Social response to COVID-19

Roadmap to recovery through development and CSR initiatives

October 2020
Contents

Approach and methodology 01
Executive summary 02
Livelihood 05
Skill development 11
Health 17
Water, Sanitation, and Hygiene (WASH) 23
Rural development 29
Education 35
Glossary 41
Contact us 42
Approach and methodology

What is the existing situation?

Primary research on COVID-19 with regard to the social development sector in India and the primary sectors that are impacted

What is the research saying?

Primary interaction with multiple stakeholders working across the development sector—industry, not-for-profits, and foundations.

Secondary scan on COVID-19 and its effect, impact, re-alignment, solutions, and long-term strategy for the development sector in India.

What are the challenges/impact?

Challenges/impact of the development sector:
- Gap identification
- Impact on stakeholders
- Short-and long-term impact.

What are the possible solutions/way forward?

Relevant sector specific interventions:
- Prioritising
- Strategic policy alignment
- Planning and methodology
- Collaboration
- Monitoring systems
- Sustainability.
COVID-19, originated from Wuhan, China in December 2019, was characterised as a pandemic by The World Health Organisation (WHO) in March 2020. The WHO launched the COVID-19 Solidarity Response Fund, inviting contributions from corporates, individuals, and institutions.1,2

As a measure to contain the virus, India declared a lockdown on 24 March for 1.3 billion people with the prime minister calling for joint action by people, not-for-profits, corporates, and governments.

The complete lockdown in the country severely impacted the quality of life and livelihoods of people. It is estimated that an additional 104 million people could fall in the below-poverty-line category, taking the overall count to 916 million.3

This document deep dives into the impact of COVID-19 on key developmental issues—livelihood, rural development, skill development, education, health and Water, Sanitation, and Hygiene (WASH).

Our response to the situation that has resulted from the COVID-19 virus has to be dynamic. To create a regenerative economy while prioritising interventions for the most vulnerable sections of the community, organisations would have to rethink the design and delivery of ongoing development/CSR interventions.

This paper is a guide for corporates, civil society, and the government to strategise and deliver high-impact solutions during and beyond the COVID-19 situation.

• Respond to limit negative impacts of the virus by ensuring basic needs of the community are met.
• Recover by identifying COVID-19-led opportunities and innovations to build a new future or reality.
• Thrive by ensuring long-term rehabilitation of communities and the overall wellbeing of people.

Guiding principles

Key action points have been identified for corporates that qualify under the Corporate Social Responsibility (CSR) mandate, not-for-profit organisations, and for government/govt. agencies as a response to COVID-19.

**Corporates and not-for-profit organisations**
- Identifying the immediate COVID-19 response in areas of operations along with existing implementing partners.
- Incorporating a long-term COVID-19 response to the ongoing CSR projects.
- Facilitating projects by empowering CBOs.
- Leveraging existing networks and know-hows.
- Eliminating duplication and facilitating efficiency through a collective, focused effort of corporates to work together in a selected geography.
- Bringing in innovations.
- Revising milestones of existing projects.
- Putting in place a system for rigorous online monitoring of projects.
- Exploring pooled funding in collaboration with the government on account of expected reduction in the overall CSR funding for FY22.

**Government and government agencies**
- Ramping up the overall health infrastructure to deal with COVID-19.
- Seamlessly continuing direct bank transfer schemes for the vulnerable population.
- Simplifying the process for accessing government schemes/loans.
- Local procurement of major commodities and local Public Distribution System (PDS).
- Enabling guarantee of work through MNREGA or unemployment allowance.
- Prioritising watershed work and access to clean drinking water.
- Facilitating increase of bank loans to SHGs.
- Strengthening the rural economy as there is an increase in rural demand and workforce availability.
- Digitalising and creating a user-friendly interface of government websites/applications for welfare schemes.
- Ensuring optimum use of Aadhaar card in absence of other government IDs.
- Collaborating with corporates, existing network of NGOs, and civil society organisations.
Livelihood

**Overview**

Agriculture and allied sectors have been a major source of livelihood in India. Nearly 70 percent of rural households (HHs) depend primarily on agriculture to sustain their daily needs, with 82 percent farmers being small and marginal. These are primarily marginal and small landholding farmers who lack food security due to traditional agricultural practices and uncertain monsoons. The government and NGOs supported by corporates, through various agricultural and non-agricultural interventions, have been trying to address these issues by introducing modern farming techniques, access to credit, subsidy on agricultural tools, tool banks, collectivisation through CBOs, SHGs, etc. On the other hand, additional income through backyard poultry and animal husbandry supports rural households during dry spells. Tribal communities have excessively relied on NTFP for their livelihoods. Due to COVID-19, the agri supply chain has been disrupted, posing various challenges to the rural populace.

**Funding for Department of agriculture, cooperation & farmers welfare**

<table>
<thead>
<tr>
<th>Year</th>
<th>INR</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019-20</td>
<td>67800 cr.</td>
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<tr>
<td>2018-19</td>
<td>130485 cr.</td>
</tr>
</tbody>
</table>

**Note:** CSR funding for agricultural sector is considered under rural development expenditure

**Stakeholder mapping**

- **Community members**
- **CBOs/SHGs**
- **NGOs/IPs**
- **Corporates/funders**
- **Government and elected members**
- **Market intermediaries**

- **On-farm:** Staple crops, pulses, grains, vegetables, horticulture
- **Off-farm:** Animal husbandry, micro enterprise, home-based business, cottage industries, daily wage labour, etc.
- **NTFP:** Mahua, Tendu patta, Chironji, Lac, Resins, etc.

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Social response to COVID-19

Livelihood

<table>
<thead>
<tr>
<th>CSR interventions</th>
<th>Objective</th>
<th>Geography</th>
<th>Process involved</th>
<th>Outcomes/impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modern farming (agriculture)</td>
<td>Raise agricultural productivity</td>
<td>Rural</td>
<td>Shifting to better agri practices, improved inputs, and market linkage</td>
<td>Enhance agricultural income</td>
</tr>
<tr>
<td>Animal husbandry development</td>
<td>Develop new income opportunities</td>
<td>Rural</td>
<td>Breeding improvements through AI, providing veterinary services, market linkage</td>
<td>Increase non-agricultural income</td>
</tr>
<tr>
<td>Financial inclusion</td>
<td>Make financial services accessible and generate livelihood</td>
<td>Rural</td>
<td>Facilitating access to financial services through an SHG group of 10–15 women</td>
<td>Empower women politically and socio-economically</td>
</tr>
</tbody>
</table>

Disruption and challenges

1. Impediments in procurement of grains by the government (Short term)
2. Price hike and limited availability of agri inputs (Short term)
3. Hindrances in transportation of goods (Short term)
4. Limited mobility of stakeholders involved in agri supply chain (Short term)
5. Reduction in demand of non-essential items (Short term)
6. Reverse migration to rural India (Long term)

Agricultural cycle impediments
The agricultural cycle across the country has been severely affected causing a delay in harvesting of Rabi crops and preparation of Kharif crops.

Supply-chain bottlenecks
The convergence of various factors such as labour shortage and transportation problems have caused disruptions in the supply chain, which has negatively affected all farm as well as non-farm occupations. Agriculture, construction, MSMEs, and trade activities have taken a hit.

Loss of income
There has been a decline in the income of rural households owing to loss or reduction in subsistence activities as well as loss of remittances from migrant family members.

Fall in demand of animal husbandry products
Animal husbandry products including poultry, meat, fish and dairy have seen a fall in demand and hence, a reduction in price.

Affected sale of NTFPs/MFPs
Major NTFP trade takes place during April–June. Although the tribal population has managed the collection of NTFPs, they are facing issues with market access and collection agents.

Increase in expenditure
The HH expenditure in rural areas has increased on agricultural inputs, tools and machinery, ration, and additional family members due to reverse migration.
Impact on sector

Immediate effect

Loss of income due to reduction in livelihood opportunities:

- Shortage of labour for agriculture and limited market access
- Crash in demand of meat, fish, chicken, and eggs
- Low prices and reduced demand for NTFP produce
- Loss of remittances from migrant family members
- Shrinking market for micro enterprise and MSMEs due to fall in trade activities
- Slowdown in construction and the rural tourism industry

Sector-level impact

Unemployment: High rates of unemployment due to the absence of daily wage labour and loss of subsistence activities.

Hunger and nutrition: Lack of income has resulted in high dependency on public distribution systems. Exclusion of families could lead to lack of nutrition and hunger.

Price crash and distress sale: There has been a sudden fall in prices at the farm gate, perishables, and poultry being majorly hit. This has resulted in farmers resorting to distress sales and incurring huge losses.

Black marketing: There is a supply shortage of agricultural inputs for the upcoming Kharif season due to mobility issues and traders resorting to unethical practices.

Reduction in assets of HHs: Cash crunch and fall in income have lead to HHs resorting to disposing of their assets to meet their current consumption needs.

Borrowing from informal sector: Many HHs with access to the formal banking sector may not be able to meet their debt obligations, which could cause them to borrow from moneylenders at high rates for the next cropping season.

Over reliance on government schemes and transfers: High unemployment and lack of opportunities may lead to HHs depending on government schemes and cash transfers for their subsistence.

Shift in cropping pattern: Farmers may now focus on food security and shift to growing more food crops instead of undertaking the production of commercial crops.

Slowdown in economic activities: Activities such as construction, manufacturing, trade and tourism will face issues in the near future to resume their activities at full scale, which could adversely affect the livelihood of people employed.

Mobility: Accessing markets may become difficult due to social distancing norms and limited/crowded transport.

Delayed Kharif sowing: Delayed harvesting as well as challenges in procuring agricultural inputs may lead to a delay in sowing Kharif crops.

Severe

Medium

Low
SWOT analysis of the sector during COVID-19

**Strengths**
- Natural topography ideal for agriculture and allied activities
- Presence of agricultural organisations such as Krishi Vigyan Kendra (KVK), National Bank for Agriculture and Rural Development (NABARD), and Indian Council of Agricultural Research (ICAR)
- Large number of SHGs, CBOs, and NGOs presence.

**Weaknesses**
- Limited usage and slow technology adoption
- Lack of organised market access
- Insufficient technical knowledge and skills
- Absence of advanced infrastructure
- Exclusion of a large number of people from government-run initiatives including PDS and Pradhan Mantri Jan Dhan Yojana (PMJDY)
- Limited scope to provide assistance to non-registered businesses.

**Opportunities**
- Leverage the SHG network to disseminate vital information and precautionary measures with respect to COVID-19.
- Explore the potential for increasing exports of products from agricultural and allied sectors.
- Examine the potential to create a self-sufficient rural economy.
- Gain government support through Deendayal Antyodaya Yojana (DAY) for training and skilling of the unemployed poor.
- Establish linkages between large enterprises and MSMEs to provide a stimulus to the latter.

**Threats**
- Likelihood of persistence of supply-chain disruptions due to labour shortage
- Lack of credit for Kharif crops due to COVID-19
- Deprivation and debt-trap cycles to farmers
- Increase in farmer suicides
- Distress migration.
Co-creating solutions

**Respond**
- **Direct Bank Transfer (DBT):** Ensuring that all vulnerable sections are covered and recipients of DBT benefits.
- **Additional ration through Public Distribution System:** PDS should cover the entire population and temporary cards should be issued to ensure food security to vulnerable families. Additional ration including essentials such as gains, pulses, and sugar must be provided.
- **Efforts should be made to address the supply-chain disruptions** by the government.
- **Focus on kitchen gardening** to ensure nutrition and an additional source of income.
- **Government and social organisations** should focus on spreading awareness about COVID-19 to prevent further transmission.
- **Social organisations** should postpone all non-essential activities and prioritise food and nutrition programmes.
- **Local procurement, local PDS:** In an effort to strengthen the local economy, local produce must be procured by the government. By creating storage infrastructure locally, produce distribution should take place through PDS.

**Recover**
- **Bringing people under the umbrella of various State Rural Livelihood Mission (SRLM) programmes.**
- **Imparting skill training and knowledge** to community about various techniques, best practices, and new inputs and information available.
- **Increasing the crop productivity through land and water management activities.**
- **Better price realisation for farmers:** The government declared an amendment to the Essential Commodities Act, 1955 resulting in deregulation of food prices and formulation of a central law for barrier-free, interstate trade, which would largely benefit farmers.
- **Providing easier access to credit, finance, and subsidies,** which would help people rebuild their livelihoods. For this, the strong SHG network in the country can be a major contributor.
- **Value addition to the produce** should be undertaken through Agricultural Production Cooperative (APCs), SHGs, or farmer groups, which will lead to enhanced incomes.
- **Stimulus package for MSMEs:** The government has announced a stimulus package worth INR 3.7 lakh crore, which aims to provide assistance through collateral free loans, additional debt, and equity infusion.

**Thrive**
- **Agricultural infrastructure development:** The government announced INR 1 lakh crore Agricultural Infrastructure Fund to be used for projects at farm gates and aggregation points.
- **Animal Husbandry Development:** A Government Infrastructure Development fund worth INR 15,000 crore will be set up to support private investment in the sector. Additionally, a INR 13,343 crore National Animal Disease Control Programme will be run for animal vaccinations.
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Stakeholder-wise recommendations

<table>
<thead>
<tr>
<th>Stakeholder(s)</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>• Ensure that there are no lacunas in the implementation of government schemes and initiatives announced.</td>
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<tr>
<td></td>
<td>• Constantly monitor the market and ensure that essential goods are available and at affordable rates.</td>
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<td></td>
<td>• Aim at widening the base for its cash as well as kind transfer schemes to reach as many vulnerable HHs as possible.</td>
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<td></td>
<td>• Ensure that there are no supply-chain disruptions in the future and address present disruptions at the earliest.</td>
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<tr>
<td></td>
<td>• Take safety measures into consideration before distribution of goods to prevent further transmission of COVID-19.</td>
</tr>
<tr>
<td>Private sector/corporates</td>
<td>• Continue support to ongoing livelihood projects with added COVID-19 responses.</td>
</tr>
<tr>
<td></td>
<td>• Create immediate programmes ensuring food security for vulnerable.</td>
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<td></td>
<td>• Utilise technical know-hows and strengthen the existing agri supply chain.</td>
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<td></td>
<td>• Ensure elimination of interventions duplication and enhanced efficiency through PPP projects.</td>
</tr>
<tr>
<td>NGOs/Implementing Partners (IPs)</td>
<td>• Develop awareness for COVID-19 prevention via basic training, diffusion of key messages, and providing material for awareness.</td>
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<td></td>
<td>• Provide assistance to vulnerable HHs that have not received government scheme benefits.</td>
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<td></td>
<td>• Review project planning and identify essential and non-essential activities in purview of the current situation.</td>
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<tr>
<td></td>
<td>• Focus on food and nutrition in the short-run and rebuilding livelihoods in the long-run.</td>
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<tr>
<td></td>
<td>• Adopt technology, such as whatsapp, calls, and video conferencing for internal and external communication.</td>
</tr>
</tbody>
</table>

Initial response of the sector to COVID-19

Best practices by organisations

- **Small Farmers Agribusiness Consortium (SFAC)**
  The SFAC is implementing electronic Agricultural National Market (eNAM) plans to add 415 markets to the existing 585. It will decongest markets and provide better returns to farmers at times when they are facing issues due to supply-chain disruptions.8

- **Women self-help groups**
  SHGs in India are helping tackle the problem of mask and sanitiser shortage. More than 1.9 crore masks, 1,00,000 litres of sanitiser, and 50,000 litres of handwash have been produced by some 20,000 SHGs across 27 states.9

- **PRADAN**
  PRADAN has been taking proactive measures to minimise the effect of this pandemic on the most vulnerable HHs. Some noteworthy steps include awareness drives, community kitchens, ration distribution, and mobilising safety essentials.10

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Skill development

Overview

The skill development sector encompasses short-term skills courses, Industrial Training Institutes (ITIs), and polytechnics (vocational education courses). India has 14,776 ITIs, 10,373 National Skill Development Corporation (NSDC) training centres, and 500 polytechnics. The main purpose of skill development initiatives is to equip the youth to be employable and increase their productivity. Additionally, it is meant to assist professionals looking to upskill given the rapid change in technology and skill demand in their industries.

Due to COVID-19, skilling institutes across the country have been closed considering the advisory released by Ministry of Skill Development and Entrepreneurship. This has slowed down the pace of skill training in the country. NSDC, with an objective to continue skilling, is encouraging students to use the eSkill India portal that offers more than 400 courses curated from various knowledge providers.

Funding for skill development (F19)

- INR 758.95 cr.14
- INR 3400 cr.15

Stakeholder mapping

- Training partners
- NGOs
- Government agencies
- Community members/CBOs
- Corporates/funders
- Industry

11 NCVT MIS: https://www.ncvtmis.gov.in/pages/home.aspx
13 NSDC: https://nsdcindia.org/partners
Shift in demand for workforce across sectors. For example, negative impact on sectors such as hospitality, tourism, aviation, and retail, while healthcare and wellness witnessed increased demand.

Limited availability of IT infrastructure for content delivery and accessibility by trainees.

Increase in drop outs from education systems given changes in priorities.

Complexities in digital transformation of existing physical training modules to online modules especially for brick-and-mortar-based skilling partners/NGOs.

Lack of rural skill development infrastructure to support the skill demand in rural spaces due to reverse migration.

Drop in placements and retention rates of employees. Large-scale lay-offs of contractual staff and employees.
SWOT analysis of the sector during COVID-19

**Strengths**
- Private Public Partnerships to ensure the continuity of skill development initiatives and placements
- Existing institutional skill network of ITIs, polytechnics, and short-term skill development opportunities
- Established online skill portals for training partners, students, and employers
- Existing presence of online courses and qualified trainers.

**Weaknesses**
- Limited IT infrastructure for digitisation of content and delivery to candidates
- Lack of online assessment tools and certifications
- Lack of digital literacy amongst students and trainers

**Opportunities**
- Recognition of vocational education and e-learning as a mainstream form of education
- Creation of online content and digitalisation of courses using technology
- Building of innovations using virtual-reality tools
- Increase in entrepreneurial abilities.

**Threats**
- Reverse migration of the informal sector workers who are key beneficiaries of Recognition of Prior Learning (RPL) and short-term skill development courses
- Limited placement opportunities for candidates being trained currently
- High level of drop outs and reduction in enrollment from the skill-development ecosystem.
### Impact on sector

#### Immediate effect

**Loss of income due to reduction in livelihood opportunities:**

- Stalling of classes and examinations
- Limited placement opportunities
- Drop outs from skill development courses
- Impact on new enrollments

#### Sector-level impact

- Increase in unemployment to 24 percent\(^\text{1}\) due to drop in placements and lay-offs
- 14,776 ITIs and 10,373 NSDC training centres with over a million students in various skill programmes have stopped operations\(^\text{7}\)
- Shift towards e-learning
- Compensation of existing apprentices affected considering the hiring freeze and increased lay-offs.

- Shift in job trends
- Estimated jobs at risk\(^\text{8}\): Aviation :20 lakh, hospitality and tourism: 3.8 crore and export sector: 1.5 crore
- Change in skill demand via industry\(^\text{9}\):

<table>
<thead>
<tr>
<th>Industry</th>
<th>Severe</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aviation</td>
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<td>Healthcare and wellness</td>
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<tr>
<td>Hospitality</td>
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<tr>
<td>Technology-based skills</td>
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<tr>
<td>Oil and gas</td>
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<td>Pharmaceuticals</td>
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<td>Textiles</td>
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<tr>
<td>Entrepreneurship</td>
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<td>Consumer and retail</td>
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<tr>
<td>E-commerce</td>
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</table>

- Estimated reduction in CSR initiatives in skill development. Currently there are 235 private training partners of NSDC who are to absorb 70 percent of those trained. Given the hiring freeze, there could be an impact on those initiatives.

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\(^1\)CMIE –Unemployment data: [https://unemploymentinindia.cmie.com/](https://unemploymentinindia.cmie.com/)

\(^7\)DGIT: “Grading of Industrial Training Insitutes,2017” : [https://www.msde.gov.in/assets/images/ITI%20gradings/Final%20Grading%20framework%20of%20ITIs%20.pdf](https://www.msde.gov.in/assets/images/ITI%20gradings/Final%20Grading%20framework%20of%20ITIs%20.pdf)


Co-creating solutions

**Respond**
- Analysis of the change in skill demand in tandem with industry experts and core skill identification
- Support and relief to students in residential facilities and those that were being trained/placed away from home
- Online/telephonic career and psychological counselling of students and placed candidates
- Online assessments for students to certify for courses that were stalled due to the pandemic
- Release of INR 36.3 crore apprentice stipend support by government to 24,884 establishments catering to 2.42 apprentices
- Bridge grant support to implementation partners for absorbing fixed and operational costs
- Digital affordability support for data packs, recharges, etc. to candidates with financial limitations.

**Recover**
- Transferring course content to online platforms. Incorporating demonstration videos to online curriculum to facilitate practical learning. Carrying out practicals remotely (wherever possible) through digital skill development centres
- Training for trainers on virtual training and changes in pedagogies
- Creation of pedagogies and curriculums for the shift of training digitally for PwDs
- Mobilisation of students through student groups, community members, and online mediums
- Enhancing the existing placement portals to include three new features:
  - Placement of individuals through a complete online process
  - Preference to place job-seekers locally to ensure retention
  - Counseling with mid-career professionals.

**Thrive**
- Investing in initiatives considering rural economy at the forefront
- Updating training modules to include aspects of virtual reality and other technologies to make all courses including ones needing practical practice online
- Creation of an online portal that acts as a common point for industries, job seekers, and skill training centres
- Adding skills that can enable individuals to be part of the new global value chains
- Designing skill development courses in a way that they promote diversity and provide opportunities to vulnerable communities.

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<td>Government agencies</td>
<td>• Facilitating a common technology-driven education platform for stakeholders that enables online assessment. • Creating a singular platform for industries, training partners, and job seekers to collaborate. • Assessing the need and providing monetary support required for skill-development initiatives.</td>
</tr>
<tr>
<td>Corporates/funding</td>
<td>• Investment in technologies to strengthen the e-learning and virtual learning experience for students and trainers. • Steps to create initiatives to encourage entrepreneurship • Providing skill counselling for students in class 10th and 12th as well as mid-career professionals • Provision of opportunities for students to gain experience in corporates across industries to evaluate interest levels and explore future opportunities • Edu-tech initiatives</td>
</tr>
<tr>
<td>training partners</td>
<td>• Capacity building of trainers on digital training methods to help students overcome the difficulties of online learning. • Conducting research on the change in pedagogy to include technology-based learning methods and incorporate life skills components. • Creating content that encourages inclusion across vulnerable sections such as the specially-abled.</td>
</tr>
<tr>
<td>NGOs and CBOs</td>
<td>• Community awareness programmes to mobilise individuals across rural and urban spaces; specifically identifying school and college drop outs • Re-alignment of existing initiatives and future demand to accommodate COVID-19 precautions • Assistance to the government and corporates in effective programme implementation.</td>
</tr>
<tr>
<td>Industries</td>
<td>• Working with academic and skill-development agencies to fill the renewed skill gap. • Identifying core skill requirements that can be utilised across multiple sectors. • Employing individuals through online recruitment platforms and promoting virtual recruitments. • Designing standardised industry-need-specific curriculum that also includes life skills.</td>
</tr>
</tbody>
</table>

Initial response of the sector to COVID-19

**Best practices by organisations**

- **Britannia Marie Gold**
  - In collaboration with NSDC “Enabling Women Entrepreneurs” to empower women to gain Information Communications Technology (ICT) and micro entrepreneurial skills

- **Magic Bus**
  - Digital mobilisation, curriculum adaptation, virtual learning and assessment, placement in Working From Home (WFH) setup, and high-demand sectors

- **Amazon**
  - In partnership with NSDC has started the “Fight Against COVID-19 #AwareIndiaSafeIndia, Digital Campaign”

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21 eSkill India : NSDC in collaboration with Britannia launches India’s first ever online skill development course for homemakers who have entrepreneurial aspirations. https://eskillindia.org/Home/Britannia


Health

Overview

The Indian healthcare system consists of three tiers—primary, secondary, and tertiary healthcare. For the purpose of COVID-19, the government has divided the medical system into three categories depending on the severity of the case:

- Mild and very mild cases to be home quarantined or admitted to COVID care centres, which can be hostels/lodges/hotels
- Moderate cases to dedicated COVID health centres
- Severe cases to dedicated COVID hospitals

Community Health Centre (CHC)/Primary Health Centre (PHC)/Pradhan Mantri Jan Arogya Yojana (PMJAY) empaneled hospitals to work largely through telemedicine to refer to higher level facilities per protocol.

Funding for healthcare (F18–19)

Government INR 54600 cr.,25
CSR INR 3216 cr.24

Note: Above graph mentions Central health budget while every state has separate budget for health

Stakeholder mapping

Doctors and medical staff
Government agencies
Corporates/funders
NGOs
Community members/CBOs
Research organisations

Frequently wash and sanitise hands
Maintain social distancing
Cover mouth while coughing and sneezing
See a doctor in case of any COVID-19 symptoms

*Source: MoHFW website

Increase in number of people without access to food and nutrition across urban and rural sectors
Massive migrant movement across the country and high density of population increases risk of virus spread
Healthcare professionals’ safety is at risk due to exposure and chances of contracting the virus at work. Frontline workers are facing stigma from society. Challenges with following safety protocols further aggravated the capacity constraints amongst healthcare workers
Inadequate availability of medical equipment and supplies such as ventilators and PPE kits
Limited availability of healthcare professionals due to the competing need to combat COVID-19 and related conditions. For eg., non-availability of essential health services for continued care of chronic diseases and maternal health
Lack of adequate health infrastructure, both in urban and rural India, to meet the demand of healthcare services

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</thead>
<tbody>
<tr>
<td>Preventive and promotive health initiatives</td>
<td>Change community behaviour with regard to good health and hygiene.</td>
<td>Rural/urban</td>
<td>Sessions targeting behaviour change</td>
<td>Reduction in diseases related to poor hygiene</td>
</tr>
<tr>
<td>Mobile medical Outpatient Department (OPD)</td>
<td>Increase accessibility to healthcare.</td>
<td>Rural/urban</td>
<td>Regular mobile OPDs for treating general ailments</td>
<td>Accessible quality healthcare</td>
</tr>
<tr>
<td>Curative health interventions including referrals</td>
<td>Provide access to specialised treatment for vulnerable communities.</td>
<td>Rural/urban</td>
<td>Partnership with hospitals and specialist doctors to treat identified patients</td>
<td>Improved health by cure or treatment of major ailments</td>
</tr>
</tbody>
</table>

**Disruption and challenges**

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
<th>Duration</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Increase in local manufacturing of masks/personal protective equipment (PPE)/sanitisers</td>
<td>Long term</td>
<td>Positive</td>
</tr>
<tr>
<td>02</td>
<td>Fall in patient treatment with other ailments</td>
<td>Medium term</td>
<td>Neutral</td>
</tr>
<tr>
<td>03</td>
<td>Increased working hours of healthcare professionals</td>
<td>Medium term</td>
<td>Negative</td>
</tr>
<tr>
<td>04</td>
<td>Increase in public healthcare investments</td>
<td>Long term</td>
<td>Positive</td>
</tr>
<tr>
<td>05</td>
<td>Rise in innovations in the healthcare sector</td>
<td>Long term</td>
<td>Positive</td>
</tr>
</tbody>
</table>
SWOT analysis of the sector during COVID-19

Strengths

• Existing three-tier healthcare system providing access to healthcare across urban/rural areas
• Established research organisations and scientists to enable research on vaccines, efficient testing kits, and potential drugs
• Presence of a large pharmaceutical industry in the country with low-cost manufacturing capabilities. Large private philanthropic and CSR interventions focusing on awareness and mobile health services across the country.
• Presence of large number of CBOs, frontline health workers, existing large community health interventions, e.g., Revised National TB Control Program (RNTCP)/Integrated Child Development Services (ICDS).

Opportunities

• Investment in rural and urban health infrastructure
• COVID-19 has highlighted the need for a robust healthcare system with significant health system strengthening
• Improved personal hygiene and sanitised spaces may result in reduction of other diseases.

Weaknesses

• India’s public health expenditure is comparatively low, which is less than 1.5 percent of the total budget
• Shortage of good-quality medical equipment, supplies, and consumables
• Low levels of sanitation infrastructure across India
• Lack of trained healthcare workers
• Limited awareness of mental health and access to services
• Lack of accessibility to maternal health services such as deliveries, abortions, contraceptive services, and supplies.

Threats

• Disease spread due to high population density and limited health infrastructure and human resource availability
• Further threat to human resource availability due to increased risk of frontline healthcare workers getting infected by the virus
• Stigma and lack of awareness amongst people about COVID-19.
# Social response to COVID-19

## Health

### Impact on sector

#### Immediate effect

<table>
<thead>
<tr>
<th>Loss of income due to reduction in livelihood opportunities:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilisation of hospital infrastructure for COVID-19</td>
</tr>
<tr>
<td>Supply-chain disruption medical equipment, supplies, and consumables</td>
</tr>
<tr>
<td>Impact on mental health of individuals</td>
</tr>
<tr>
<td>Reduction of medical care to patients who have non-OVID ailments</td>
</tr>
</tbody>
</table>

#### Sector-level impact

- The healthcare system is overburdened. There is a deficiency in medical infrastructure, equipment, supplies, and healthcare workers in rural and urban India. Frontline workers are at risk due to unavailability of adequate PPE kits.  
- There is a direct impact on the availability of food resources. People excluded from the PDS system—migrants, as well as the stranded daily wage workers who have lost livelihoods, have been affected due to inability to afford food.  
- The lack of awareness about COVID-19 has resulted in stigma and social discrimination towards frontline workers and COVID-19 patients.  
- Individuals who have co-morbidities and immunodeficiencies, as well as the elderly population are particularly vulnerable to COVID-19.  
- According to the Indian Psychology Society, there has been an increase in mental illness cases. This is due to stringent lockdown conditions, loss of livelihoods, overwhelming uncertainty, and domestic violence.  
- Reduction in medical services available for patients with other ailments. For example, 33 percent decrease in treatment of malaria, 4 percent in dengue, 18 percent in typhoid, 32.5 percent in chronic respiratory diseases, and 59 percent in hepatitis patients from rural India.  
- Drop in institutional deliveries and increased risk of unsafe delivery practices and abortion methods  
- Need for increasing financial aid for healthcare. Considering that a large percentage of the population is below the poverty line, the health insurance scheme of the country is inadequate and inaccessible for vulnerable populations.  
- Private hospitals are finding it difficult to sustain as loss of income from non-COVID patients and medical tourism has taken a hit while there are huge additional expenses on ensuring that hospitals follow the extensive safety protocols for their patients and health workers.  
- With the onset of the monsoon season in June there will be an increase in vector-borne and water-borne diseases. The number of cases will rise, resulting in a further stretch to the capacity of the healthcare system.

### Severe | Medium | Low
---|---|---

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27 The wire: Coronavirus Lockdown: As Hunger Grows, the Fear of Starvation Is Real, April 2020; https://thewire.in/rights/covid-19-100-million-hunger-pds-universal

Co-creating solutions

**Respond**
- **Collaborating** to fill the medical supply gap and provide menstrual hygiene products. Currently, there is a demand for a substantial number of N95 masks, surgical masks, testing kits, and PPEs.
- **Addressing food security** of millions by providing dry ration through community drives in urban and rural India.
- Increasing shelters and **community kitchens** to cater to the urban homeless and migrants.
- **Creating awareness programmes** to ensure that frontline workers and COVID-19 patients are not stigmatised.
- Providing services to ensure **institutional deliveries** and ensuring provisions for maternal and neo-natal health.
- Setting up **mobile testing centres** for COVID-19.
- Listing **telecounselling** helplines for all stakeholders providing psychological support.

**Recover**
- **Capacity building** of grassroots-level healthcare workers, such as Accredited Social Health Activist (ASHA), Auxiliary Nurse Midwife (ANMs) as well as non-governmental paramedical workers and registered medical practitioners, in contact tracing, quarantine, and isolation monitoring.
- Provision of telemedicine/virtual **infrastructure** (Healthcare and IT) to enable consultations for patients suffering from other ailments.
- Regular treatment of other ailments through OPDs in **mobile vans**.
- Enrolment of vulnerable people in **Government health insurance schemes** and extension of easy claims processing.
- Engagement with community to ensure **preventive and promotive healthcare** pertinent to COVID-19 and other communicable diseases.
- Availability of women-centric helplines.

**Thrive**
- **Increased investment** in healthcare initiatives as well as public health expenditure across urban and rural India.
- **Tele-medical system linkage** between village and district hospitals.
- **Technology-based initiatives** to expand the reach of healthcare.
- **Social enterprise funding** in the healthcare space to enable innovations and provide market accessibility.
Stakeholder-wise recommendations

<table>
<thead>
<tr>
<th>Stakeholder(s)</th>
<th>Recommendations</th>
</tr>
</thead>
</table>
| Local government and government agencies | • Creation and operationalising of mobile testing centres  
• Availability of required healthcare workers in rural areas  
• Ensuring robust Standard Operating Processes (SOPs) are in place  
• Working with the CBOs and NGOs to identify vulnerable population  
• Availability of advanced life support and basic life support ambulances  
• Implementation of SOPs. |
| Corporates/ funding agency             | • Initiate immediate relief measures in areas of operation, directly or through IP.  
• Incorporate COVID-19 measures to existing CSR programmes.  
• Focus on community-based interventions to raise awareness on COVID-19, seasonal diseases and other preventive measures.  
• Operationalise mobile OPDs as well as basic ambulance services focused on rural areas.  
• Collaborate with government to support immediate as well as long-term health system building requirements.  
• Support research on COVID-19. |
| Research and medical organisations     | • Focus on sustainable solutions to COVID-19 through drug as well as vaccine research.  
• Promote innovative solutions to increase accessibility to medical equipment and medical supplies.  
• Mass manufacture low-cost supporting drugs as well as production of the vaccine (as and when discovered). |
| NGOs                                  | • Raising community awareness programmes on overall health and hygiene that includes menstrual hygiene management, reproductive health, family planning, maternal and neo-natal health, and COVID-19-specific sessions.  
• Providing mental healthcare support to the stakeholders in distress.  
• Assessing community needs and identifying vulnerable people who require support for treatment.  
• Utilising SHGs to manufacture resources in current demand such as masks, sanitisers and menstrual hygiene products.  
• Capacity building of para-professionals and ASHA workers specific to COVID-19.  
• Creation of a women-centric helpline. |

Initial response of the sector to COVID-19

Best practices by organisations

- **Mahindra & Mahindra Ltd**
  - Manufacturing low-cost ventilators, sanitisers, and PPE shields

- **ITC Ltd.**
  - Providing relief by supporting government value chains and providing essential goods

- **Goonj**
  - Rahat COVID: Provision of dry ration and other essential goods

- **Tata Trusts**
  - A rural outreach programme to induce COVID-19 necessitated health and safety precautions and practices across India

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31 Goonj ; Rahat COVID ; https://goonj.org/support-covid-19-affected/
32 Tata Trusts ; “Tata Trusts launches countrywide health campaign on COVID-19; 12 million people expected to have been reached in 21 states” ; https://www.tatatrusts.org/media/press-releases/tata-trusts-launches-countrywide-health-campaign-on-covid-19
Water, Sanitation, and Hygiene (WASH)

Overview

The COVID-19 outbreak has exposed the lacunae in human habits and habitations. The outbreak highlights our shortcomings in addressing human population growth and adverse public health outcomes, which are further intensified by inadequate drinking water, sanitation, and hygiene practices. Though the initial brunt was borne by cities, it is the rural areas that are at risk the most in coming times. With only 21 percent of the rural population having access to individual household tap connections, it has now become important to cover the remaining 79 percent with piped water with individual household tap connections.

This pandemic has posed several challenges ranging from behavioural rigidity and lack of awareness, inaccessibility to water, poor sewage and waste treatment infrastructure to unavailability of hygiene essentials and many more. To ensure good human health, provision of water, sanitisation, and hygiene has become necessary along side handwashing and other essential facilities, and training in behavioural change.

Investment (2014-19)

- Urban sewage: About INR 2,50,000 Crs.
- Sanitation: 24%
- Rural Water Supply: 37%

CSR Contribution to WASH (2014-18)

- Sanitation: About INR 3000 Crs.
- SBM Kosh: 27%
- Safe Drinking water: 20%

About 1.2 percent of the total WASH investments in India *
About 6 percent of total CSR spends in India *

Source: Deloitte Analysis

Source: HLC report on CSR (2018), Ministry of Corporate Affairs, GOI

Stakeholder mapping

- Beneficiary, community
- Service providers
- Central and state government Panchayati Raj Institution (PRI)
- Corporates/funders
- Development Partners, NGOs, CBOs
- Government, municipal sector officers

Safe drinking water
Toilet construction and usage
Solid waste management
Sewerage

Source: HLC report on CSR (2018), Ministry of Corporate Affairs, GOI
Behavioural challenges in sanitation and hygiene of the rural population (only 50 percent rural households have both soap and water for hand washing, in comparison to an urban setup, where it is 80 percent)\(^{33}\)

Limited access to water (79 percent of rural households do not have access to piped water supply)\(^{34}\)

Accumulating solid waste in urban and rural areas leading to contamination of ground water

Disruption and challenges

<table>
<thead>
<tr>
<th>CSR interventions</th>
<th>Objective</th>
<th>Geography</th>
<th>Process involved</th>
<th>Outcomes/impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clean drinking water programme</td>
<td>To increase access to clean drinking water</td>
<td>Rural</td>
<td>Creating common infrastructure to provide clean water</td>
<td>Access to clean drinking water</td>
</tr>
<tr>
<td>Promote health and hygiene practices</td>
<td>To sensitize and increase awareness in the community on good hygiene practices</td>
<td>Rural and urban</td>
<td>Sessions targeting behavioural change</td>
<td>Reduction in diseases resulting from poor hygiene</td>
</tr>
<tr>
<td>Swachh Bharat Mission</td>
<td>To eliminate open defecation and improve solid waste management</td>
<td>Urban and rural</td>
<td>Constructing subsidised or free individual toilet units and community toilets and waste management</td>
<td>Zero open defecation and clean open spaces</td>
</tr>
</tbody>
</table>

Behavioural challenges in sanitation and hygiene of the rural population (only 50 percent rural households have both soap and water for hand washing, in comparison to an urban setup, where it is 80 percent)\(^{33}\)

Limited access to water (79 percent of rural households do not have access to piped water supply)\(^{34}\)

Accumulating solid waste in urban and rural areas leading to contamination of ground water

Funding challenges for private philanthropic projects will be steep as business revenues fall

Non-functional toilet units in rural and urban India leading to open defecation, while community toilets pose a risk for spread of COVID-19

Sewage infrastructure, waste management, risk of contamination of water source (and further spread the virus)

\(^{33}\) NFHS: http://rchiips.org/nfhs/NFHS-4Reports/India.pdf

\(^{34}\) Niti Ayog: https://niti.gov.in/sites/default/files/2019-08/CWMI-2.0-latest.pdf
## Impact on sector

### Immediate effect

**Loss of income due to reduction in livelihood opportunities:**

- Reverse migration of workers has resulted in burden on WASH resources in rural areas
- Overburdened system where frontline sanitation workers are at risk of contracting the virus
- Quick adoption of practices such as hand washing and hygiene
- Exposure to poor sanitation and hygiene conditions for millions

### Sector-level impact

- Disruption in construction of water supply and sewerage projects across the country
- Increased burden on existing WASH facilities and services (water, waste management, sanitation)
- Lack of medical infrastructure for frontline workers—shortage of PPE kits in rural areas
- Lack of SOP for municipal and civic bodies and resource scarcity
- Availability and safe distribution of clean drinking water to urban and rural populace during dry spell in summers.

- Strain on finances of implementing agencies due to low collection of user charges
- Decreased access to menstrual hygiene products due to price increases and supply chains disruptions
- Loss of business and employment for contractual and daily wage labourers leading to incapability of purchasing soaps, disinfectants, etc.
- Lack of treatment and disposal of bio-medical waste across urban and rural areas
- Reduced burden on public spaces due to restrictive movement of citizens.

- Shift in policies focused towards sanitation for a short term
- Supply-chain constraints for transportation of raw materials for current and new projects.

### Severity

- **Severe**
- **Medium**
- **Low**
SWOT analysis of the sector during COVID-19

**Strengths**
- Increased government funding for Jal Jeevan Mission to provide functional household tap connections in rural areas
- Quick measures by the Ministry of Health and Family Welfare (MoHFW) to issue training guidelines for frontline workers
- Presence of around 100 lakh SHG groups across the country that can catalyse the efforts towards WASH interventions
- Network of existing NGOs and organisations working in the rural space.

**Opportunities**
- Long-term behavioural change for hygiene and sanitation maintenance
- Collaboration with the government for Public Private Partnership (PPP) projects
- Leveraging reverse migration to utilise additional manpower (semi-skilled and skilled workers) for development of WASH infrastructure

**Weaknesses**
- Uncertain monsoon, water scarcity, depleting groundwater table, and water contamination in many areas
- Limited community participation and awareness towards WASH projects
- Lack of access to menstrual hygiene supplies and maternal health products, especially amongst the low income group in rural and urban India.

**Threats**
- Disruption in water supply construction and sewerage projects across the country
- Inaccessibility of remote areas and delayed operations due to virus spread
- Underdeveloped infrastructure incapable of supporting existing demand.
Co-creating solutions

**Respond**

- **SOPs for construction and implementation of WASH projects by various implementation agencies**
  - Continued sanitisation and cleaning of public spaces
  - SOP for use of common/public toilets in areas with dense population
  - Provision of required safety equipments for frontline workers including sanitation workers
  - Provision of safe drinking water either at the doorstep (wherever feasible) or through hygienic water ATMs and concrete water tanks
  - Awareness campaigns within the community on health and hygiene
  - Guidelines for waste disposal at the local level and at hospitals, minimising risk from bio-medical waste such as masks, gloves, and used medical supplies

**Recover**

- **Focus on providing access to pipe water**
  - Provide tap connection to 80 percent of rural households through Jal Jeevan Mission.

**Thrive**

- **Launch large-scale programmes and institutionalise capacity building by the government**
  - Formulate state-specific WASH programmes, guidelines, and policies focusing on sustainability of investments rather than investments only.
  - Create a policy framework to ensure operational sustainability of programmes—institutional and tariff reforms.
  - Establish collaboration with corporates and ensure collective efforts for large-scale implementation.
  - Include innovation in construction of low-cost individual household toilet units that require minimum water usage and are easy to maintain.
  - Include women-centric indicators on menstrual hygiene and maternal health to monitor frameworks to adequately address WASH requirements of a community.

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Stakeholder-wise recommendations

<table>
<thead>
<tr>
<th>Stakeholder(s)</th>
<th>Recommendations</th>
</tr>
</thead>
</table>
| **State and central governments, PRIs** | • Focus on methodical cleaning, sanitisation, and disinfection of public places. Encourage the use of personal toilets and discourage open defecation.  
  • Introduce large-scale comprehensive projects to make water and other sanitisation services (water ATMs, no-contact public taps) accessible in collaboration with corporates.  
  • Leverage reverse migration to utilised construction skills (semi-skilled and skilled workers) required for water supply infrastructural development.  
  • Ensure adequate supply and logistical arrangements of essentials for frontline workers, such as PPE kits along with medical waste disposal facilities for both urban and rural areas, through local manufacturing.  
  • Ensuring access to supplies related to women health and menstrual hygiene. |
| **Corporate and private entities**     | • Provide funding assistance to NGOs and government led WASH interventions for building hygiene and sanitisation infrastructure and systems.  
  • Disseminate guidelines for best practices towards hand washing, using toilets, and waste disposal through community engagement, TV, and other forms of media.  
  • Work in PPP to create public wash-stops for commuters and installation of community water ATMs  
  • Focus on maternal, neo-natal, reproductive and menstrual hygiene and heath  
  • Support/fund start-ups working to mechanise sanitation processes. |
| **NGOs, CBOs, other grassroots organisations** | • Ensure equitable distribution of hygiene essentials such as face masks, soaps, hand sanitisers, and other disinfectants.  
  • Create awareness in rural and urban communities to ensure adoption of best hygiene and sanitation practices.  
  • Issue guidelines for construction of low cost, low resource, hand-washing facilities.  
  • Leverage SHG networks to expand production of hygiene essential items such as face masks, hand washing facilities, soaps, and sanitisers.  
  • Utilise SHGs to produce menstrual hygiene products that are affordable and re-usable.  
  • Leverage CBOs to hold awareness campaigns and focus on vulnerable population. |

Initial response of the sector to COVID-19

Best practices by organisations

UNICEF and Government of Maharashtra
UNICEF Mumbai and Government of Maharashtra training frontline workers to tackle the spread of COVID-19

SEWA
Lok Swasthya Sewa—low cost pharmacies, production of facemasks, sanitisers, and Information, Education and Communication (IEC) Behaviour Change Communication (BCC) activities in local languages

Tata Trust
Launched country-wide health and WASH campaigns on COVID-19. Till now, reached out to 12 million people across 21 states

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The COVID-19 pandemic has brought our country to a complete halt. Health officials and medical professionals are struggling to containing the disease, while efforts are being made to manage a humongous population during lockdown. It is pertinent to take stock of our rural areas where the risk of spread is heightened. This is due to a number of factors including the influx of returning migrants, lack of awareness, a limited supply of clean water, low levels of nutrition, and most importantly, ill-equipped and insufficient public health centres and district hospitals. The resulting national lockdown has severely affected lives and livelihoods across rural India. A majority of India’s farmers (85 percent) are small and marginal farmers with less than two hectares of land. More than nine million active fishers directly depend on fisheries for their livelihood, 80 percent being small-scale fishers. The sector as a whole, employs over 14 million people. Existing system of Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA) and PDS can prove to be great instruments in reaching the last mile in terms of relief delivery. In the midst of the pandemic, eligible citizens can collect up to six months of ration from 5,00,000 PDS shops across the country. During COVID-19, ensuring a robust mechanism of MNREGA can prove to be the biggest stabilising source for the rural unemployed population and a mechanism for the government to tackle the perils of reverse migration, unemployment, and poverty.
Social response to COVID-19

Rural development

• Unprecedented challenge of managing possibly the biggest human migration in recent times
• Potential health hazard, which could accelerate the spread of the contagion in the rural areas.

Infrastructure development

• Host of industries situated in rural India, such as sugar mills, manufacturing plants, refineries, distilleries, have had to shut indefinitely. They will continue to face logistical issues in the coming times.

• Lack of documentation of the rural population
• Illiteracy and lack of awareness makes them vulnerable
• Logistical constraints in designing contingent plan for rural development (demographic shift, scale and resource utilisation).

Inter-state migrant exodus

• Agriculture: Standing crops and stored grains waiting to be sold in the markets
• Health: Added burden on an already challenged rural medical infrastructure
• Employees of MSMEs and informal sector to suffer the most, leading to unemployment.

Pressure sectors

• Due to excessive burden on the government machinery, there is high likelihood of disruption in watershed and agricultural services. These include access to sell products, labour, equipment on rent, high-quality seed and manure.

Rural industries under stress

• Unprecedented challenge of managing possibly the biggest human migration in recent times
• Potential health hazard, which could accelerate the spread of the contagion in the rural areas.

Disruption and challenges

1. Halting of mining, logging, and strict state and national borders
   - Short term
   - Positive

2. Extra household expenditure on personal hygiene
   - Long term
   - Negative

3. Inclusion of rural population in DBT/Jan Dhan-Aadhaar-Mobile (JAM) and government schemes
   - Long term
   - Positive

4. Reverse migration and its impact on the job market
   - Long term
   - Neutral

Table: CSR interventions

<table>
<thead>
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</thead>
<tbody>
<tr>
<td>Land, soil, and water treatment</td>
<td>Watershed projects including land treatment</td>
<td>Rural</td>
<td>Integrated watershed projects involving creation of structures and land treatment</td>
<td>Water retention for additional water availability</td>
</tr>
<tr>
<td>Infrastructure development</td>
<td>Basic infrastructure in rural India</td>
<td>Rural</td>
<td>Building of rural infrastructure related to sanitation, agriculture, health, education, etc.</td>
<td>Basic support to the most needy citizens</td>
</tr>
<tr>
<td>Rural sports facility</td>
<td>Provide quality of life to rural population</td>
<td>Rural</td>
<td>Promotion of sports to inculcate life skills, good health, and livelihood possibilities</td>
<td>Enhanced quality of life</td>
</tr>
</tbody>
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<tr>
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<th>Geography</th>
<th>Process involved</th>
<th>Outcomes/impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irisalt, water and agricultural management</td>
<td>Spreading awareness and aiming at behavioural change with respect to personal and public hygiene</td>
<td>Rural</td>
<td>Providing clean sanitation facilities, drinking water, and access to health infrastructure.</td>
<td></td>
</tr>
<tr>
<td>Community-level challenges</td>
<td>Spreading awareness and aiming at behavioural change with respect to personal and public hygiene</td>
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<td>Providing clean sanitation facilities, drinking water, and access to health infrastructure.</td>
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### Impact on sector

#### Immediate effect

| Increased burden on govt. infrastructure | Loss of livelihood and source of income for the rural population |
| Economic loss to rural industries and withdrawal of investment | Lack of mechanism for dealing with massive migrant movement |
| Difficulty in securing work through MNREGA and stalling of watershed work |

#### Sector-level impact

- Economic impact is being felt across the country at different levels and is especially worse for rural India
- Withdrawal of investments in on-going PPP models and philanthropic operations due to loss of business to private entities
- Disruption of supply chains leading to abnormalities in demand and supply across the agri sector and allied industries
- Price crash leading to minimal prices for agricultural produce and lack of supply chain
- Migrant labourers coming back will add to the economic burden on households with limited job opportunities in their native places
- Indefinite halt of manufacturing setups and agricultural industries

- Rural tourism will be hit to a certain extent, thus affecting related industries
- Development programmes (on low priority) being conducted by government, CBOs, NGOs, and philanthropic agencies may take a hit considering the COVID-19 response
- Infrastructure development projects will restart under the aegis of the government as the lockdown is eased off
- Education system will face lags in re-starting, especially at the rural levels for Higher Secondary and Technical Education
- Contractual employees can face issues subjective to employers.
- Rural-level government employees to face reduced livelihood and economic problems
- FMCG market will be relatively less affected in terms of its rural demand, when compared to other sectors.

<table>
<thead>
<tr>
<th>Severe</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
</table>
**SWOT analysis of the sector during COVID-19**

**Strengths**
- Abundance of human resource needed for local economic revival
- Majorly self-sufficient, independent settlements in terms of basic requirements
- Strong presence of Panchayat Raj Institutions across the country
- Long-term, existing development schemes
- Availability of space for appropriate social distancing and low-/medium-density pockets.

**Weaknesses**
- Low levels of literacy and awareness in the rural population of India
- Lack of institutional impetus to personal and public hygiene habits
- Poor infrastructure for handling the pandemic including testing/tracing/isolation and treatment facilities
- Poverty and lack of skills limit potential options.

**Opportunities**
- Impetus to cottage industries across the country for production of quality goods, especially protective gear, which will be in high demand throughout the near future
- Village-level development activities through collaboration with corporates and community
- Creation of a more sustainable economic and livelihood system that are not dependent on urban centres but locally sustainable and profitable.

**Threats**
- Reverse migration can cause extra burden on already failing infrastructure
- Potential second wave of the disease due to mass migration to native places
- Lack of cash in hand for households will affect the demand of various goods across the spectrum.
Co-creating solutions

**Respond**

- **Dry ration**: Ensuring people are covered under PDS. Distribution of dry ration to the rural population. Due to loss of income, agriculture and migration of labour, dry ration is the immediate need of the people as hunger poses a great challenge in front of us.
- **PPP for filling gaps in the medical infrastructure**: Partnership with corporates to fill immediate demands for medical equipment, medical supplies, and resource gaps in the rural medical system.
- **Registration under government schemes**: Private entities and government nodal agencies can come together to expand the coverage of the development umbrella by registering rural population under initiatives such as JAM, and Ration Card.

**Recover**

- **Establish and promote cottage manufacturing industries**: With an enormous labour force with limited skills, cottage-level manufacturing of essential goods can be promoted through private investments and the rural economy can be boosted.
- **Develop mechanisms for smooth functioning of markets to sell agricultural produce**: APMCs are chaotic. The government can link the producers directly to buyers and cottage industries could boost the local demand of agricultural produce.
- **Develop irrigation and water management systems**: Our country depends primarily on agriculture for livelihood. Focus on developing sustainable watershed management structures, which will engage a large rural workforce in agriculture and boost economy.
- **Set up solar electrification for livelihood, infrastructure, and water**: This will promote a sustainable model helping small entrepreneurs, MSME and farmers to reduce long-term recurring costs and reduce carbon footprints.

**Thrive**

- **Measures to ensure stabilisation of rural labour**: To avoid future migration of labour, long-term provisions need to be in place. Availability and accessibility of services, livelihood opportunities, and improved quality of life
- **Development of industrial units providing jobs to the rural population**: Attracting investment from the private sector, improving living conditions, connectivity, electrification, and logistical conditions of the country
- **Installing waste management, sewage system, solar electrification, water harvesting and irrigation systems**: PPP models can bring about behavioural change in terms of waste separation, water management, irrigation techniques in the long run and thus, should be emphasised upon by private entities through CSR investment.
Stakeholder-wise recommendations

<table>
<thead>
<tr>
<th>Stakeholder(s)</th>
<th>Recommendations</th>
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</table>
| Government, government agencies, and PRI | • Opportunity to formalise various un-registered labourers and citizens to bring them under the welfare umbrella of DBT  
• Short-term cash stimulus to unemployed industrial labourers and rural entrepreneurs who have lost their livelihood  
• Interest free/subsidised, easy loans to farmers, and collateral-free loans to MSMEs and SMEs to revive their businesses  
• Increased expenditure on the health sector with a focus on infrastructure and technical resources  
• Improving overall rural infrastructure (electricity, transport connectivity, last-mile delivery of development initiatives through MNREGA). |
| Private sector/corporate entities | • Due to loss of business, there will be a further drop in CSR spending and philanthropic initiatives. Focus on sustainable solutions, such as effective waste and water management at the rural level.  
• Lift irrigation projects in PPP model with the government, indigenous canal systems customised to the rural setting, and check dams to harvest water during rains (to be later used for drinking and irrigation).  
• Build capacity and sensitisation of communities towards water management issues and practices. |
| NGOs/NPO/Civil Society Organisations (CSOs) | • Resource management, capacity building, and awareness camps  
• Collaboration with corporates on technical matters and implementation of CSR programmes  
• Logistical on-ground support and operational expertise to the CSR programmes  
• Community mobilisation towards collective effort. |
| Citizens/community             | • Internalising aspects of social distancing in our daily life.  
• Actively participating in awareness camps, inculcating behaviour in young ones.  
• Co-operating with other stakeholders, attempting to improve the predicament.  
• Putting aside personal beliefs and value systems to adopt a medically safe approach of social interaction. |

Initial response of the sector to COVID-19

72 Networks Coordinating last-mile delivery of PPE kits in rural India (46 districts)\(^43\)

Akshay Patra Providing meals to the needy and most affected by this pandemic in rural India\(^44\)

Mahindra & Mahindra Ltd. Support for migrants coming back home by collaborating with 139 District Magistrates in UP, Bihar, and Odisha through Automotive and Tractor dealers\(^45\)

RCRC Rapid Rural Community Response (RCRC) is a consortium of 23 NGOs leading the COVID-19 response in 10+ states with immediate response, research action, and support to elected representatives and policy advocacy\(^46\)

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\(^{43}\) 72 Networks reaches out to rural India for last-mile delivery https://www.thehindubusinessline.com/companies/covid-19-72-networks-reaches-out-to-rural-india-for-last-mile-delivery/article31451556.ece


\(^{46}\) Rapid Rural Community Response (RCRC) To COVID-19 In India http://arghyam.org/projects-rcrc/
The current COVID-19 pandemic has brought forth several daunting challenges to various stakeholders in the education sector globally. In India, the national-level lockdown forced all schools and institutions to close, impacting the lives of 320 million students. The pandemic is expected to create a lasting impact by way of widened learning gaps for disadvantaged children, increased dropout rates, unprepared education delivery model shift and disruption of school operations.

As an immediate response, it is suggested that education be delivered through e-learning resources while maintaining direct contact with students, parent-student counselling, and ensuring a smooth return to school with necessary changes in curriculum and introducing practices to narrow learning gaps as medium-and long-term responses.
Disruption and challenges

01 Shift in exams, assessments, and promotion to the next academic year

02 Financial stress for school fee and other expenses

03 Maintenance of hygiene and sanitation at schools

04 Shift of education delivery systems to e-learning

05 Increased dropout rates

06 Widening learning gaps due to school closures

Disrupted educational operations
- Postponement of board exams, assessments, competitive exams
- Timeline delay in academic calendar, promotion of students to next levels
- Increased learning gaps for disadvantaged groups due to loss of learning days, dropouts.

Rise in dropout rates
- School closure causing decreased attendance and increased dropout rates
- Disadvantaged students at risk of permanent dropout
- Economic stress to force children to generate income.

Lack of required infrastructure for e-learning
- Unprepared educational system for a change in education delivery
- Rural India infrastructure not equipped with required facilities—internet, digital devices
- Only 4.4 percent of rural households had computer and internet facilities.49

Mental and physical distress to students
- Reduced physical activities, sports, and social engagement
- Inaccessibility to food (mid-day meals) and other healthcare facilities
- Increased cases of child labour and mental stress among students.50

Lack of mechanism for handling PWD students
- Inefficiency and limited availability of e-learning resources and required digital devices
- Social distancing measures hampering required personal care and support.

Uncertainty among teachers/educators
- Course completion stress on teachers
- Teachers are not equipped with necessary trainings and facilities for transition to e-learning
- Uncertainty due to undefined lockdown duration.

CSR interventions | Objective | Geography | Process involved | Outcomes/impact
---|---|---|---|---
Support class/ classes for students | Provide high-quality education to reduce learning gaps. | Rural and urban | Conducting classes in partnership with local government authority during or beyond school hours. | Enhanced learning outcomes leading to reduced dropouts and increased enrollment
Capacity building of teachers | Ensure level-based teaching using ABL and other methodologies. | Rural and urban | Training teachers, workshops, and ongoing capacity building. | Well-equipped teaching staff leading to enhanced learning outcomes for students
Creating education infrastructure and scholarship support | Provide conducive learning environment and continued learning opportunities. | Rural and urban | Improving school infrastructure such as classrooms, toilets, drinking water facilities, furniture. Encouraging students by providing scholarships. | Providing enabling learning environment to children leading to better learning outcomes and reduction in dropouts

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50 UNESCO, Adverse consequences of school closures: https://en.unesco.org/covid19/educationresponse/consequences
### Impact on sector

#### Immediate effect

**Loss of income due to reduction in livelihood opportunities:**

- School closures due to lockdown leading to academic calendar/plan disruptions
- Increase in dropout rates
- Adoption of e-learning resources

#### Sector-level impact

- Increase in permanent dropouts due to shrinking livelihood resources
- Widened learning gaps for disadvantaged students
- Sustenance of private schools due to high expenditure but limited income
- Loss of pay of teachers (in several cases) making them vulnerable.
- E-learning methods of teaching not viable in current situation, specifically for rural India as well as the urban poor
- Increase in cases of violence against adolescent girls, depression, and anxiety
- Educators/teachers now required to undertake physical distancing measures
- Change in monitoring of students' performance
- Inability to deliver personalised learning environment per students' needs.
- Disruption in school operations with respect to examinations, promotions due to lockdown
- Increased responsibility of parents in supervision of their child's learning activities (during e-learning)
- Increase in absenteeism due to virtual classes.

<table>
<thead>
<tr>
<th>Severe</th>
<th>Medium</th>
<th>Low</th>
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</table>
SWOT analysis of the sector during COVID-19

**Strengths**
- High penetration of NGOs and organisations, in remote areas of rural India, facilitating immediate response
- Availability of various e-learning resources/platforms and accessibility to students in urban India.

**Opportunities**
- Sensitisation of communities and parent counselling towards education
- Introduction of behavioural changes to maintain hygiene and continue delivery of medical care services
- Shifting towards level-based teaching and engaging methodologies such as Activity Based Learning (ABL) across schools
- Coordinated re-opening of schools with the availability of necessary facilities.

**Weaknesses**
- Unprepared education system for a shift to e-learning model with respect to inaccessibility of internet and digital devices
- Non-standardisation of e-learning resources and platforms
- Financial distress for marginalised families such as daily wage earners and migrants.

**Threats**
- Maintenance of safety and hygiene conditions in schools with routine operations
- Increased learning gaps for disadvantaged groups and dropouts.
Co-creating solutions

### Respond

**Restore education delivery**
- Use e-learning platforms in urban India for teaching objectives, subject material preparation and conducting assessments/exams.
- Use interactive and worksheet based learning activities for students who cannot access e-learning platforms.
- Assign individual mentors to students for all subjects to handle queries and doubts.
- Use alternate delivery channels such as TV and radio channels, for students with limited access to digital facilities.

**Mandatory sanitisation and hygiene practices**
- Develop systemised mechanisms for sanitation of school premises for uninterrupted reopening.
- Procure necessary medical equipment, supplies and consumables for health monitoring, and develop guidelines ensuring social distancing.

**Maintain constant and direct connect with students**
- Provide counselling services via phone calls through a network of existing educational projects.
- Engage with parents/guardians to help them adapt to online learning methods.

### Recover

**Ensuring return to school**
- Mobilise and engage with drop-out students for re-joining. Sensitise the community towards the importance of education of disadvantaged groups.
- Open rural schools in green/orange zones early with necessary precautionary measures.
- Create provisions for financial assistance through cash transfers to financially stressed families and schools.
- Launch counselling programmes for parents for guidance and developing trust.
- Make schools delivery points for mid-day meals, dry ration kits, and other necessary healthcare facilities.

**Adjusting curriculum and other school programmes**
- Capacity building of teachers on proven methodologies and e-learning
- Using alternate channels and redesigning of routine activities such as assemblies and extra curricular activities to maintain social distancing
- Introducing life skills, technical and soft skills
- Parents ensuring responsible use of the internet and putting in place necessary control measures

### Thrive

**Narrow equity gaps**
- Analyse and assess education equity gaps for marginalised groups.
- Continue community sensitisation, awareness, and mobilising programmes for disadvantaged groups.
- Make digital devices and internet connections accessible to all students and develop learning resources for all kinds of devices.
- Develop alternate means to reach students without access to digital devices.
- Ensure continued delivery of mid-day meals and healthcare facilities.

**Preparing for future crisis**
- Develop crisis-sensitive funding channels and contingency education system plans to ensure continued education delivery.
### Stakeholder-wise recommendations

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</table>
| **Government**                                                                | • Introduce zero interest rate loans for private schools in distress.  
  • Create a contingency plan with increased funds allocation and prioritisation to the education sector.  
  • Develop state/city-level systematic school re-opening plans on the basis of school location zone, number of students, and e-learning penetration.  
  • Develop standardised guidelines for availability of necessary medical equipment, supplies, and consumables along with healthcare facilities for all schools. |
| **Private sector/corporates**                                                 | • Make provisions for necessary technology infrastructure including internet facility and digital devices to enable distance learning.  
  • Provide capacity building trainings to educators/teachers and prepare them for practices post school re-opening.  
  • Provide scholarship support to students. |
| **School management, educators, NGOs, teachers**                              | Introduce counselling programmes to create awareness about the importance of education amongst parents.  
  • Disseminate information and propagate the importance of practicing hygiene and healthcare measures during the pandemic.  
  • Track records of attendance and dropouts and analyse w.r.t. various background groups to ensure relevant mobilisation and sensitisation programmes after schools reopen.  
  • Ensure continued delivery of education through alternative channels of e-learning, printed material, local TV/radio channels.  
  • Introduce relevant changes in curriculum, assessment methods, and other routine activities, such as assemblies and extra-curricular activities to maintain social distancing. |
| **State and central education boards**                                         | • Provide standardised learning resources for alternative channels of education delivery across levels.  
  • Limit the number of e-learning platforms and applications available.  
  • Introduce teacher-student trainings to acquaint them with e-learning platforms/alternative channels.  
  • Develop guidelines for conducting examinations and assessments through alternative channels. |
| **Parents, guardians**                                                        | • Undergo counselling sessions to understand the current situation, provide children with suitable environment for studying, and help them stay motivated with regular interactions.  
  • Support teachers in monitoring students’ activities during e-classes and assessments and take regular feedback from teachers about the children.  
  • Understand and ensure control measures over children when accessing e-learning portals. |

### Initial response of the sector to COVID-19

**Best practices by organisations**

- **Zoho**[^51] Swadeshi Sankalp Initiative offering technological solutions for education
- **BYJU’s**[^52] Free live classes for students amidst COVID-19 lockdown
- **SWAYAM PRABHA**[^53] Education on Direct-To-Home (DTH) channels, content from top education bodies including Indian Institute of Technology (IITs), University Grants Commission (UGC), NCERT, CEC, IGNOU


Glossary

CBO  Community-based Organisation
SHG  Self-help Group
WASH  Water, Sanitation, and Hygiene
NGO  Non-Governmental Organisation
PDS  Public Distribution System
MNREGA  Mahatma Gandhi National Rural Employment Guarantee Act
PPE  Personal Protection Equipment
ITI  Industrial Training Institute
NSDC  National Skill Development Corporation
PwD  Person with Disability
RPL  Recognition of Prior Learning
CSR  Corporate Social Responsibility
MoHFW  Ministry of Health and Family Welfare
NTFP  Non-Timber Forest Produce
MFP  Market Facilitation Programme
ICAR  Indian Council of Agricultural Research
NABARD  National Bank for Agriculture and Rural Development
KVK  Krishi Vigay Kendra
JAM  Jan Dhan-Aadhaar-Mobile
PRI  Panchayati Raj Institution
BDO  Block Development Office
APMC  Agricultural Produce Market Committee
DBT  Direct Bank Transfer
MSME  Ministry of Micro, Small and Medium Enterprises
SME  Small and Medium Enterprises
NPO  Non-profit Organisations
IP  Implementing Partner
AI  Artificial Intelligence
IoT  Internet of Things
PMJAY  Pradhan Mantri Jan Arogya Yojana
AWW  Anganwadi Worker
ASHA  Accredited Social Health Activist
ANM  Auxiliary Nurse Midwifery
MHRD  Ministry of Human Resource Development
CBSE  Central Board of Secondary Education
NCERT  National Council of Educational Research and Training
SCERT  State Council of Educational Research and Training
ABL  Activity-based Learning
UNICEF  United Nations Children's Fund
CSO  Civil Society Organisations
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