

**DHAN Foundation**  
**Combating COVID 19; Collectively!**

**RADAR (Rapid Assessment on Disaster and Response) Report**

31<sup>st</sup> March 2020

Issue No: 01

The novel coronavirus has infected more than 693,224 people worldwide and killed over 33,000. The US now has the most confirmed cases worldwide, which is more than 139,700, with over 2,400 deaths.

As far as India concern, with the states reporting over 92 new cases, the total number of coronavirus cases in India has climbed to 1117. The novel COVID-19 has so far claimed 32 lives in the country. Fresh deaths were reported from Maharashtra, Gujarat, Punjab and Jammu and Kashmir on Sunday.

According to the Ministry of Health and Welfare, 101 coronavirus patients have recovered from the disease. At present, there are over 900 active COVID-19 cases in the country.

The national capital of India witnessed a huge spike in the coronavirus cases on Sunday. A total of 23 new COVID-19 patients were reported from the state. Kerala is the worst affected by the COVID-19 crisis with 194 cases and one death. The state has recorded the highest number of coronavirus infection in the country. After Kerala, Maharashtra is the hardship-hit state which has 193 COVID-19 patients. Gujarat has recorded 58 cases and five deaths.

Telangana has so far confirmed 69 cases while coronavirus count in Karnataka stands at 80. The number of coronavirus cases in the Tamil Nadu has reached to 50. Rajasthan has so far reported 57 cases while Madhya Pradesh has 33 coronavirus positive patients. Haryana also confirmed 33 COVID-19 cases in the state.

**Fact Sheet (As on 30<sup>th</sup> March 2020)**

**Global**

Total cases	693 224
Confirmed new cases	58 411
Cured/Discharged cases	165035
Total Deaths	33 106
New deaths (past 24 Hrs)	3215
<b>Death rate</b>	<b>4.7%</b>

**India**

Total cases	1117
Confirmed new cases	92
Cured/discharged cases	101
Total deaths	32
New deaths (past 24 Hrs)	7
<b>Death rate</b>	<b>2.8%</b>

1070 Indians and 47 foreign nationals have been reported in 27 states/union territories

Source: WHO & Ministry of Health and Family Welfare, GoI

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**Top 10 Disturbed States with COVID 19**

1. Maharashtra: 215 (3 foreigners)
2. Kerala: 213 (8 foreigners)
3. Delhi: 97 (1 foreigner)
4. Uttar Pradesh: 88 (1 foreigner)
5. Karnataka: 88
6. Telangana: 69 (11 foreigners)
7. Gujarat: 69 (1 foreigner)
8. Tamil Nadu: 67 (6 foreigners)
9. Rajasthan: 62 (2 foreigners)
10. Madhya Pradesh: 47

Source: Deccan Herald Newspaper (30<sup>th</sup> Mar 2020)

## Rapid Observation from the field

- So far, the spread is observed mostly in Urban areas. & in rural/tribal areas are comparatively better, this may be because of containment is restricted or the COVID confirmation tests are not taken up in rural/tribal areas.
- The COVID spread is every day growing in numbers and if it breaks out to stage 3, which is community to community spread, given the very less health care facilities of our nation, India would face real disaster.
- Even though rural India is not affected so far, it is very crucial to isolate villages and ensure the spread is not happening at that level, as the medical facilities and resources are very limited to respond to rural/tribal masses
- North Indian states are suffering more. The rate of spread and death rates are raising day-by day
- Thanks for aggressive IEC initiatives of union and State governments and the media. We find significant awareness about COVID is reached most of the Indian households. Few good practices at village level are observed, such as village level isolation, using of traditional disinfectants and ensuring external people are not get entered in the villages, etc.,
- The national lock-down is essential – trouble. It contained the rate of spread of COVID – 19 but, it affected poor and vulnerable families. Especially the migrant workers, street vendors, physically challenged have lost their livelihood and pushed in to economic uncertainty
- The psychological pressures due to isolation, economic losses and distress of “Alcohol Addicts due to lock-down of liquor shops” are another dimension that causing invisible challenges.

## Reporting from the field:

### 1. Beed Region – Maharashtra

We all are aware about Covid 19, it is spreading like anything in another country. In India also cases of Corona are increasing day by day in Maharashtra still today 186 positive cases of Covid 19 find out. Total 12 districts got affected due to it metro cities like Mumbai, Pune, Sangli are affected more six people got death due to it.

Beed region is covering 9 locations with three districts such as Beed, Parbhani and Osmanabad. Beed region is having 1028 SHG with 14266 members. Still today in Beed region no positive case of covid 19 but around 2000 people got quarantine in their home and around 356 people are under observation at Civil Hospital.

Most our members are agricultur labour, doing agiculture, sugar cane cutters, construction worker labour, doing small business. Approximately 10000 families livelihood got affected due to Covid 19. Our members are not getting employment in fram, those are sugar cane cutters they are coimg back to their respective village , constrction workers are not getting work. Those are having small business due to lockdown they are not getting income. Those who are selling milk, vegetables, egg, chicken due to lock down and fear of Covid 19 they are not getting income and if get they are selling it at low cost which is not affrodable to them.

Some of members are having livestock they are not getting cattle feed due to lockdown. Some mebers are not getting transport facility to sell their vegetables. So there is huge loss due to that they are not able to meet their basic needs as well as not able to pay their savins, loan rapyment during this crisis.

Our federation are awaring members over phone, by sending meassges through whats app. In some federation we have formed one committe at village level our group leaders are part of it .. We are awaring these leaders over phone about Covoind 19 spread ,state goverment and district collector instruction. These cimmittee members they are awaring other members about it. We have provided mask and sanitizer to our field associates.

Our members are expecting to get immediate loan and revolving fund for their srival and different livlihood activity to come out from these situation. Most of members suggersted they want employment to srive their family. Also most of rural areas not having facility to test sign of Covid 19 they have to go out of village or block level. Some of members shared that in our village drinage system is too poor. so they are having fear that this Covid 19 will spread due to it and goverment also not reaching in their village so they want to sanitize their village. Needs to provide mask and sanitizer to safe our members from Covid 19.

Homeless people such as beggars, garbage pickers, and small vendors who stayed at footpath, stations, or under flyovers and mmigrant labour has been stuck in stations and bus stands. They are struggling to get food and stay. They are affected badly.

Some of local NGO are providing food, mask,sanitizer and vegetables to villagers, homeless people, migrants. Some NGOs are taking blood donation camp as State goverment announced that there is shortage of Blood in Mharashtra. So during this situation all NGOs can organise blood donation camp with apprival of district administration.

## **2. Koraput Region – Odisha**

COVID-19 has affected life and livelihoods of the Kalanjiam members in the interior areas of Koraput Region. As there is three positive cases in Odisha and many migrants are returning from other states to the tribal villages. There is the high chances of increase of positive cases as they are not following isolation norms, and it is very difficult to maintain due to lack of separate room at home. Mostly tribal people don't have more than one rooms in their family. They live with joint family with limited room. It is found that more than 70% tribal people don't know about the causes, symptoms, consequences and precautions measures of COVID-19 in the tribal areas. They believe that COVID-19 is spreading in the foreign counties and will not be infected in their tribal locality. Even, they believe that alcohol consumption can prevent COVID infection which may take lives of many people due to poisoning

of local alcohol. Many Gram Panchayats like Deoghati, Dumuripadar, Renga, Pakjhola, Khudi, Kunduli, Sedam etc. are more vulnerable and has possibility of spreading COVID-19 as many migrants labour have returned back to the villages.

More than 2500 Kalanjiam members are depended upon daily wage labour, but it is not possible due to lockdown. As they didn't have prior information of lockdown so that they couldn't collect advance money from the landlord, construction owner etc. and purchase groceries for the lockdown period. Now, it is difficult for them to lead life. Again, they don't have accessibility to the government benefits due to lack of awareness as well as complex procedure. If the lockdown will be continued, there is a question of survival of poor tribal family. Similarly, more than 3500 Kalanjiam families are unable to sell their agriculture produced in the weekly market or at the village to the middleman. Hence, it is very difficult for them to get recovery of their investment in vegetable or cash crop cultivation.

Due to lockdown, tribal people are getting afraid of police attack in the market even they come out for essential needs. Hence, they don't dare to come to the market and get basic needs. Even, Anti-netal care mothers are unable to go for regular check-ups into the market due to lockdown. Now, getting primary health care facilities is a great question for the tribal communities.

Government of Odisha is active to control the situation with the involvement of line departments. It has involved all staffs of ICDS, health departments, education department and PRIs to monitor the situation regularly and send people for the check up in case there is any symptoms of CORONAVIRUS. Even, Rs.5 lakh amount has been distributed to all GPs to take care of isolation centres in the district.

### **DHAN foundation's interventions**

- As soon as the first CORONAVIRUS was identified in Odisha, DHAN Foundation started creating awareness among interior tribal Kalanjiam members. A separate training was conducted to the health associates to understand the causes, symptoms, consequences and precautions so that they took initiatives to aware Kalanjiam members. But, unfortunately it was not possible to reach among all members due to immediate lockdown.



Figure 1 CORONA Awareness Ratha

DHAN Foundation inaugurated CORONA Awareness Ratha with the presence of Dr. Roshin Xess, Chief Medical officer, PHC, Sunabeda, Mrs. Malati Kirshani, Chairman, Jilla Parishad, Dr. Jyoshnarani Maharana, Head, KVK, Mr. Siba Sankar Sethi, District Coordinator, Odisha Millet Mission, Mr. Tapas Chandra Roy, AAO etc. This Ratha covered more than 40 villages to aware nearly about 30000 tribal people at different villages and market places. DHAN Foundation was the first civil society organization who run ratha in the district.



Figure 2 Inauguration of CORONA awareness ratha

- DHAN Foundation trained Kalanjiam members to stitch mask and availed raw materials to the make and avail in the locality. More than 1000 masks has been made and distributed among the tribal villagers.
- DHAN Foundation made 1000 leaflets on the awareness messages of CORONA to circulate among the tribal people as well as person in the local market places during ratha.
- Village level demo on following practices of wearing mask, proper handwash, social distancing etc. was conducted in the villages
- A documentary film was prepared with the involvement of local community in local language to create awareness among the tribal people.
- Aradhana Kalanjiam of Deoghati took in-charge of food cooking and distribution at isolation centre of the gram Panchayat.



Figure 3 Training to Kalanjiam for stiching Mask

### **Suggestions proposed by community:**

- More awareness programme through behaviour change communication (BCC) on causes, symptoms, consequences and its precaution measure is required in the interior tribal areas. A CORONA Awareness Ratha can be an effective tool to aware tribal villagers.
- A strong action would be taken to avail facilities to quarantine the migrant labours those returned from other states. Because, once it spreads in the interior villages, it is difficult to control and cure them.
- Door to step delivery of essential items can reduce the possibility of more infection.
- Enough mask supply is required. Local Kalanjiam members need to be trained to make mask and avail it.
- Support for food and basic amenities is required for the daily wage labourers.

- A compassion amount need to be supported to the farmers those are unable to sell their production in the local market.
- A rapid action team need to be trained or mock drilled to control the situation in case it spread in the interior villages. They can identify the symptoms at the earliest stage and quarantine the victim of the COVID-19.
- All staffs need to be trained to work like para-health worker to serve tribal communities anticipating the wide spread of COVID-19.
- An immediate collaboration is required at the district level to support tribal community.

### 3. Ratlam Region – Madhya Pradesh

Through Phone calls, daily morning 11.00 am to 12.30 pm interaction with all team members and assessed the status. Federation Coordinator regularly contacted Leaders and associates. Already, we have created what's app group at each federation on daily reporting. Now it is used for providing awareness and assess the status. As of Today, No one is affected on COVID-19 in Ratlam district. It mostly affected in Indore, Bhopal and Gwalior. Two cases suspected in Ratlam district, but result is negative.

*Based on the government report and field assessment, zero cases found at Ratlam District.*

*Ratlam district is border to Gujarat and Rajasthan state. Therefore, Migrants from distance district of Madhyapradesh will reach here. All the district boundaries are closed. Therefore, to stay of other district people of MP, 50 accommodation facilities and food facilities have created by district administration. Here, District administration is providing approval to move from one place to another place if the families are arranging own vehicle/ going by own risk to reach distance districts especially for migrants. Because of other district migrants stay, Migrants from Ratlam district immediately sent to their home by govt.*

In last three days, With the approval of District Administration, buses have arranged for migrants and more than 12000 people came back from UP, MP, Gujarat and Rajasthan who ever went for Wheat harvesting. Those people have involved in Agri activities, therefore, No check-up and just, they went back to home. (assumption is working in agri field, therefore, will not be affected)

**Best Practices:** *In Pipilpara village , Bajna block, Last week, 8-10 buses came and People are coming from Bhilwara, Rajasthan which is affected on Coorno Virus. Therefore, they have screened for normal fever, Government insisted them to in home quarantine. The villagers are taking responsibility and checking on their own mechanisms. Regularly, Laboure's are coming back to their native in different mode with proper approval from Government.*

In such situation, there is a possibility of risk in future. Presently, no issues found.

**Availability of Basic Needs:** Now only, wheat harvesting completed and all the house are having enough grains and cash. But they are suffered for other grocery items only. Morning 8-10 and evening 4-7 shops are opened and during that period purchases

needs to be completed. If the villages are interior, not able to get the materials on time. It will full fill their needs for next seven to ten days.

### **Impact on Livelihood:**

#### **Agri Labour:**

Our working locations are Sailana, Piploda, Bajna, Rawti and Ratlam with 3000 families. In that blocks, 15%-20% of the families are agri labourers. Usually, third week of December to first week of April, concentrated on Wheat, and cotton cultivation and moving to Up, MP and Rajasthan. After that from second week of April 2020, they will go for construction work to Cities with in the MP for Road, Railway and building construction. Few families, will move to tiles factory in Gujarat, Very minimum number of families will go for textile factories. In that 35-40% of the households, whole family will migrate. Mostly, 25-30 places only migrated by the families.

Anyway, they are trying to involve themselves on any kind of livelihood in their own village with minimum wages.

If they want to migrate after lockdown period, the destination places like Bhopal, Indore, Rajasthan and Gurjarat are affected. In that case, availability of employment and other risks are there. Even if, they migrated, their staying facilities will be in one room with places for preparing food. Construction workers needs to stay in open places mostly. Therefore, risks are high for them. 70% of the people are preparing food in open places only.

Usually, 25-30% % of the households are taking ration from their home only. After lock down, they will suffer to take adequate ration to the destination even they will get employment. They need minimum cash flow to reach their destination for the work.

**Status of Chandragarh Cluster in Bajna Block:** Members from Chandragarh Cluster will migrate for work in Gujrat as wage labours on construction sites. Mainly the members husband will go for work in the other states. Some of the members will migrate to nearby districts such as Mandsaur, Banswara district and also in Ratlam district. The members who had migrated in the district or in the adjoining districts have returned back to their native places. Many of the people who have migrated in Gujrat are returning to their native places yet. As per their information, they will manage another one-week time. After that ,issues will be their to manage the food.

## **4. DHAR Region – Madhya Pradesh**

In Dhar region, we are working in five blocks. Out of that 2 are new and 3 are existing locations. March 21,2020 onwards, regular activities have affected and interior places like our block, bus facilities are not available, only essential things are available. *Totally working with 4000 families in two location.*

#### **Status of Agricultural Activities:**

- This is the harvesting season of wheat. Instead of hiring labour, many farmers are harvest by involving their family members. They themselves followed the social distancing.
- Last two days, Rain is continuously in MP. In many fields, even though farmers are interested to hire labour, due to interior places, not able to move from one

place to another places, crops can't able to harvest, because of rain, few of the field, crops are getting damaged.

- The market having closed because of that farmers not able to sell their product. Due to lack of availability wholesalers, they are selling the product on local on minimum prize. Few are keeping in home.

#### **Labour Workers:**

- 30% of the people are doing labour work. They are working with in the block for six months and outside for six months. Usually, they will work in Gujarat and Indore. This blocks also border of Gujarat. Up to MP border, Government dropped them. After that, they are reaching their home by walk. Daily buses are arranging by district admin especially for migrants. 10-15% of the people reached on March 21,2020 itself.
- Their life style is totally affected. Compare to Gandhwani, Manawar location, no one is ready to use the other families for doing agri activities. 50% of the villages are having awareness and not ready to give employment to them. Because of that, Laboure's are suffering for purchase the essential things also and managing with available product
- Few are having cash in their bank account through MGNREGA. But they are living in villages and not able to reach banks. Government needs to provide mobile ATM center to reach rural places.
- Due to non- availability of transportation, old age people and sick people faced problem to reach hospital. Earlier also ambulance facilities are not available for them.
- In some areas, administration supplying daily food. In some places, due to lack of poor management and interior, food also not reach up to village.
- Migrants who are very close to block unit, getting medical checkup. If they are come by walk, those people are ignored by Government. Most of the migrants are not checked by hospital.

#### **Grocery Shops & Vegetable Vendors:**

- In village shops were closed due to non-availability of working capital. Not able to purchase from nearby market due to higher prize. This people also loss their employments and used the grocery for their consumption.
- Due to time limit Vegetable vendors/ farmers not able to sell their whole product. Reaching the place itself takes time and not able to sell the product fully.

#### **Expectation by Community:**

- Labour will manage foods for next one week. After that, they expect food to each family who are too interior.
- Need cash for their management either as loan/advance/ wage loss. Some facilities for take back their cash.
- Minimum one month will take to migrate for the work. Up to that they expect support.
- Interest-free loan assistance to meet the consumption needs during the lock-down period