



Understanding ground realities: An assessment in four districts of Rajasthan with reference to COVID-19

Survey Report



CULP-Centre for Unfolding Learning Potentials, Jaipur (Rajasthan), INDIA

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PREFACE

During crisis periods such as the current COVID-19 pandemic and other natural calamities, the most suffers are the children and women. Studies have revealed that during such hard and testing times, the child and women abuse and trafficking gets enhanced unless special interventions are mounted by the non-governmental organizations or community groups both for education and wellbeing of the vulnerable sections of the society.

With schools being closed and norms for social distancing in place due to contain the pandemic, on-line education and virtual interactions are being emphasized. In such a situation, it was decided by Centre for Unfolding Learning Potentials (CULP) to study the evolving and emergent situation to move towards action for continuity of education and health care of children and adolescent girls in marginalized communities of rural Rajasthan wherein the government interventions hardly reach.

In the study by CULP, the current status of various factors in the period of COVID-19 crisis have been studied to look afresh on the issues concerning children and women which have become most vulnerable groups.

Such a study requires both research rigour as well on-line contact with the sample of the study with digitized survey formats to gather authentic data for which the expertise was available at CULP that has pioneered in evaluation studies and intervention-cum-action research.

The efforts and expertise put into the present planned and well-executed descriptive survey study have resulted in the intrinsic validated research which can lead to realistic intervention to meet the challenges being faced by children and women.

Dr. Lalit Kishore
Founder-Chairperson, CULP
June 2020

Abbreviations and Acronyms

- **Anganwadis:** Anganwadi is a type of rural child care centre under ICDS in India. A typical Anganwadi centre provides basic health care in a village.
- **ANM:** Auxiliary Nurse & Midwife.
- **Asha Sahyogini:** *Asha Sahyogini* is a voluntary worker appointed to promote the implementation of different health programs at village level in rural India.
- **CBO(s):** Community-Based Organizations (such as School Management Committees, Women's groups, Youth Groups)
- **CSO(s):** Civil Society Organizations, also called as Volunteer organizations
- **CULP:** Centre for Unfolding Learning Potentials. An NGO working in Rajasthan & conducted this survey.
- **ICDS:** Integrated Child Development Scheme, one of the largest schemes for Women (Pregnant and lactating mothers) and Child (0 to 6 years) Development in India
- **ICT:** Information Communications Technology
- **Jan-Dhan Accounts:** *Pradhan Mantri (Prime minister) Jan Dhan Yojana (PMJDY)* is a financial inclusion program of the Government of India open to Indian citizens (minors of age 10 and older can also open an account with a guardian to manage it), that aims to expand affordable access to financial services such as bank accounts, remittances, credit, insurance and pensions.
- **Lockdown:** A lockdown is a requirement for people to stay where they are, usually due to specific risks to themselves or to others if they can move freely. Here, it is used to prevent the spread the CORONA pandemic.
- **MGNREGA:** "Mahatma Gandhi National Rural Employment Guarantee Act", MGNREGA, is an Indian labor law and social security measure that aims to guarantee the 'right to work'.
- **NGOs:** Non-Governmental Organizations.
- **ONS:** Office for National Statistics
- **OoS Children:** Out-of- School Children
- **PDS:** Public Distribution System
- **PPE kit:** Personal Protection Equipment kit.
- **PRIs:** Three-tiered Panchayati Raj Institutions are the vital democratic institutions of rural India.
- **Ration:** A portion designated to a person or group. Here it is used for dry food items in limited quantity per person, as prescribed by the authority.
- **Sarpanch:** A Sarpanch is a decision-maker, elected by the village-level constitutional body of local self-government called the Gram Sabha (village government) in India.

Background

CULP (Centre for Unfolding Learning Potentials), as a not-for-profit Non-Governmental Organization has been working with the most disadvantaged and vulnerable societies in rural Rajasthan since 2001. Its current project operations are in four districts for ensuring quality education (pre-primary to secondary level to the children (especially out-of-school) of marginalized communities and also to improve health system (especially ICDS services) in collaboration with government, partnering with the funding agencies and other civil society organizations / networks.

During the spread of COVID-19 virus and subsequent country wide lock-down, the situation of the societies in question became worse than ever before especially in terms of economic condition. They had left but no option other than to wait for the government or other organizations to help them out in this critical situation. The question arises how many people, their social background, issues they are facing, conditions of their women and children and their awareness level towards the disease and other important issues, present in reality at the ground level.

Looking after the Corona pandemic situation in the operational area of the organization, all pre-planned activities were immediately suspended for the time being. The project field staff was asked to learn and take all protective measures required as publicized by the government and health practitioners to keep them safe and starting working from their homes, and also extend their support to the people to access the benefits of the provisions / schemes announced by the government. They were asked to plan their activities to collaborate with the local government authorities and other CBOs / CSOs networks to support activities related to humanitarian assistance or relief work (dry ration and cooked food packets) for the population affected by COVID-19 pandemic, and organizing awareness activities and providing protective kits (Masks, Gloves, Sanitizers, Soaps etc.) to the women, children, poor rural adults.

CULP has also joined several online platforms to dialogue on the situation for exploring the remedial measures required to be undertaken immediately to mitigate the crisis and provide relief to the people affected in the operational areas and became part of several surveys and studies.

Meanwhile, we also realized that we must also collect adequate information or data on different aspects of the people's well-being in our project areas during this COVID-19 crisis to articulate our existing project intervention in current context since this will prevail for longer time. Any intervention needs solid information and data to plan activities. Hence, this small-scale study has been thought of to find out the answers of the questions being raised at different forums about the basic data and the emerging issues right from the field.

Executive Summary

During the spread of COVID-19 virus and subsequent country wide lock down, the situation of the societies in question became worse than ever before especially in terms of economic condition. They have been left but no option other than to wait for the government or other organizations to help them out in this critical situation. In such an unprecedented situation, the question arises how many people, their social background, issues they are facing, conditions of their women and children and their awareness level towards the disease and other important issues, present in reality at the ground level. Any intervention needs solid information and data to plan activities. This small-scale study has been thought to find out the answers of the questions being raised at different forums about the basic data and the emerging issues right from the field.

The key objective of the study was to understand the vulnerabilities of the people most affected due to CORONA crisis and lockdown situation and need for immediate / short-term and long-term interventions to address this situation.

CULP conducted this survey in 100 villages spread in to four districts (25 villages in a district, spread into minimum 2 blocks). The information was collected through 4 schedules i.e. COVID-19 awareness level, Educational Status Information, Information on Migrants & daily wage earners and Information on the issues like child marriages, sexual abuse, violence, medical accessibility etc. The survey was conducted using Google forms only which were filled by the assessors on their smartphones after asking questions from the respondents. Total 35 assessors collected the data from 4 districts: two tribal dominated, viz. Banswara and Pratapgarh, and non-tribal Tonk and Dausa in Rajasthan.

The study revealed that

- Although, most of the people (94%) are aware of the corona virus disease and preventive measures to be taken and its deadly nature but in 69% villages, there were no health checkup done by the government health department due to non-availability of testing facility at local (village) level, 80% of the population (migrants / daily wage earners) could not avail the same. It was also observed that the children / adolescents expressed their fear of death of self or family members or relatives because of COVID-19.
- A large number of school-going children (10-18 years), along with parents of these students, rural teachers, PRIs as well as other than these are agreed upon that some kind of alternative study arrangement should be done within the village during the closure of the schools to bridge the gap of learning.
- Rural schools, teachers and students should be given adequate resources so that they can bridge the gap of learning immediately and quickly due to lockdown and subsequent closure of schools. Teachers say that it is difficult to access digital learning resources by the village children owing to non-availability of smartphones and high-speed internet connections.
- Migrants have returned to their home states in 71% surveyed villages. In 58% villages, relief material has been distributed either by the government, NGOs or other individual donors to only few families for short duration (one or two times) includes the daily wage earners and migrants. People urgently need the recurrent help till they get adequate livelihood options.

- The COVID situation seems to be a help in disguise for the children planned to be married in this season. There would be more chances of child marriages once the lockdown is lifted even in prevailing situation of the pandemic. Also, due to slow down in the human activity, nature and eco-systems have shown revival.
- In 61% villages, sanitary pads are not available for the girls, either they were not distributed due to lockdown or not supplied adequately even before the lockdown.
- Most of the people either unaware or reluctant to report any incidence of sexual abuse in their surroundings. They say, there may be some instances but they don't know in detail. It is a concern that the people don't take these incidences seriously and don't want to talk on that due to attached social stigma.
- In 26% villages, there is an increase in violence within family and community. It is due to the increased stress due to the job lessness, money constraints etc. most of the villages (75%) deny any divide or quarrel between the community on the basis of religion (on the issue of spread of CORONA virus) these days as we see in most of the parts of our country.
- On the availability of Nutrition in Anganwadi Centres, in 52% villages it is regularly being made available, whereas in 20% villages it is not at all available. In rest of the villages either it is available irregularly or not sufficient.
- In 68% villages, health checkups of lactating mothers, pregnant women and infants are being done regularly. In 32% villages, people are not able to vaccinate their children.

Some issues emerged which need to be addressed through planned specific interventions

1. There is a need of continuous awareness drives in villages for inculcating health and hygienic behavioral and habits through adoption of adequate protective measures, such washing hands, wearing masks, ways of keeping themselves healthy, how to increase immunity etc.
2. Children need to be engaged meaningfully in their homes through various means like e-learning (through their teachers) and home / community-based learning centres. The government must ensure to equip all children of poor rural community with digital technology (financial assistance for purchasing android phone, tablets, laptops, with internet connection) appropriate to age and grade learning.
3. Capacity building of teachers and NGOs working for education of children in rural and with deprived communities to reach out school-age children with e-learning material and on-line educational systems
4. Most of the migrants and daily earners are sitting idle without any work / hopeless / uncertainty for livelihood opportunities. Need to have a plan to engage them locally in some income generation activities. In this process loaning from banks (as per the economic package announced by the government) or NGOs.
5. Continuous contact with adolescent girls, where Civil Society organizations / NGOs are working, to keep an eye on the child marriages and violence, and if any such effort surfaces, it can be thwarted.
6. Awareness and sensitization program for the people to protect children and girls (especially out-of-school children associated with other alternative programs) from sexual exploitation / abuse / gender violence should be planned with schools, community and youth. Workshops for youths can also be organized to make them aware on the issue.

Chapter-1

Study Objectives, Design and Methodology

The study was planned to understand the ground reality of the people's well-being, accessibility of social protection schemes to the affected eligible people, educational loss of the children, social and gender discrimination by collecting data through eliciting perceptions of different key stakeholders (including both beneficiaries and service providers).

Objectives

The key objective of the study was to understand the vulnerabilities of the people most affected due to CORONA crisis and lock-down situation and need for immediate / short-term and long-term interventions to address this situation. Other specific objectives were:

1. To understand the issues emerged in rural society, especially in most disadvantaged and vulnerable sections and migrated people.
2. To understand the awareness level of persons on the disease and relief work being done by the government.
3. To assess the Impact of CORONA Crisis and lock-down on lives of children adolescents and women in the society.
4. To prepare appropriate intervention plan on the basis of the findings.

Methodology

The survey cum descriptive research method was used for the present study as a planned inquiry through oriented investigators for gathering information through standard formats related to the present phenomena of COVID-19 pandemic and subsequent lockdowns in phases in terms of conditions, practices, beliefs, processes, relationships, emergent needs or trends in social issues of health, education and life-style changes. The methodology was discussed internally and descriptive survey research was planned for gathering of information about prevailing conditions or situations for the purpose of description and interpretation to arrive at emergent issues, needs and recommendations.

1. The Survey was conducted in CULP's project areas spread in to four districts in Rajasthan (Dausa, Tonk, Banswara and Pratapgarh) through a designed tool, consisting of 4 schedules which were as follows:
 - Schedule 1. COVID-19 Awareness level
 - Schedule 2. Educational Status
 - Schedule 3. Information on migrants and daily earners
 - Schedule 4. Information on specific issues (child marriage, exploitation, violence, etc)

In addition to the above schedules, other tools used were online interviews and group discussions with representatives of different key stakeholders and also elicited data from field observations done by local volunteers working with the affected population at village level. The field notes of the local volunteers were also analyzed to drive the results / conclusions on different aspects / issues of the study.

Prior to final roll-out, the draft schedules were tried out by 25% of assessors in two districts and based on the feed-back received from them the schedules were finalized and rolled-out for data collection from the field.

The assessors were the project workers of CULP currently present in four districts. The survey was done using online set of Google formats which was completely paperless. The questions appeared in smart phone of the assessor and s/he registered the response in her/his phone after asking the question to interviewee.

2. The Assessors led by District Project Managers at their respective districts. The team was oriented on the administration of the schedules through Zoom Meet / video conferencing.
3. The survey was conducted by total 35 field level assessors (10 assessors in Tonk, 5 in Dausa and 20 in Banswara and Pratapgarh) in 3rd week of May 2020. The District Project Manager extended the handholding support and coordinated the survey work with the frontline workers / surveyors.
4. The submitted and automatically consolidated data were analyzed to generate this report.

Sample

To understand the different aspects of the issues, we need considerable responses and data to contextualize and plan our future interventions. The random sample of different stakeholders for each of the schedules was selected. We conducted this survey in 100 villages of four districts, 25 villages in minimum two blocks of each district.

Schedule 1 (COVID-19 awareness level): This schedule was filled for 250 families in a district (10 in each village). The responses were recorded by the assessor who recorded in the name of the respondent. One schedule per respondent. So, responses of 1000 persons were recorded.

Schedule 2 (Educational Status): Coverage in each district (minimum): 25 parents, 25 school going children / adolescent girls, 10 teachers, 10 people's representatives and 10 persons other than the above-mentioned categories. The responses of 80 persons per district were collected.

Schedule 3 (Migrants & daily earners): One schedule per village by the assessor only after interviewing people from different walks of society. Data of 100 villages in four districts were collected, means 25 per district.

Schedule 4 (Information on specific issues like child marriages, violence, sexual abuse etc.): One schedule per village by the assessor only after interviewing people from different walks of society. Total 100 villages in four districts means 25 per district.

Assessors were asked to ensure that more than 50 percent respondents must be females.

The key findings of the survey have been classified and summarized according to the components of the survey.

Survey duration

The survey was conducted during the period from 14 May to 22 May, 2020. The data analysis and report writing work was done in last week of May and 1st week of June 2020.

Chapter-2

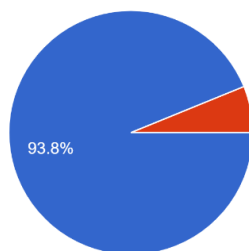
Observations, Data Consolidation and Analysis

Section I (COVID-19 awareness level)

The schedule was prepared to know the level of awareness on the CORONA virus related disease amongst the rural population through 11 questions. The responses from 1007 persons were received in 100 villages of 4 districts. The question-wise responses have been given below.

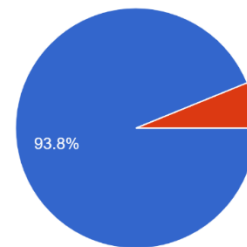
Q1. & 2. Are you aware of the CORONA pandemic? Do you know how we can prevent ourselves from this pandemic?

1. क्या आप कोरोना महामारी से परिचित हैं
1,007 responses



2. क्या आप इस महामारी से बचाव के तरीकों के बारे में जानते हैं ?
1,007 responses

● हाँ
● नहीं

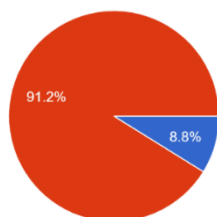


● हाँ
● नहीं

The responses of the people to the above two questions (1 & 2) show that 94% (945) respondents were aware about the CORONA disease and preventive measures, whereas 6% (62) were not aware about the same. It means that most of the people in villages are very much aware about the disease and its preventive measures but it was also observed that (from the field notes of the assessors), large number of people in villages were not taking required protective measures in spite of rigorous awareness campaigns by both the Government and CSOs.

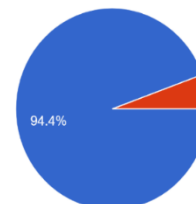
Qs 3, 4 and 5 are related to belief about the CORONA virus

3. कोरोना के बारे में लोगों की धारणा (1)
1,007 responses



● यह एक साधारण वायरस है
● यह एक भयंकर महामारी है

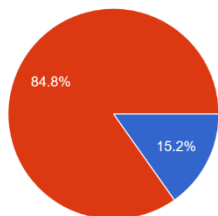
4. कोरोना के बारे में लोगों की धारणा (2)
1,007 responses



● यह संक्रमित मनुष्य के संपर्क में आने से फैलती है
● यह जानवरों से फैलती है

91% (918) respondents believe that it is a deadly disease, whereas 9% (89) believe that is a general type of disease or just a flu and would not affect much, hence they were observed ignorant about the

5. कोरोना के बारे में लोगों की धारणा (3)
1,007 responses



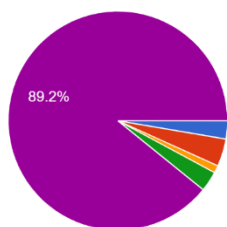
- इस बीमारी की दवा उपलब्ध है
- इस बीमारी का कोई इलाज नहीं है

seriousness of the disease and its fast spread. 94% (951) think that it spreads through people to people contact whereas 6% (56) believe that it spreads through animals also. 85% (854) respondents know that no remedy is available as of now but 15% (153) say that medicine is available to cure the disease. It seems that there are still a large number of people who require

to be educated on the disease.

Q6. Symptoms of this disease are

6. इस बीमारी के लक्षण हैं -
1,007 responses



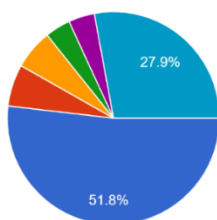
- तेज़ बुखार
- तेज़ खांसी /जुकाम
- गले में खराश व दर्द
- सांस लेने में कठिनाई
- उपरोक्त सभी

We provided 4 symptoms and all of them option to respondents. Out of total 1007 responses 3% (27) opted for High fever, 4% (41) opted for severe cough and cold, 1% (11) say sore throat and pain in throat, 3%(30) says difficulty in breathing and a large number 89% (898) know that these all are the symptoms of the CORONA infection. This reveals that still 11% persons don't know the

aggregated symptom of the disease, which may delay to approach for medical advice or testing.

Q7. If any of the symptoms is appeared in any family member, whom would you tell and consult?

7. इस प्रकार के लक्षण यदि परिवार के किसी सदस्य में दिखेंगे तो आप किसे बताएँगे
1,007 responses



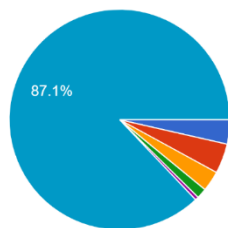
- नज़दीक के प्राथमिक स्वास्थ्य केंद्र के डॉक्टर को
- ANM को
- आंगनबाड़ी कार्यकर्ता को
- आशा सहयोगिनी को
- वार्ड मेम्बर /सरपंच को
- इनमे से किसी को भी

There were 6 options given to the respondents. 52% (522) says that they would see the doctor of primary health center of the village, 6% (64) would tell to ANM, 6% (61) to *Anganwadi* worker of the village, 4% (39) to *Asha Sahyogini* (village level health worker associated with ANM), 4%

would tell it to ward member / *Sarpanch* (elected members of local body) and 28% would report to any one of them who is available. About 50% people don't consult to the doctors in nearest health center / hospital, perhaps, due to stigma associated with the disease. This causes delays in most cases for testing and further taking precautionary measures and enhanced changes of spreading infection among people in contact.

Q8. What is the correct method of protection from this disease?

8. इस बीमारी से बचाव का सही तरीका है -
1,007 responses



- आपस में कम से कम 6 फीट की दूरी बनाये रखना
- आपसी संपर्क /घर से बाहर जाने पर नाक व मुंह को मास्क या साफ़ कपड़े से ढंकना
- जब तक अति आवश्यक न हो घर से बाहर न निकलना
- किसी बाहरी वस्तु के संपर्क में आने के बाद साबुन से हाथों को 20 सेकंड तक धोना
- बाज़ार से खरीदे हुए सभी सामान के बंद पैके...
- उपरोक्त सभी

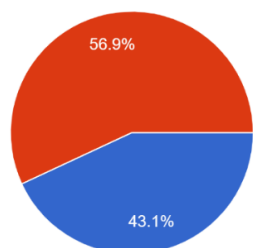
Six options were given to the respondents to answer this question. 4% (36) responded that by keeping a distance of minimum 6 feet between two persons, 4% (44) say by covering your nose and mouth by a mask or cloth while meeting someone or moving

outside the house, 3% (30) say do not move out of your house unless it is necessary, 1.5% opined on the washing of hands for at least 20 seconds if one touches anything from outside, 0.5% (5) respondents say that we should wash packed items with soaps before we use it (especially the poly packs) and 87% (877) responded that all the given options are to be followed to protect ourselves from the disease.

The perceptions of different stakeholders reveal that Government notifications and directives have been confusing / difficult to understand by the people of marginalized communities, especially women, wage earners, migrants). Therefore, these should be disseminated in simple communication language easily available and accessible to all people through mass campaign.

Q9. Does anyone from your community got her / himself tested on the symptoms of CORONA infection?

9. क्या आपके समुदाय में किसी भी व्यक्ति ने इन लक्षणों के आधार पर अपनी जांच करवाई है ?
1,003 responses

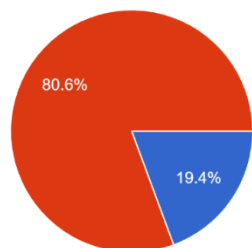


- हाँ
- नहीं

43 % (432) said no one was tested and 57% (571) said yes that some of persons went to see the doctor owing to the symptoms. It shows the carelessness of the people to get themselves tested for the disease.

Q10. In your knowledge, is the facility to test CORONA virus infection available in your village?

10. क्या आपकी जानकारी में गाँव में इस प्रकार की जांच की सुविधा उपलब्ध है ?
1,007 responses

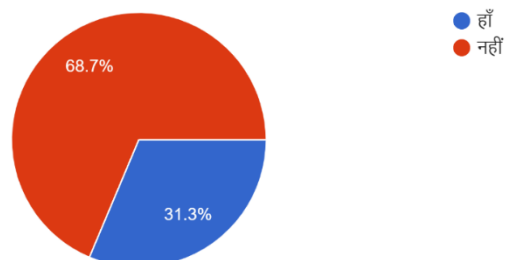


- हाँ
- नहीं

81% (812) respondents feel that this kind of testing facility is not available in their villages, whereas 19.4% (195) says that this facility is available in their villages. This means that 81% of the people did not get tested for Corona virus infection. Therefore, most people have fear to be infected.

Q11. Did any health checkup team from Government visit to your village recently?

11. क्या कोई सरकारी टीम आपकी स्वास्थ्य जांच के लिए इन दिनों गाँव में आयी है ?
1,002 responses



31% (314) persons responded that team from health department visited their village whereas 70% (688) declined about the visit to such teams. This reveals that the reach out of the health team was very limited to small segment of the population. Therefore, people feel suspicious towards each other for spread of the disease. It was also pointed out by the respondents during

the interviews / interactions / group discussions that people of marginalized communities in remote habitations had faced difficulty getting health care for an injury or COVID-unrelated ailments and regular check-ups of some earlier ailments (e.g. diabetic). The children / adolescents expressed their fear of death of self or family members or relatives because of COVID-19.

Section 2. EDUCATIONAL STATUS (Schedule 2)

This schedule was prepared to know the effect of COVID-19 and related lock-down on the education of the children. The responses in this regard were collected from 25 parents, 25 school going children / adolescent girls, 10 teachers, 10 people's representatives and 10 persons other than the above-mentioned categories in each of four districts. The schedule consists of 10 questions and question no. 5 to 10 were answered by the local teachers.

Q1. Children are not going to schools, what they are doing?

1. स्कूल न जाने की स्थिति में बच्चे-
357 responses



Respondents were given 5 options to choose one from them they feel most suitable in their situation. This was general question asked from unspecified people from the village. 57%

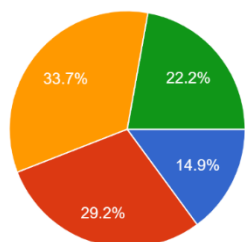
say that they are doing self-study at their homes, 13% persons noticed that parents are teaching them at their homes, 5% say that the local teachers are helping children in their studies. 2.5% say that educated youth both girls and boys help them in study, 22% say that children are not doing anything these days. Question was asked from the children aged between 10 to 18 years. From the field observations recorded by assessors in their field diaries that more than 80% got hardly any support from any one in

their families, communities, and teachers and they were not able to access the online support since they were prone to the digital technology in rural habitations.

Q2. Children's response on their study (school going children)

2. (स्कूल जाने वाले बच्चों की) पढ़ाई के बारे में बच्चों के स्वयं के विचार

356 responses



- अच्छा लग रहा है स्कूल बंद हैं
- स्कूल जाने का मन करता है
- पढ़ाई न हो पाने की चिंता है
- गाँव में इन छुट्टियों में कोई अलग से पढ़ाई की व्यवस्था हो तो पढ़ेंगे

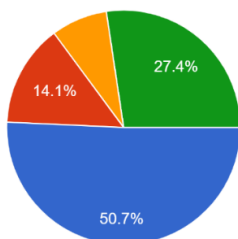
15% children are happy that schools are closed it seems that they don't find school attractive due to various reasons may be due to boring classrooms and lack of child-centric pedagogic processes, not feeling the learning is a joyful

activity, reprimand, lack of contextual learning etc., 29% children want that schools should soon be opened as they want to join the school. 34% children are worried about the gap in their studies whereas 22% children opined that in this situation, they would be more than happy if some kind of alternative arrangement could be made at village level for their studies.

Q3. Parents' response on children's study (school going children)

3. (स्कूल जाने वाले बच्चों की) पढ़ाई के बारे में अभिभावकों के विचार

347 responses



- पढ़ाई का बहुत नुकसान हो रहा है
- बच्चे बिगड़ रहे हैं सारा दिन खेलते रहते हैं
- बच्चे घर पर ही पढ़ रहे हैं, अधिक फर्क नहीं पड़ता है
- गाँव में ही वैकल्पिक व्यवस्था हो तो अच्छा रहेगा

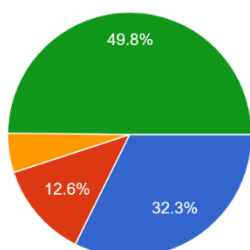
The parents of school going children were asked to express their opinion on the four options to choose one from them. 51% parents were concerned about the study of their children and they say that there is a heavy loss of study of their children.

14% said that the children were not doing anything and keep playing all day long. 8% of parents said that their children were studying at home and so the impact of closure of the school is minimal. 27% of parents expressed their desire that it would be better if some alternative arrangement of the study is made in the village itself.

Q4. PRI (ward members / Sarpanch's response on children's study (school going children)

4. (स्कूल जाने वाले बच्चों की) पढ़ाई के बारे में वार्ड पञ्च /सरपंच के विचार

269 responses



- पढ़ाई का बहुत नुकसान हो रहा है
- बच्चे बिगड़ रहे हैं सारा दिन खेलते रहते हैं
- बच्चे घर पर ही पढ़ रहे हैं, अधिक फर्क नहीं पड़ता है
- गाँव में ही वैकल्पिक व्यवस्था हो तो अच्छा रहेगा

The same question was asked to the elected members of the Gram Panchayat on the education of the school going children. 32% respondents said that closure of the schools hampering the

studies, whereas 13% said that the children were doing nothing but wandering here and there and playing all day long. 5% said that the children are engaged in self-study. Almost half of the respondents (50%) opined that it would be better if some alternative arrangement of the study is made in the village itself.

The responses (Q2, Q3 and Q4) of almost one-fourth of parents, children and 50% of people's representatives (Sarpanches / ward members) are almost similar and some of the adolescents / youth suggested that some home / community-based learning processes should be started with the support of trained youth community volunteers if the CORONA crisis prevails for longer time (in next three to one year) by adopting all required protective measures.

Q5. In your opinion, when schools could be open after the lockdown?

Q6. Teachers' response on children's study (school going children)

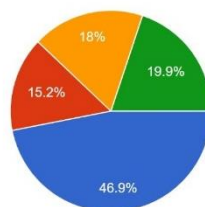
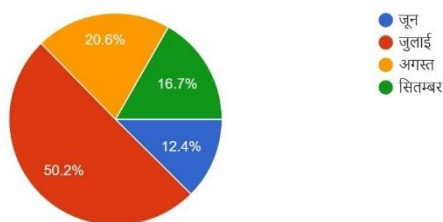
Q7. Do you feel that there will be a huge gap in learning due to the closure of schools?

(Question no.5 to 10 were asked exclusively to the teachers, analysis of Q.5-7 is given below)

Most of the teachers (50%) expected that the schools would reopen in July, whereas 21 % expected to be reopen in August month. 12% expected in June and 17% expected that it would happen in September. 47% teachers said that a long gap between closure and opening of schools would create

5. आपको क्या लगता है कि स्कूल कब से खुल सकते हैं ? (अध्यापक से पूछें)

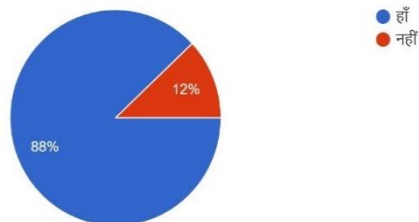
6 . (स्कूल जाने वाले बच्चों की) पढ़ाई के बारे में स्थानीय अध्यापक के विचार



● स्कूल अधिक समय तक बंद रहने से बच्चों के सीखने पर विपरीत प्रभाव पड़ेगा
 ● कोर्स पूरा करवा पाना संभव नहीं हो पायेगा
 ● बच्चों के साथ ज्यादा मेहनत करनी पड़ेगी
 ● गाँव में ही वैकल्पिक व्यवस्था हो तो अच्छा रहेगा

adverse impact on children's learnings and the students will not able to attain the expected learning competencies (skills and content knowledge)

7. क्या आपको लगता है कि लम्बे समय तक स्कूल बंद रहने से बच्चों के सीखने में एक बड़ा अंतराल आ जायेगा ?

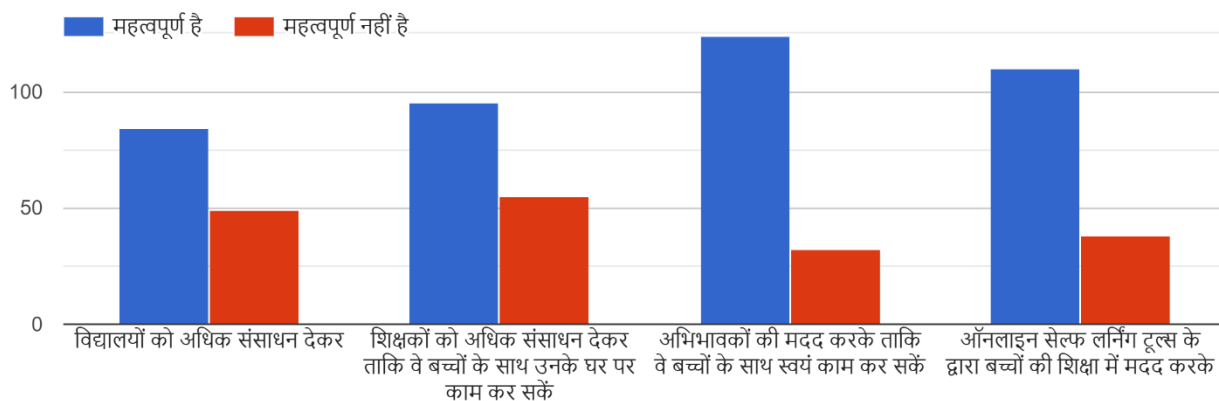


required to promote them in next grade level. 15% of them expressed that they would not be able to complete the course in this academic year. 18% of them emphasized that they would have to put extra efforts in schools to cover the gaps in students' learnings. However, 10% opined that it would be better if some alternative

arrangement of the study is made in the village itself, similar to the suggested by other respondents in previous responses.

Q8. If yes, how we can bridge this gap? (Options were: 1. by better equipping the schools; 2. by equipping teachers with better resources so that they can work with children at their homes; 3. by helping parents so they can work with their children; 4. helping through online self-learning tools). The respondents had to give their opinion on each option if they consider that option 'important' or 'not

8. यदि हाँ तो इस अंतराल को कैसे कम किया जा सकता है ?



important'.

Responses: Option-1. out of total teacher respondents, 63% teachers considered that it is important to provide more resources to the school to bridge the gap while 36% do not give importance to this option.

Option-2. 71% said that it was important that teachers should be provided with more resources to bridge the gaps, while 41% not consider it as important.

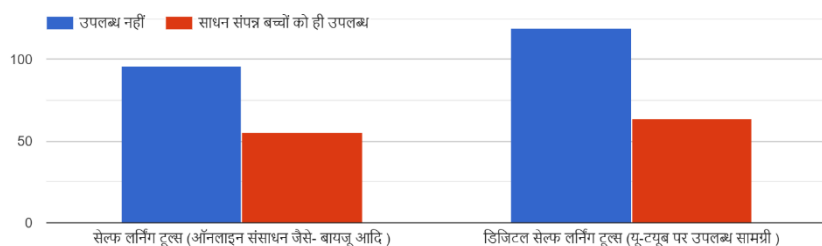
Option-3. 93% consider it important if we could help parents in their children's studies so that they can teach them at their homes but 24% did not seem to be agreed on this point.

Option-4. 82% teachers find it important that the children should be helped through online tools of learning but 28% did not find it important.

As derived from the informal discussion with teachers, they opined that if the alternative arrangements through home / community-based learnings in small groups are started soon (in next one month) from the field observations which can compensate the learning gap soon. It was also felt that most teachers find themselves in the situation of uncertainty and not equipped themselves with digital technology to reach out to their students with specific child-centric online classes in rural areas.

Q9. Your thoughts on availability of 'Self Learning Tools (e.g. Byju's etc.)' and Digital self-learning tools (available on YouTube etc.)

9. निम्नलिखित शैक्षणिक संसाधनों की उपलब्धता पर आपके विचार

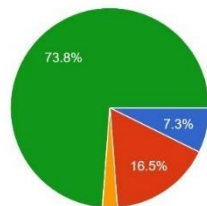


As far as the availability of self-learning tools as designed by various companies and available at a hefty price in the market is concerned, 72% teachers said that it is not available for the

rural children inhabiting in difficult geographies (small and remote hamlets, with scattered population) and 41% said that it is only available to the resourceful children elite and middle or above middle classes), whereas 89% said that the digital/online learning material available at the platforms like YouTube is not accessible to the village children and 48% said that only resourceful children can have access to these resources.

Q10. What is the main hurdle in reaching out to the online learning tools and resources?

10. ऑनलाइन टूल्स और संसाधनों तक पहुँच पाने में सबसे बड़ी बाधा क्या है ?



- इस प्रकार के संसाधन या टूल्स महंगे हैं
- स्मार्ट फ़ोन्स व हाई स्पीड इन्टरनेट कनेक्शन की अनुपलब्धता
- मौजूदा संसाधनों का कम गुणवत्ता पूर्ण और प्रासंगिक नहीं होना
- उपरोक्त सभी

74% teachers opined that these tools are expensive, smartphones with high-speed internet connection is not available and availability of irrelevant and inferior quality of content at these platforms. Only 7% consider that these tools are too costly, 17% said that unavailability of

smartphones and high-speed internet connection is the main hurdle, whereas the 2% cited the reason of irrelevant and inferior quality of content on these platforms. The above responses show that the both teachers and students of rural schools don't find themselves equipped with the online classes and the learning material available on various digital platforms to meet the learning needs of the students.

The diverse responses of teachers, parents, people's representatives and students show that there is an uncertainty in their minds about the education of the children for which they are much worried what will happen in future if such situation prolongs for uncertain time. Some of teachers also opined that they need special orientation programs to address the learning needs of the students (grade-wise) in current situation where the most children and parents are prone to the digital technology.

The survey data are also aligned with the findings of other researches recently conducted by UN Agencies (UNICEF and UNESCO). An UNESCO report¹ states that many teachers are not up to scratch on ICT skills and 57% of teachers don't feel prepared to facilitate remote learning in even in US. The infrastructure for distance learning is also not always available in schools and it was also observed that more than 90% schools are not equipped to support the digital learning in the surveyed area.

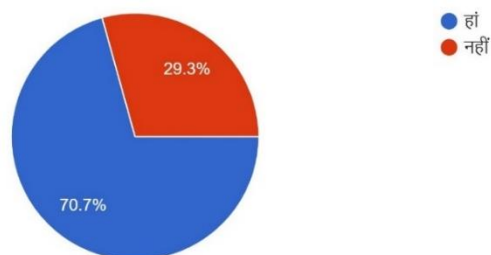
Section 3. Information on migrants & daily earners (Schedule 3)

This schedule was prepared to know the status of migrants returned from their workplaces from neighboring states like Gujarat, Maharashtra and Madhya Pradesh. One schedule per village had to be filled by the assessor only after interviewing people from different walks of society (Total 100 villages in four districts means 25 per district).

¹ <https://gemreportunesco.wordpress.com/2020/04/01/covid-19-wheres-the-discussion-on-distance-learning-training-for-teachers/>

Q1. In your village, are there any migrants returned in the village recently?

1. क्या सर्वे वाले गाँव में इन दिनों राज्य या जिले से बाहर काम करने वाले लोग वापस लौटे हैं ?



The migrants returned from other places are available in 71% surveyed villages while in 29% villages, no migrants returned in the village. This alarming data makes us conscious to a large number of migrated people who require special attention to prevent them from CORONA Spread, provide humanitarian assistance, livelihood options and meet the

learning needs of their children.

Q2. If yes, provide the estimated number of Families, total persons (male-Female), children (0-6 years-male & female), Children (7-18 years-male & female), youths (19-25 years-male & female)

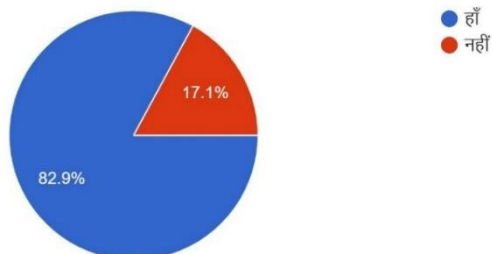
The data received from 71 villages where migrants returned in their villages has been given in the table below (this data is based on the information collected from villages and based on the discussion with the different village persons, we do not claim of accuracy of the numbers). A large number of migrants returned in Banswara and is bordering to Gujarat.

Total no. of families (aprox.)	Total persons (age 25 and above)		Children (0-6 years)		Children (7-18 years)		Youths (19-25 years)	
	Female	Male	Female	Male	Female	Male	Female	Male
1100	759	1783	83	103	91	131	157	248

3355 persons including 23% women (26 years and above), 12% children (0 to 18 years) and 12% youth (19 – 25 years), have migrated in surveyed 100 villages (in 71 villages where they have returned). This data of migrated population is very significant when this is projected for entire area and requires immediate attention to link them with various social protection schemes and imparting the knowledge of accessing the benefits of their entitlements. The families of the migrated people need immediate livelihood options in their native villages and their children should be provided educational facilities.

Q3. If yes, did they get their health checkup done?

3. यदि हाँ, तो क्या उनकी स्वास्थ्य जांच हुई है ?

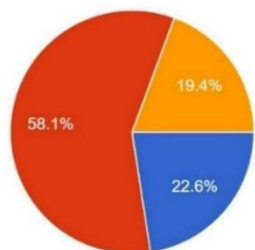


83% of these surveyed villages where migrants have returned accepted that health checkup of migrants have been done, but the field observation shows that several people hide the truth since they did not check up due to fear of quarantine. 17% were denied of such health checkup, this shows the ignorance of the migrated population and difficulties faced by them to reach out to the health check-up facility due to distantly

located. The government system has not approached to them just after migration to the village in remote habitations for the health check-up.

Q4. Status of relief being made available to the migrants/communities in need.

4. ज़रूरतमंद प्रवासी मजदूर /समुदायों को मिल रही मदद की स्थिति



- कोई मदद उपलब्ध नहीं है
- कुछ ही परिवारों को राहत सामग्री मिली है
- जो भी राहत सामग्री मिली है वह पर्याप्त नहीं है

58% responses depict that only a few families could get the relief material. According to 23% responses no relief is available whatsoever. As per the 19% responses, whatever relief they got was not sufficient.

From the informal discussion in the community and the affected migrated people, it was emerged that some of the migrants were not having the required legal documents to access the benefits of the social protection schemes. The regular supply of the relief material was not available in rural habitations, hence migrant families were found themselves in acute shortage of the food items in some of the remote habitations.

Q5. How many families received the relief material (no. of persons benefitted)

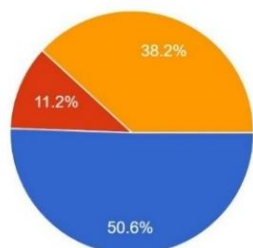
6538 persons of 1580 families got the relief material. The information was collected by asking the questions to the village residents who did not require the assistance and to the families who are in need, daily wagers and migrants in the village. The field experience working with the target population affected by COVID-19, it was realized that there is a need to universalization of PDS, so that all the vulnerable population can be covered if they don't have ration cards and who migrated from other places. Free ration to all people, requirement of ration card should not be mandatory for accessing food in compliance of Food Security Act. Malnutrition burden will increase if the Food Security Act is not enforced effectively.

Q6. Number of people who are daily wagers and now they are sitting without any work.

1257 Male, 764 females who are daily earners are sitting jobless at surveyed villages since all developmental activities of both organized and non-organized sectors were suspended / stopped due to the lockdown.

Q7. What these daily earners are doing these days?

7. ऐसे दिहाड़ी मजदूर आजकल क्या कर रहे हैं ?



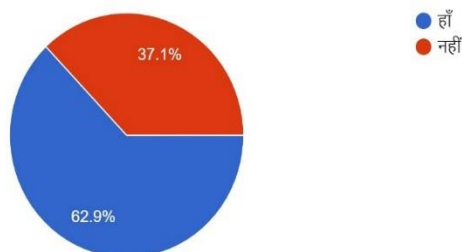
- कुछ नहीं
- सरकारी /स्वयंसेवी संस्थाओं /दानदाताओं से प्राप्त सहायता पर निर्भर हैं
- गौँव में ही मनरेगा में काम /खेतों में मजदूरी कर रहे हैं

51% responses indicated that they were doing nothing, sitting idle / hopeless at their homes. 38% responses reflect that they are working in MGNREGA / fields as labour in their villages

whereas 11% responses depict that these daily earners are dependent on the relief material provided by either government or NGOs. There is a need to provide opportunity to employ all poor people including migrants, daily wage earners and street dwellers through MGNREGA and other income generation programs. NGOs can also focus to engage the needy people with the income generation activities.

Q8. Do people know about the types of Government relief available to the persons in need?

8. क्या लोगों को पता है कि लॉक डाउन के समय सरकारी मदद किस प्रकार की मिल सकती है ?



63% responses were yes, means a large number of people know about the government relief schemes available to them but 37% villages they are not aware of such schemes, as observed in the field that these people are economically most deprived, they need special attention to make available the

benefits of the schemes immediately.

Q9. Status of government relief schemes.

9. लॉक डाउन में सरकारी मदद की स्थिति

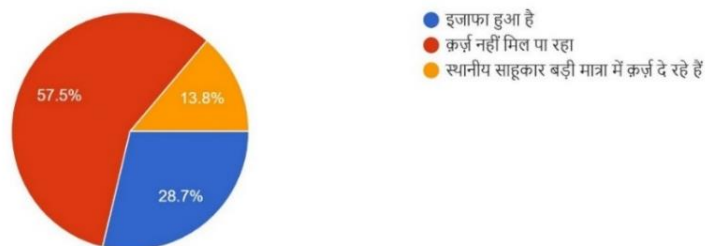


In 49% responses from surveyed villages, people have received 500 rupees in Jan-Dhan accounts, 29% responses indicate that ration distribution is being done as per the announcement while 21% responses indicate that

they have not received any kind of relief from the government.

Q10. Status of local borrowing during the lock-down

10. लॉक डाउन की स्थिति में ऋण लेने वालों की संख्या में -

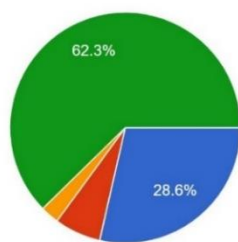


29% responses indicate that there is an increase in the borrowing both commodities and money at local level. 57% indicate that it is difficult to get loan these days but 14% indicate that local money lenders are giving loans to the villagers. This makes the

additional burden to the poor people in lack of livelihood options during lock-down period.

Q11. If people are borrowing money, then on what conditions?

11. यदि कर्ज़ लिया जा रहा तो किन शर्तों पर-



- सामान्य दिनों से अधिक ब्याज दरों पर
- कीमती सामान गिरवी रख कर
- ज़मीन गिरवी रख कर
- उपरोक्त सभी

29% responses indicate that interest rates are much higher than the normal days. 6.5% indicate that people have to mortgage their valuables to the money lenders. 3% indicate about the mortgage of agriculture land by the loanee. The additional burden of debt with high interest

will make the life of poor people more miserable and will have adverse effect on both mental and physical health of the family members, especially women, children, old-aged people and education of the children as well.

There is also an urgent need to cope up from burden of heavy debt from private money lenders by giving financial support to the needy people with low interest or without interests from the banks with subsidy for starting their own income generation activities.

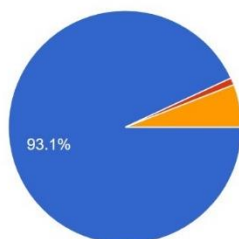
Section 4. Women & child Health & nutrition, Child Marriage, Violence, Exploitation / Abuse

(Schedule 4)

This schedule contained the questions asked on the specific issues related to child marriages, violence, sexual exploitation / abuse. Assessors filled one schedule per village only after interviewing 7 to 10 persons from different walks of society or response elicited from group discussion (Total 100 villages in four districts means 25 per district).

Q1. Status of child marriages in villages.

1. गाँव में बाल विवाह की स्थिति



- इस सत्र में बाल विवाह नहीं हुए
- ऐसे विवाह तय कर दिए गए हैं
- लॉक डाउन खुलने के बाद ऐसे विवाह संपन्न होंगे

In 93% of surveyed villages no child marriages were reported, however, a case of child marriage was reported from one village only in the survey. But the group members in most villages predicted that several child marriages have been fixed

up during this period. 6% village group members indicated that these marriages will take place after the lock-down is lifted. Some people during the group discussion whispered and were hesitated to speak clearly about the child marriage cases due to peer social pressures.

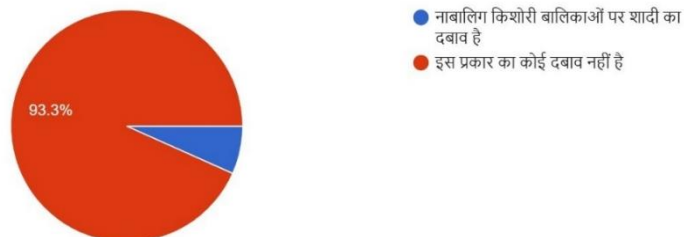
Q2. If there are any child marriages occurred, what are the numbers?

It is difficult to have specific data on this issue as people do not openly tell about the child marriage but our field assessors from Pratapgarh reported that 9 such marriages have taken place in two villages. This

number of child marriage reflects that there are possibilities of more child marriages will take place just after the lockdown.

Q3. Status of any pressure of marriage on adolescent girls

3. विवाह के बारे में दबाव की स्थिति (यह जानकारी किशोरियों व समुदाय के लोगों से बातचीत के आधार पर भरे)

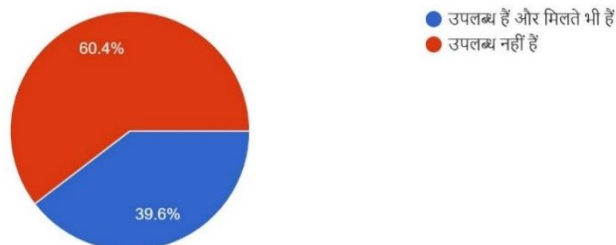


93% responses indicate that there is no pressure on adolescent girls in surveyed villages whereas 7% responses say that there is a pressure on girls (have not attained the legal age of marriage). However, it was elicited from the group discussion that girls'

and mothers' voices are not heard while deciding the marriage of the child or especially girls, and even girls and women don't have courage to speak in the male-dominated or before the influencing male members in the families or community.

Q4. Availability of sanitary napkins to adolescent girls.

4. किशोरी बालिकाओं के लिए sanitary pads की उपलब्धता



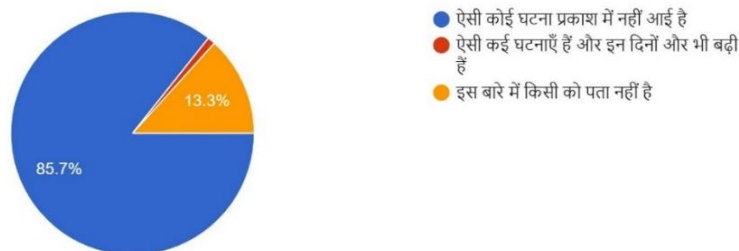
Adolescent girls had difficulty getting sanitary napkins and also IFA tablets during COVID-19 since it was reported that the sanitary pads were not available in 60% surveyed villages. They were available in 40% villages and also being distributed. This reflects the unhygienic situation before the adolescent girls which

might have adversely affected their both mental and physical health. There is an urgent need to alert the health authorities to ensure the supply.

Q5. Any incidence of sexual exploitation / abuse reported these days?

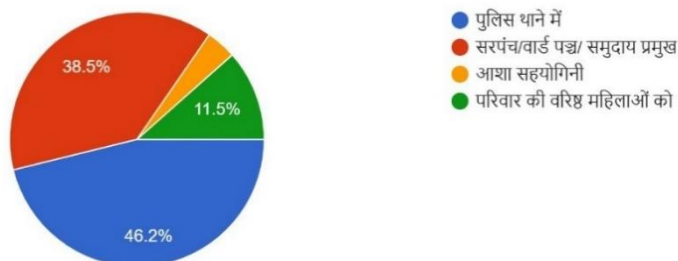
In 86% villages no such incidence came in to light. 13% responses indicate that there may be some but people are unaware of it. Only at one village it was reported that there are some incidences and have increased in numbers. Due to linked social stigma with this, the people hide to mention case before others and report the same to the legal authority due to social pressure.

5. समुदाय में इन दिनों यौन शोषण की कोई घटना प्रकाश में आयी है ?



Q6. If such incidence came in the light, where it was reported?

6. यदि कोई घटना प्रकाश में आयी है तो उसकी रिपोर्ट कहाँ की गयी है ?



46% said it was reported in the police station, 38.5% responses revealed that it was reported to senior community members /Sarpanch / ward members, 11.5% reported that these incidences were reported to the older ladies in the families. 4% responses indicate that it was reported

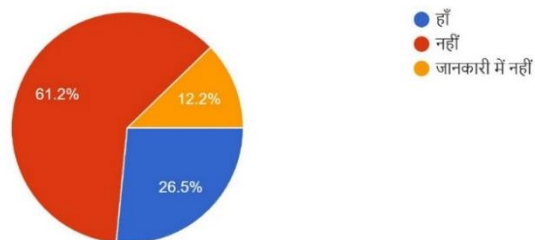
to *Asha Sahyoginis*. However, it was also observed that the most illiterate women, victims are not aware about the legal procedures of reporting the cases and have fear in their mind to happen more unpleasant incidence with them in consequence of the reporting of the case with the appropriate authority.

From the group discussion, it was also felt that people don't know exactly to whom they report since they don't have the contact information of the locally and easily approachable government authority. Therefore, there is a need to work closely with the protection officers of the government at different levels and service providers for making their contact information to all people, children, girls, women and labourers whose rights could be protected and they can report about the violence and abuse easily in time for getting immediate relief to stop the violence against children, girls and women.

From the field observations, it was found that adolescent girls are among the most vulnerable groups due to school closure during COVID-19 crisis and their vulnerability could be increased if immediate actions are not taken. Similar situation and need for actions about the adolescent girls also emphasized by other studies².

Q7. During this lock-down any increase in the incidences of violence within the community members or family?

7. इस लॉक डाउन के दौरान समुदाय के सदस्यों या परिवारों के भीतर हिंसा की घटनाओं में इजाफा हुआ है ?



In 26% villages, increased incidences of violence within the community members and families as well were observed while in 61% villages, no such increase was reported and in 12% villages, people were unaware of this matter. The

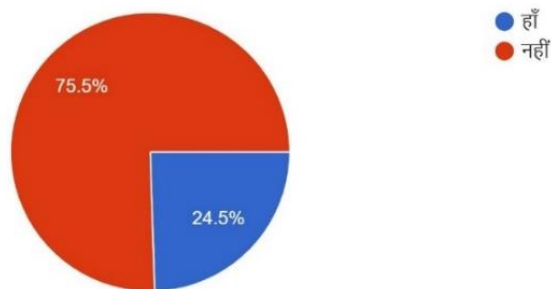
responses reveal that one-fourth increase in incidences of violence against children, girls, women and

² <http://www.iiep.unesco.org/en/covid-19-school-closures-why-girls-are-more-risk-13406>

poor people were observed, this makes the situation worse due to COVID-19, which needs special attention for effective compliance of the laws by enforcement authority and sensitive society.

Q8. Do you think there is an increase in divide between people on the basis of religion on account of CORONA pandemic?

8. क्या आपके गाँव में कोरोना महामारी को लेकर समुदायों में मनमुटाव या धार्मिक भेदभाव में इजाफा हुआ है ?

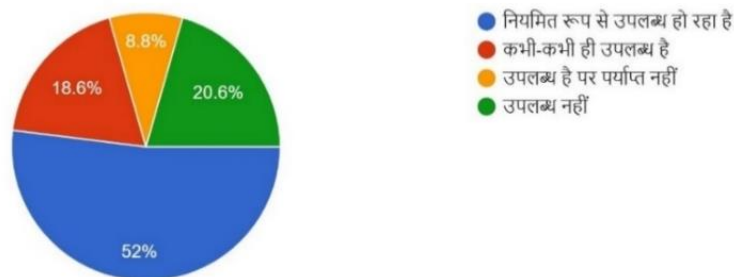


75% responses denied any such divide where 25% accept that there is an increased divide on religious basis due to the spread of

CORONA pandemic. It was also observed in the project area where the minority and socially excluded communities, are seen suspiciously by the people of other communities in the surrounding habitations and they reflect indifferent discriminatory behavior towards each other. Some unpleasant incidences between the communities were also reported during the relief work campaign organized by the government machinery and CSOs in some areas. This creates somewhat unharmonious environment among the different people and communities.

Q9. Status of nutrition in Anganwadi Centres

9. आंगनवाड़ी केन्द्रों में पोषाहार की स्थिति

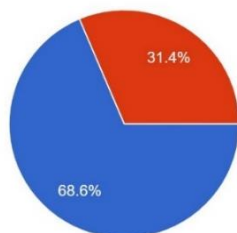


In 52% villages it is regularly being made available. In 18% villages it is available intermittently. In 8% villages though it is available but not sufficient. In 20% villages, it is not at all

available means one-fifth villages were found deprived of ICDS Services. During the lock-down period, all Anganwadi Centres were closed and the Anganwadi workers were asked to provide the food items to the target people to their door-step but due to restricted movements and acute fear of infection of virus, the Anganwadi workers were hesitated to visit the villages and households and they reached to a limited number of households and eligible people. The supply of the required nutritional material to Anganwadi centres was the ensured in time by the government system.

Q.10. Status of health check-up of pregnant, lactating mothers and infants in your village & Status of vaccination of infants.

10. गर्भवती व धात्री महिलाओं व शिशुओं की स्वास्थ्य जांच की स्थिति

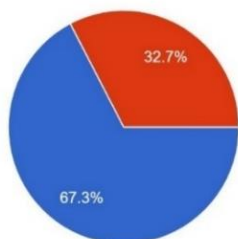


● स्वास्थ्य जांच नियमित रूप से हो रही है
● स्वास्थ्य जांच नहीं हो पा रही है

In 68% villages the health check-ups are conducted regularly but in 31% villages they are not regularly done. 67% people are regularly vaccinating their infants but 32% people are not able to vaccinate their children in surveyed villages. This could impact in long term as

the delay or lapse in vaccination could result in ill health and there are increased chances of falling ill and mortality in children. Same applies to the health of pregnant women and lactating mothers.

11. बच्चों के टीकाकरण की स्थिति (परिवार में छोटे बच्चे होने की दशा में ही लागू)-



● नियमानुसार समय पर लगवा रहे हैं
● नहीं लगवा पा रहे हैं

According to the UNICEF's review of the United Nation's world population division 2019 report, published in recent newspapers states that due to COVID-19, there will be scarcity of medicines, ANMs and health workers, resulting in very difficult time for the mothers and children and especially in developing countries. It was also

observed from the field that the adolescents, youth felt loneliness during the CORONA lock-down which is supported by an article based on the study of ONS (2020), published in The Times of India³.

³ Youth more likely to suffer from the loneliness than elderlies, Times of India, June 12, 2020.

Summarized results of the data

The results of the data have been summarized in the following analytical table with questions of tool converted to status level for those worded to find lack of things. Analytical table below showing the status of various social, education and health factors during the lockdown period in selected regions of rural Rajasthan.

Issue	Status finding in range of percentage			
	Poor Below 40%	Critical 41-60%	Good 61-80%	Excellent Above 80%
Awareness about COVID disease, its symptoms and consequences				90%
Preparedness of people towards adopting protective measures, medical consultation and warding off stigmatization		50%		
Communication & language pitching of notifications & directives	✓			
Response to testing with symptoms similar to CORNA to some extent did not tested, create more risk of spread of the disease.		43%		
Availability of testing facility	19%			
Reach out of health worker	31%			
Availability of on-line and digital facility in families to learning in wake closed schools	20%			
Schools with computers, internet connectivity and teacher preparedness to on-line teaching		50%		
Native village education facilities such as residential education such as <i>Ashram-shalas</i> in wake rural families' migration for work	29%			
Availability of humanitarian support to secure entitlements and mitigate		43%		
Out-migration for livelihood		51%		
Awareness about rights, security schemes & legal entitlements	37%			
Status of freedom from debt		43%		
Mitigation in child marriages during COVID lockdown				93%
Availability of sanitary napkins and IFA Tablets for adolescent girls	40%			
Awareness about violence and abuse victims' reporting to law-enforcing		50%		
Violence-free villages during COVID-19			74%	
Religious and caste harmony			75%	
Availability of ICDS services to children (0 to 6 years) and women (pregnant and lactating mothers)		50%		

The table reveals that the factors with poor status should be addressed first consisting of communication in local dialect, legal literacy and health of children, adolescent girls and pregnant women followed by improving on-line learning infra-structure, material, teacher's competence and connectivity.

Chapter-3. Key Findings

The key findings of the survey have been classified and summarized according to the components of the survey which are as follows:

1. COVID -19 awareness level

- Most of the respondents are aware of the corona virus disease. It was also observed that (from the field notes of the assessors), large number of people in villages were not taking required protective measures in spite of rigorous awareness campaigns by both the Government and CSOs. It seems that there are still a large number of people who require to be educated on the disease.
- Still 11% persons don't know the aggregated symptom of the disease, which may delay to approach for medical advice or testing.
- About 50% people don't consult to the doctors in nearest health center / hospital, perhaps, due to stigma associated with the disease. This causes delays in most cases for testing and further taking precautionary measures and enhanced changes of spreading infection among people in contact.
- The perceptions of different stakeholders reveal that Government notifications and directives have been confusing / difficult to understand by the people of marginalized communities, especially women, wage earners, migrants). Therefore, these should be disseminated in simple communication language easily available and accessible to all people through mass campaign.
- 43% of people could not get tested. It shows the carelessness of the people to get themselves tested for the disease. One-fifth of the people did not get tested for Corona virus infection. Therefore, most people have fear to be infected.
- The reach out of the health team was very limited to small segment of the population (31%). Therefore, people feel suspicious towards each other for spread of the disease.

2. Educational Status

- The diverse responses of teachers, parents, people's representatives and students show that there is an uncertainty in their minds about the education of the children for which they are much worried what will happen in future if such situation prolongs for uncertain time.
- In the opinion of the school going children, 15% accepts that they are enjoying as their schools are closed. It seems that they do not find their schools attractive. Their classrooms are boring, curriculum lacking contextual learning and they are often subjected to the harsh punishments, but a considerable number of students (33%) say that they are worried about their studies.
- The responses of almost one-fourth of parents, children and 50% of people's representatives (Sarpanches / ward members) are almost similar and some of the adolescents / youth suggested that some home / community-based learning processes should be started with the support of trained youth community volunteers if the CORONA crisis prevails for longer time (in next three to one year) by adopting all required protective measures.
- Teachers, during the informal discussion, opined that if the alternative arrangements through home / community-based learnings in small groups is made (in next one month) that can compensate the learning gaps well. It was also felt that most teachers find themselves in the

situation of uncertainty and not equipped themselves with digital technology to reach out to their students with specific child-centric online classes in rural areas.

3. Migrants & Daily earners

- 3355 persons including 23% women (26 years and above), 12% children (0 to 18 years) and 12% youth (19 – 25 years), have migrated in surveyed 100 villages (in 71 villages where they have returned). This data of migrated population is very significant when this is projected for entire area and requires immediate attention to link them with various social protection schemes and imparting the knowledge of accessing the benefits of their entitlements. The families of the migrated people need immediate livelihood options in their native villages and their children should be provided educational facilities.
- Some of the migrants do not have the required legal documents to access the benefits of the social protection schemes. The regular supply of the relief material was not available in rural habitations, hence migrant families were found themselves in acute shortage of the food items in some of the remote habitations.
- The field experience working with the target population affected by COVID-19, it was realized that there is a need of universalization of PDS, so that all the vulnerable population can be covered if they don't have ration cards and who migrated from other places. Free ration to all people, requirement of ration card should not be mandatory for accessing food in compliance of Food Security Act. Malnutrition burden will increase if the Food Security Act is not enforced effectively. In 22% villages, the ration was not distributed as per the announcement by the government, which is a large number.
- 17% were left of such health checkup, this shows the ignorance of the migrated population and difficulties faced by them to reach out to the health check-up facility due to distantly located. The government system has not approached to them just after migration to the village in remote habitations for the health check-up.
- 37% villages are not aware of govt. schemes for poor people, as observed in the field that these people are economically most deprived, they need special attention to make available the benefits of the schemes immediately
- There is a considerable increase in money borrowing at local level since people are run out of money due to the lock-down. Though it is difficult to get loans these days from local money lenders and they are mortgaging their valuables and even lands and that too on exorbitant interest rates. Hence an urgent need to provide financial support to the needy people with low interest or without interests from the banks with subsidy for starting their own income generation activities.

4. Women & child Health & nutrition, Child Marriage, Violence, Exploitation / Abuse

- Some people during the group discussion whispered and were hesitated to speak clearly about the child marriage cases due to peer social pressures. Only at one village it was reported that there are some incidences and have increased in numbers. Due to linked social stigma with this, the people hide to mention case before others and report the same to the legal authority due to social pressure.

- However, it was also observed that the most illiterate women, victims are not aware about the legal procedures of reporting the cases and have fear in their mind to happen more unpleasant incidence with them in consequence of the reporting of the case with the appropriate authority.
- From the group discussion, it was also felt that people don't know exactly to whom they report since they don't have the contact information of the locally and easily approachable government authority.
- It was elicited from the group discussion that girls' and mothers' voices are not heard while deciding the marriage of the child or especially girls, and even girls and women don't have courage to speak in the male-dominated or before the influencing male members in the families or community.
- In 60% surveyed villages it was reported that the sanitary pads are not available. This reflects the unhygienic situation before the adolescent girls which might have adversely affected their both mental and physical health.
- Most of the people either unaware or reluctant to report any incidence of sexual abuse in their surroundings. They say, there may be some instances but they don't know in detail. It is a concern that the people don't take these incidences seriously and don't want to talk on that.
- In 26% villages there is an increase in violence within family and community. It is due to the increased stress due to the job lessness, money constraints etc.
- 25% accept that there is an increased divide on religious basis due to the spread of CORONA pandemic.
- One-fifth villages were found deprived of ICDS Services. During the lock-down period, all Anganwadi Centres were closed and the Anganwadi workers were asked to provide the food items to the target people to their door-step but due to restricted movements and acute fear of infection of virus, the Anganwadi workers were hesitated to visit the villages and households and they reached to a limited number of households and eligible people. The supply of the required nutritional material to Anganwadi centres was the ensured in time by the government system.
- 32% people are not able to vaccinate their children in surveyed villages. This could impact in long term as the delay or lapse in vaccination could result in ill health and there are increased chances of falling ill and mortality in children. Same applies to the health of pregnant women and lactating mothers.

Chapter 4. Action points

Basis the observations and findings of the survey, there are some issues emerged which need to be addressed by designing various interventions.

- There are still a large number of people who require to be educated on the disease There is a need of continuous awareness drives in villages on the habits and necessity of washing hands, wearing masks, ways of keeping themselves healthy, how to increase immunity etc, and it should be disseminated in simple communication language easily available and accessible to all people.
- There is an urgent need to deploy the health checkup teams to villages to cope up with the demand and need of the people.
- Children need to be engaged meaningfully in their homes through various means like e-learning (through their teachers). Other means like alternative arrangement of the study in the same village either by the resident teacher or by any willing youth. In this case NGOs working in the area and especially in education can help in planning and implementation on this strategy. Cheap, interesting and easily accessible learning methods should be developed. Also have to think about the limited reach to the smartphones and high speed internet connection.
- Capacity building of teachers and NGOs working for education of children in rural and with deprived communities to reach out school-age children with e-learning material and on-line educational systems
- Free ration to all people, requirement of ration card should not be mandatory for accessing food in compliance of Food Security Act.
- Need to provide opportunity to employ all poor people including migrants, daily wage earners and street dwellers through MGNREGA and other income generation programs. NGOs can also focus to engage the needy people with the income generation activities.
- Continuous contact with adolescent girls, where voluntary organizations are working, to keep an eye on the child marriages, and if any such effort surfaces, it can be thwarted.
- Awareness program on sexual abuse should be planned with school children and adolescents who are out of schools and associated with other alternative programs. Workshops for youths can also be organized to make them aware on the issue. There is a need to work closely with the protection officers of the government at different levels and service providers for making their contact information to all people, children, girls, women and labors whose rights could be protected and they can report about the violence and abuse easily in time for getting immediate relief to stop the violence against children, girls and women.
- Need to alert health and education authorities to ensure the supply of sanitary napkins and IFA tablets to all adolescent girls in the villages and also need to train adolescent girls how to use cloth hygienically.
- Both government and NGOs are required to prioritize the needs of the adolescent girls (vulnerable and out-of-school) who are at risk of failure to access education and health services.
- It is important to that government should lay emphasis on the effective running of ICDS system, there is an urgent need of regular supply of the food, medicines at all the *Anganwadis*. Regular

health checkup of pregnant, lactating mothers and vaccination of children is necessary to safeguard them from infections.

- During the COVID related lockdown, people are feeling stressed and perplexed there may be some counselling workshops by clinical psychologists with the persons suffering with this phenomenon.
- Need to establish effective coordination with the local level government authorities (district and block level) and other CSOs working at grassroot level for addressing the vulnerabilities of the people, especially children, girls, women of marginalized, migrants, socially excluded communities.
- Effective advocacy strategies to be evolved with the government, CSOs / networks at different level (state to block level).

ANNEXURE-1 (List of Surveyed Villages (District- and block-wise) and Investigators)

District wise list of Surveyed Villages and Assessors

The District Project Managers in four district who provided hand-holding and mentoring support to the assessors are as follows:

1. Tonk district: **Ms. Rama Sharma & Dr. Naresh K. Sharma**
2. Dausa district: **Hemant K. Sharma**
3. Banswara & Pratapgarh districts: **Dharmesh Bhardwaj**

S.N.	District	Block	Village	Name of Assessor
1.	Banswara	Anandpuri	Chhaja	Pratiksha Vyas
			Nawatapara	
			Jetiawada	Reena Pandya
			Barkota	
		Ghatol	Ganoda	Deepika Vyas
			Saat ka Tapra	
			Silthiya	Manda Vyas
			Aamlioat	
		Banswara	Semalpada	Rameela Katara
			Theekariya	
			Nawagaon	
			Veerpura	Chaina Patel
			Chhapariya	
		Kushalgarh	Chhotisarvan	Jema Daamor
			Gadwan	
			Kheriapada	Sunita Bhagora
			Hawarundi	
		Sajjangarh	Kadaimaal	Durga Garasiya
			Sarsiapada	
			Kunda	Rajina Amaliyaar
			Chittora	
Garhi	Aamja	Darshika Kalal		
	Ishwarpura			
	Tamatiya	Kokila Pargi		
	Khokharwa			
2	Pratapgarh	Chhoti Sadri	Semrada	Maya Patidaar
			Baliyakheda	
			Semarthali	
			Pitalwadi	Ranu Sain
			Umarda	
			Mahi Nagar	
		Pratapgarh	Achalpur	Vaishali Choudhary
			Nai Abadi	
			Pathari	
			Shahji ka Pathar	Lalita Meena
			Beeja Mangri	
			Maheedon ka kheda	
		Pipalkhunt	Gada	Sharda
			Thechla	
			Karvi	
Aamli khara	Durga Kumari			
Limboda				
Badapada				
Arnod	Salamgarh	Arti Mali		

			Morundi	
			Lapadiarundi	
			Mahukhera	Parul Rajput
3.	Tonk	Niwai	Jato ki Dhani	Rekha Choudhary
			Patel Tibbi	
			Agerpur	
			Shrirampura	Kalawati Swami
			Kammal ki dhani	
			Khidgee	Seema Choudhary
			Ghata, Patti	
			Sarpanch ki dhani	Sunita Choudhary
			Kipada	
			Synthra	
			Goverdhanpura	Jyoti Choudhary
			Bherupura	
			Sheopura	
			Panchkuwa	Pinky Khangar
			Jugalpura	
			Janta Colony	
			Bhanwarsagar	Dwarika Choudhary
			Mandalia	
			Laxmipura	
		Piplu	Hadi kalan	Raju Choudhary
			Karimpura	
			Javadia	
			Chhoti Hadi kalan	Meena Choudhary
			Daheda	
			Kakraj	
	Dausa	Dausa	Bhandarej	Ramawatar Nakwal
			Mitrapura	
			Padli	
			Khuri Kalan	Lalita Meena
			Chordi	
			Hapawas	
		Bandikui	Peechupurakalan	Ramawatar Nakwal
			Khatanadhani	
			Sudharan Para	Khushbu Jangid
			Gudha Ashiqpura	
			Gadandi	
			Shyalawas	
		Lawan	Nangal Govind	Lalita Meena
			Pipli Chainpura	
		Lalsot	Bilka	Sunita Meena
			Chandawas	
			Swarooppura	
			Ajabpura	
			Talavgaon	
		Mahawa	Teekri Kalnot	Mini Kanwar
			Garh Himmat Singh	
			Jatwara	
			Hadiya	
			Gehnoli	
		Sikrai	Sikrai II	Khushbu Jangid



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