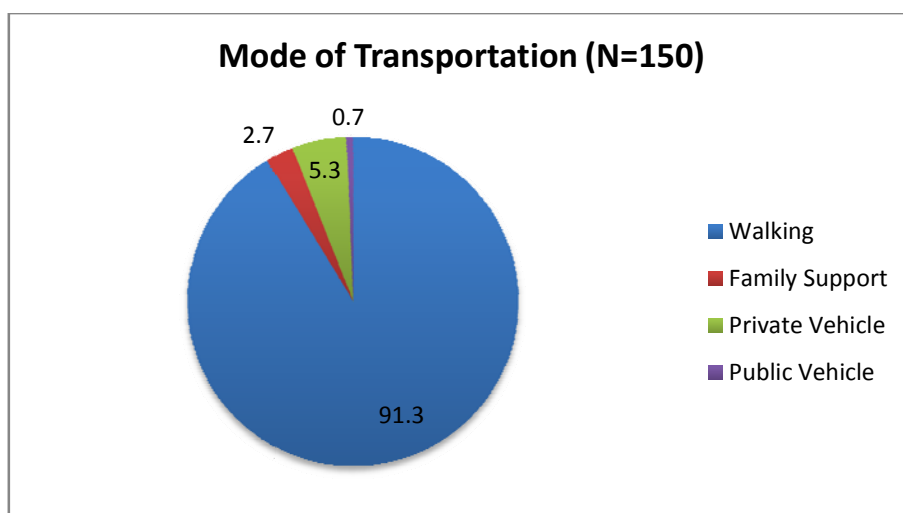
Mainly Anganwadi workers across Gujarat in their respective centres have been involved in record keeping and storage and release of food materials which is followed by upkeeping the building and premises (67.2%) of the centre.

3. Travelling to the Anganwadi Centre

Given that most AWWs were going to the Anganwadicentres on a daily basis and carrying out various activities (as mentioned in the first point), it is important to enquire if they faced any challenges while doing so. The proximity of the centre is one of the indicators for that.



It can be seen from the above graph, most of the Anganwadi workers across Gujarat live in the same village in which their respective Anganwadicentre is situated.

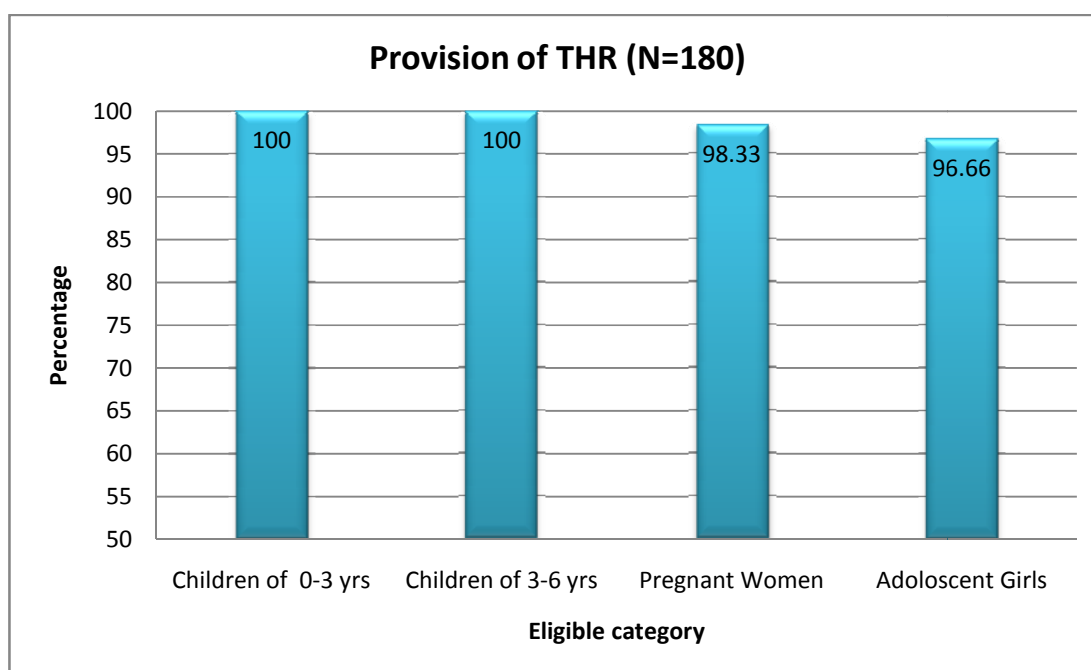


Since a majority of AWWs live in the same village, they walk to the centres. Out of 150 respondents, 0.7% have taken public vehicle to reach the Anganwadicentres, putting them at more risk than others and also availability of public transport would have been a challenge. Overall they haven't faced any serious challenge. Out of 156 AWWs, 12 (7.69%) said that they had faced challenges in reaching the villages, while 8 (5.12%) said that they had been stopped by police while travelling to the centres, however this is a very small number.

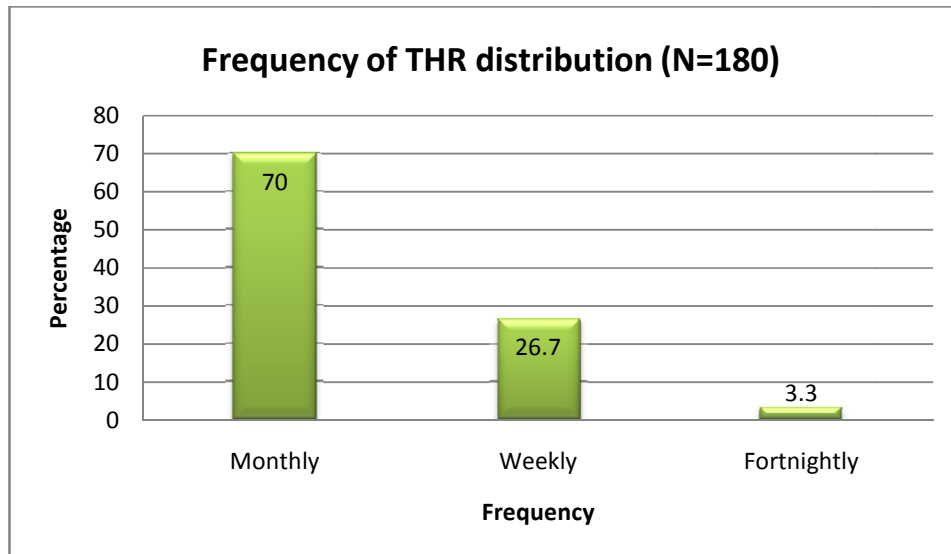
S. No.	Question (N=156)	No. of responses (Yes)	%
1.	Faced challenges in reaching the villages	12	7.69
2.	Stopped by police	8	5.12

4. Distribution of Take Home Ration (THR)

Distribution of THR has been one of the main functions of the AWW in the lockdown as response to COVID-19. The provision of THR and other services for 0-3 years and 3-6 years old children has been 100% across all the districts in the Gujarat taken for the study. Even for pregnant women (98.33%) and adolescent girls (96.66%), THR has been provided in most GPs.

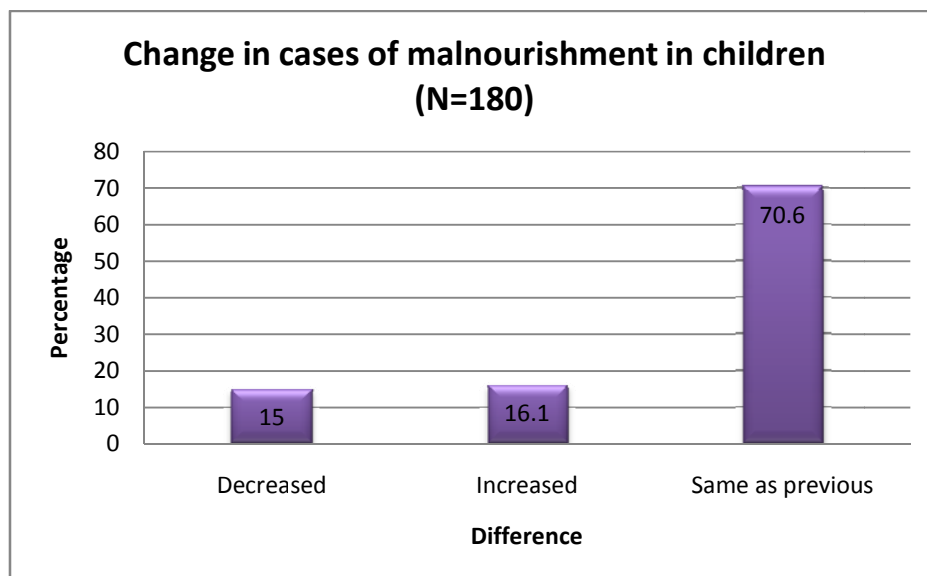


The frequency of the THR distribution has been done monthly in 70% of the GPs, while about 27% of respondents have been distributing THR on weekly basis and around 3% are distributing fortnightly as shown in the following graph.



5. Child and maternal health during lockdown

In this study the Anganwadi workers were also asked about how many enrolled children children they have seen. A total of 89 Anganwadi workers across the state of Gujarat have responded and indicated that they have seen 3443 children during the lockdown period.

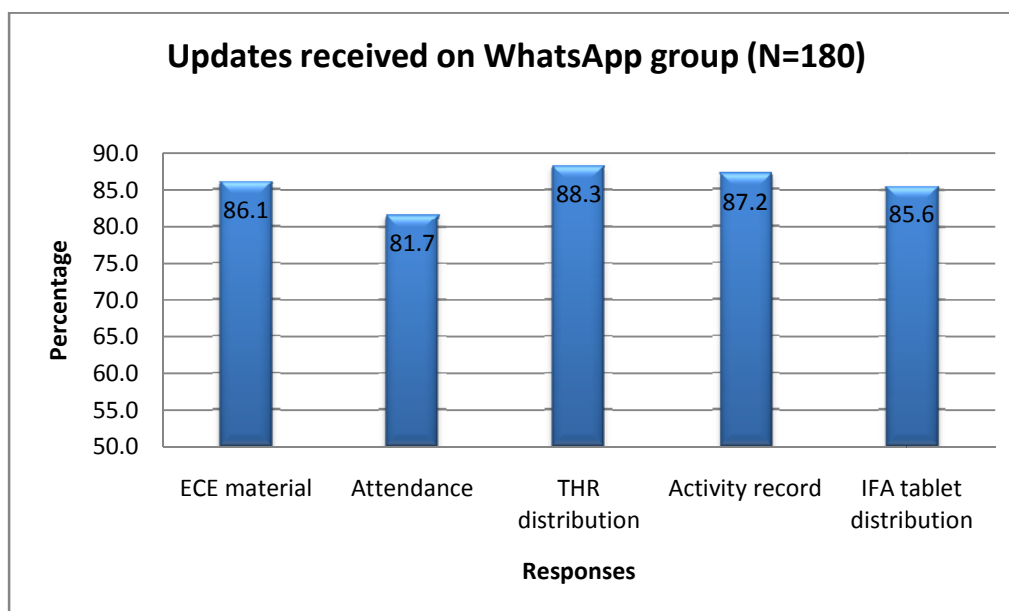


Increase in the cases of malnourishment have been noticed in 16% of the GPs according to the AWWs, however mostly (70% approximately) there haven't been any changes with regard to the malnourishment in Gujarat according to the study sample.

Only 23 out of 180 (12.7%) of AWWs said that pregnant and lactating mothers are facing difficulties in getting access to required nutrition.

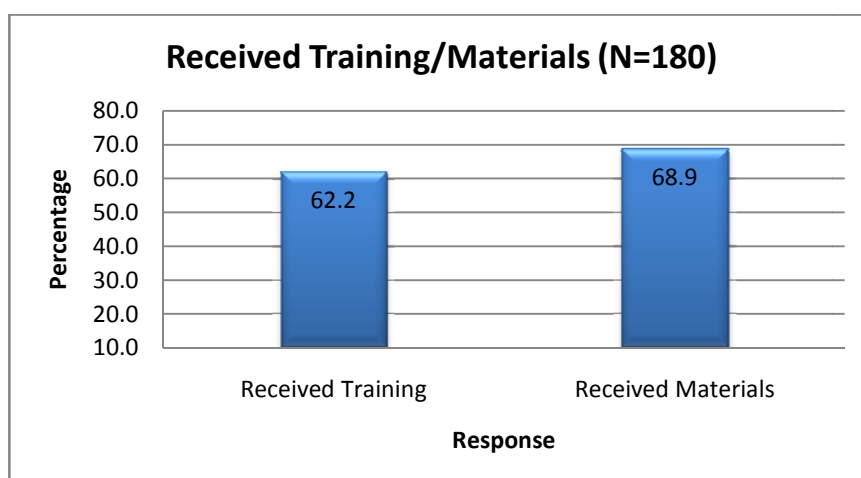
6. Communication through WhatsApp

156 out of 180 AWWs (86.6%) are connected with an ICDS WhatsApp group. The group is used to get updates on various aspects as represented in the following graph. 167 out of 180 AWWs (92.7%) have found this group to be useful for them.



7. Capacity development

The spread of COVID-19 is something very new for people to understand and take precautions. Some kind of orientation for the AWWs in that context is very important for them to be able to respond to the infection at the GP level. 112 out of 180 AWWs (62.2%) have received some training on identifying and referring potential COVID-2019 positive cases, either from Government/ CSO/ any other source. 124 out of 180 AWWs (68.9%) have received materials regarding the same.

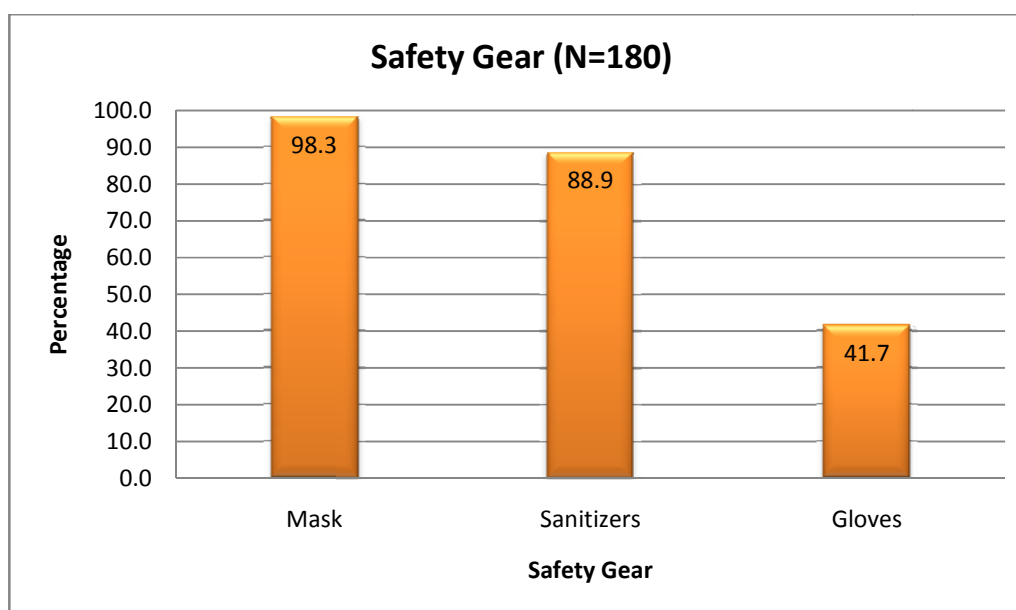


The medium used for imparting training is depicted in the following table. It can be observed that most of the trainings have been given through WhatsApp (80.6%), followed by Zoom, at the PHC and through phones.

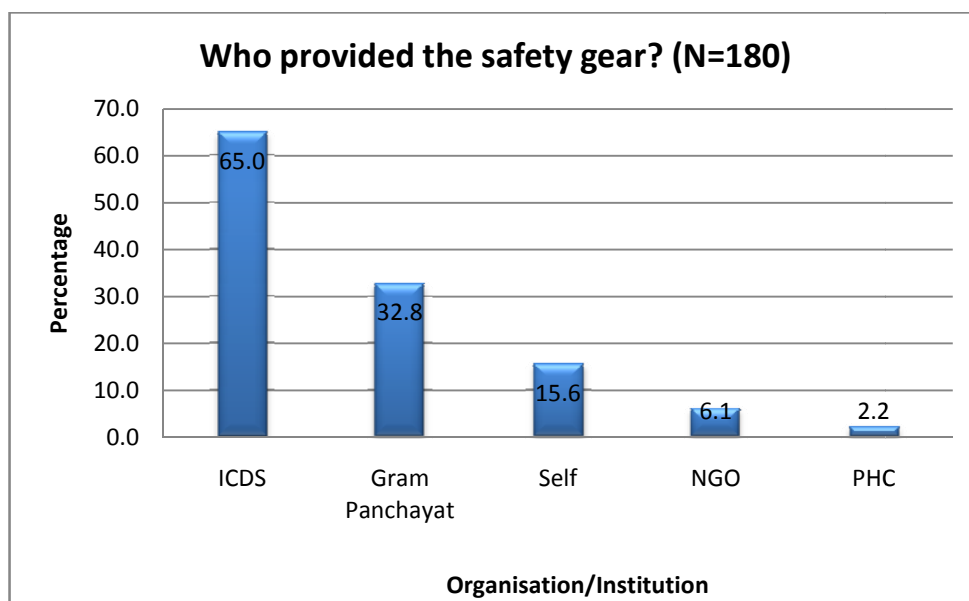
S. No.	Medium (N=108)	No. of Responses	Percentage
1.	WhatsApp	87	80.6
2.	Zoom	8	7.4
3.	PHC	8	7.4
4.	Phone	5	4.6

8. Safety gear for Anganwadi workers

Mostly all AWWs have masks (98.3%), followed by 88.9% who have sanitizers as well. Even though a very small percentage of those who did not have masks and sanitizers, they were at greater risk to the infection. Also, only 41.7% of the 180 AWWs had gloves. Involved in the distribution of ration, household visits, etc. without gloves they would have come in contact with a lot surfaces. If an AWW contracts the infection, it would a large number of people at risk as well. Hence, gloves are also an important safety gear which has been largely not used.

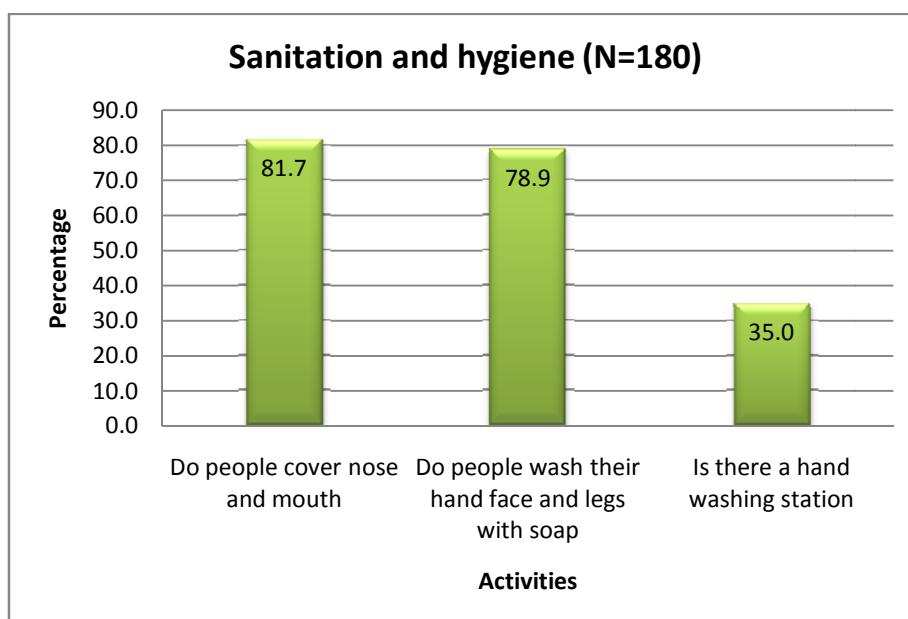


For 117 out of 180 Anganwadi workers (65%), the safety gear has been provided by the ICDS department, followed by a 32.8% by the Gram Panchayats. The following graph shows who provided the safety gear to the AWWs.



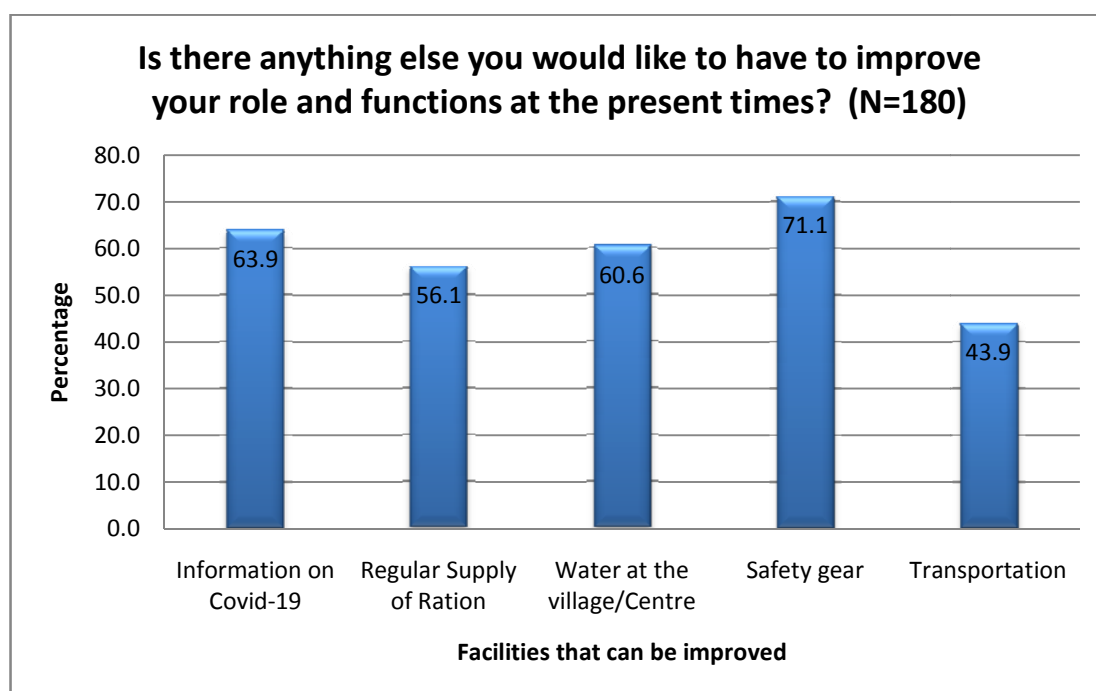
9. Sanitation and hygiene

Through the study, it was enquired from the AWWs about the hygiene behavior in the community and facility for hand washing at common spaces. The following graph represents the responses from the anganwadi workers on this aspect. A majority of people had been covering their nose and mouth (81.7%) and wash their hands, face and legs with soap (78.9%). It needs to be understood that this data was collected in context of the lockdown and this behavior might have changed after the lockdown was lifted. Only 63 out of 180 GPs (35%) according to the AWWs had hand washing stations in the common spaces, where people might gather.



10.Support required to improve role and functions of AWWs at the present times

It was tried to find out what additional support or facility do the anganwadi workers require in order to work more effectively and without much obstacles. In that regard, 128 anganwadi workers out of 180 (71.1%) said that they needed proper safety gear because of the risk they are exposed to on a daily basis. Followed by that, 63.9% of AWWs said that more information is required with regard to COVID-19 and 60.6% said that water in the village and at the centre is required. Around 40% wanted support with transportation. The details are represented in the following chart.

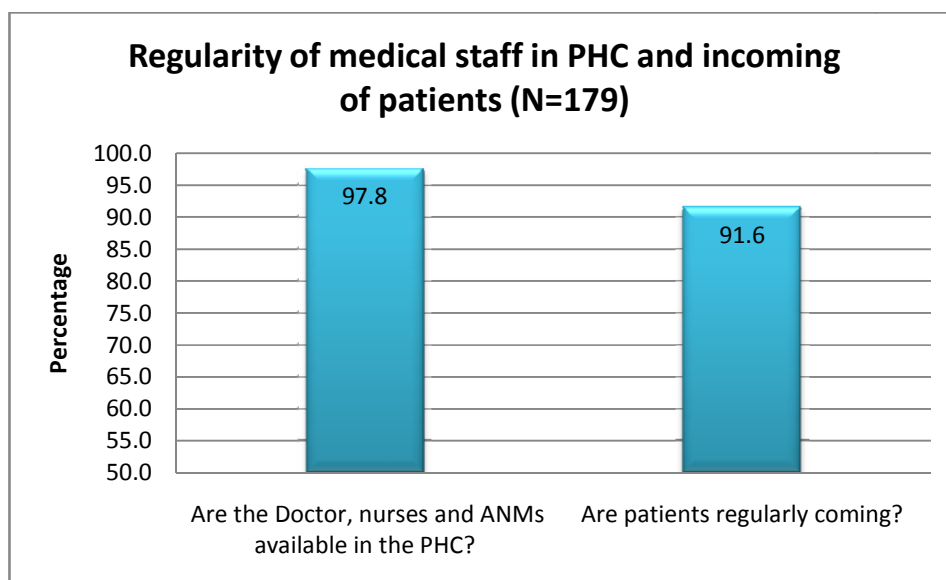


11.Functioning of sub-centres and PHC

To understand the functioning of the sub-centres and PHC, the AWWs were asked whether these 2 health facilities are open regularly or not. The following table shows the responses.

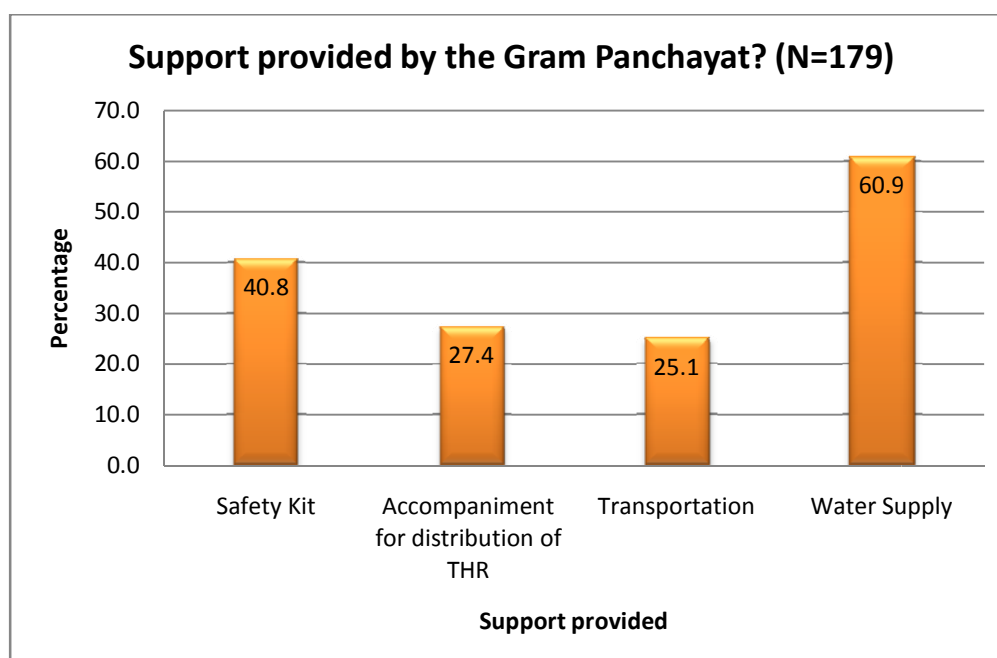
S. No.	Health facility	No. of responses (Yes)	%
1.	Sub-centre (N=179)	179	100
2.	PHC (N=177)	170	96

With all most PHCs open, 97.8% of 179 respondents said that there is availability of doctor, nurses and ANMs is there and 91.6% have patients regularly coming in for treatment.



12.Support provided by Gram Panchayat

On asked about the support provided by the Gram Panchayat, 131 out of 180 AWWs (72.7%) responded that they have received some form of support during the lockdown and in responding to the COVID-19 situation. With regard to that, it was asked what kind of support was provided by the Panchayat.



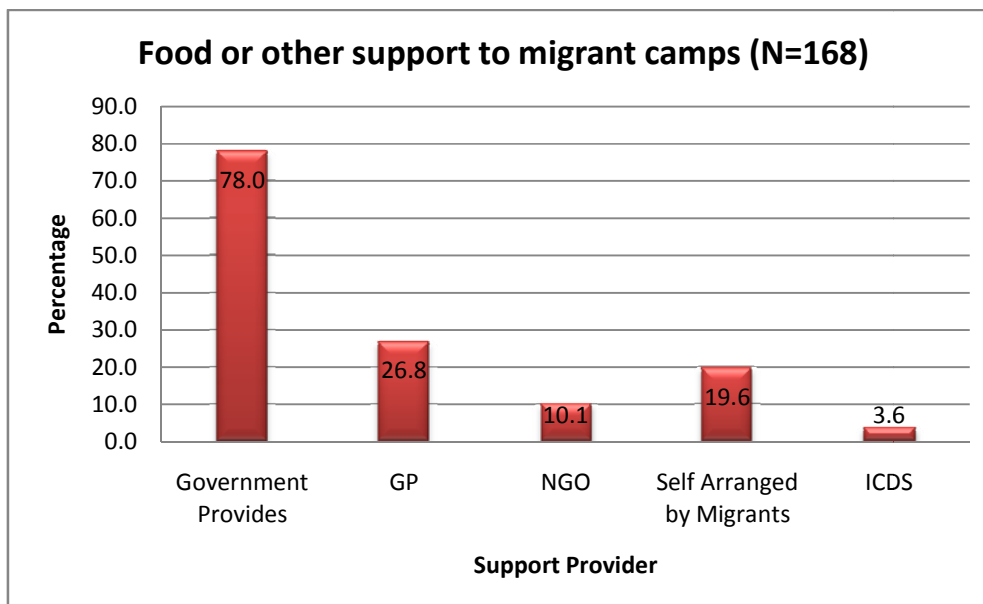
Water supply is one of the main services in which the GPs provided support (60.9%) according to the Anganwadi workers which is followed by the provision of safety kit (40.8%). The support for transportation is low (25.1%) which may be because of the low requirements of transportation for the Anganwadi workers as per the study.

13. Migrant Camps

According to the AWWs, 23 out of 179 GPs (12.8%) have migrant camps across all the villages in Gujarat taken under this study. The following table depicts the details.

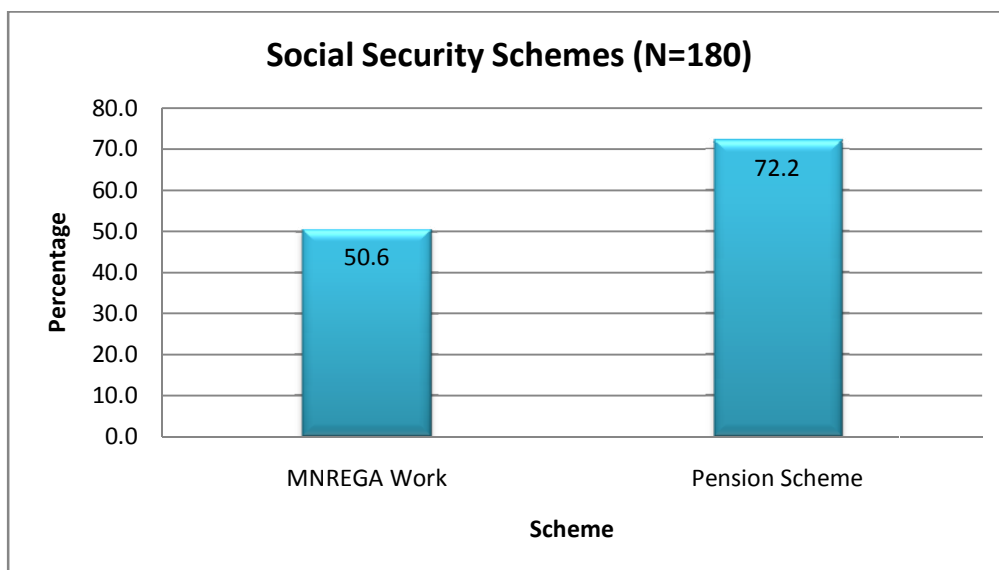
S.No.	District	No. of people in migrant camp
1.	Ahmedabad	70
2.	Amreli	275
3.	Anand	20
4.	Chotaudepur	75
5.	Gandhinagar	60
6.	Junagadh	55
7.	Mahisagar	6
8.	Rajkot	13

On asked about how the people in these camps are getting food and other support, a more generic response was recorded. Even though only 23 GPs have migrant camps, 168 AWWs have responded to this question; 78% have said that the government provides this type of support.



14.Social security

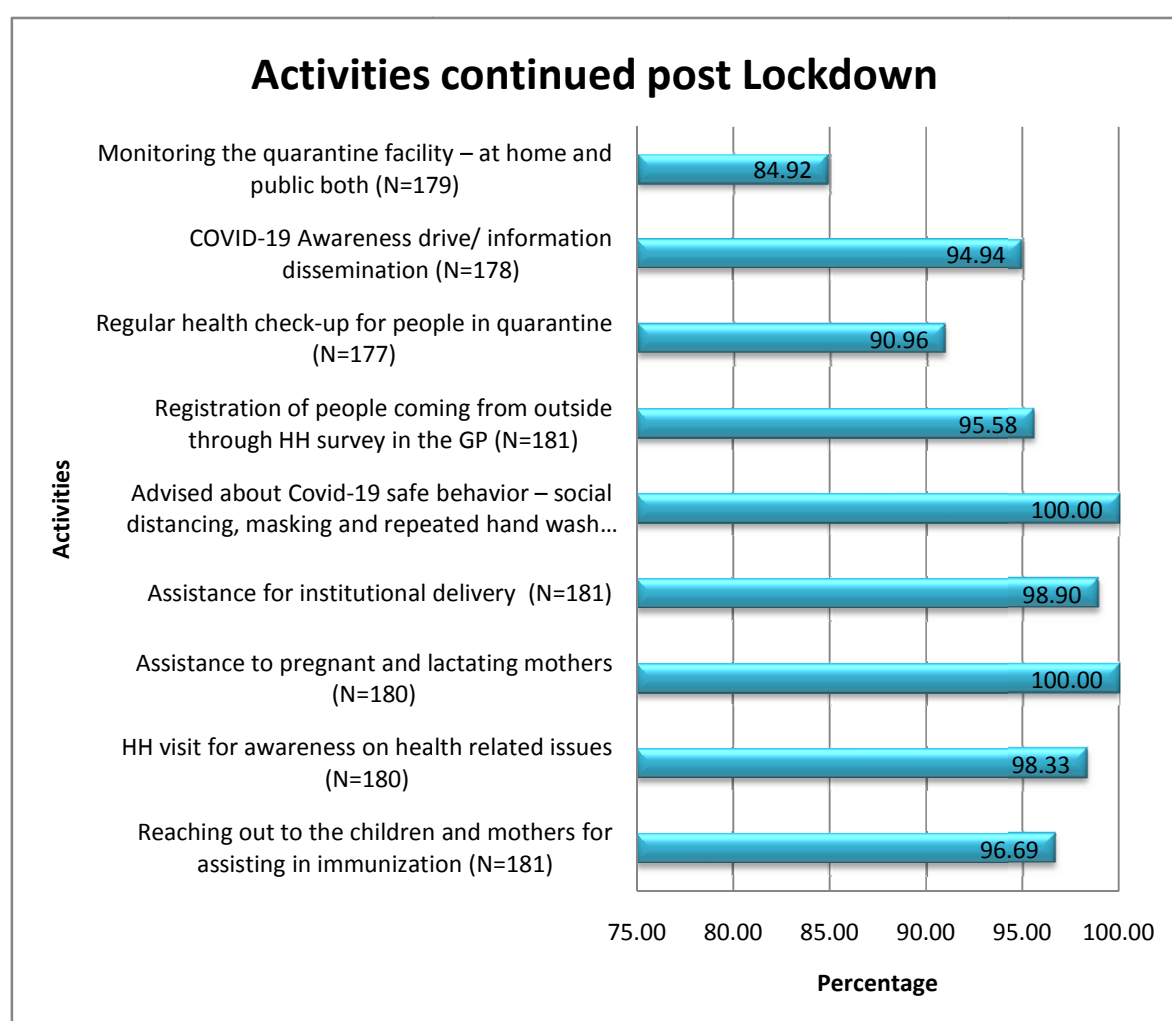
To understand the situation with the people's social security, the AWWs were asked about MGNREGS and pensions. As depicted in the following graph, 91 out of 180 AWWs (50.6%) said the MGNREGS work was being done in the GP and 130 AWWs (72.2%) said people were getting regular pensions. This are concerning numbers as it shows that a lot people were not getting their entitled benefits for their social security.



Institutional Response to COVID-19 – ASHA

1. Activities carried out by ASHA for responding to COVID-19

In order to understand the level of response to COVID-19 by ASHA workers, a survey of the health-related activities they are currently conducting during the lockdown period was done. Nine major activities were identified. These activities include not only the regular work with women and children that ASHA workers are supposed to do, but also activities which are essential as a response to COVID-19 in the Gram Panchayat. The graph below shows that 7 almost all 9 activities are being carried out to their best capacity in the GP.

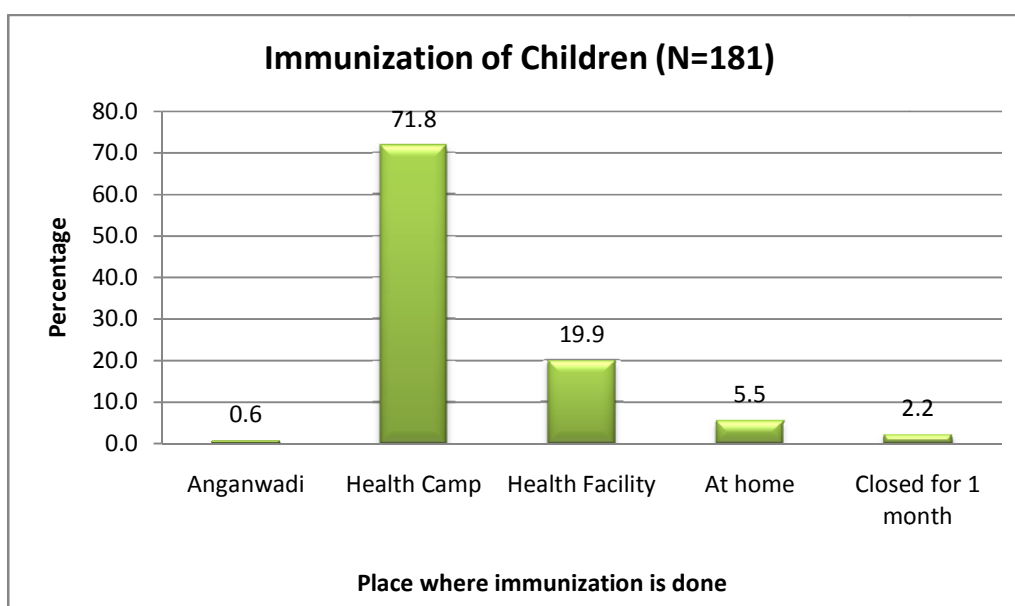
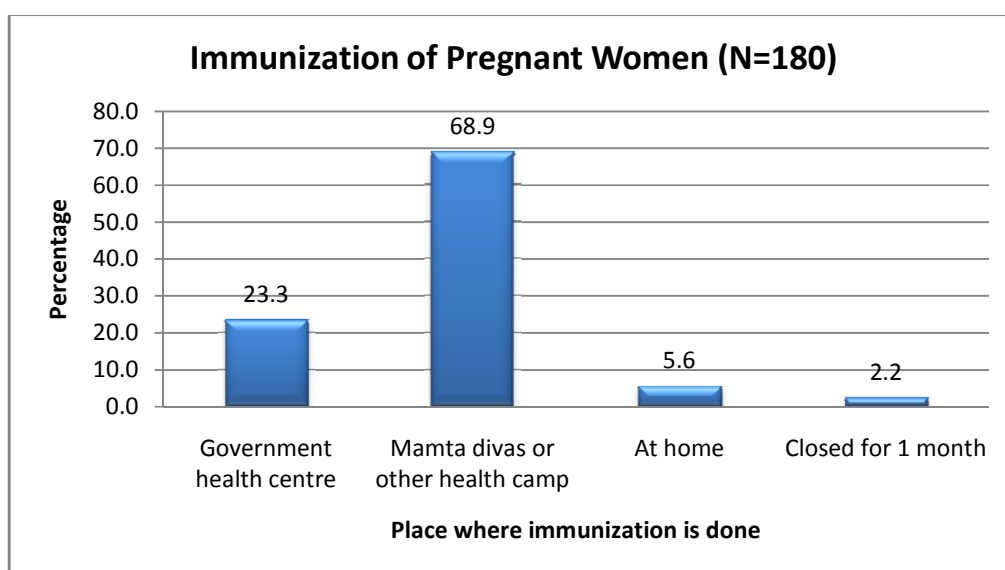


It can be seen that the ASHA Workers, during this lockdown have had to continue their regular work with women, mothers and children, as well as work additionally on COVID response. The activity that was conducted the least was the monitoring of the quarantine facility at home and in public, only 84.9% facilities were monitored. This can also be due to

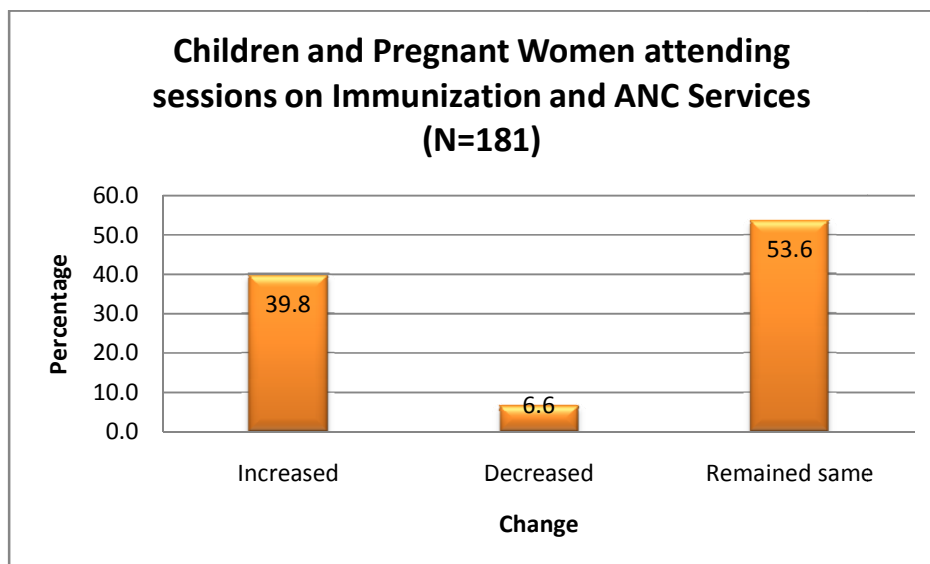
absence of quarantine facilities and prevalence of home quarantine. The most conducted activities were advising about COVID-19 related behaviour (100%) and assisting pregnant and lactating mothers (100%).

2. Immunization and ANC services

With regard to the immunization ASHA workers were asked where the pregnant women and children going for immunization. As represented in the following graphs, 124 out of 180 respondents (68.9%) said that immunization has been done in Mamta Divas/health camps for pregnant women, and 129 out of 181 (71.8%) said that immunization has been done in health camps for children.

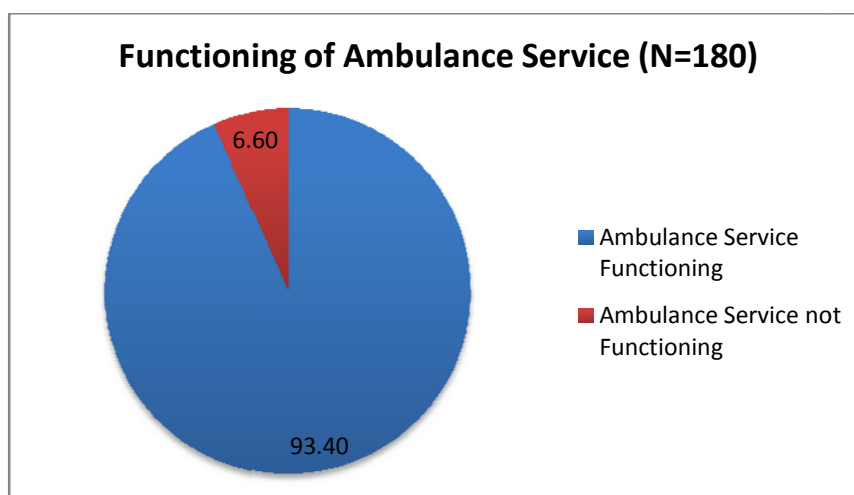


The ASHA workers were asked whether children and pregnant women attending the sessions for immunization and ANC services have increased/decreased/remained the same. As represented in the following graph, more than half, 97 out of 181 respondents (53.6%) have indicated that the attendance for these sessions have remained the same and further have increased in 39.8% of the GPs.



3. Ambulance services

Ambulance service is essential in ensuring that the health of members of the GP is maintained and that health emergencies can be responded to on time. According to the study, out of a total of 181 responses, 169 responders (93.40%) have said that ambulance service is functional in the GPs. The remaining 12 (6.60%) claim that ambulance is not functional. This increases the risks of health problems remaining unsolved for those regions where ambulance is not accessible.

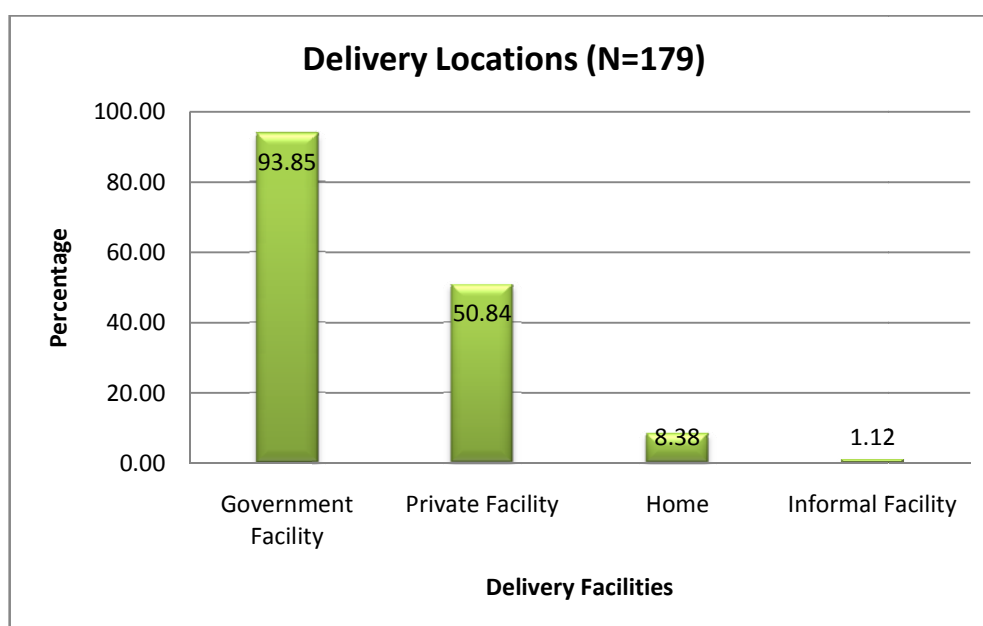


The main problems that have emerged for the non-functioning of ambulance service were frequency (38.7%) and timing (24.2%).

S.No.	Challenges (N=62)	No. of responses	Percentage
1.	Facilities within the ambulance	5	8.06
2.	Frequency	24	38.71
3.	Physical accessibility	7	11.29
4.	Timing	15	24.19
5.	Phone not reachable	1	1.61
6.	Ambulance service functioning well	10	16.13

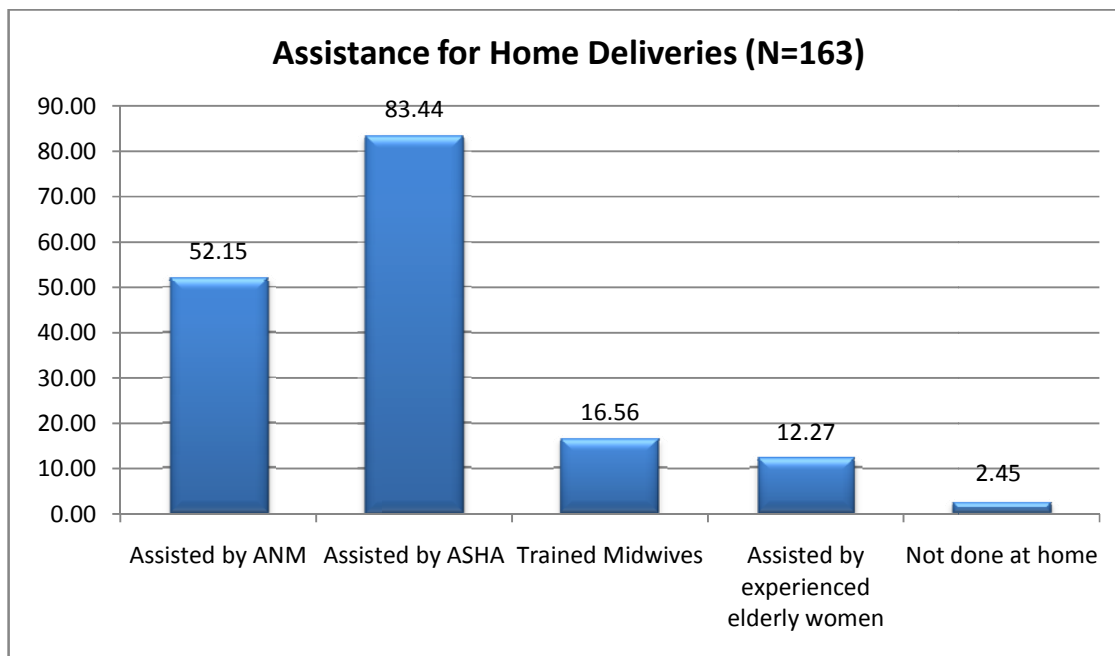
4. Arrangement for deliveries

Out of 181 ASHA workers, 149 responded to how many deliveries have taken place cumulatively (institutional and home delivery) during the lockdown period. According to the numbers they have provided, a total of 800 deliveries have taken place. 179 ASHA workers responded on where the deliveries have been taking place. 168 ASHA workers (93.85%) said that the deliveries have taken place at a government facility, followed by 91 responses (50.84%) towards private facilities.



On being asked whether the number of home deliveries have increased during the lockdown, 34 out of 180 (18.89%) respondents said that it has increased. The number of home deliveries is not known, but as represented in the following graph, assistance provided for home deliveries has been done by ASHA in 136 out of 163 GPs (83.44%), followed by the ANM in 52.15% of the cases. A cumulative 28.83% have not had any

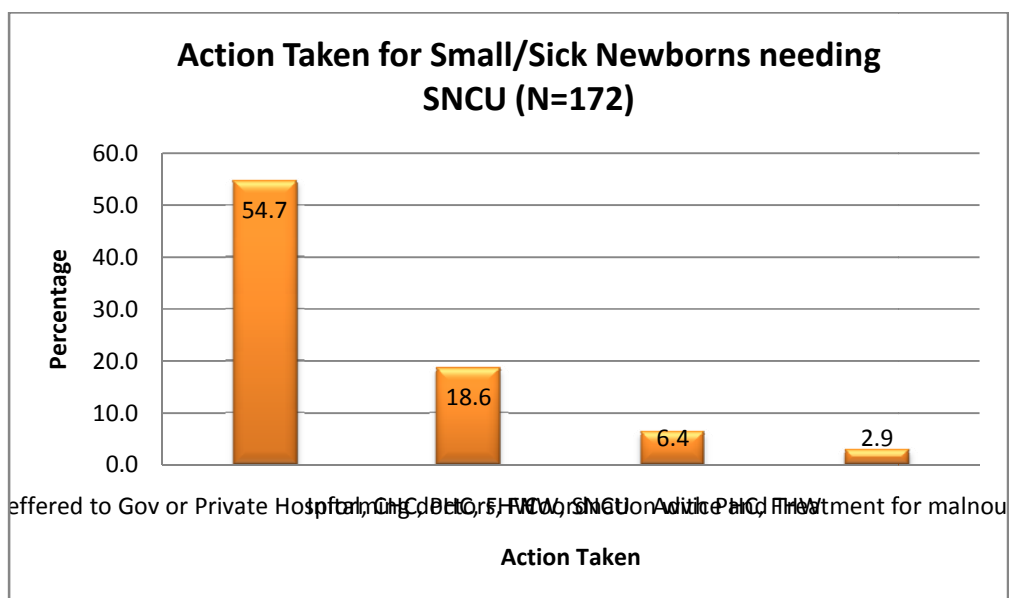
medically trained person assist them and 2.45% have said that no home deliveries have taken place in those GPs.



5. Health services

An important activity that belongs to the ASHA worker is care of child health. Under the care of children, identifying children who need intensive healthcare is important and urgent in most cases. Therefore, a mechanism to respond to such needs to such needs of the newborn, after identifying them is a must. However, the lockdown has changed several protocols and has also brought additional obstacles in the regular functioning of the healthcare units. The graph below helps in understanding how the sick newborns who required intensive care were being taken care of.

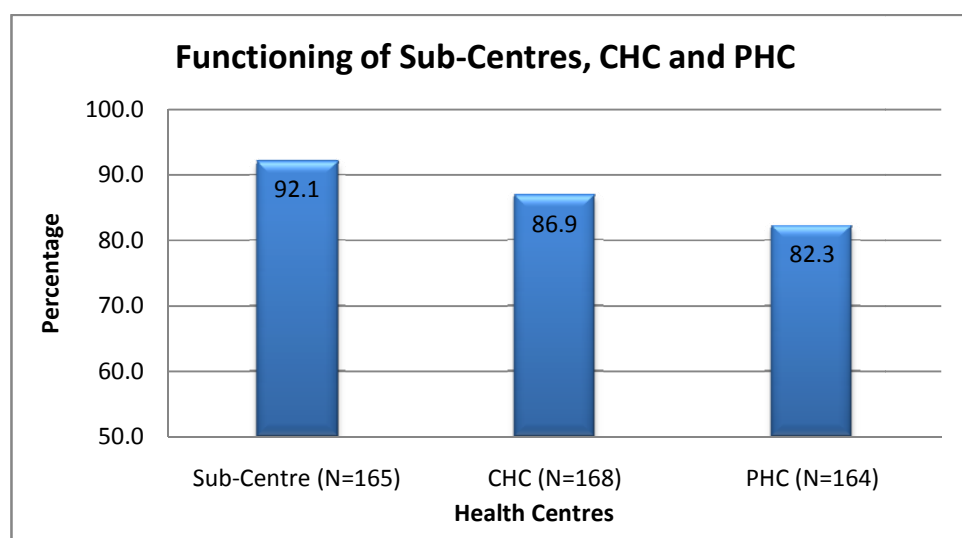
54.7% of the newborn who needed Sick Newborn Care Units were referred to or linked with a government hospital, private hospital, CHC, PHC or with a FMW. This increases the chance of the newborn to get the required medical attention. In 18.6% of cases, the doctors, FMW or SNCU were simply informed of the case. This reduces the chance of the newborn getting the required medical attention. In 2.9% of the cases, they were simply advised on and in some cases, provided treatment for malnourishment. This advice, according to the survey, was not always administered by the health worker. Sometimes, it was advice from an elderly or a family member. It can said that these newborns were at maximum risk of not getting the correct medical treatment.

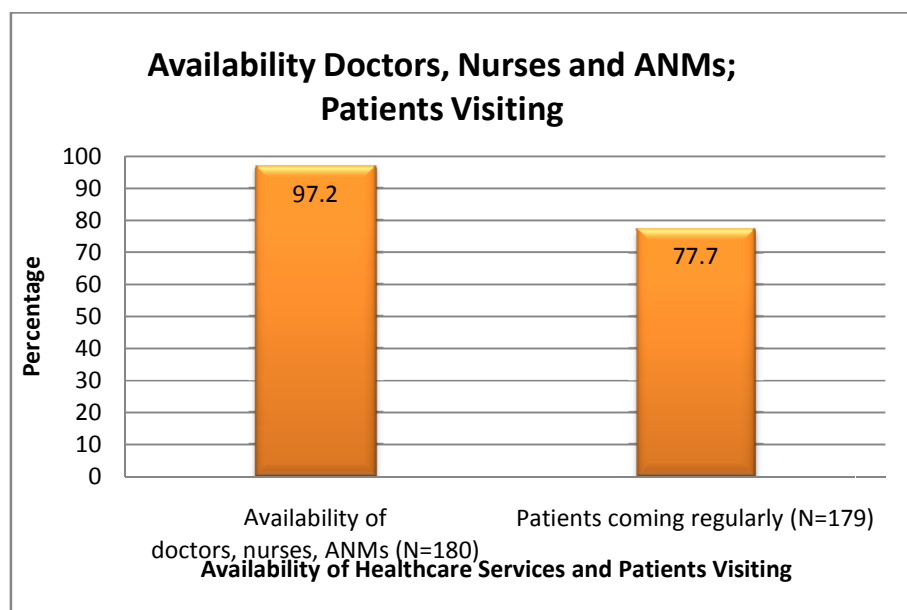


Further survey was also done on the state of follow-up for SNCU referred cases, their reporting and home visits. It was seen that 84.5% SNCU discharges were getting the required follow-up by home visits and reporting back. However, considering the slightly weak coordination between the ASHA workers and the health facilities revealed from the previous graph, it can be considered contradictory. It may be argued that if SNCU cases are not successfully reaching the SNCUs then, 84% rate of follow-up still leaves a large number of newborns vulnerable.

6. Functioning of Sub-Centres, CHC and PHC

ASHA workers were asked whether these 3 health facilities are functional or not. The graph below represents the level of functionality of the health centres.

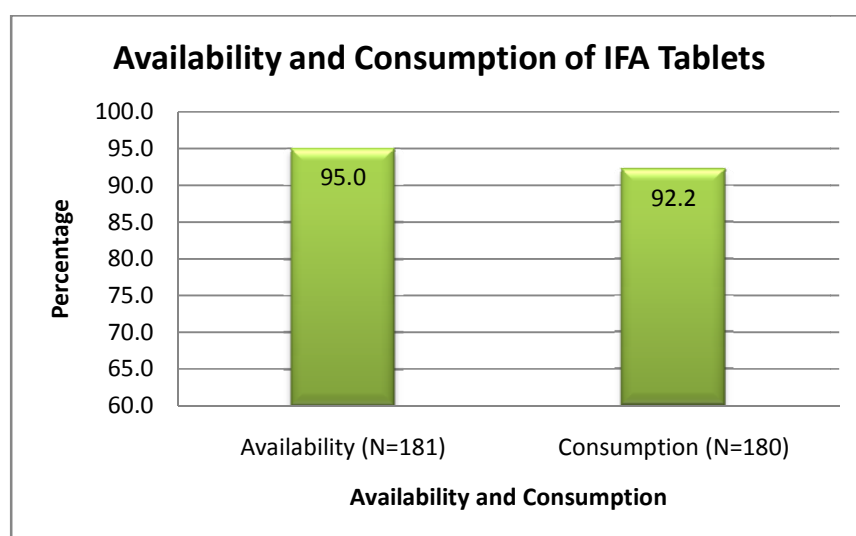




The availability of doctors, nurses and ANMs reflects on the functioning of health services during Covid-19 and the status of availing such services by the people living in the GPs in the study. The responses emerging suggest that approximately 97% out of a total of 180 responses of ASHA workers feel that doctors, nurses and ANMs are available. It is also indicated by the ASHA workers that approximately 78% of the patients are also coming regularly to avail such health services.

7. Availability and Consumption of IFA Tablets

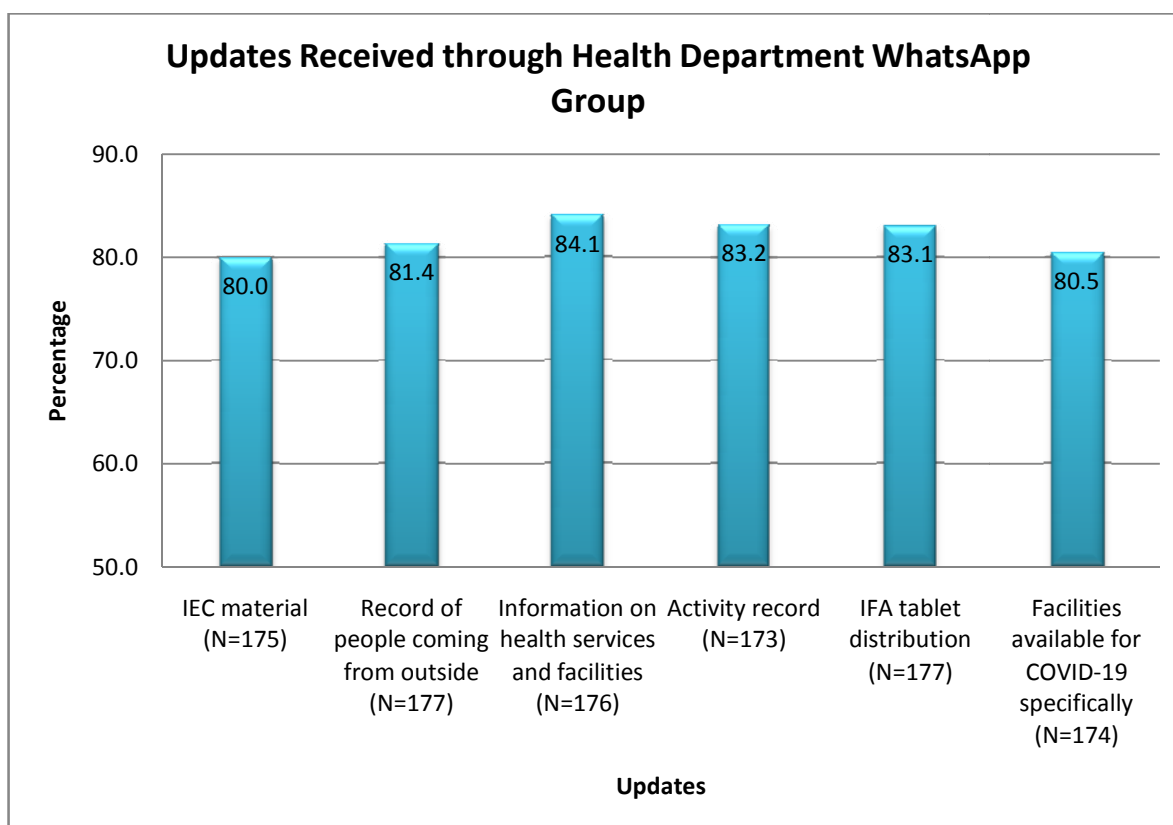
IFA tablets are essential to maintain the necessary amount of iron and folic acid in the body, especially for adolescent girls who have begun menstruation, and pregnant women. The deficiencies of these nutrients can increase risk of anemia.



One of the tasks of ASHA workers is to supply IFA tablets to the women and adolescent girls. The graph above helps in understanding what is the state of accessibility of these tablets. It can be seen that 95% of the ASHA workers have reported that IFA tablets are available in the GPs. However, consumption of these tablets by pregnant women and adolescent girls has been reported by the ASHA workers at 92.2%. This could mean that in some areas, either the tablets are available but difficult for the woman to access.

8. Coordination in the Health Department

As mentioned earlier, the response to health issues, and ensuring good health is not only in the hands of individual health workers, but also their coordination, and their linkages with the GP. Out of 181 responses, 75.1% ASHA workers have said that there is a health department WhatsApp group for coordination purposes.



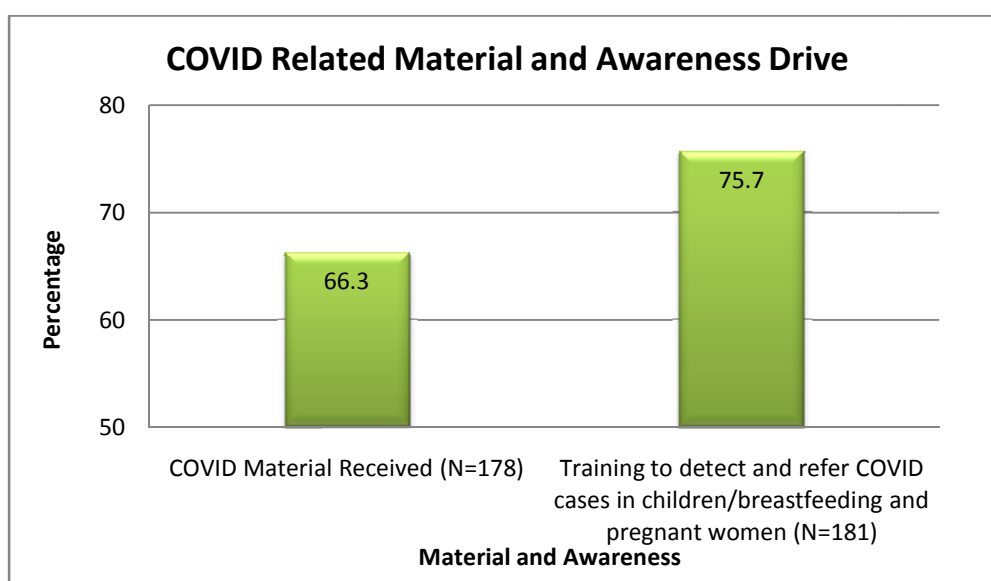
The ASHA workers have found this group useful in receiving COVID related updates. As the above graph shows, updates are being provided on information on health services and facilities (84.1%) and IFA tablet distribution (83.1%) among others.

Apart from this, ASHA workers were also asked if they are using the Gujarat State developed app TeChO+. 39.7% out of 179 interviewed ASHA workers have said that they

are using the app. With more awareness of the uses and advantages of the app, these numbers are likely to increase.

9. Capacity Building

Training regularly needs to be provided to the ASHA workers on detecting COVID cases in children, and pregnant and breastfeeding women, so that they can refer these cases higher up the health system. It is also important for them to be able to detect, to maintain records, to reduce transmission, and to increase their chances at getting cured. Out of 181 interviewed ASHA workers, 75.7% of them have been trained to detect and refer COVID cases from children, pregnant and breastfeeding women.

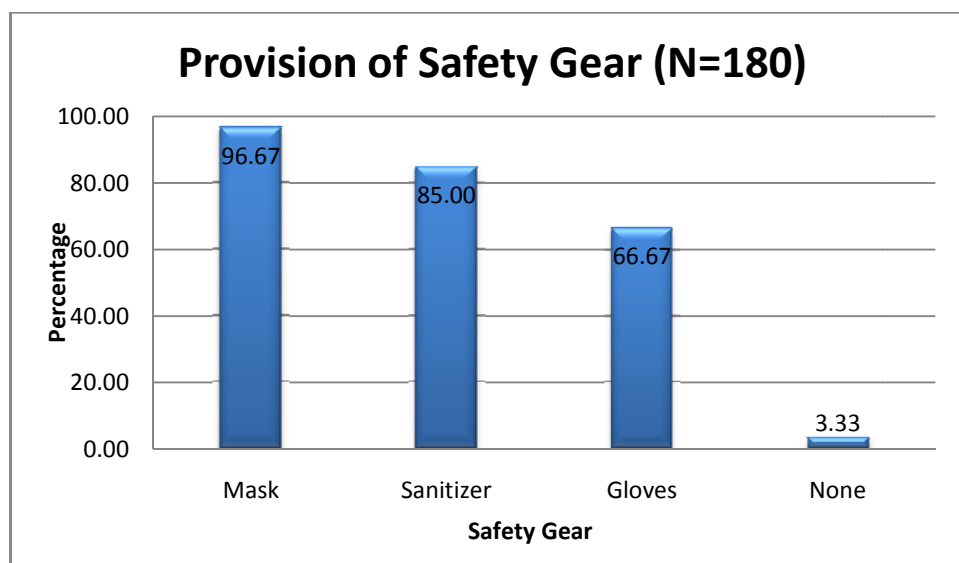


A pandemic like COVID-19 has changed several situations and functions for people. In this condition, the health workers need to adapt to the changes as well as provide support to the communities. Therefore, the importance of training and information materials is paramount. Out of 178 ASHA workers, 118 (66.3%) received COVID related information materials. 129 (72.1%) out of 179 ASHA workers have reported an awareness drive on the same.

Apart from this, it is also important for the ASHA workers to know the health department helpline number to be able to get in touch in case of emergencies. Out of 181 ASHA workers, 173 (95.6%) knew the helpline number.

10. Safety gear for ASHA workers

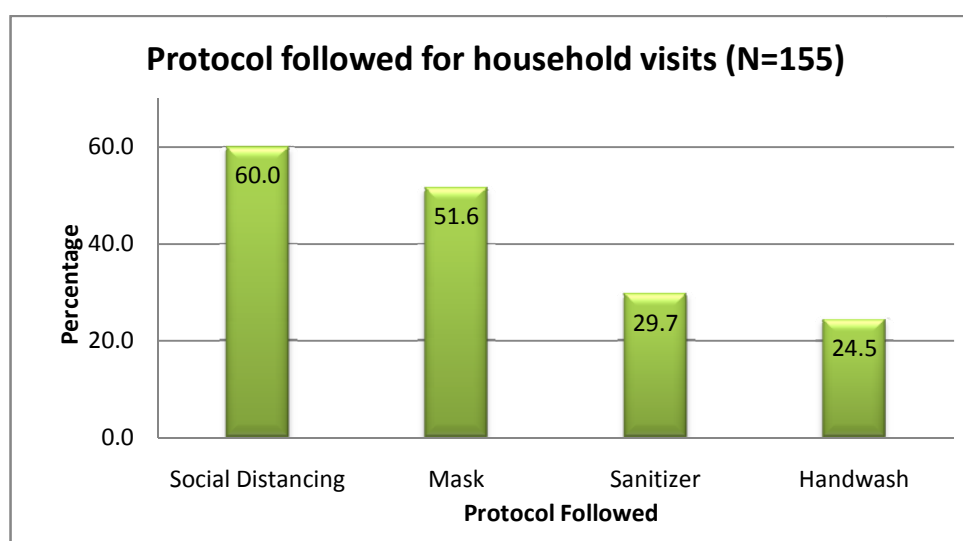
Safety gear is very important for health workers, especially since there is already a strain on the resources of the health department due to in-migration of labourers, and also increased health related issues due to COVID.



Out of a total of 180 ASHA workers, mostly all (96.67%) have been provided masks. 85% have been provided with sanitizers and 66.67% have been given gloves. However, some ASHA Workers (3.33%) also reported no safety gear being provided. In case any of these, this gap of those who don't have safety gear needs to be covered, and the workers provided with gloves and sanitizers can also be increased.

11. Protocol for Home Visits

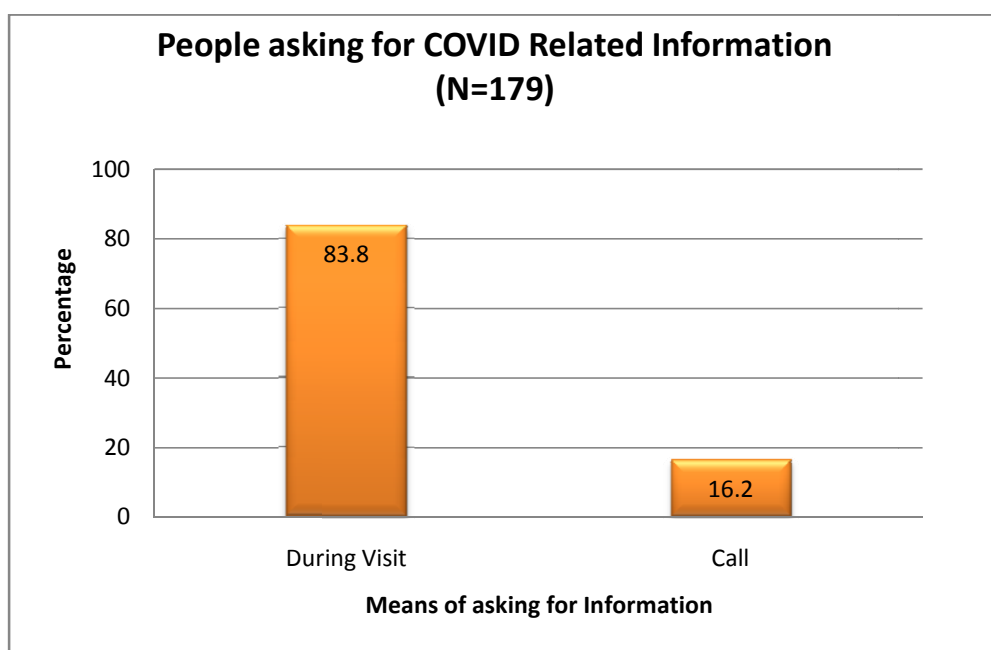
Before COVID, ASHA workers were engaged in regular home visits to monitor and keep a regular check on the health of women and children. With the lockdown due to COVID, this function cannot be stopped because it will increase the health risks of women and children of the GP. Therefore, new methods must be adopted by the ASHA workers to continue home visits while maintaining precautions to not increase transmission of the disease.



The above graph shows that out of the 155 ASHA workers, 60% were maintaining social distancing while carrying out home visits. 51.6% were wearing masks. 29.7% were using sanitizers and 24.5 % were practicing hand washing. Maintaining these hygiene practices are a must. Hand washing has still not come into practice.

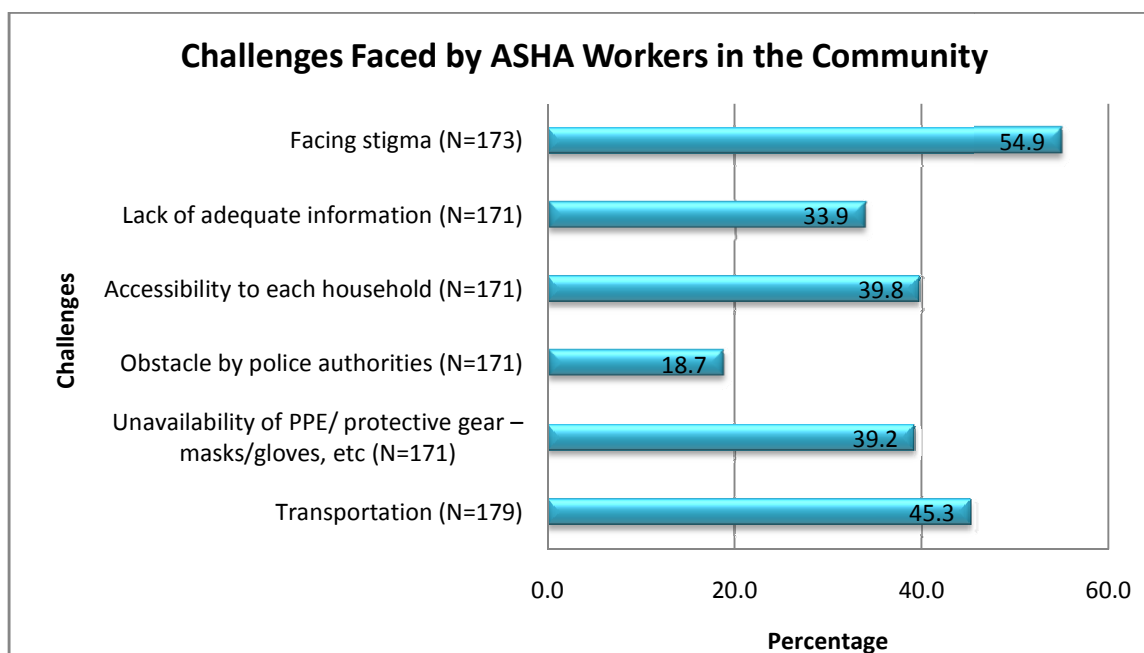
12. Community Awareness

Out of a total of 179 ASHA workers, 89.9% claimed that they were involved in counselling and information dissemination. ASHA workers were also asked whether households are asking about information related to COVID. 138 out of 179 (77.1%) were asked for information regarding COVID. Therefore, it can be concluded that there is an interest in the households to voluntarily find out more about the disease and how to stay safe. That reduces the risk of transmission and spread to some extent. The graph below represents how the households were reaching out to the ASHA workers for information regarding COVID.



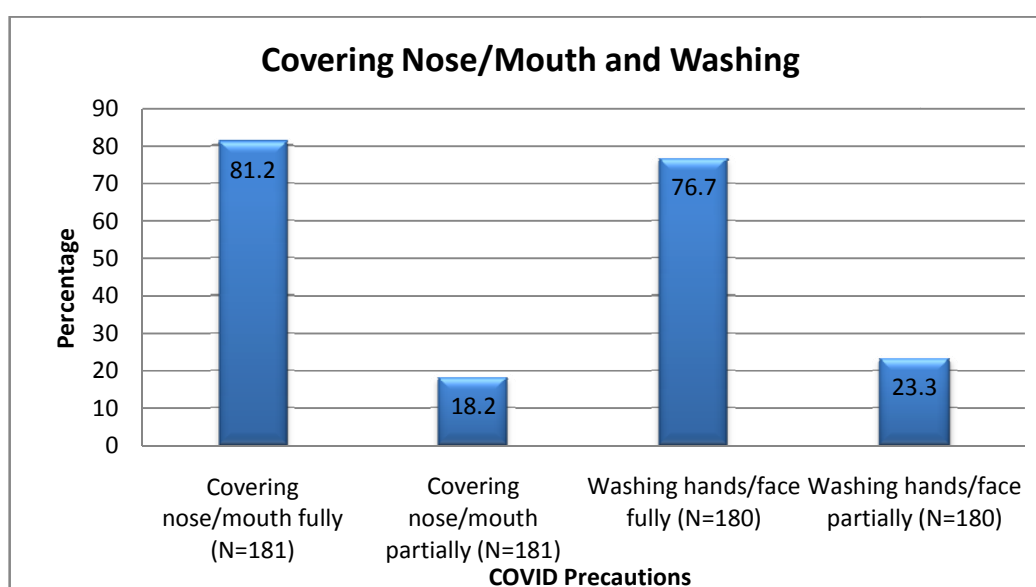
13. Challenges faced by ASHA Workers in work in the community

The study aimed at understanding the challenges faced by ASHA workers while working in their community during this health crisis. Out of 173, approximately 55% of ASHA workers indicated that the biggest challenge faced by them during their work was facing stigma. Another emerging challenge is that of transportation, where out of 179, 45.3% indicated that they face problems with transportation. This translates into a serious problem since lockdown measures impose certain restrictions and one of which is on travelling. In this study the ASHA workers did face issues in travelling to the GPs in which they serve.



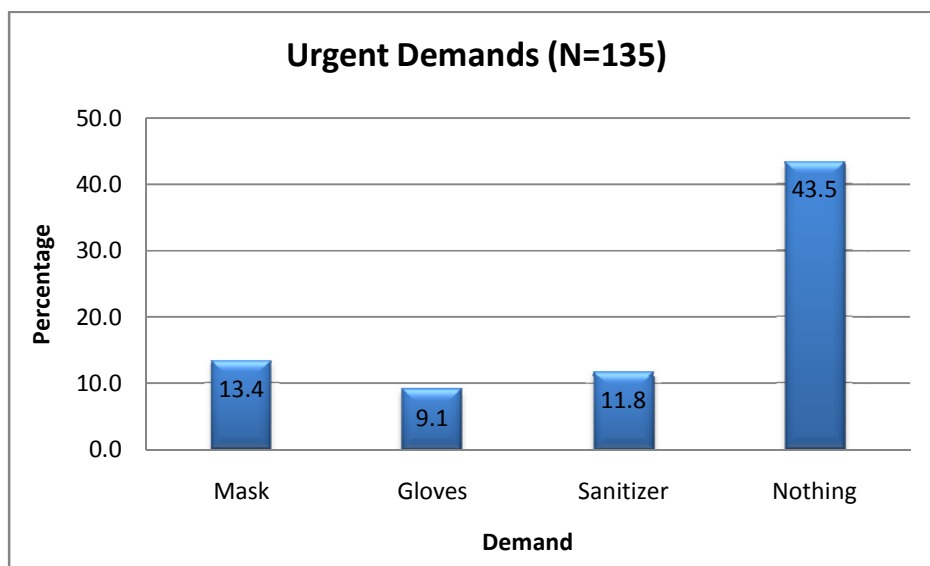
14.Sanitation and Hygiene

Through the graph below, it was enquired from the ASHA workers about the sanitation and hygiene practices followed in their respective GPs. Out of 181, a majority (81.2%) of the ASHA workers have indicated that people in their village cover their mouth and nose fully. Another positive response emerging is that out of 180, 76.7% of the ASHA workers in the study have indicated that people in their GP wash hands and face fully. However, as mentioned earlier in the AWW study, these responses are in lieu of lockdown measures and these habits might have changed after the lifting of lockdown.



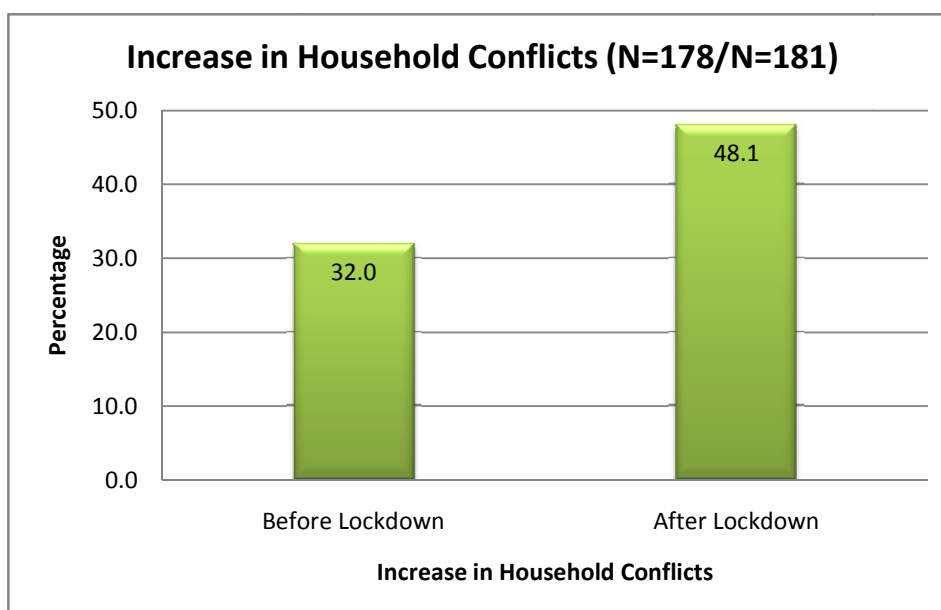
Out of a total response of 179, the ASHA workers in the study have indicated only 47.5% of the GPs have hand washing stations where people might gather.

15. Urgent help needed by ASHA workers



The ASHA workers in the study were enquired about their urgent demands that would help them in functioning better keeping in mind the ongoing health crisis. Out of 135, the majority (43.5%) of the ASHA workers feel that they do not require anything urgently. The details are represented in the graph above.

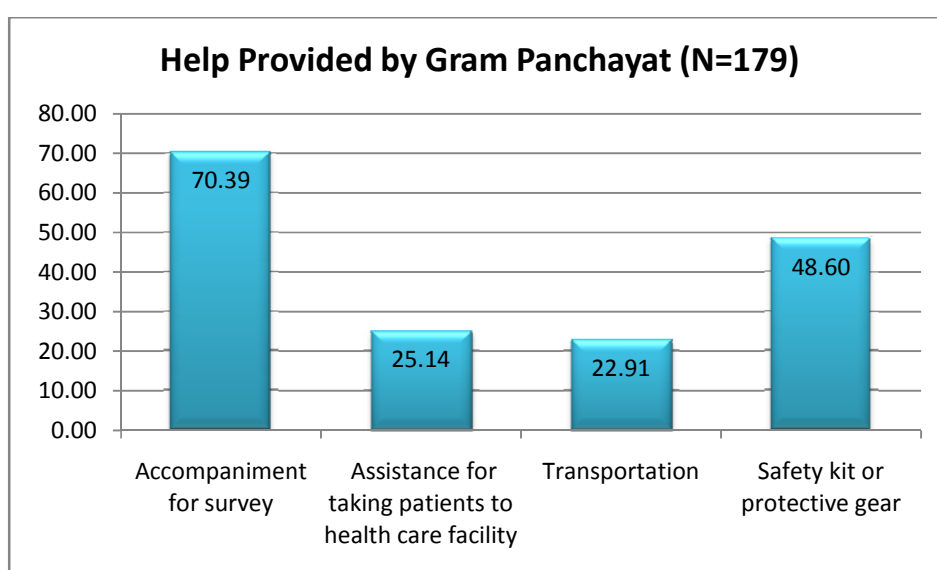
16. Family conflicts during Lockdown



The study looked at the perspective of ASHA workers on household conflicts before and after lockdown. Out of 178, 32% of ASHA workers feel that there were conflicts in households before lockdown. These responses have increased slightly after lockdown and out of a total response of 181, 48.1% of ASHA workers have indicated that there were conflicts in households after lockdown.

17.Support Provided by Gram Panchayat

For the service providers like ASHA workers working at the local level, it is necessary that there is some level of support provided by the GP of the village in which they are working. In this study, approximately 83% out of the 179 ASHA workers have indicated that the GPs in their village have provided support to them in their work.



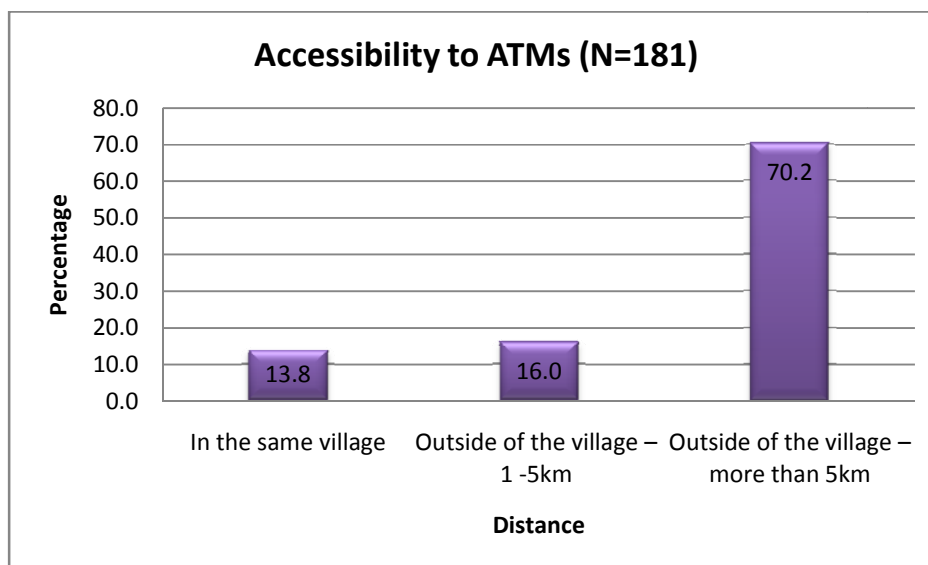
The ASHA workers were also enquired about what kind of support is provided to them by their GPs. Out of 179 ASHA workers, a majority of them (70.39%) indicated that the GPs accompanied them for their survey work. Following this, approximately 48.60% of the GPs also provided safety gear like masks and sanitizers to the ASHA workers. This is much needed and requires more contribution by the GPs since ASHA workers come into contact with different households in their day to day discharge of services. The provision of safety kit is required to prevent the spread of Covid-19.

18.Access to Essential Supplies

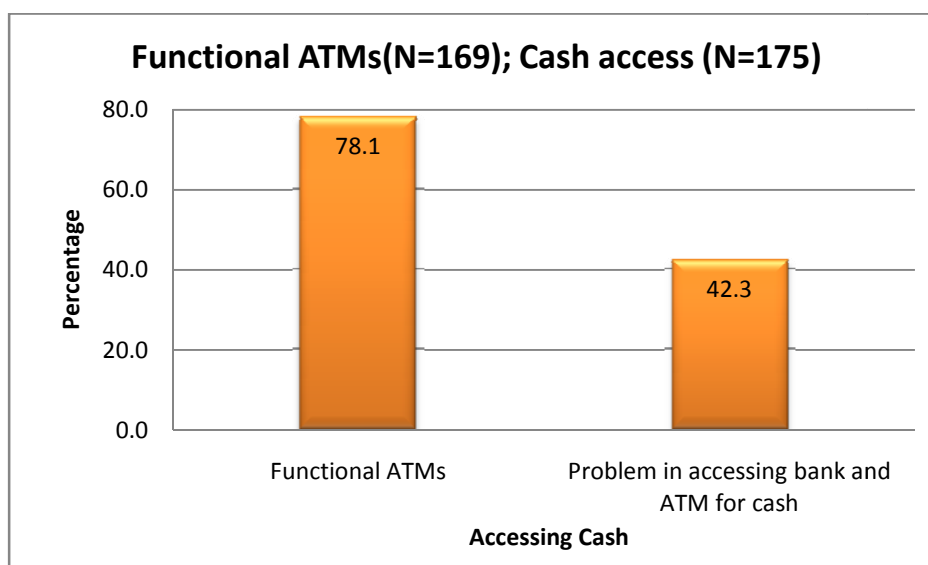
Out of 180 ASHA workers, 34.4% percent of them across the state of Gujarat in the study have reported that there are important essential supplies (food items and soap etc.) that people are finding it difficult to access. Although this is not true for around 65% GPs, it cannot be ignored as restriction in the access of essential services due to lockdown measures can have a detrimental effect on the health and hygiene of the people.

19. Access to ATM and Banking Services

The closest ATM according to the 70.2% of the ASHA workers in the study is outside the village and requires a travel of more than 5km. Access to cash to buy essential items was critical and if the ATMs are far from the GP it will expose more people to the risk of contracting Covid-19 by increasing the travel time and the time spent outdoors. Only 13.8% have claimed that ATMs are within the village.



Apart from accessibility to ATMs, it is also important that the ATMs are in working condition and that people can also access the bank for cash withdrawals. The graph below represents the working condition of ATMs and accessibility to functional banks for cash.



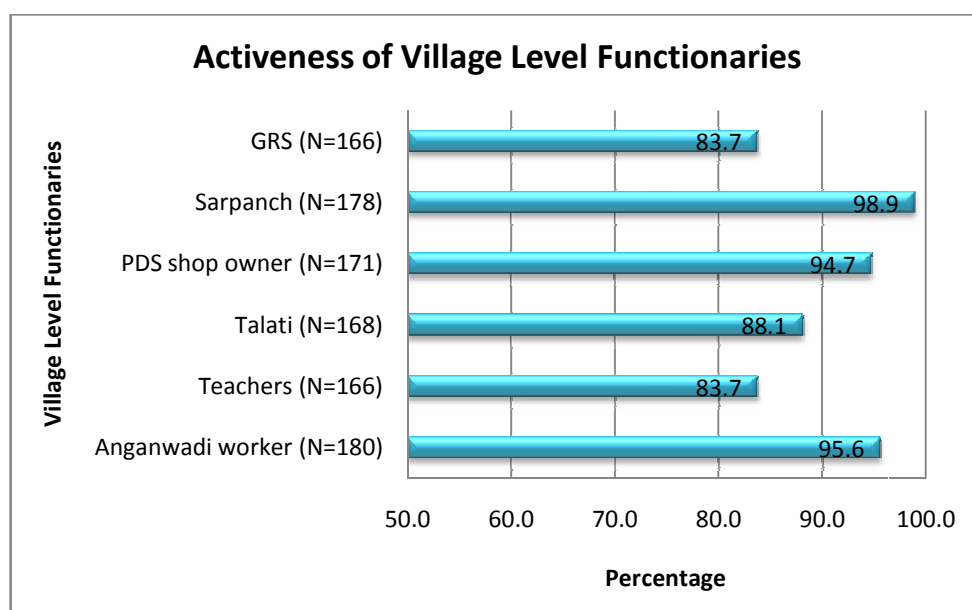
20.Migrant camps/ quarantine facility

Migrant camps are important to keep the in-migrating people in quarantine so that the risk of transmission to the rest reduces. 43 (23.9%) out of 180 GPs have migrant camps. Out of 88 ASHA workers, they have recorded the total number of people living in these camps as 1540. When asked about how the people in these camps are getting food and other support, again like in the study of AWW workers, a generic response was recorded. 157 ASHA workers have indicated that only 47.8% of the people living in these camps are receiving food or other support. This greatly increases the vulnerability to health problems for the people living in these camps.

21.Social Security

In order to understand the state of social security schemes, ASHA workers were asked about pension. 132 out of 180 (73.3%) ASHA workers have indicated that the social security pensioners are regularly receiving pension.

22.State of Activeness of Village Level Functionaries during lockdown

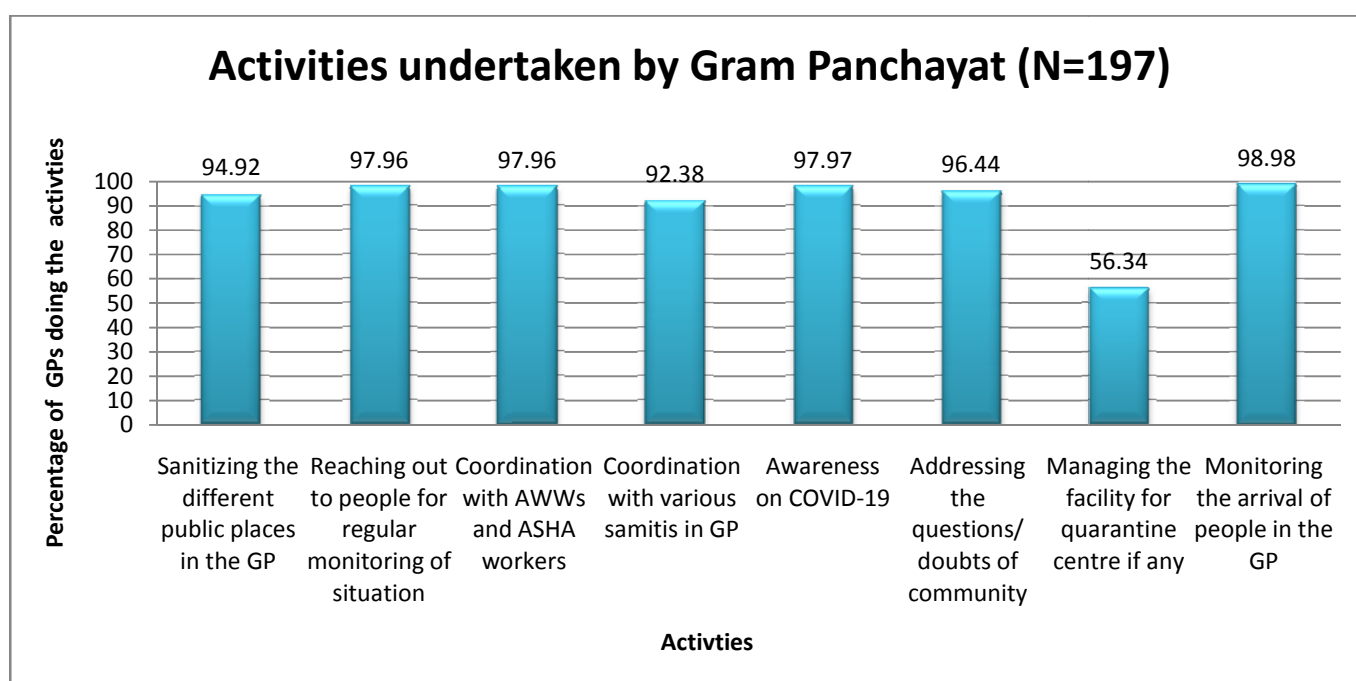


The ASHA workers have also been enquired about their perspective on whether the village level functionaries are doing their routine work. A majority of ASHA workers have indicated that the Sarpanches (98.9%) in their respective GPs were doing their routine work during the lockdown. This is a positive response as being the head of the village a Sarpanch is required to be the first responder in such a health crisis. This was followed by AWW workers (95.6%), which translates into a positive effect on health and education of children. The PDS shop owners have also played an active role in providing ration which translates into promotion of food security especially in a situation like lockdown.

Institutional Response to COVID-19 – Gram Panchayat

1. Activities undertaken by Gram Panchayat for responding to COVID-19

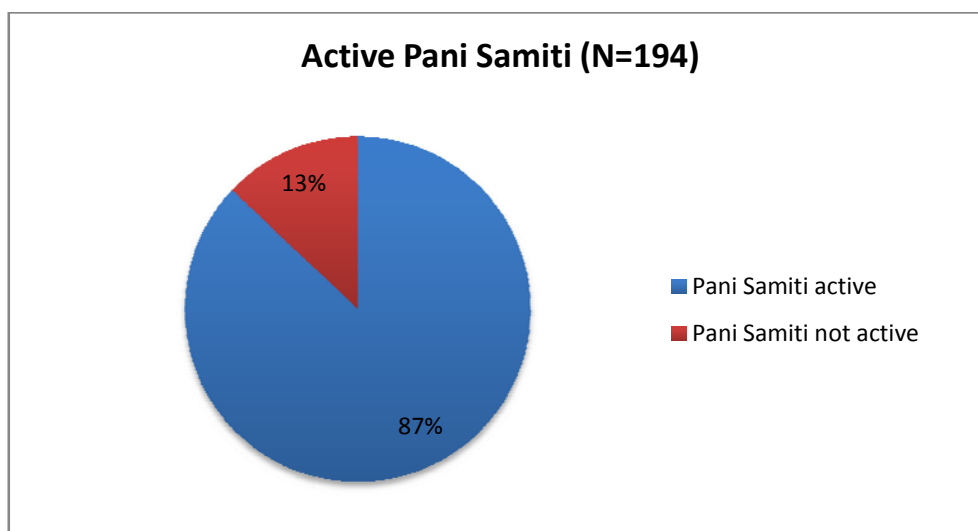
Through the study, the main actions for responding to COVID-19 were identified and enquired from the Sarpanches. These included eight types of activities that are represented in the following chart.



The above graph clearly represents that 7 out of 8 the activities are being done by majority of the Gram Panchayats. The only exception is the activity for managing the facility for the quarantine centre, which only 56.34% of the GPs are doing. The probable reason for this is that not all GPs have institutional quarantine facilities. Most of them have been doing home quarantine for those coming from outside or with some symptoms. According to the study, only 50 of 197 GPs have a migrants' camp/ quarantine facility in the village.

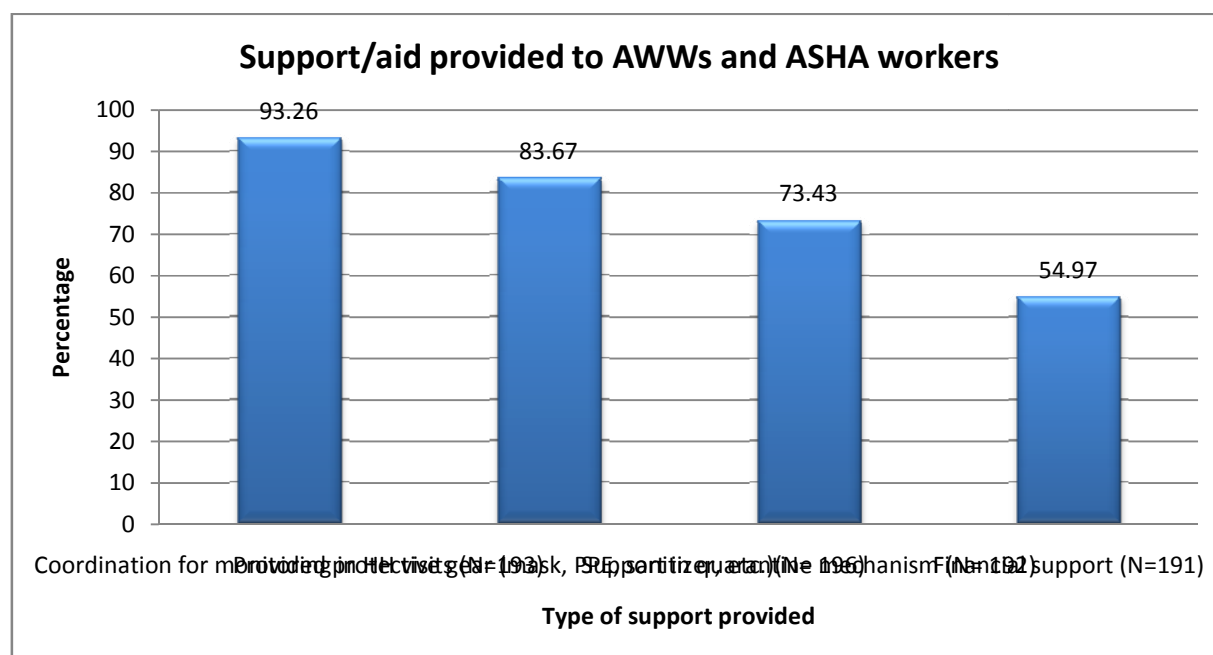
2. Functioning of PaniSamitis

194 Sarpanches responded to whether the PaniSamiti is active in the GP or not. It has been found that 169 GPs (87%) have active PaniSamitis. This indicates that the management of water resources has been taken care of by the members of the PaniSamitis during the lockdown. Generally, there is representation of PRI members in the committee as well, hence their involvement in ensuring drinking water to the community members.



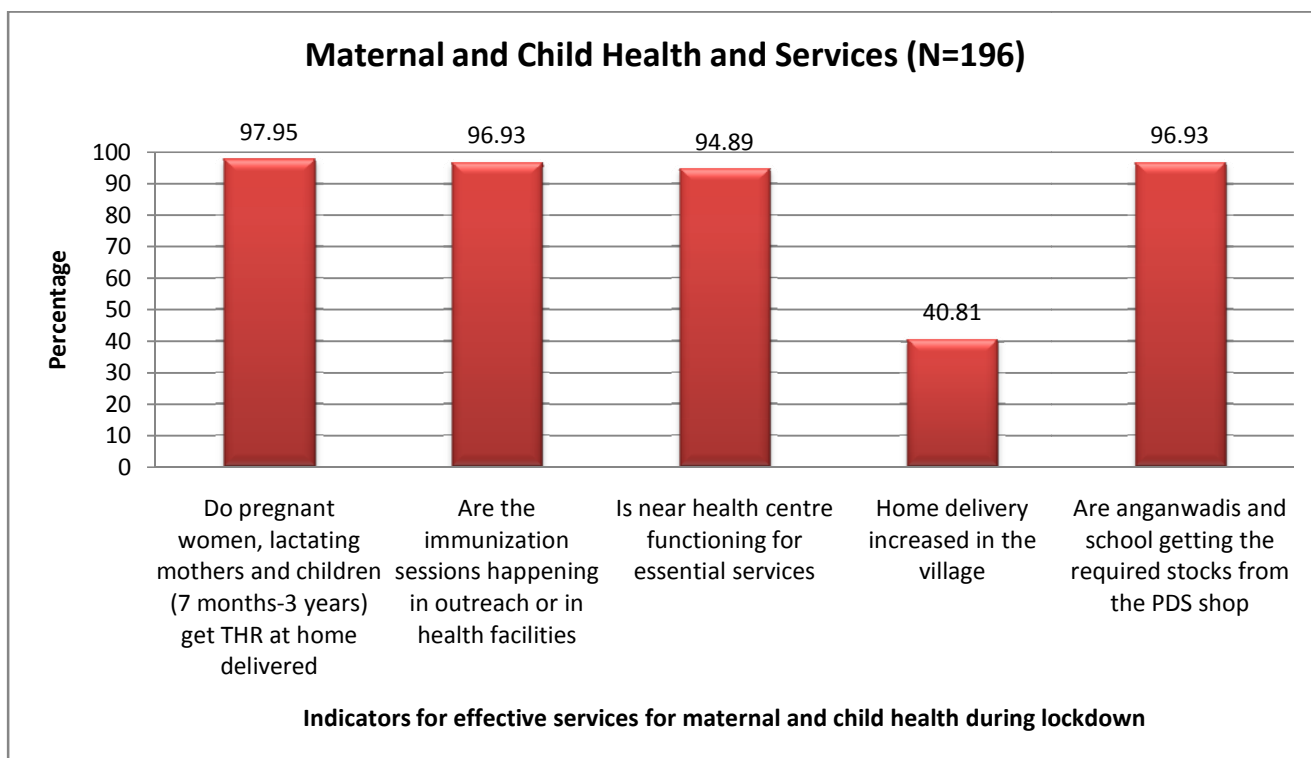
3. Support/aid provided to AWWs and ASHA workers

Through the study, it was intended to find out what kind of support has been provided to the AWWs and ASHA from the Gram Panchayat during and post the lockdown. The following chart shows that a majority of the GPs were in regular coordination with the health functionaries and assisted them for monitoring the people during the household visits. Similarly, a considerable number have provided protective gear to them and supported in the quarantine mechanism in the GP. However, 105 out of 191 respondents have been able provide financial support to AWWs and ASHA workers.



4. Maternal and Child Health and Services

The services related to the mother and child health care, are mostly functioning. According to the responses recorded for the Sarpanches, services for provision of THR, immunization, functioning of health centres and provision of stocks from PDS shop have been operative during the lockdown.

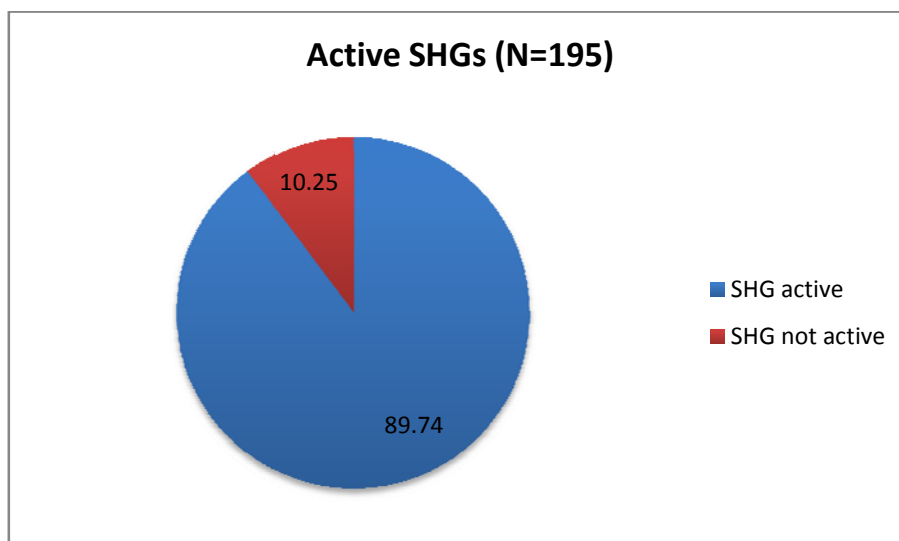


However, as represented in the above chart, 80 out of 196 respondents (40.81%) said that home deliveries had increased in the GP during the lockdown. This is a concerning number, indicating that in around 41% of the GPs did not have access to hospitals for institutional delivery due to the lockdown (it may be due to inaccessibility to transportation, functioning of health facility, etc.).

5. Movement to ration shops, banks and health centres to access these services during lockdown

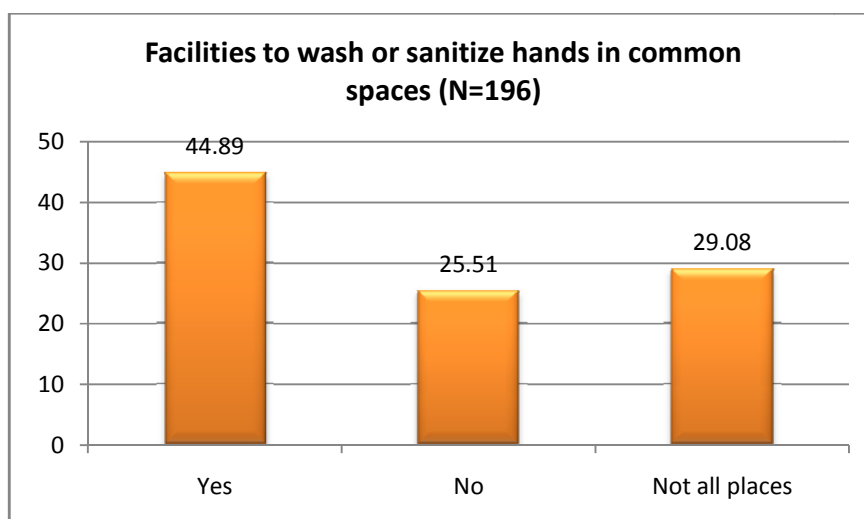
On being asked, whether people were being stopped to go to the ration shops, banks and health centres, 59 out of 196 respondents (30.1%) mentioned that this was the case. This means that people from these GPs had a difficult time in accessing these services during the lockdown; it also means that in remaining 69.9% GPs people were able to access these critical services.

6. Active Self-Help Groups (SHGs)



The linkage of GPs with SHGs is crucial from the self-sustained development of the GP, creating income generation avenues, building women leadership and empowerment for the women in the community. 175 out of 195 Sarpanches (89.74%) have said that the Self-Help Groups (SHGs) have been active during the lockdown. This is a positive indicator from a livelihood purview, showing that the women associated with these SHGs were able to engage in income generating activities. There have been several instances, where the SHGs have prepared and distributed masks free of cost during the lockdown as well.

7. Facilities to wash or sanitize hands in common spaces



To understand the precautionary measures taken by the local offices where a lot of people are gathered, the Sarpanches were asked whether there are any facilities to wash or

sanitize hands in common spaces (around shops, ATMs, Banks, Talati office) etc. While 88 GPs (44.89%) had these facilities and 57 GPs (29.08%) had them at some locations, 50 GPs (25.51%) did not have any facility to wash or sanitize their hands in these common places which are at high risk of transmission.

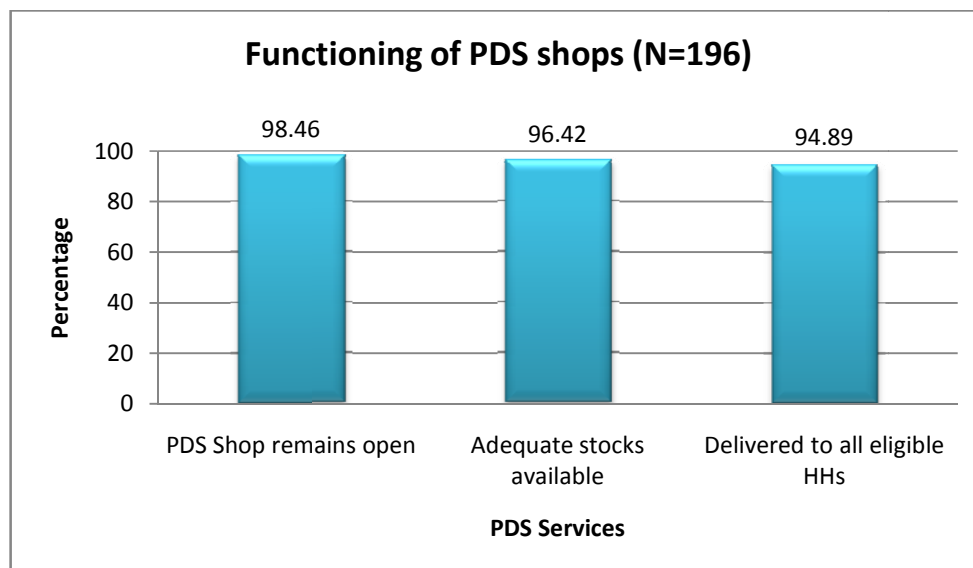
8. Cash/transferring funds in lieu of mid-day meal by SMC

Members of the School Management Committee (SMC) were supposed to be providing cash or transferring funds in place of the mid-day meal provided at the schools during the lockdown. 176 out of 195 Sarpanches (90.25%) said that the SMC members have been active during the lockdown in providing this service to the households of the children enrolled in the school. Even though less in number, there are GPs (9.74%) in which the SMC members have not been able to do so, which indicates that the children of these GPs did not have access to this resource which is their entitlement.

9. Functioning of PDS shops

There were three specific questions regarding the functioning of the PDS shops.

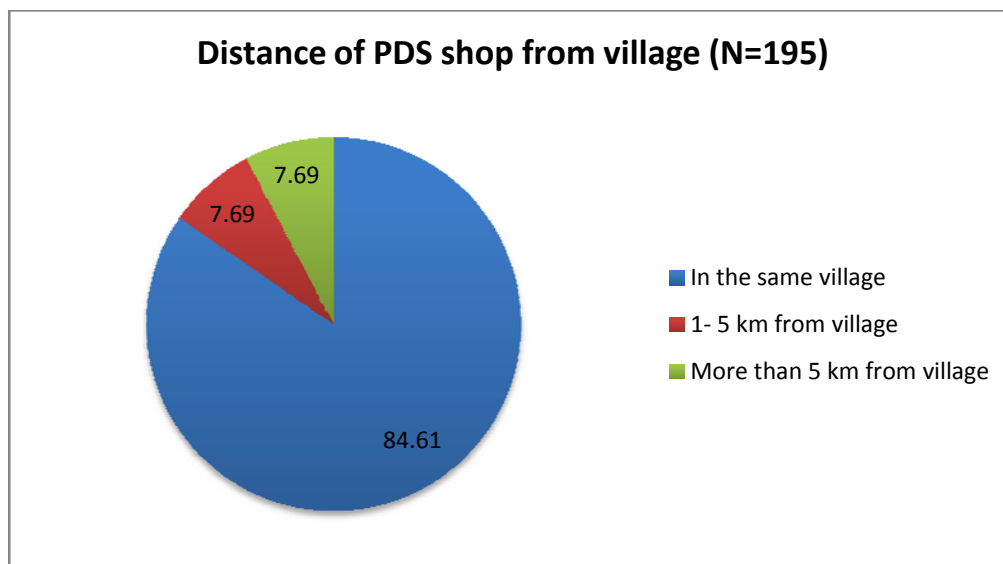
- i) Whether the PDS shop remains open
- ii) Whether adequate stocks are available
- iii) Whether ration is getting delivered to all eligible HHs



According to the responses of the Sarpanches of 196 GPs, it can be seen from the above graph that the functioning of the PDS has been very good during the lockdown. With the relief schemes announced for COVID-19, all major ration provisions were/are to be coordinated and implemented through the PDS. Hence, the functioning of the PDS has been

crucial to responding to COVID-19 in terms of providing ration to the eligible people and the vulnerable groups in the community.

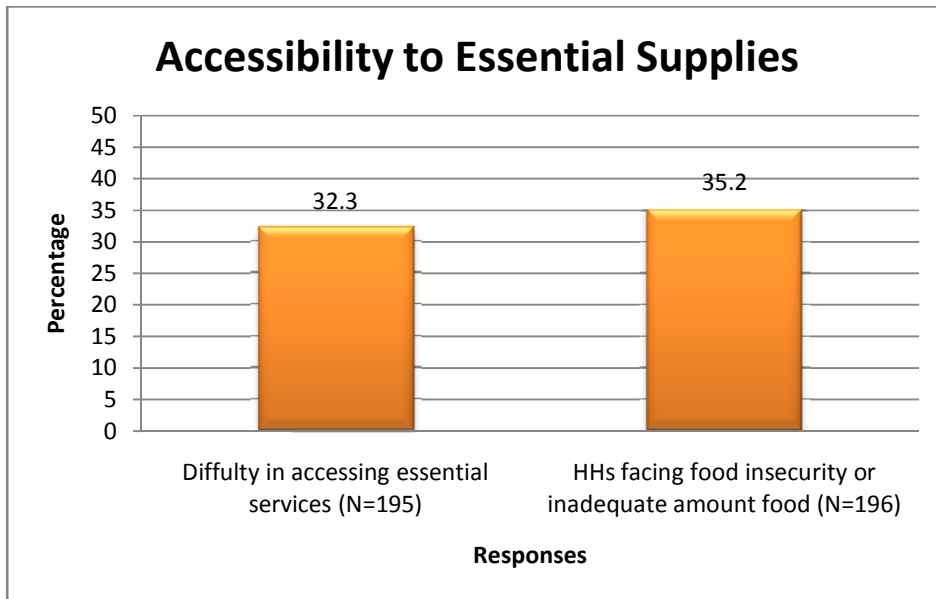
10.Distance of PDS shop from the village



Apart from the functioning of the PDS shop, the distance of the shop from the village also determines the accessibility of people to the ration they are entitled to. Even though 165 out of 195 GPs (84.61%) have the PDS shop in their own village, 15.38% of people needed to go to a different location to get ration. Within this, 7.69% GPs had PDS shops at more than 5 km from their village. Even though it is small percentage, this means either they had to arrange transport or walk to get there. During the lockdown, this would have been very difficult as there was no transport was available and the police was stopping people to be outside on the roads.

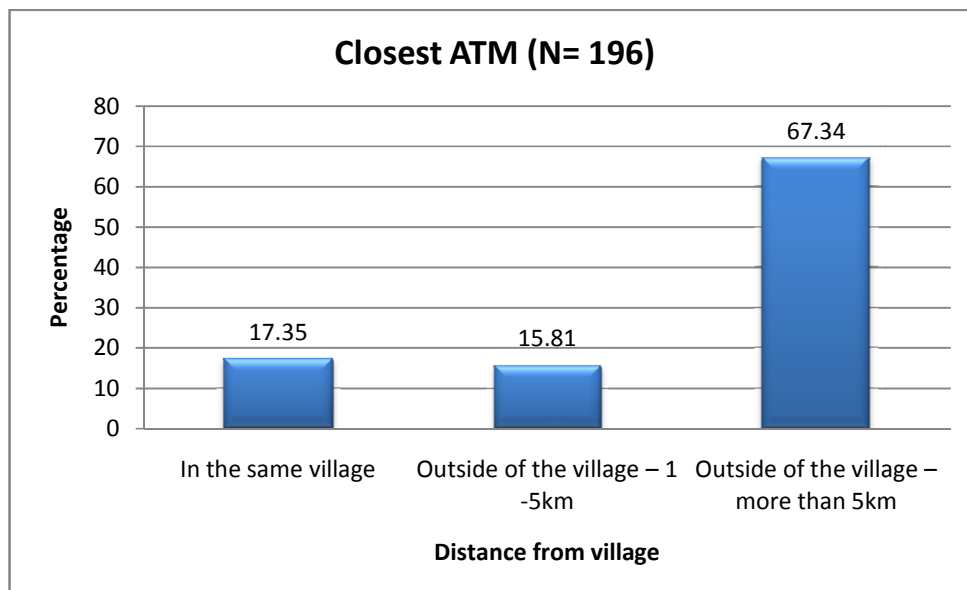
11.Access to essential supplies and ration

Due to the lockdown, many shops and suppliers of essential commodities had stopped functioning, which led to problems in accessibility of these goods. This not only increased the economic downfall of these regions with closed services, it also led to food insufficiency and insecurity issues. Absence of shops to buy soap also led to increased lack of hygiene. 63 out of 195 GPs (32.3%) GPs reported difficulty in accessing essential supplies such as food and soap. 69 out of 196 (35.2%) households in the GPs reported facing problems of food insecurity. This will have a long-term impact on the nutrition status and hygiene practices of the GPs.

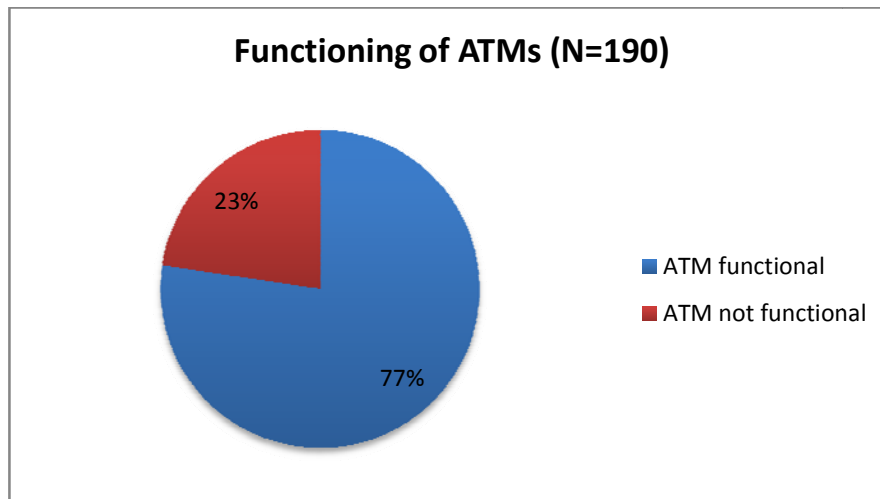


12. Banking and ATM services

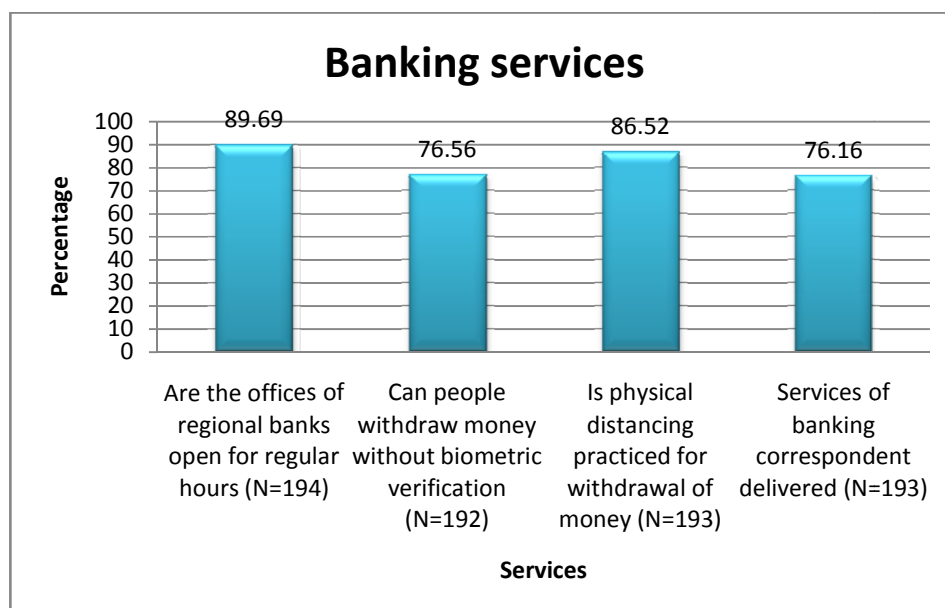
Access to ATMs became essential during the lockdown. The relief amount was getting deposited in the bank accounts of people, but people needed cash. Especially since daily wage earners were unable to go to work. This can lead to a lack of disposable income which is essential to purchase essential goods such as food, medicines, soap, etc. However, out of 196 GPs only in 34 (17.35%) of the GPs, the ATMs were easily accessible within the same village. 132 GPs (67%) of the GPs, the ATMs were more than 5 km away from the GP. This means increased inaccessibility to cash for essential purchases, emergencies, thus, putting them at high risk.



As it can be seen in the chart below, out of 190 respondents, 147 (77%) have said that the ATMs are functional.



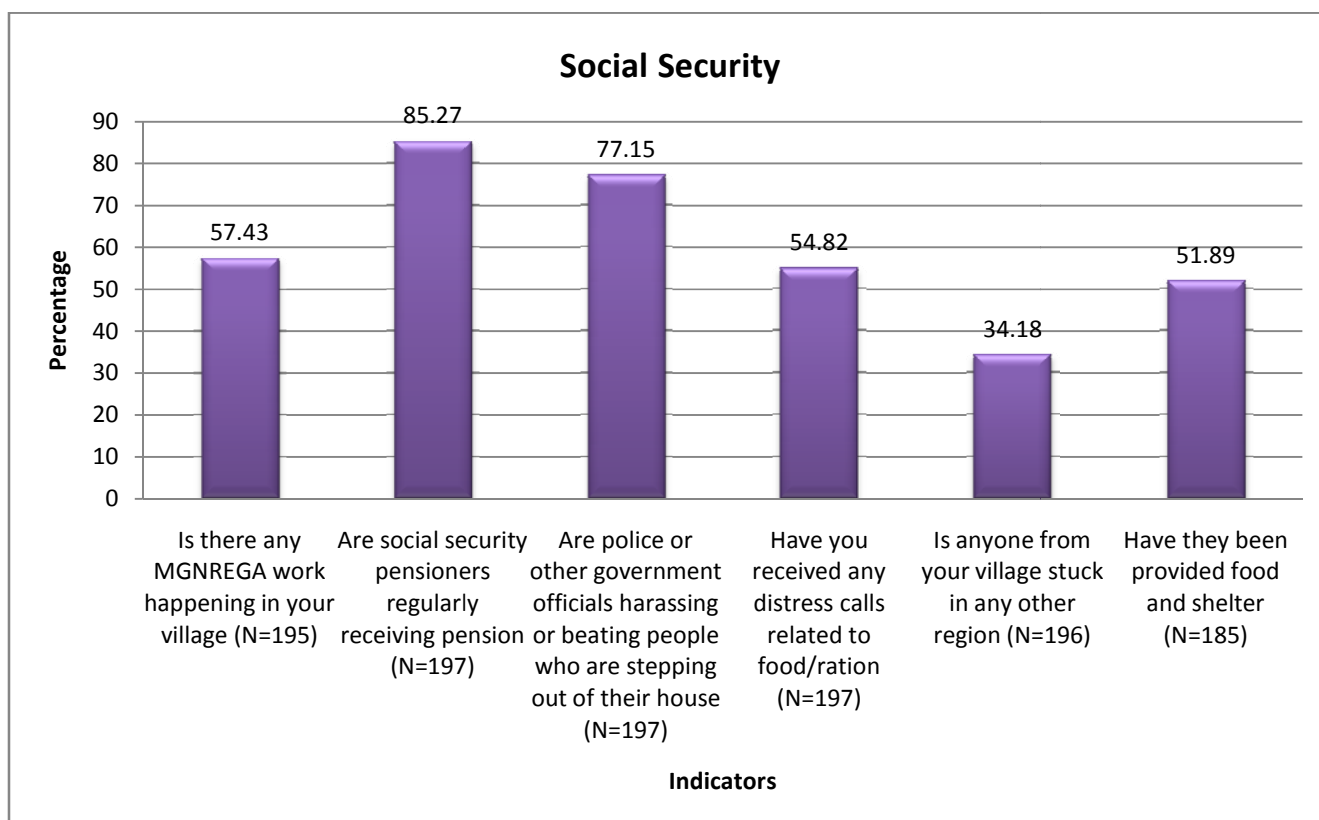
174 out of 194 GPs had regular banking services. Like all other services, banking services also went through changes due to lockdown and additional precautions for COVID. It is essential to maintain hygiene considerations in banks as well to ensure the least amount of transmission of the disease. It was found out that 76.56% of the people in the GPs were able to withdraw money without biometric verification. This improves their chances of safety from COVID. 76.16% of the people reported that services of banking correspondents are still being delivered. 86.52% people reported that physical distancing was being practiced during the withdrawal of money. This is essential so as to keep transmission of COVID to a minimum.



13. Migrant camps/quarantine facility

With several migrant labourers returning to their villages after the lockdown, it has become essential to set up a migrant camp or a quarantine facility where these returnees can stay for the isolation period of 14 days. This ensures that if the disease has been carried by any of the migrants back home, it will not be transmitted to anyone else in the village outside the facility. However, 51 out of 189 GPs(26.89%) GPs have migrant camps or quarantine facilities set up. This increases the risk of transmission of COVID for the rest of 73.11% by a large extent, because it is difficult to practice home isolation in the limited spaces available in the village households. Out of these 51 GPs, food and other support is being provided in 47 GPs by the Panchayat. According to the responses of 31 Sarpanches from these 51 GPs, in total 4343 people are staying in these camps/ quarantine facility.

14. Issues of social security



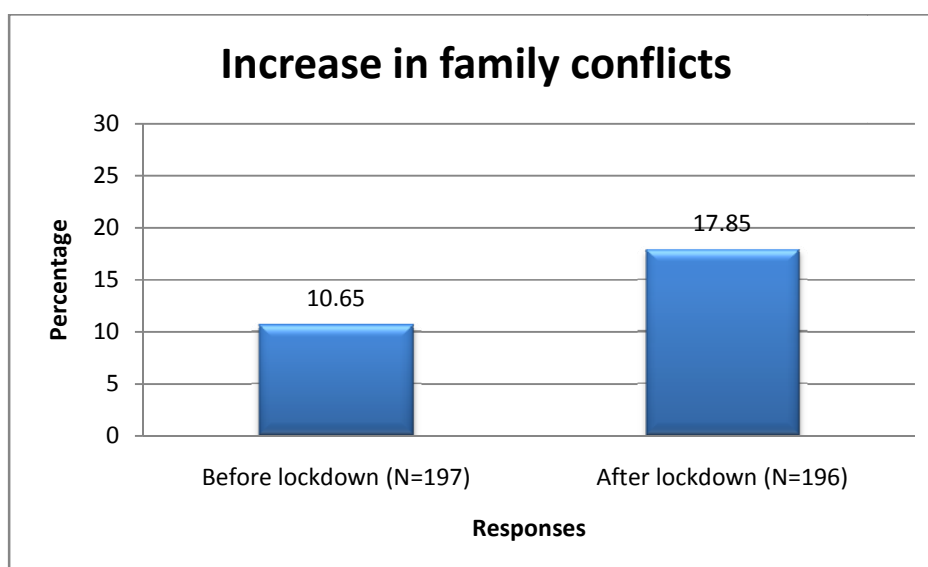
Social security entails everything from food, shelter, social safety, employment, pension schemes, etc. Social security is important for villages in general situations as well to make their lives more secure from external threats such as nutritional, deficiencies, starvation and unemployment. In the situation of COVID, it is increasingly important as it increases the vulnerability of certain groups such as the elderly, unemployed and those who are not able to leave their houses to get food and other items of necessity.

The purpose of this question is to understand how social security can be improved in the GP. The graph represents the various indicators to determine the situation of social security in the GPs. According to the study, work is being done in 112 out of 195 GPs (57.43%) under MGNREGA. Pensions are something that is being provided regularly in a majority of GPs (168 out of 197 GPs – 85.27%).

The stringent lockdown observed a lot of harassment on the part of the administration and police. This is also reflective in the above graph, which shows 77.15% of Sarpanches have seen people being harassed or beaten up by police officers on leaving their house.

15. Family conflicts during the lockdown

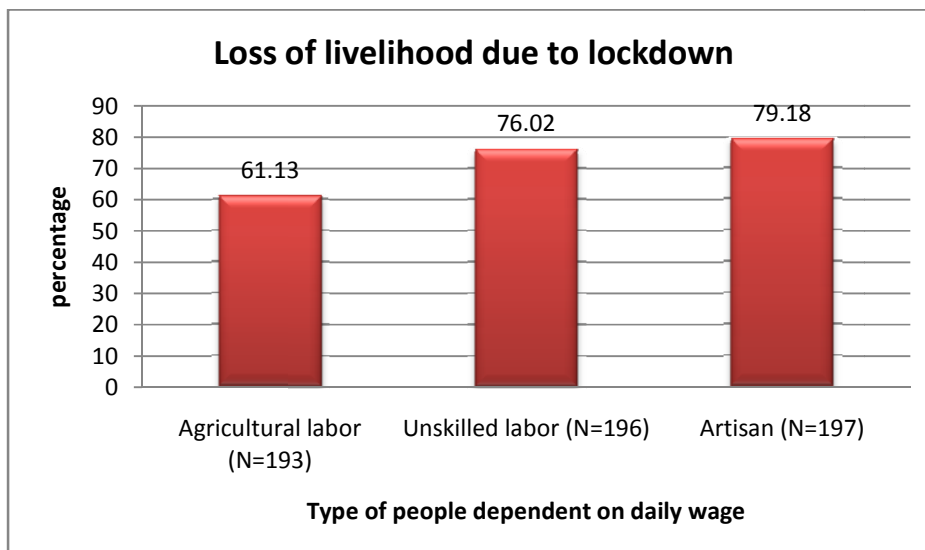
With migrant labourers returning to their villages, there is an added strain on resources and space. Along with that, due to the lockdown, all members of a household are at home. These factors may have led to an increase in conflicts among household members after the lockdown. The purpose of this question is to understand if that is the case or not. 10.65% of the respondents were of the view that there were more conflicts before the lockdown and 17.85% think that they have increased after the lockdown.



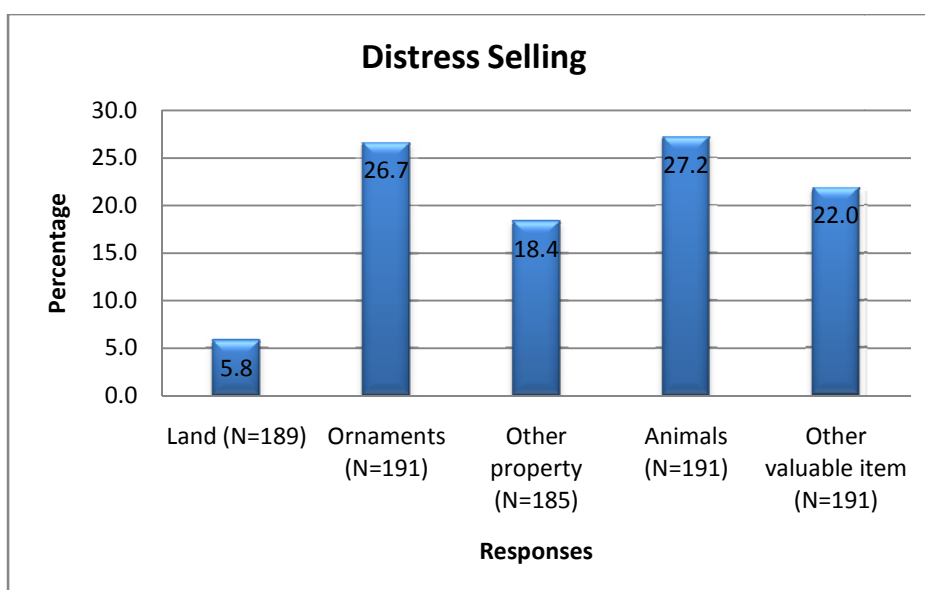
16. Loss of livelihood and distress selling

The biggest setback was faced was by daily wage earners and labourers who were unable to go to work due to lockdown rules. They lost their livelihood and their only source of income. The purpose of this question was to understand which set of daily wage earners were most affected. It can be seen from the following graph, artisans were most affected with 79.21% artisans (in 156 out of 197 GPs) losing their livelihoods. The situation is similar is for unskilled labourers (76.02%) lost their sources of income as well. Even agricultural labourers were impacted with 61.62% of them losing their livelihoods. All

three numbers are very concerning as this greatly increases the vulnerability of these people and their families who depend on the daily wages for survival.

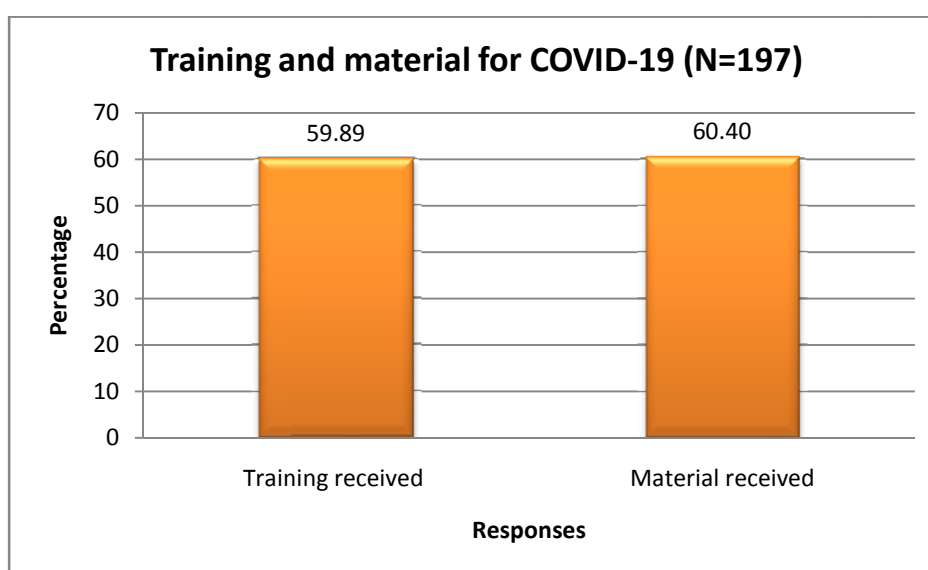


As mentioned earlier, the condition of labourers is very poor in the face of the lockdown. In situations like this, people often resort to distress selling. In most cases, animals which are very important assets for survival for certain communities across Gujarat and ornaments were being sold (27.2% and 26.7% respectively). 5.8% people also sold their lands and 18.4% people sold other properties. This practice increases the vulnerability of the people as it reduces the number of assets in their name and are mostly sold to be able to survive against the situation of unemployment and debt.



17.Capacity Development

Through the study, it was enquired from the Sarpanches whether they received any kind of training on identifying and referring potential COVID-2019 positive cases (from Government/ CSO/ anyone else). The result emerging from the responses is that approximately 60% of Sarpanches in the study indicated that they did receive such training and received Covid-19 related materials. This reflects on the level of preparedness of the GPs in this study where approximately 40% of the Sarpanches received neither training nor Covid-19 related materials. These are important factors to build capacity in the local context.



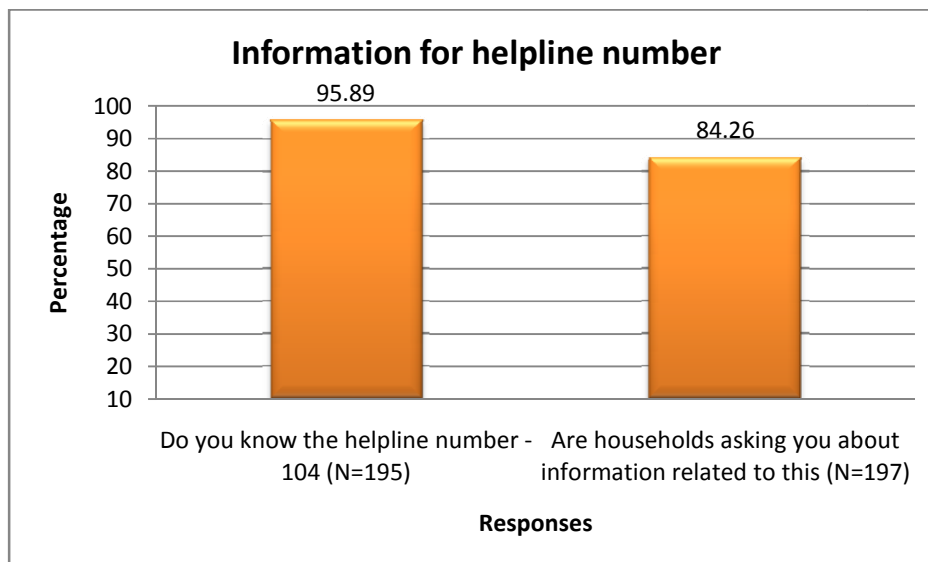
The medium through which training and material related to COVID-19 was provided, is depicted in the following table. The most used medium has been WhatsApp, followed by Zoom.

S. No.	Medium of receiving training	Value	%
1.	WhatsApp	137	95.13
2.	Zoom	5	3.47
3.	TDO	1	0.69
4.	PHC	1	0.69

18. Awareness initiatives

In 134 out of 196 GPs (68.36%) there had been an awareness drive related to Covid-19 according to the Sarpanches who responded in this study. This reflects on the level of

initiative taken by the Sarpanches to spread awareness about the pandemic in their respective GPs.



Through the study it was aimed to understand whether the Sarpanches know the Covid-19 helpline number and whether households in their GP seek this information from them. 187 out of 195 (96.5%) of the Sarpanches in this study indicated that they knew the Covid-19 helpline number, while it was also indicated by them that approximately 84% of the households in their respective GPs were seeking this information from them.

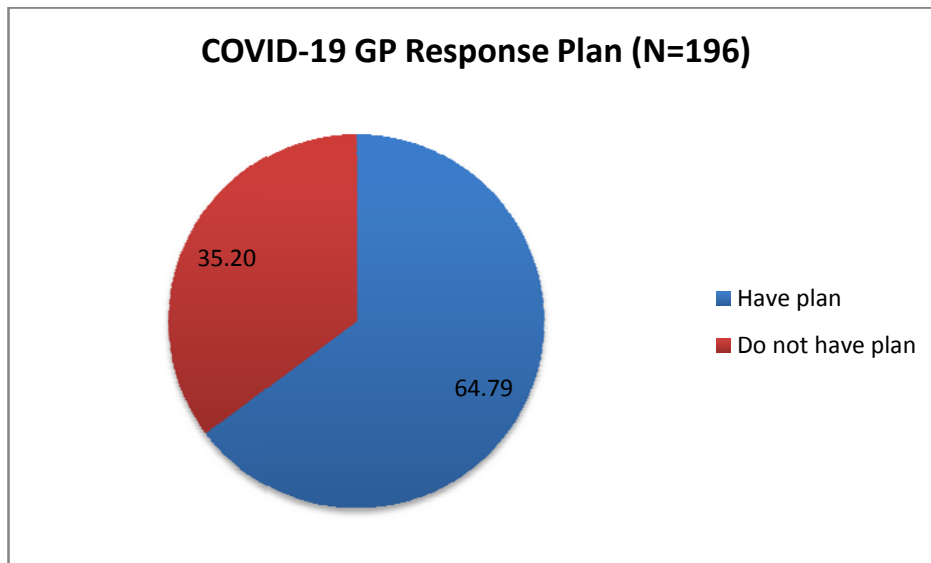
S. No.	Medium of reaching out (N=196)	No. of responses	%
1.	WhatsApp	13	6.6
2.	Call	137	69.9
3.	During Visit	147	75.0

The Sarpanches in the study indicated that majority of the households reached out for the Covid-19 helpline number during visits, while the another important medium was phone calls.

19. Response for COVID-19 by Gram Panchayat

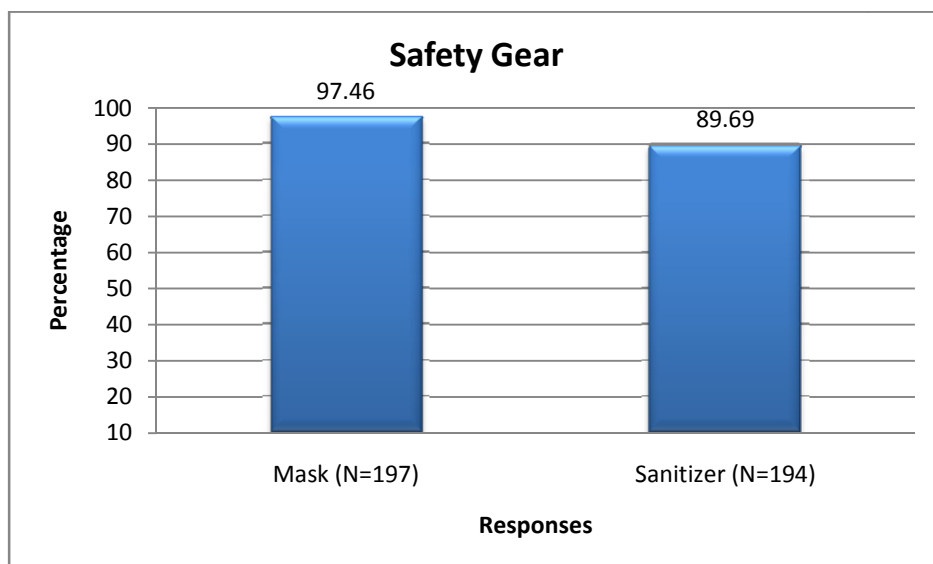
COVID-19 GP Response Plans

The study also aimed to understand the level of response initiated by the GPs. For this, the Sarpanches were enquired whether their respective GPs prepared any organised plan of action for responding to COVID-19 and other related activities. The emerging responses indicated that approximately 65% of the GPs (127 out of 196) have actively responded to the situation of Covid-19 by making an action plan to deal with it. There may not be a plan document but most GPs have decided action points to be done in response.



Safety Gear

The study also attempted to understand whether the Sarpanches have safety gear. The emerging trend was quite positive as 192 out of 197 responses by Sarpanches indicated that they have masks, while 174 out of 194 Sarpanches reported that they have sanitizers. These safety gears are a basic minimum for Sarpanches as during their daily work life in their GPs they come in contact with a lot of stakeholders which exposes them more to the risk of spread of Covid-19.

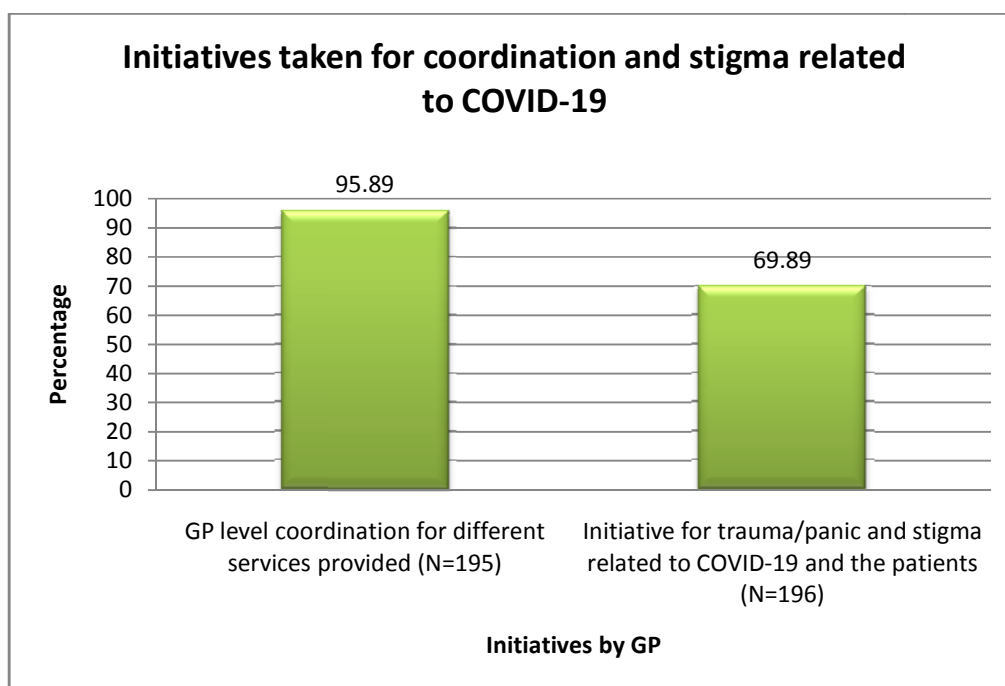


Updates through WhatsApp group

In the study the Sarpanches were also asked if they receive updates through WhatsApp group. The responses indicate that 177 out of the total responses of 193 (91.7%) received updates through the medium of WhatsApp groups. This highlights the emerging and important role of social media in dissemination of updates and other information even at the local level.

Initiatives taken by Panchayats

In order to assess the level of response of Sarpanches in their respective GPs, they were asked about the GP level coordination for different services provided. 187 out of 195 Sarpanches (95.89%) said that such coordination is being done. This means that efforts were put by the GPs to provide the essential and general services to the community through coordination with different service providers such as Anganwadi workers, Asha workers, PDS dealers among other functionaries working in the GP.



Another response effort emerging from the study is the initiative for trauma/panic and stigma related to COVID-19 and the patients. Approximately 70%(137 out of 196) of the Sarpanches indicated that they have taken such an initiative. This is a good number given that not much attention is being given to this issue.As the elected representative of the GP, people bank on the Panchayat for this kind of support.

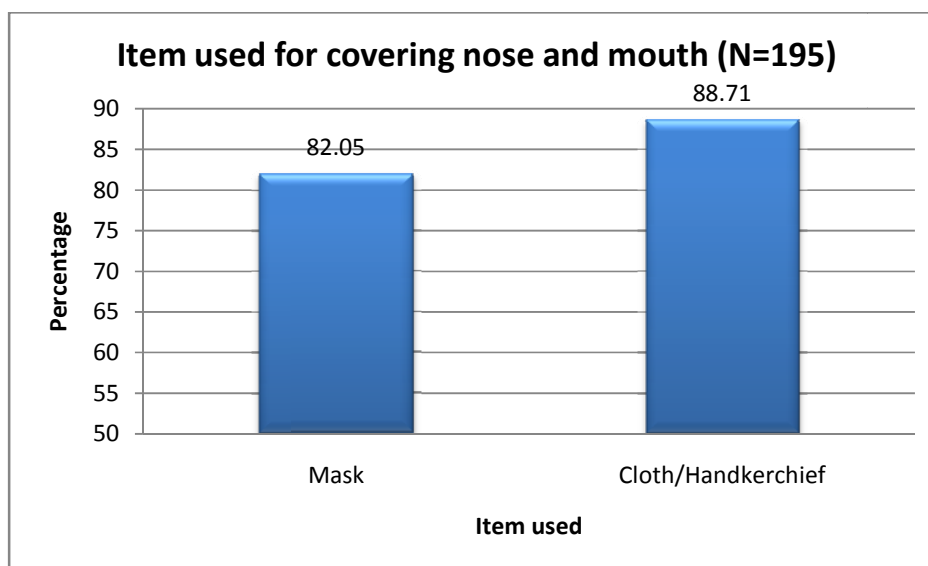
The study enquired the Sarpanches to get a deeper understanding as to what initiatives were taken by them for trauma/panic and stigma related to COVID-19 and the patients. The most recurring initiatives are as follows:

- i) Counselling at individual level
- ii) Effort to create linkages with CSOs that provide counselling services
- iii) Efforts to provide awareness related to true information regarding Covid-19 so that such confusion, panic and rumours can be stopped.

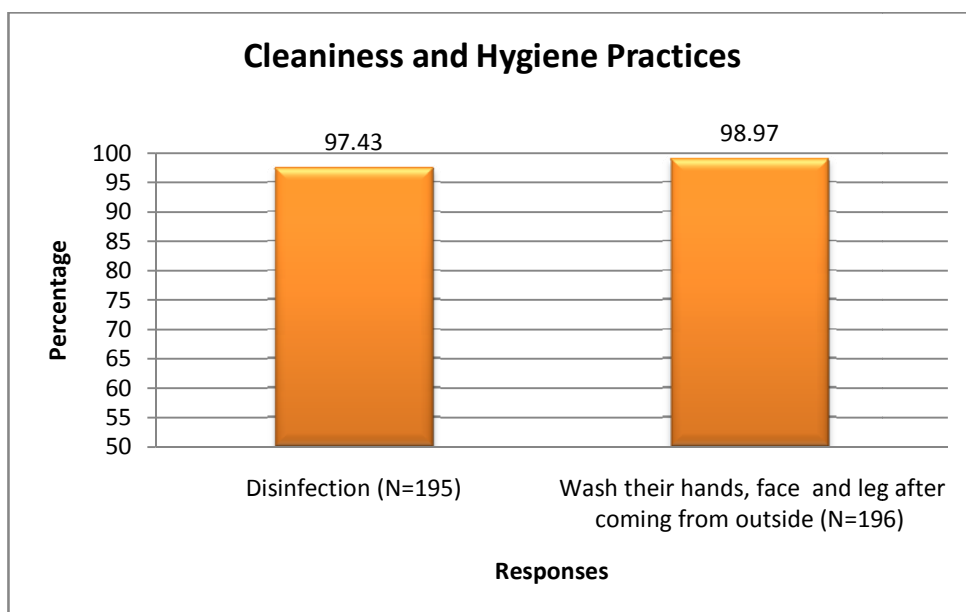
This shows that the issue of mental health has started to be noticed at the local level as well. In a situation like Covid-19 there is a lot of information circulated regarding the topic, some of which is true and some of which is false. Here social media like WhatsApp also plays a role in the spread of both true and false information which can create panic and confusion among the people. The Sarpanches in the study have tried to address these issues through the above mentioned activities.

20. Water, Sanitation and Hygiene (WASH)

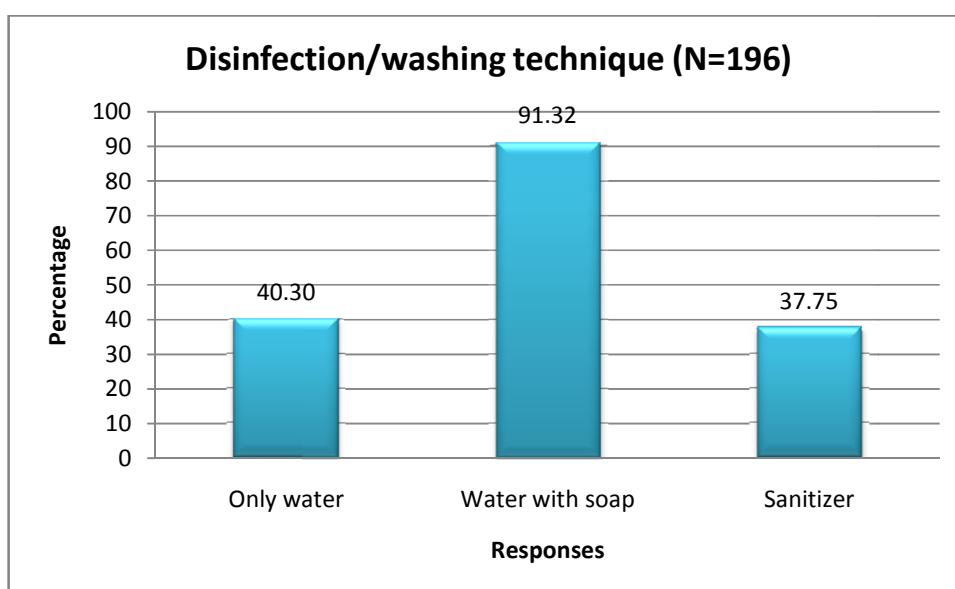
In order to understand the precautions being maintained by people in the different Panchayats, the Sarpanches were asked if they cover their nose and mouth when outside their house. The results showed that 191 out of 195 (97.94%) of the people were covering their nose and mouth, and therefore, maintaining adequate precautions. This put them at low risk of transmission.



As shown in the above graph, approx. 82.05% of the responses suggest people using masks and around 89% suggest that apart from masks, cloth and/or handkerchief are being used.

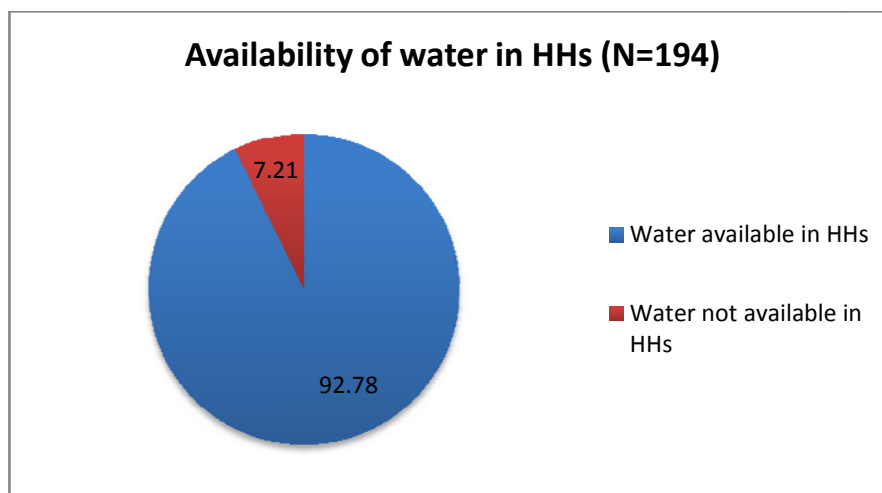


With a pandemic like COVID which spreads through contact and surfaces, it is important to maintain cleanliness and hygiene to reduce vulnerability. Thus, the Sarpanches were asked the state of cleanliness and hygiene of their Gram Panchayats. The results show that 97.43% people were disinfecting the covering of the detergents and soaps before using it, and approx. 99% were washing their hands, face and legs after coming from outside. This means that the overall vulnerability of the people to transmission of this disease is less.



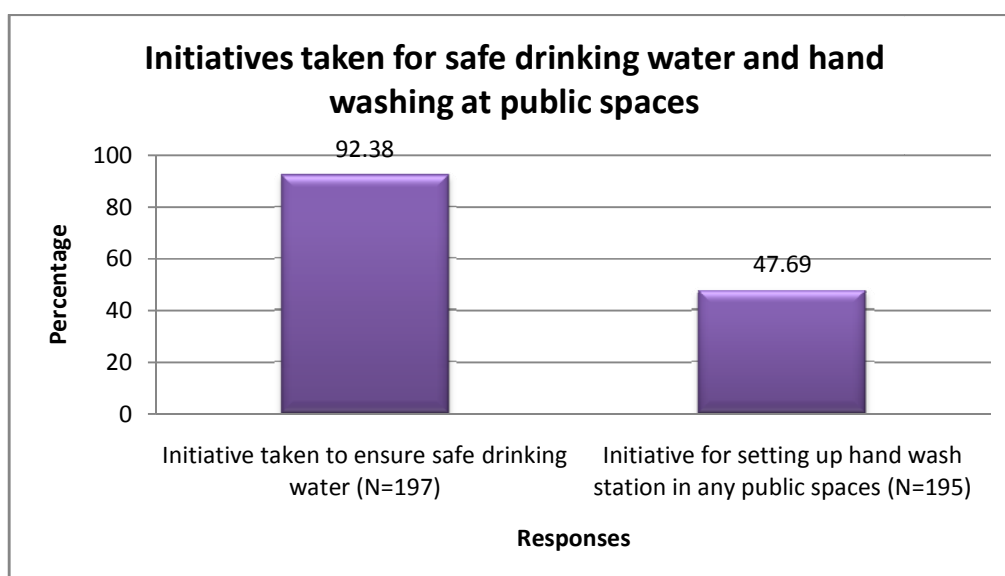
The technique of washing is equally important to reduce the transmission of the disease. The safest is to wash with water and soap which is being practiced in 179 out of 196 (91.32%) of the Gram Panchayats. People also have access to sanitizers in 37.75% of the

GPs. However, according to the Sarpanches there a few people in 40% of the GPs who are using only water which does not eliminate the virus, putting them at high risk. While there are only a few who are in this practice, Sarpanches of 10 GPs have stated that all people are using only water in their villages for washing purpose.



Water supply is an essential service, its importance increases during pandemics like COVID. It is the means to maintain good hygiene practices like hand washing. In 93% of the households water is available whereas in 7%, it is not available which not only increases their vulnerability to COVID due to reduced hand washing but also increases burden on the women who are generally responsible for fetching water for household chores. With regard to **availability of soap and hand sanitizer**, essential in the current situation of the pandemic, according to the study, is available for 149 out of 197 (75.63%) of the GPs.

Initiatives taken for ensuring safe drinking water and hand washing in public spaces

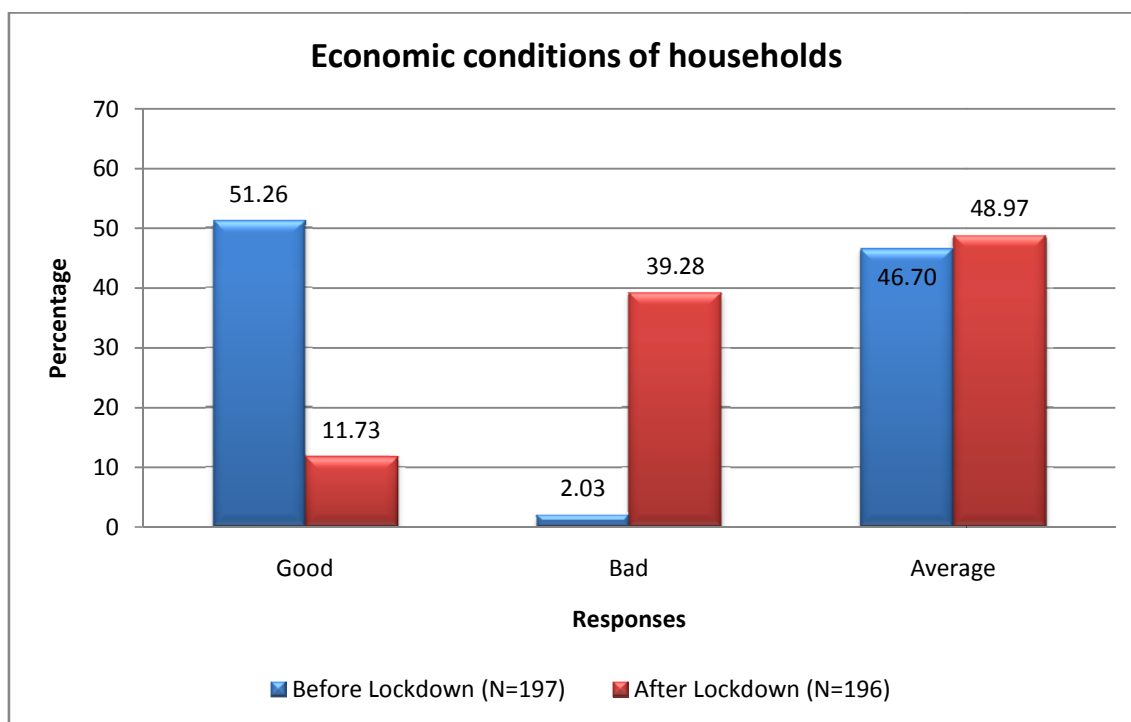


The question of safe drinking water helps in understanding what other health related problems may arise in a region. In a time when current health system is already stressed due to pandemic, this might lead to increased exposure to risks. In 182 out of 197 GPs (92.38%) of the GPs, initiatives have been taken for making safe drinking water available. Similarly, setting up a hand-washing station in a public space is important to good hygiene practices. According to the results of the question, initiatives for setting up a hand-washing station in a public space have been taken in 93 out of 195 GPs (47.69%).

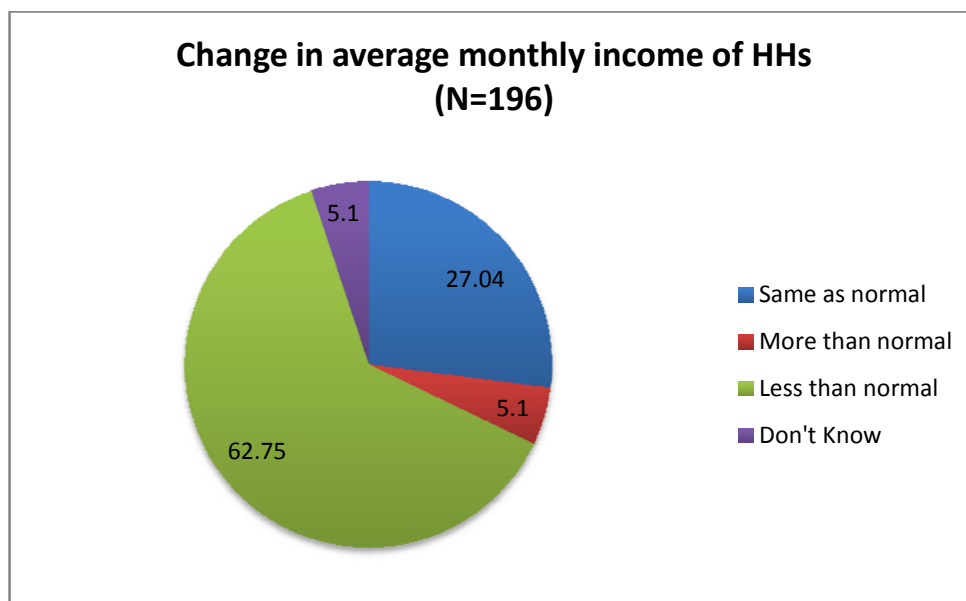
21. Other critical repercussions of the stringent lockdown

Economic conditions of households

The purpose of this was to understand how the pandemic and the resultant lockdown have affected the economic conditions of the households in the GP on an average. As represented in the following graph, it can clearly depicted that there has been stark rise in the number of responses (11.73% to 39.38%), who mentioned that the economic conditions had worsened after the lockdown was imposed. There are several factors behind this, but one is the absence of jobs especially for non-agricultural sector. This has therefore, increased the strain of employment on the agricultural sector as well. Added to this was the in-migration of a large number of labourers back to their villages after the lockdown, which has resulted in resource crunch.



As mentioned earlier, in this question as well, it is visible that the number of households with a reduced average monthly income has increased to 62.75% (123 out of 196) represented by 'less than normal'. This indicates that people's livelihoods and income generation avenues have taken a major hit – mainly due to unavailability/loss of work. 27.04% households have their average monthly income being the same as normal. A marginal number of Sarpanches (5.1%) have suggested that have seen an increase in their average monthly income.

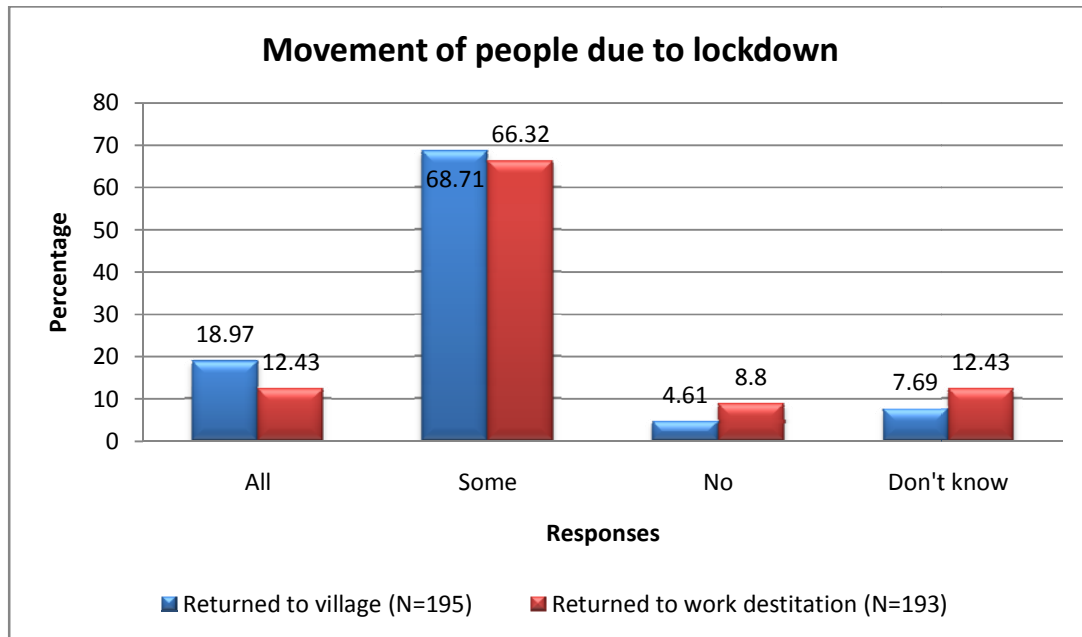


Women workers in MGNREGA

The MGNREGS is been looked at as the only alternative to the livelihood loss that people have faced. With people coming in the villages from the cities, where they worked in factories/shops/construction sites, etc., work under MGNREGA is being seen as an option to engage them, so that they get some income. In that regard, it is important address whether women workers are getting work under this scheme or not. According to the responses, women have been engaged in MGNREGA work in 117 out of 197 (59.39%) GPs.

In-migration and reverse movement of migrated people

The lockdown saw a large number of migrant workers traveling back to their hometowns. The following chart represents the responses of the Sarpanches with regard to the movement of people in and out of the GPs. Combining the "All" and "Some" options, a majority of approximately 88% of the GPs saw an influx of people from urban areas, where they had migrated for work. Similarly, as the lockdown progressed and the rules were loosened for travelling, in around 79% of the GPs, they have started to travel back to work.



Discussion and Way forward

This study on institutional response to COVID-19 in rural areas was conducted with 3 of the most crucial functionaries at the GP level who ensure the implementation of the basic services related to health and social security. The responses for all aspects of the three questionnaires have been analysed in details in the previous chapters. Overall, following are some major points that have come out from the study which need to be highlighted:

- 1) One of the most prominent things coming from the study is that the ASHA and AWWs have been given the primary responsibility of all health related activities in the villages. All COVID-19 response related activities have been added to their regular functions, which has overwhelmingly increased their work load. Nonetheless, they have been carrying out these activities, even amidst the lockdown.
- 2) In order to function effectively, they need all the support with regard to training, material and safety gear. As can be seen from the analysis 62.2% of AWW and 75.7% of ASHA from the study sample have received some form of training on COVID-19 and identifying and referring children and women. Similarly, provision of safety gear is equally important, while most of the respondents had masks, gloves were provided to 41.7% of AWWs and 66.67% of ASHA. The people are visiting several households on a daily basis and are in contact with various surfaces, which puts them at high risk, along with those whom they are visiting.
- 3) Gram Panchayat has to be the coordination point for COVID-19 and health related services. The study responses suggest that coordination amongst the functionaries has been taking place in many GPs. However, in some cases, the functionaries are working in isolation. Linkage and coordination with block health officials, CDPO with the Panchayat is equally important for effective implementation of all schemes and response related activities.
- 4) COVID related workload has increased a lot, because of which the non-covid related health issues might be getting ignored. A comprehensive strategy needs to be formulated for preventive care and health of non-COVID women and children health and nutrition. Planning and tracking of Antenatal Care (ANC) and Postnatal Care (PNC) needs to be done. VHSNC and SHGs can take the leading role in this apart from the AWW and ASHA (this would share their burden as well). Same would be applicable for other critically ill people in the village.
- 5) All these aspects have to be incorporated in the planning done by the Panchayat (through a COVID-19 GP response plan), clearly having short term and long term

actions (with resources) for responding and recovering from the impacts of this pandemic. Elected representatives of block can be utilized for mass level pandemic behavior change campaign.

- 6) The above mentioned comprehensive plan needs to include other aspects than health as well:
 - Quarantine mechanism and resources for managing the facility and immediate response
 - Awareness regarding precautions and preventive care practices, stigma and fear (including addressing rumors)
 - Social security of vulnerable population and creation of livelihood opportunities.
- 7) Even though in the study, it is indicated that precautionary measures and preventive care practices like wearing mask, hand washing, etc. was being done during the lockdown, it needs to be addressed that after the lockdown has been lifted a lot of high risk behavior has been observed across the different regions in Gujarat. Hence, repeated awareness drives need to be done to prevent high risk behavior.
- 8) There has been distress selling observed and increase in family conflicts during the lockdown. Though this might have decreased after the lockdown was lifted, but the Panchayat has to make sure an enabling and cohesive environment is maintained in the Gram Panchayats.
