
Report on: SEWA – Rapid Assessment Survey on Impact of Covid-19

May 4th 2020

**Note Prepared by: Anil Birla
Puja Paramhansa
Consultant, IFC**

Objective of the report:

1. To analyse the outcome of the Rapid Assessment Survey conducted by SEWA and IFC on impact of Covid-19 on its members in rural Gujrat post 1 month of lockdown. The analysis will help SEWA to decide on the actionable and prioritize them.
2. This report will also help SEWA to engage with local government / administration to guide them on policy decision and decide on support required based on ground realities.

Acknowledgements:

IFC would like express deep gratitude and immeasurable appreciation to the entire SEWA team whose relentless effort made this survey possible, even in adverse working conditions.

Background:

COVID-19 has led a trail of devastation around the world. India is no exception to this. We are in the midst of a much-needed lockdown to curb the spread of the coronavirus. State of Gujrat has emerged as second most hit state with ~5000 plus cases as on May 3th. Thus the local authorities decided to strictly implement the lock down. This led to a situation which has drastically impacted food availability, livelihood and other essential services across Gujrat.

As an organization built on the principle of standing with the most vulnerable, particularly in times of crisis, SEWA is committed to supporting its members & local communities and helping them respond to the outbreak initially with humanitarian interventions, but transitioning to socio-economic rehabilitation and development programs as quickly as possible.

To address the challenges posed by this pandemic, SEWA has developed a four-pronged strategy that includes – ensuring safety and security of staffs, contributing in containment through awareness raising, partnering in localized responses to outbreaks and support for economically vulnerable population. To inform the immediate priorities for the vulnerable population, this rapid assessment was undertaken on April 20th in 9 districts of Gujarat.

Since the essence of the assessment is to generate a quick overview of the food, livelihood and health situation of the members of SEWA, emphasis was put on gathering information as quickly as possible. Therefore, a short and structured questionnaire (refer Annexure 1) was designed to conduct phone interviews that lasted for 5-10 minutes. To draw the respondent sample, SEWA District Association team compiled the contact information of ~150 members from different districts and shared with the central team that was designated to conduct the interviews. Samples were drawn randomly from these lists and the overall response rate is about 50%. Phone interviews were conducted over nine days – April 20 to April 29, 2020 by 26 SEWA members. The interviews covered 742 respondents ranging between 67 in Mehsana and 107 in Anand (Table 1). Table 1 gives some basic descriptive statistics of the respondents participating in this assessment. Few indicators are listed below:

- Average household size varies between 4.9 in Mehsana and 7.2 in Patan. 50% respondent had a family size of 4 to 6 people. (details in Annexure- 2)
- Average ratio of Adults to children was 68:32
- Overall, 21% of the survey respondents come from female headed households.
- In terms of the main source of income, majority of the respondents' households in Anand, Aravali, Chota Udaipur and Surendranagar rely on agriculture. While respondents of Mehsana & Patan were significantly dependent on manual labour.
- Overall, there seems to be a 30% representation of day labourer who rely on casual work.
- Representation of small business as a source of livelihood was 8% & salary was 12% amongst the respondents.
- Overall, 44% of the respondent had only 1 source of income at a house hold level.

Table 1. Profile of phone interview respondents (Additional information in Annexure 2)

Parameters	SEWA Rural	Ahmedabad	Anand	Aravali	Chota Udaipur	Gandhinagar	Kutch	Mehsana	Patan	Surendranagar
Relationship with SEWA										
Less than 2 year	13%	9%	16%	5%	4%	4%	12%	30%	10%	30%
2-5 years	37%	37%	30%	34%	63%	42%	20%	34%	42%	30%
5-10 years	26%	32%	33%	27%	29%	31%	31%	16%	16%	15%
>10 years	17%	16%	21%	1%	4%	19%	22%	19%	33%	18%
NA	8%	6%	0%	34%	0%	3%	15%	0%	0%	7%
Total no of Respondents	742	79	107	101	82	67	85	67	83	71
Female Respondent %	99.6%	100%	100%	100%	100%	100%	98%	100%	98.8%	100%
Respondent age(Average) years	40	39	39	41	45	42	40	39	38	37
Avg Vintage of SEWA membership (yrs.)	7.4	7.4	8.4	5.9	5.3	8.0	8.8	6.5	9.0	6.4
HH Size (Average)	6.4	6.5	5.8	5.7	7.9	6.2	6.8	4.9	7.2	6.0
Female HH(%)	21%	22%	35%	15%	9%	51%	9%	10%	25%	18%
Male HH (%)	79%	78%	65%	85%	91%	49%	91%	90%	75%	82%
Food Consumption & availability										
Usual Main source of food										
Own Production (%)	13%	3%	5%	27%	46%	0%	9%	0%	14%	0%
Purchase (%)	50%	53%	47%	27%	22%	54%	69%	69%	55%	61%
Production & Purchase (%)	38%	44%	49%	47%	32%	46%	21%	31%	30%	39%
Livelihood										
Main Source of Income for Household										
Business (%)	8%	9%	7%	9%	1%	7%	16%	0%	7%	10%
Salaried work(%)	12%	32%	16%	3%	27%	4%	12%	7%	2%	3%
Agriculture (%)	47%	37%	49%	75%	49%	42%	33%	31%	39%	56%
Animal Husbandry (%)	4%	9%	7%	2%	1%	4%	2%	0%	2%	4%
Labour (%)	30%	14%	21%	11%	22%	42%	36%	61%	49%	27%
HH with only 1 source of Income (%)	44%	42%	30%	26%	40%	55%	59%	66%	46%	45%

Effect on Income

In Figure 1 we show the distribution of the household by the extent of effects they have suffered so far due to COVID-19. The impact on the source of income shows a significant variation from district to district.

For example, a complete loss of income was reported by over 60% of Kutch, Mehsana & Patan respondents. On the other hand, Ahmedabad showed a good portion (60%) of the respondents reported little to no effect on income who are primarily reliant on salaried income. Other than this exception, vast majority of respondents in all other districts have reported already experiencing income drop by “a lot” or “completely Stopped”. 66% of respondents from Mehsana also reported single source of income thus showing higher impact..

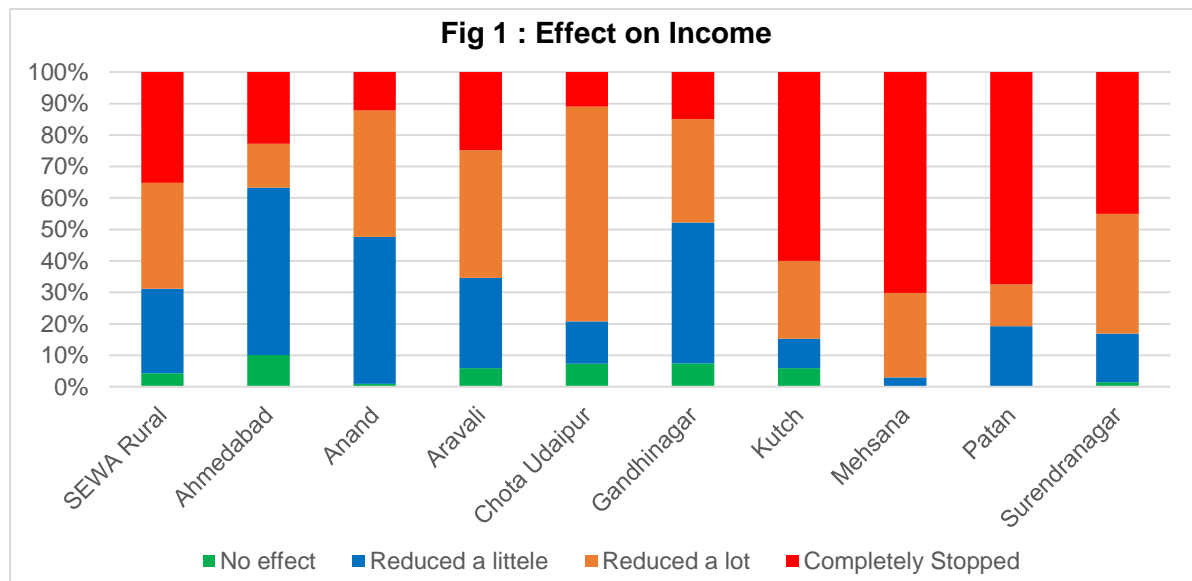
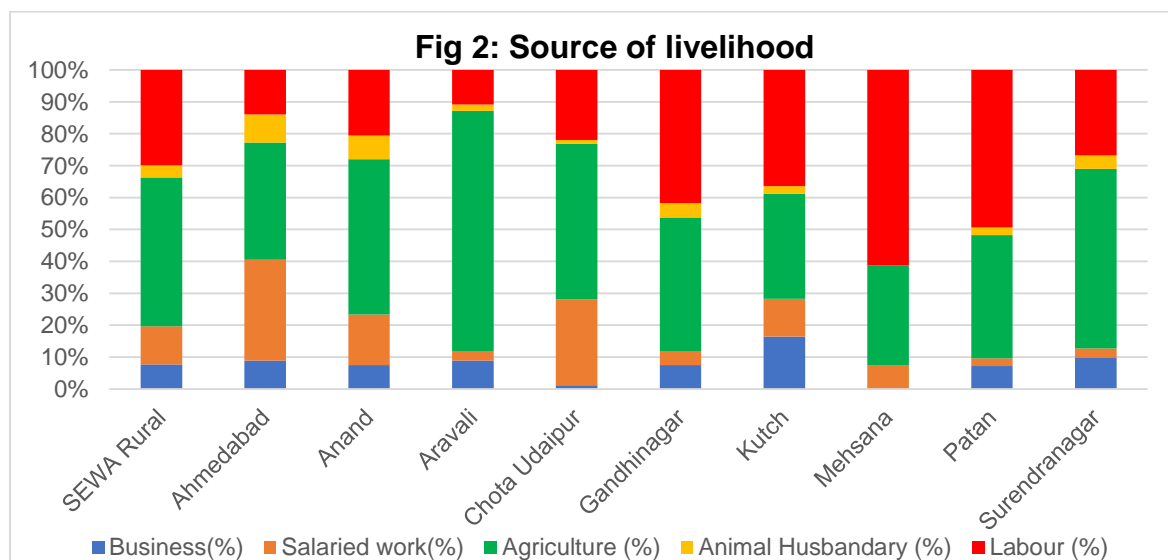


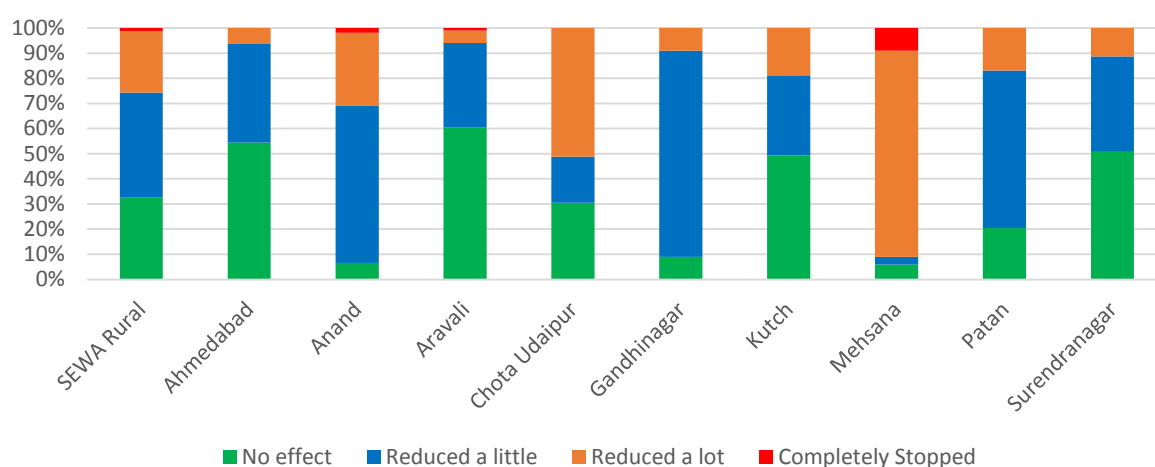
Figure 2 shows how the income drops vary by their main source of income. As expected, respondents who rely mainly on salaried income are more likely to have reported “no change” compared to the households relying on other income sources. It is noteworthy that districts of Kutch, Mehsana & Patan which showed significant impact on loss of income were highly dependent on casual labour as source of primary income.



Effects on food consumption and food availability

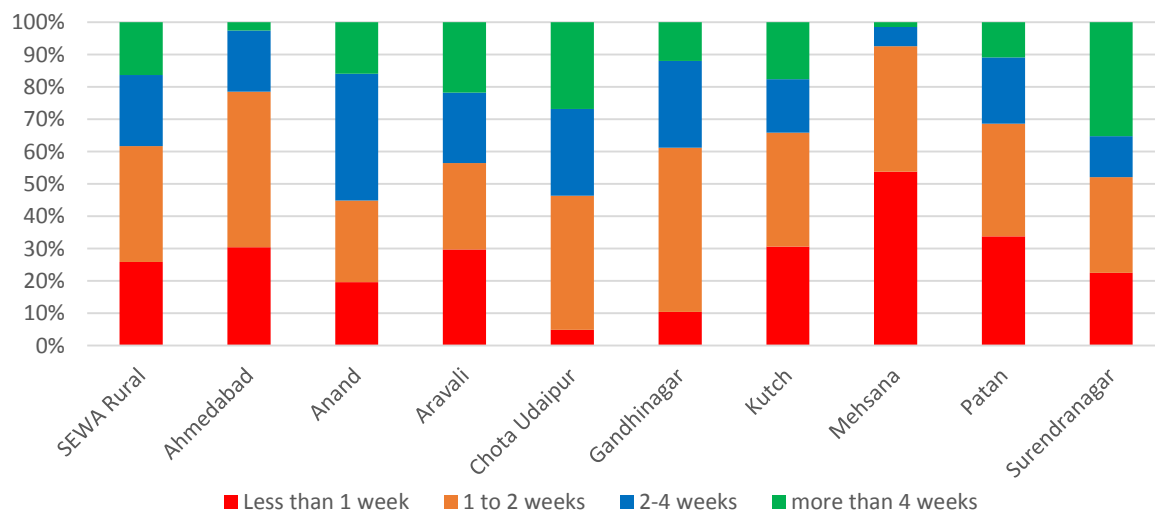
Response activities are not only affecting food security by lowering income but also by lowering access to food due to restrictions that are being or have already been put in place to prevent infection (including market closures or restriction on movements). Majority of the respondents in the Mehsana, Chota Udaipur & Anand have reported that they have already had to reduce either the frequency or the amount of food they are consuming. Mehsana specifically reported ~9% of respondent as having to completely stopped food. This may be reflection of the sample where 60% of the respondent were dependent on casual labour for their income. In other places, 20-40% of the respondents reported reducing food consumption by “a little”. Local administration in most districts have already started to respond to address the food needs. However, the efforts would require to be supplemented by the efforts from the various partners, given the large number of the vulnerable populations.

Fig 3 : Change in frequency of meal or amt of food consumption



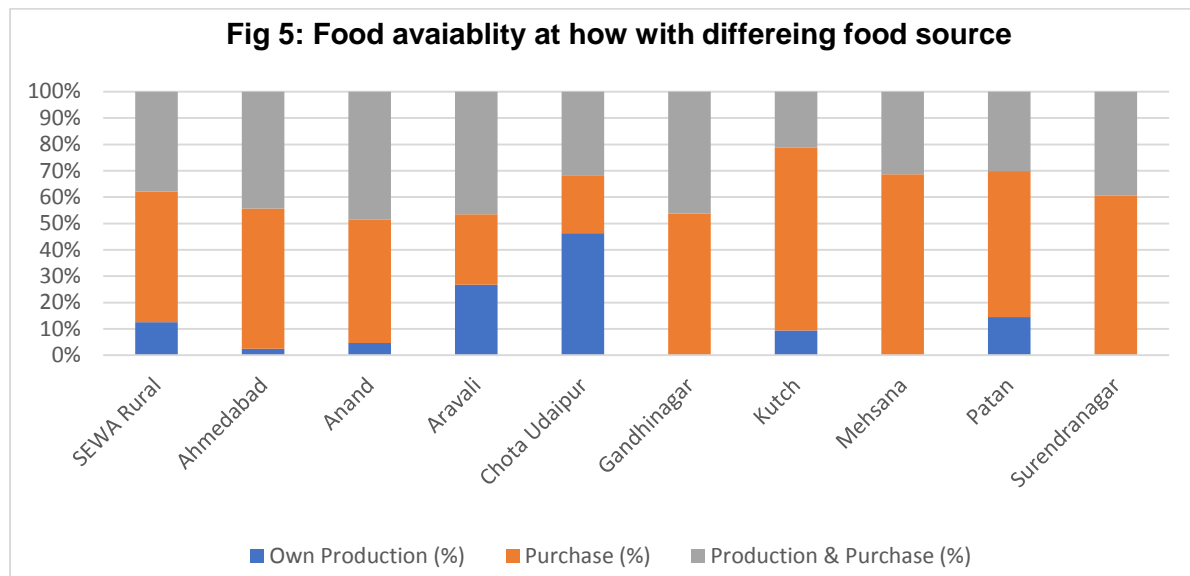
While there are already a good number of people needing immediate supports to access food, this ratio of people needing support will continue to rise in the coming days. To understand the current stock of their food at home (to account for both financial ability to purchase and access to shops), we asked the respondents– “how many days can you sustain your food needs based on the amount of food you have at home right now?”. Figure 4 shows the distribution by district. This shows some diversities in effect and food shortages that can be anticipated.

Fig 4 :How long can meet food needs with available means



Although over 70% of the total respondents either have either reduced food consumption by a little or not at all, a large majority (about 60%) have food stock that can last for 1-2 weeks or less, whereas almost 20% had less than one week food stock with them. Respondents in Aravali, Kutch and Patan shows a similar pattern. Among the respondents from Mehsana, 50% have reduced food supply to last less than a week and 40% up to 2 weeks, is the most impacted district. Aravalli though have reduced consumption by a little and have better food stock situation compared to other districts. This is possible that they have been in agriculture as primary source of income as well as source of food,

Despite the limitations of the sample size, Figure 5 and Table 2 investigate the differences in food stock by those who usually produce their food own food vs. purchase, and male vs. female headship. Not surprisingly, households who mainly produce their own food (Chota Udaipur) are better stocked than those who either purchase or rely on alternatives (e.g. supports, transfers). The difference is more prominent in Surendranagar which has more than a month of food supply while being totally dependent on external food source.



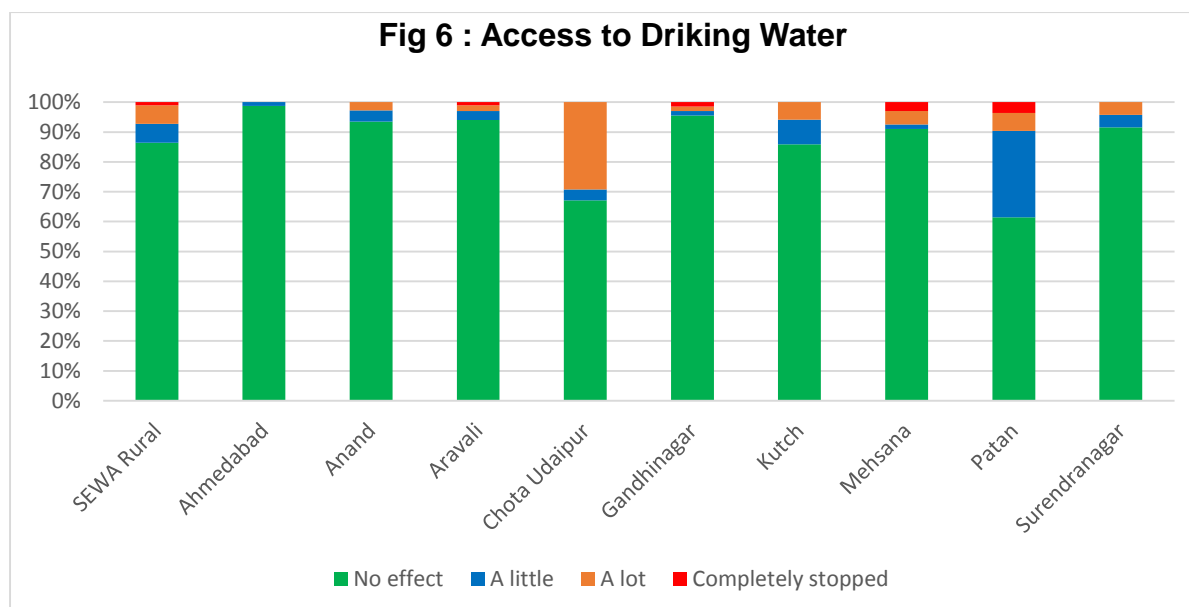
At on overall level while both female and male as head of house hold compare closely in terms of sustainability, male run house hold has shown higher level of availability of food beyond 4 weeks, while overall sustainability is higher for 2-4 week time frame.

Table 2 : Sustainability based on female vs male as head of house hold

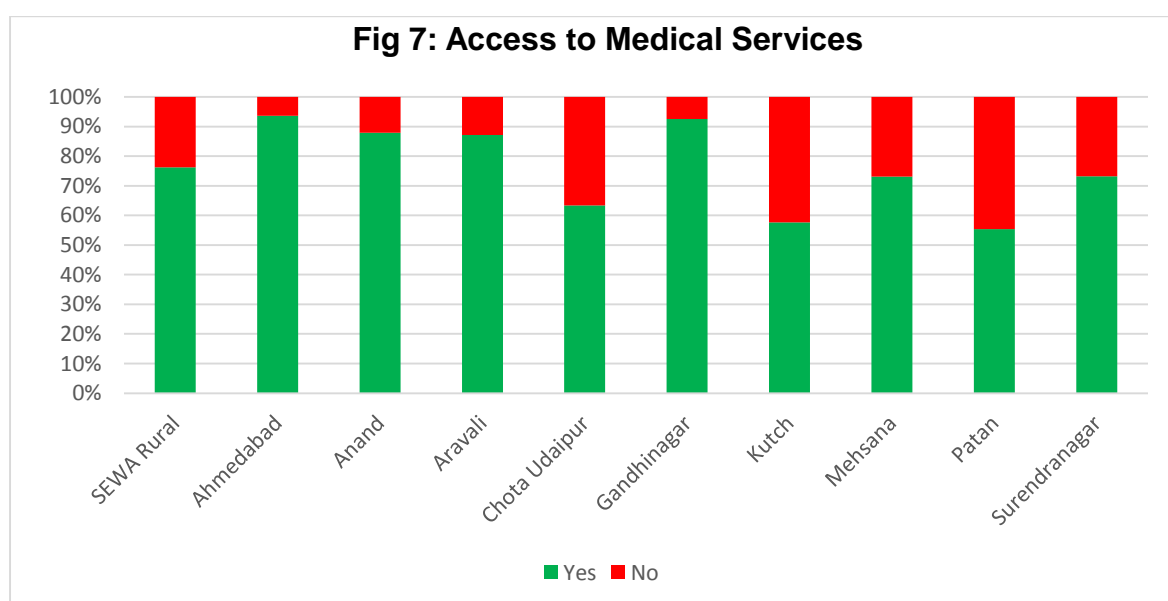
Parameters	Female (HH)	Male (HH)
Arability of Food		
Less than 1 week	27%	26%
1 to 2 weeks	35%	36%
2-4 weeks	26%	21%
more than 4 weeks	12%	17%
Ability to Sustain		
Less than 1 week	36%	35%
1 to 2 weeks	38%	33%
2-4 weeks	17%	23%
more than 4 weeks	9%	9%

Ability to fulfil non-food essential needs

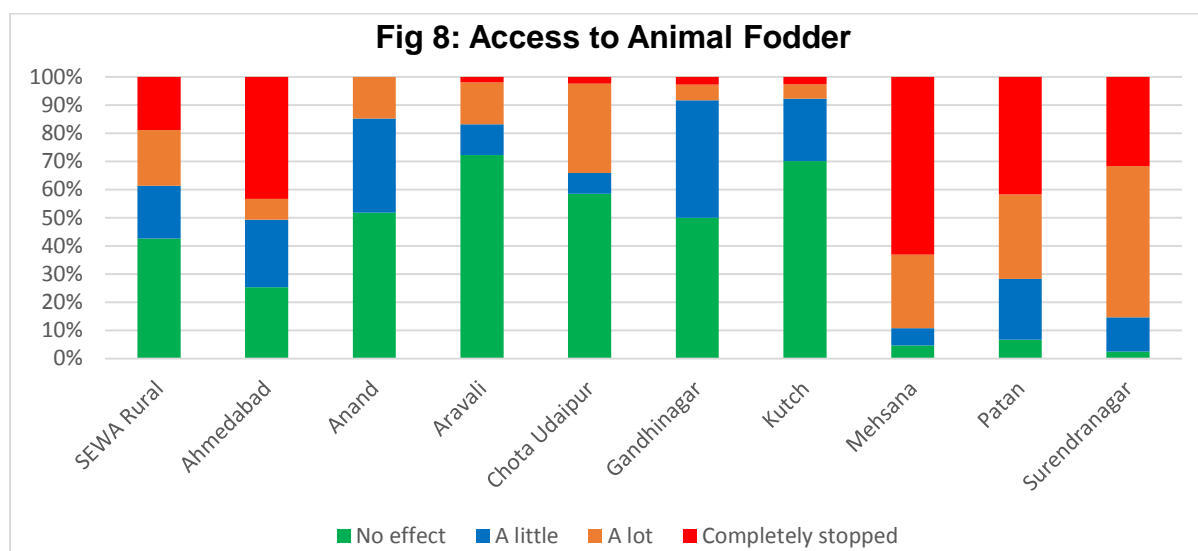
1. **Access to drinking water** – We asked all the respondents their ability to access clean drinking water, which is critical especially in rural areas, where the residents at times have to step out of their houses to access water. The figure 6 below gives a reasonably satisfactory picture with the exception of two districts – Chota Udaipur & Patan, where up to 30% respondent reported difficulty in accessing clean drinking water.



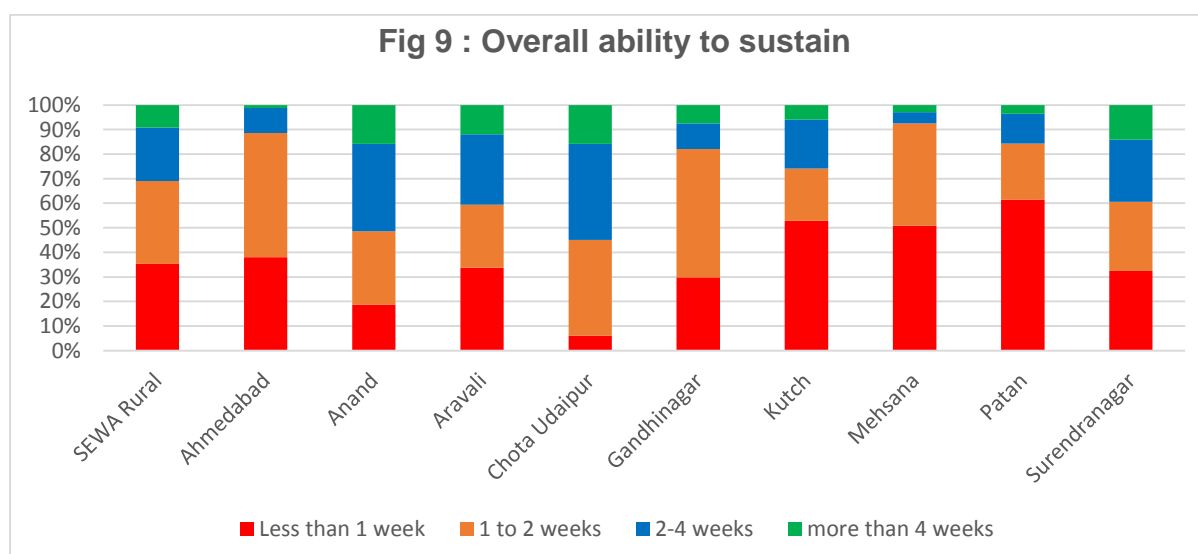
2. **Access to medical services**- Respondents were asked about their ability to access to medical services in their vicinity in case of any emergency. Figure 7 below shows that almost in all the districts there were respondents who do not have access to medical facilities. The situation is more serious in the districts of Chota Udaipur, Kutch, Mehsana & Patan where almost 40% respondents said that they do not have access to medical facilities.



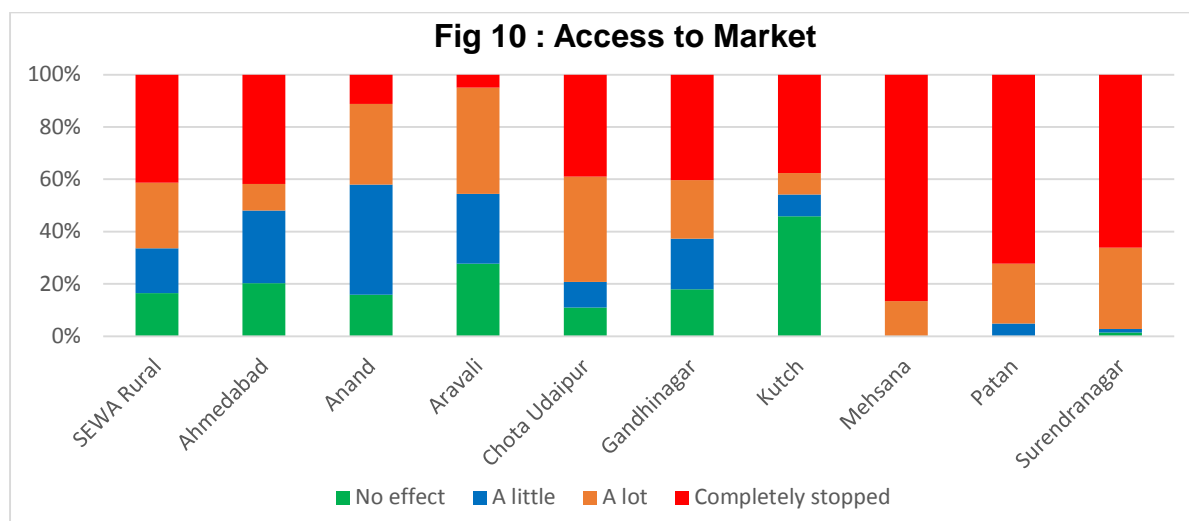
3. **Access to animal fodder** – In rural areas Animals are a part of almost all house hold, while some have them for income purpose by sale of milk etc, some keep them as their own food source. Providing food to animals is a critical ask especially during lockdown. Figure 8 below shows that the respondents in general are facing issues with animal fodder in all districts. In few districts like Chota Udaipur, Surendranagar and Patan almost 80% of respondents expressed difficulty in procuring animal fodder. 50% of the respondents from Ahmedabad too were facing issues in procuring animal fodder.



4. **Overall ability to sustain** – In order to gauge the possible effects on food, non-food essentials and other necessities, we asked the respondents, “how long can you sustain your needs based on what you have with you including cash, mobile money or any other cash savings or income that is accessible?”. It seems that there are possibly more immediate support requirements for meeting their overall sustainability than food (Figure 9). A higher share of respondents in each district have reported that they can sustain for less than two weeks almost in line with them reporting the same for food. For example, in Mehsana 50% reported that their food will last them less than a week which is same for overall sustainability. Kutch & Patan are other two districts which reported more than 50% as having only 1 week of supplies.

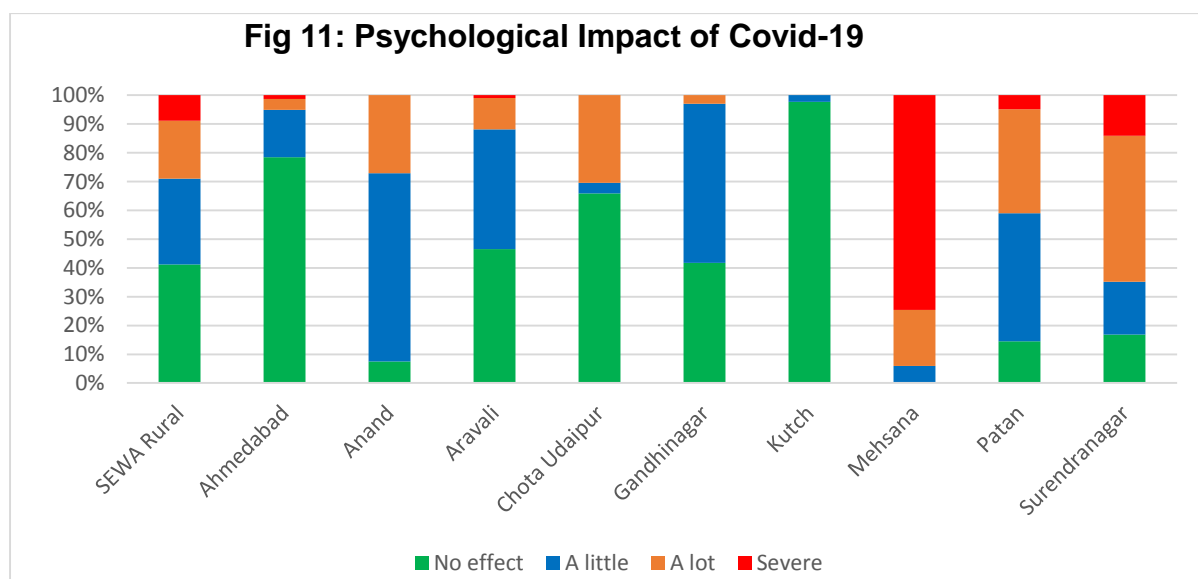


5. **Access to market** – ability to procure supplies or to sell produce needs access to market thus making it a key requirement in understanding sustainability. Figure 10 below exhibits the significant impact on the same due to lock down. With an exception of Anand (a milk producing zone, an essential commodity) and Aravali, almost 65% of the respondents reported difficulty in access to market.



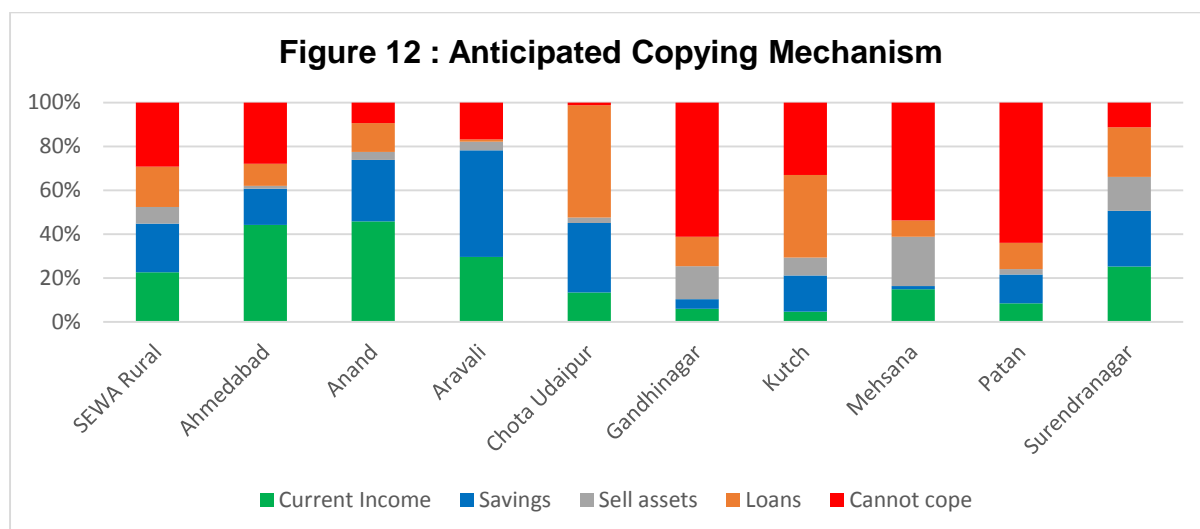
Psychological impact of Covid-19

Some of the early research suggests a long-lasting psychological impact of the pandemic, as people experience increased level of anxiety and stress not only because of the six-week-long lockdown period but also the fear of uncertainty post the shutdown as the economy has tanked, sniffing out the livelihood options for many. The impact is far more pronounced among women folks who have to deal with several other pre-existing pressures in rural India. It was thus decided to ask the respondents a few questions related to their mental state. Figure 11 below exhibits the outcome, where while Kutch has shown little or no impact, but 90% of Mehsana's respondent has shown significant impact, which can be attributed to lack of food, livelihood and overall sustainability issues that was visible thru out the survey. Surendranagar was the other district where almost 70% respondent had experienced stress & anxiety.

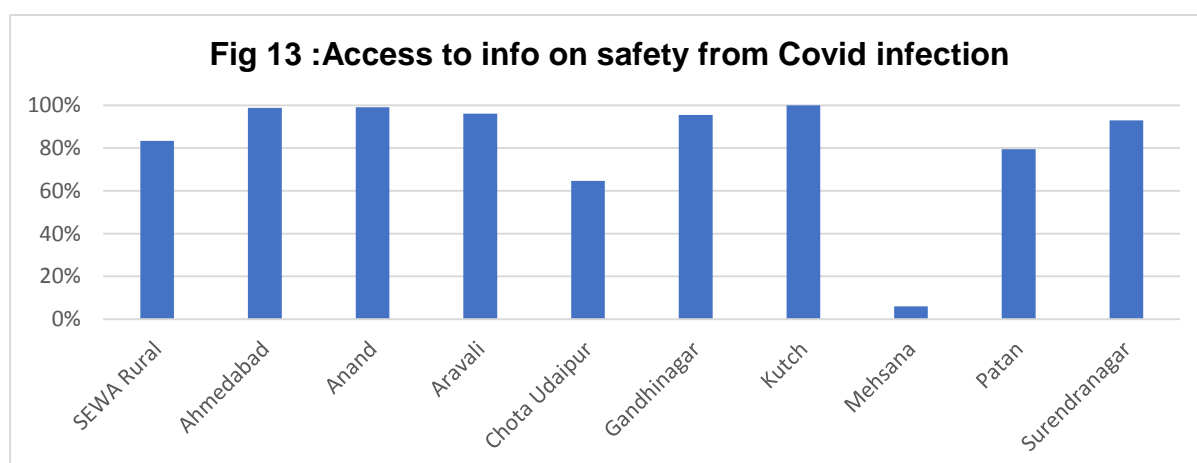


Anticipated coping mechanism and support needs

Figure 12 show the distribution of the households by their anticipated coping strategy for meeting food and non-food needs if the situation continues to be the same (as per current situation in their respective districts). Overall, borrowing was reported by 18% of the respondents, and predominantly by the respondents from the Aravali (51%) and Chota Udaipur (38%). Current income is reported frequently in Anand (46%) and Ahmedabad (44%). The respondents from Anand and Surendranagar seems to have more options than respondents in the other districts. The respondents in Patan (64%), Gandhinagar (61%) and Mehsana (54%) seems to have the least means to cope with ~60% reporting that they cannot cope.

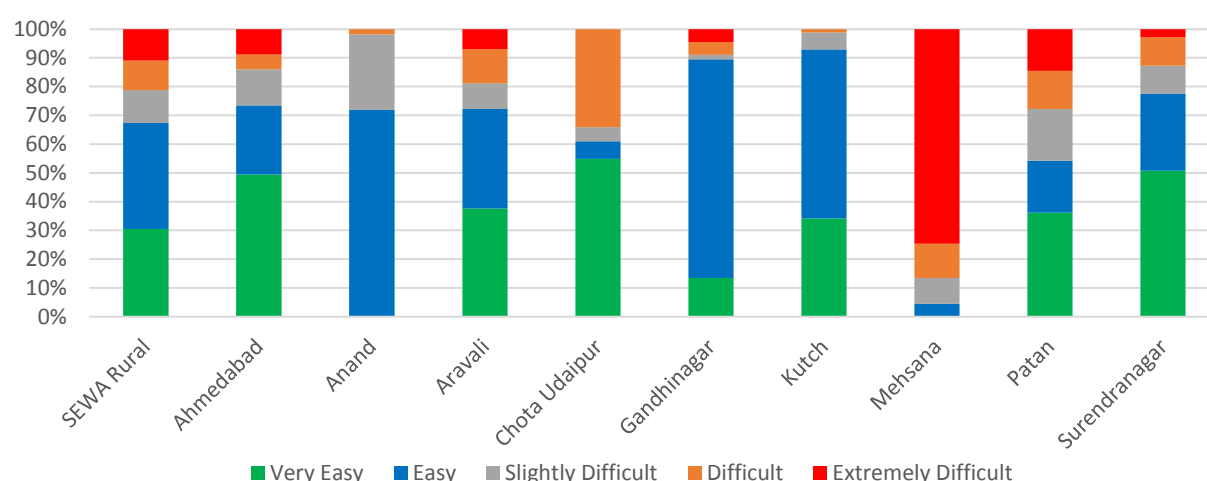


Information dissemination is obviously an important strategy to contain or delay the spread of the virus. The central & local governments are taking leads in all these districts. Media, private sector and NGOs are also trying make contribution in this information dissemination. In order to understand if the respondents feel they have received information on what they can do to keep them safe from getting infected, we asked, “do you think that you have access to enough information regarding how to be safe from corona virus?”. Figure 13 shows that over 80% of the respondents of most of these districts feel having access to adequate information. The rate is the lowest in Mehsana where 6% reported having enough information. SEWA too has been using various means – social media, messaging through megaphones, and distribution of information materials – in contributing to information dissemination in each district. Overall, 83% of the participants reported having access to enough information. It suggests that the current efforts by the governments and media are probably adequate, with the exception of Mehsana seems to be well informed.



We also checked with the respondents on their ability to access the various govt relief programs related to supply of essentials or direct transfer of monetary benefits etc. Over 60% of the respondents expressed ease in accessing the various govt benefits. Mehsana once again was an outlier where 75% respondents expressed extreme difficulty in availing the various govt scheme related benefits. 89% of the respondents from Gandhinagar on the hand expressed ease in accessing the various govt schemes, maybe because of it being the state capital region.

Fig 14 : Access to Govt relief programs



At the end of the survey, we also asked the respondents what supports they feel are mostly needed (Table 3). Not surprisingly, information was reported by only 30% of the respondents. Access to food items was reported by over 60% respondents in almost all the districts, except Chota Udaipur (43%). This need can be met through food pack delivery or cash in most areas where food markets are functional within restrictions. However, door-to-door food distribution is also being done by the local administration in several areas. The second most frequently reported support need is of loans at 40%.

Table 3. Supports needed if the current situation persists in the district

Parameter	SEWA Rural	Ahmedabad	Anand	Aravali	Chota Udaipur	Gandhinagar	Kutch	Mehsana	Patan	Surendranagar
Food item	74%	87%	93%	67%	43%	61%	64%	99%	87%	59%
Loans	40%	25%	64%	20%	93%	9%	40%	10%	31%	52%
Information	30%	3%	52%	54%	12%	12%	16%	94%	8%	10%
Hygiene Products	24%	5%	73%	7%	18%	4%	2%	96%	5%	0%
Health Services	35%	16%	77%	42%	39%	1%	5%	94%	30%	1%
Psychological Support	24%	5%	84%	3%	23%	0%	0%	94%	0%	0%
Non essential Services	40%	30%	89%	37%	32%	30%	26%	94%	5%	6%

Limitations –

1. Very small survey sample size.
2. Limited access to concerned population due to pandemic crisis
3. Random sampling leading to coverage error and sample size variation
4. Surveyor's personal bias and understanding incorporated in responses
5. Inflexibility and validity concern of close ended questionnaire

Conclusion

The objective of this rapid assessment is to generate ground level data that can inform the ongoing discussions, review of strategy and actions by SEWA to be more effective in contributing to the organization's and Government efforts in dealing with the current pandemic. This survey, with all its limitations, are meant to be one of the many sources of information that SEWA can consider for strengthening the implementation of COVID-19 response plan. The data shows a few useful patterns that can be considered in those discussions and reviews.

Major recommendations based on district level response and observations are listed below:

1. Overall (for all districts)-

- a. Immediate need of **financial assistance** program can be observed with all the districts except Ahmedabad reporting major reduction in income. Along with this, 90% of respondents have shared inability to sustain household needs more than a month with available resources.
- b. Since, agriculture and agriculture labour stands out as the primary livelihood, SEWA needs to delve deeper into requirement of farmer members and incorporate the same in its **action plan for upcoming Kharif season**. Also, access to market will form a major component of action plan as it is a major issue highlighted with 66% respondents stating low or zero access to market overall.
- c. SEWA and RUDI needs to strengthen their **food security program** to enable access to food as 85% of population has reported food stock to last within a month. Also, 74% of respondents overall has highlighted access to food as major support required.
- d. SEWA should incorporate strategies to enable access to animal fodder in the plan for Kharif season as it is an evolving issue in rural areas. Overall, 40% of respondents have highlighted considerable reduction in access to animal fodder with issue being more prominent in Mehsana, Patan, Surendranagar and Ahmedabad.

2. Chhota Udaipur –

- a. The district requires immediate support to ensure food security with around 50% respondents reporting major reduction in amount of food consumption. RUDI team can further probe and understand the situation to suggest implementable solutions.
- b. Chhota Udaipur being the only district with 30% respondents reporting major issue in access to drinking water, the district team at local level can brainstorm and develop plan to resolve the problem.
- c. Liaisoning with operating medical teams (Government or private) required with 35% members reporting issue in accessing medical services.
- d. Immediate support required to enable access to market for members with 80% respondents stating high difficulty in market access.

3. Kutch –

- a. Kutch too, requires intervention in ensuring members' access to medical services with nearly 42% respondents facing difficulty in reaching out to medical services.

4. Mehsana –

- a. Mehsana has emerged as the most distressed district during the pandemic. With 90% members reporting high reduction in food consumption, immediate support in terms of access to food is required.
- b. Mehsana stood out with 90% respondents confirming complete inability to access the market highlighting the need to intervene immediately in the issue.

- c. 90% of Mehsana's respondent has shown significant psychological impact, which can be attributed to lack of food, livelihood and overall sustainability issues that was visible throughout stressing on requirement of immediate support in the region.
- d. Unlike all other districts, only 6% respondents in Mehsana have reported access to information on COVID-19 pandemic. This highlights the need to reach out to members more vigorously in addition to SEWA's current mechanism. Also, majority respondents are facing extreme difficulties in accessing Government relief programs. The DA team is suggested to further probe the issue to understand reasons behind the low access and strengthen liaison with Government agencies.

5. Patan –

- a. Along with Chhota Udaipur and Kutch, SEWA members in Patan district too, need support in access to medical services with 35% respondents stating issue in accessing medical services.

6. Surendranagar –

- a. The district has reported almost 70% respondents experiencing stress & anxiety. Thus, the district association team, along with other interventions, is suggested to focus on supporting its members psychologically.

Next Steps

1. Discussions and brainstorming sessions between SEWA and IFC team over report findings and finalize action points at overall SEWA, Social enterprises and district level.
2. Liasoning with state level and local Government bodies to improve access to relief efforts to SEWA members
3. A deeper analysis of major issues highlighted to understand ground level causes.
4. Modification in current action plan to cater to the needs of SEWA members

Annexure 1: List of questions for respondents for Rapid Assessment:

General profile questions:

1. Respondent name:
2. Village name:
3. Block name:
4. District name:
5. Years of SEWA membership:years
6. Age (in years):
7. Number of adult males (above 18 years of age):
8. Number of adult females (above 18 years of age):
9. No. of children in households:
10. Name of the household head:
11. Gender of the household head:
 - a. Male
 - b. Female

Food consumption and availability:

12. Main source of food
 - a. Own Production
 - b. Purchase
 - c. Production & Purchase
13. Has there been any change in meal frequency or amount of food consumption?
 - a. No effect
 - b. Reduced a little
 - c. Reduced a lot
 - d. Completely stopped
14. How many days can you sustain your food needs based on the amount of food you have at home right now?
 - a. Less than a week
 - b. 7-14 days
 - c. 15-30 days
 - d. More than a month

Effect on livelihood:

15. Primary source of income
 - a. Agriculture
 - b. Agriculture labour
 - c. Animal husbandry
 - d. Business
 - e. Salaried job
16. Secondary source of income
 - a. Agriculture
 - b. Agriculture labour
 - c. Animal husbandry
 - d. Business
 - e. Salaried job
17. Effect of Covid-19 on income of the HH
 - a. No effect
 - b. Reduced a little
 - c. Reduced a lot
 - d. Completely stopped
18. How many days can you sustain your HH needs based on money available with you?
 - a. Less than a week
 - b. 7-14 days
 - c. 15-30 days
 - d. More than a month
19. How much has the situation impacted your access to drinking water?
 - a. No effect

- b. A little
 - c. A lot
 - d. Completely stopped
20. How much has the situation impacted your access to animal fodder and farm?
- a. No effect
 - b. A little
 - c. A lot
 - d. Completely stopped
21. How much has the situation impacted your access to market?
- a. No effect
 - b. A little
 - c. A lot
 - d. Completely stopped

Health impacts

22. In case of any health emergency, do you have access to medical facilities?
- a. Yes
 - b. No
23. How much has the situation impacted your physiological balance?
- a. No effect
 - b. A little
 - c. A lot
 - d. Severe

Coping mechanism

24. What is the anticipated coping mechanism if the situation remains same?
- a. Current Income
 - b. Savings
 - c. Sell assets
 - d. Loans
 - e. Will be unable to cope
25. Do you think that you have access to enough information regarding how to be safe from corona virus?
- a. Yes
 - b. No
26. Support required to cope up with the situation?
- a. Food items
 - b. Loan services
 - c. Access to information
 - d. Hygiene Products
 - e. Health Services
 - f. Psychological Support
 - g. Non-food essential Services
27. How easier it is to access the Government relief support?
- a. Very easy
 - b. Easy
 - c. Difficult
 - d. Slightly difficult
 - e. Extremely difficult

28. Remarks:

29. Surveyor Name:

Annexure 2 : District Level Participation :

Limited sample size brings about its own limitation on effectiveness of the survey. It was initially agreed that each district will target at least 100 respondents.

Respondent by District	No.	%	No	Member	%
District					
Ahmedabad	79	11	5	42000	0.188
Anand	107	14	9	107000	0.100
Aravali	101	14	5	45000	0.224
Chota Udaipur	82	11	5	42000	0.195
Gandhinagar	67	9	2	36000	0.186
Kutch	85	11	3	32000	0.266
Mehsana	67	9	15	51000	0.131
Pattan	83	11	7	62000	0.134
Surendranagar	71	10	5	65000	0.109
Total			742		482000

Demographic Data

Age	No. of respondents	% Share
18-30	150	20
31-40	278	37
41-50	184	25
50-65	102	14
65+	12	2
NA	16	2
Total	742	

Family Size

Family Size	No. of respondents	% Share
>3	73	10
4-6	374	50
7-10	232	31
11-14	50	7
15+	7	1
NA	6	1
Total	742	

Vintage with SEWA

Membership Vintage	No of Respondents	% Share
Less than 2 year	94	13
2-5 years	271	37
5-10 years	193	26
>10 years	125	17
NA	59	8
Total	742	

