

# IGSSS RESPONSE AFTER 2<sup>ND</sup> WAVE OF COVID



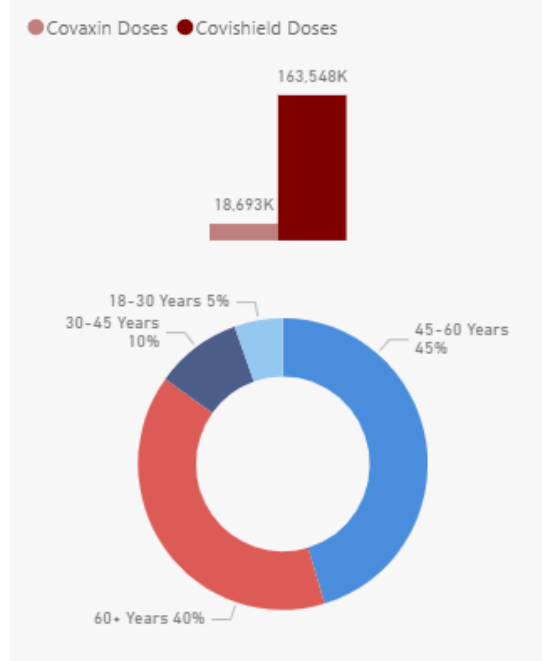
## SITUATION OVERVIEW


### Description of the disaster

<sup>1</sup>The second wave of the COVID-19 pandemic has hit India hard. As of April 1, 2021, 84.61% of all new infections were concentrated in Maharashtra, Chhattisgarh, Karnataka, Kerala, Tamil Nadu, Gujarat, Punjab & Madhya Pradesh. *Test positivity rates (TPRs) rose nationwide from 2.8% in the first week of April 2021 to 10.3% by April 10th, 2021 with wide regional variation, peaking in Maharashtra at 25%.<sup>2</sup> The second all-India surge of the Covid-19 pandemic has been more devastating than the first. Around 54.5% of admissions during the second wave required*

First Dose	141,755,662
Second Dose	40,484,941
Total Administered	182,240,603
Doses Administered Today	675,489
Adverse Events Following Immunization	20,469

Data Last Updated May 16, 2021 8:12 PM IST



 India

Coronavirus Cases:  
**24,684,077**

Deaths:  
**270,319**

Recovered:  
**20,795,335**

supplemental oxygen during treatment. This marked a 13.4-percentage-point increase from the peak during September and November last year, according to data from 40 centres across the country. The demand for medical oxygen has increased by 18% over the last six days across 12 states, which account for 83% of India's active cases.<sup>3</sup>The two vaccines approved for emergency use in India do not stop transmission of the virus, and at present can only reduce severe disease or hospitalisation. Data released by the government show that post-vaccination, around 2-4 persons per 10,000 have tested positive. As of 16<sup>th</sup> May 2021, India could vaccinate more than 18 crores people (detail of vaccination is the chart at left<sup>4</sup>) till date. As India battles the second wave of COVID 19, rural India is the most hit. Around 98% of the nation is under lockdown – localised or state wise, which once again is leading to crumbling economy.

<sup>1</sup> Chart on the page - [India COVID: 24,684,077 Cases and 270,319 Deaths - Worldometer \(worldometers.info\)](https://www.worldometers.info/covid-19/)

<sup>2</sup> HUMANITARIAN APPEAL FLASH VERSION.1, SPHERE INDIA, National Coalition of Humanitarian Agencies in India

<sup>3</sup> [Explained: What has changed in the second wave of Covid-19 in India? | Explained News, The Indian Express](https://www.thehindu.com/news/international/explained-what-has-changed-in-the-second-wave-of-covid-19-in-india/article66411213.ece)

<sup>4</sup> [India COVID-19 Vaccine Tracker | Geographic Insights \(harvard.edu\)](https://www.harvard.edu/geographic-insights/india-covid-19-vaccine-tracker)

RESPONDING TO

# COVID 19 SECOND WAVE

PLAN FOR COVID RELIEF

**Food and Nutrition Security**

**30,000 +**  
Families with dry ration

**4000 +**  
Families with kitchen gardens

**10,000 +**  
Small farmers with agriculture input support

**COVID appropriate Hygiene Practices**

**40,000 +**   
Families with hygiene kits


**40,000 +**  
Families aware about COVID 19 appropriate behaviour

Sanitization drives in villages and slums 


**+ Support to Health Infrastructure +**

Providing rural hospital / COVID centres with critical medical supplies like oxygen concentrator


Providing hospitals / COVID centres with required infrastructure

300+ frontline workers with personal protection equipment's and medical kit 

**Providing Livelihood Opportunities**

 400 persons mostly the migrant labourers have access to minimum of 15 day's work

50 + groups are provided with support to initiate group enterprise


Farmers and small entrepreneur helped with marketing linkage and support 


**Amplifying Vaccination Drive**


Awareness programs.


Support in registration for Vaccine.

Support Government in smooth roll out of vaccination in the interior villages.

  
**Help Desk for people needing information**

  
**Psycho-social counselling to families**

  
**Building a local cadre of Volunteers**

  
**Convergence with Government Schemes**

## Situation from Field – 8 States

### Bundelkhand Region of UP and MP:

- Many migrant laborers are coming back in villages but there is no provision for their investigation at village level which is increasing the risk of spreading infection. Around 10,000 migrant workers have returned in IGSSS project area of 15 villages in three blocks of Mahoba, LavKushnagar and Ajaygarh.
- There is lack of basic facilities at the quarantine centres built in the village, such as clean drinking water, clean quilt mattress, mask, caretaker food etc. There is no separate arrangement for women and children in quarantine centres.
- Almost most of the villagers are suffering from cold cough & fever, vomiting, diarrhoea. People scared to go to health centres and hence they are visiting quacks for treatment.
- The process of vaccinating people between 18 and 44 years has not been started yet. The government does not have sufficient vaccination. Only after talking to the Block Medical Officer, Lav kushnagar Block, it was found out that it would take 10 to 15 days to start the vaccination program.
- There is a lot of confusion about the vaccination among the villagers.
- People are really at the verge of unemployment as there is no work at village level. Food scarcity will be one of the issue soon.
- **IGSSS works in 150 villages at 90 GPs with 10,500 farmers. Our Colleagues could connect through telephone with 1287 farmers and have shared all the safety measures to prevent oneself from COVID infection. We trained 14 volunteers through online platform on implementation of IGSSS COVID response Plan.**

### Vidarbha Region of Maharashtra:

- With the impact of 1 month of complete lockdown and 2 months of partial lockdown or strict restrictions the economy has affected many ways.
- Though the agriculture activities are not affected in rural areas but the people who were working somewhere as daily wagers, in shops, or in other urban areas have come back and don't have any livelihood available at village level.
- People are looking for some livelihood support for long term sustainability and apart from that ration or any other support is expected or welcomed.
- Currently both in urban slum areas and rural areas testing and vaccination services are not availed by people as they lack correct information of the benefits. In rural areas people have to commute long distances till tehsil place for availing testing and vaccination facilities in this summer. This is a big reason for less testing and vaccination.
- People are afraid and misconception that if they test, they will be hospitalized and will die. Due to this fear people are not coming forward for testing and hence taking

consultation from local uncertified doctor. This is making the morbidity rate high and availing late medical support which is impacting their health and life.

- ASHA worker is doing door to door survey to identify the sick people.
- **IGSSS in Vidarbha is meeting most of the CSOs virtually twice a week and trying to understand the issues, learn from each other and coordinate the response work.**
- **Our Staff are meeting with local administration - District Collector and Municipal Commissioner and seeking their advice on how IGSSS can work in coordination with Government department to enhance the reach out with our response plan. The immediate support the state needs are awareness drive, psychosocial counselling and support to effectively implement vaccination drive.**
- **We are going to meet the district administration of Amaravti and Wardha District this week to put forth our interest to work in coordination with administration.**

#### **Jharkhand:**

- Except Emergency no one has allow for other Communication.
- No vaccination available for age group 18-44. And for 45+ there is uncertainty about the 2nd dose, while it is heartening to see that only 27% have taken the 1st dose of vaccination.
- Rural health infrastructure is not able to support the sick people due to lack of hospital beds.
- Livelihood of daily wage labourer is a concern as the markets are open for till 02:00pm
- MGNREGA activities halted in the project areas.
- With medical support to the people the second major need is to Increase the Awareness levels of good behaviour/habits among people for decreasing the COVID infection and motivate them for vaccination.
- People have lost their livelihood in Rural and Urban areas of Jharkhand they need Cash support to make their both ends meet.
- Community sanitization drive through Village Development Committee
- **IGSSS colleagues are constantly in touch with local administration and are assessing the need of the people. Beneficiary selection and planning for COVID response plan is at full swing so that by end of May the relief work can start for the needy people.**

#### **Chhattisgarh:**

- COVID cases are increasing steadily in Raipur, Durg and Pali District of Chhattisgarh. Strict Lock down is in the state.
- Both Durg and Raipur slums are facing an increase in positive cases and many of the households have been reported to have positive cases. This puts our field staff in dilemma to go to field. People need cash support to buy the basic ration and vegetables.

- The project area extends over 81 villages in Pali block covering 10,500 households. Due to the sudden lockdown, there has been an influx of migrants who have returned to their native place. All the MNREGA work has stopped due to lockdown causing a loss in daily wages. The small farmers growing vegetables are not able to sell their produce as the mandis are closed. The small labourers cannot travel to other villages to work in the fields.
- IGSSS covers 1200 households in 10 bastis working primarily with domestic workers. The domestic workers are finding it difficult to earn a living in the given pandemic, but they are more concerned about their children's future. Due to cancellation of board exams, schools being shut and online classes, the juvenile delinquency rates have peaked up in the slums.
- IGSSS covers 3000 household in 15 slums in Raipur working with primarily domestic workers, street vendors and construction workers. The domestic workers are either afraid to travel and go to different homes to work as they have their family, or they are refused for work by the employer. Most of their husbands are engaged with daily wage like auto drivers and small-scale vendors who have no source of income in the pandemic.
- **IGSSS colleagues have started assessing the need and planning for relief work.**

#### **Odisha:**

- Complete shutdown across the state from 5<sup>th</sup> to 19<sup>th</sup> May 2021 only allowing the movement of basic emergency facilities such as grocery, vegetable, fruit, dairy shop to open from 6 AM to 12.00 Noon.
- 14 days lockdown have not limited livelihood activities like agriculture, construction works, emergency services shop till 12.00 PM
- District like Ganjam, Gajapati, Rayagada, Koraput, Malkangiri, Nawaranpur have directed to put boarder check post in all inter-state roads to prevent people from other states intruding the district to control the infection.
- Massive awareness on prevention from COVID infection and vaccination is required.
- **IGSSS colleagues are working to plan out COVID response implementation strategy.**

#### **Madhya Pradesh:**

- Madhya Pradesh hit with the increase cases of COVID-19 from the month of March followed by imposing partial lockdown by State Government in the month of April and complete lockdown.
- Although the state has reported decrease in the daily positivity rate to 14.5% (on 14<sup>th</sup> May 2021) from 24% in April month. The Daily reported cases have come down under 10,000 which were earlier reported around 13,000 per day.
- At present the total active cases reported as on 14<sup>th</sup> May 2021 are 1,04,444

- Farmers in the district Jhabua, Dhar and Alirajpur have completed the harvesting of the rabi crops in the area in the month of March. The major challenge the farmers are facing now is the difficulty in selling the produce in the nearby mandis of the govt. Hence the farmers are forced to sell their produce at lower rates to the local mediators.
- MNREGA activities have been hindered in the district after the state government orders of not starting any MNREGA activity in those village where any COVID case is reported active. All the livelihood activities have been impacted in the villages also.
- Screening and testing have been initiated in the villages through the team of Jan Abhiyan Parishad involving ASHA, AWW, PRI – Secretary, Rojgar Sahayak and President of the Village development committee. The Daily assigned target is to completed the screening of 100 household through door-to-door screening and testing.
- Community in the village are negatively responding to the screening and testing. Several cases have been reported of conflicts between the screening team and village community in the Nimar region.
- Vaccination at the rural level has also reported lower than the urban areas due to misconception and fake news related to vaccination and its effects.
- Support to the families at rural and urban level has been provided by the state government by providing 05-month ration support which was earlier proposed for 03 months to each family. The type of items in the ration are majorly focused on the course cereals and cereals with a limit of 10 kg per person. Focusing on the COVID condition there is a strong need of including nutritious food items.
- Through *Mukhya Mantri COVID Upchar Yojana* government have exceeded their support to the weaker section of the society at both urban and rural, to avail free medical services in the listed hospitals through Ayushman Scheme.
- Take Home ration have been provided to the children under the age of 05 years from the ICDS department whereas it is directed for support of 15 days THR to the families, whereas extended support to the families having MAM and SAM has been given through increased in the THR amount for one extra meal. (three meals a day for SAM & MAM).
- ANC and PNC services at village level are badly affected as the frontline health workers are engaged in the screening process.
- **IGSSS personnel have individually met the district officials in Jhabua, Alirajpur and Khandwa to understand more about the joint response team, which is yet to form.**
- **IGSSS personnel are all interacting with village level health frontline workers to finalize the list of beneficiaries who are eligible for COVID response of IGSSS.**
- **IGSSS also have started coordinating with NGOs working in urban areas of MP to coordinate and learn from the response intervention.**

## **Bihar:**

### **IGSSS Team have done the following:**

- **Situational analysis conducted in 15 villages of Gaya and Nawada District..**
- **N5 masks were mobilized from PRI member and distributed in two villages.**
- **Volunteers supported health workers in the management of Vaccination Camps.**
- **A farmers WhatsApp group has been formed.**
- **Families identified for COVID relief.**
- **Virtual meeting with city level NGO/CSO for understanding the situation of city and preparing the plan for moving forward on the same.**
- **Activating of Youth Groups for supporting COVID relief.**
- **Conducted virtual meetings with Ward member for understating the status of Ration distribution and sanitization status**
- **Community Level Planning - Conducted 50 online Survey in 10 bastis to understand the COVID Vaccine awareness: Under the process of identification of beneficiaries for emergency relief support.**

## **Uttar Pradesh:**

### **IGSSS team in Rural and Urban areas have done the following activities:**

- **Meeting conducted with DM and SDM for Permission letter submission for covid mitigation work**
- **Conducted virtual meeting with NGOs/ CSOs working at both district**
- **Connected with 200+ women's for understanding current status of the village.**
- **A Counselling note prepared for virtual nutrition support to the community**
- **Getting update from 40 frontline worker to understand the need of community**
- **Connected with Farmer interest group for understanding their need**
- **Situational analysis conducted in 15 villages of Maharajganj and Sidharthnagar through call.**
- **Meeting with District magistrate for initiated discussion for formation of district coordination committee and sharing permission during lockdown for working in basti.**
- **Meeting with NDRF officers for sharing the planning of working in intervention urban poor settlement.**
- **Virtual meeting with 10 city level NGO/CSO for understanding the situation of city and preparing the plan for moving forward on the same**



- 2 Meetings with Kalam Foundation for looking the collaboration for Aao baat kaarein abhiyan for virtual empathetic support through call.

#### **Kashmir:**

##### **IGSSS team in Kashmir is helping and coordinating to finalise -**

- A list of 15 resource poor and economically backward families were prepared and submitted to the religious organization Aunjman Share Shian-Budgam for supporting the 15 families in Rakh-Asham (Gund-Iqbal-B) in the last week of April 2021. The families have been supported with essential supplies like flour, mustered oil, soap & sugar worth 15,000 INR (each kit costs 1000 rupees). Furthermore, 2 families has been supported by the community volunteers in Khore village of Baramulla district along with 10 other families supported by the organization "Orphans In Need" worth 30,000 INR (each kit 3000 INR) facilitated by IGSSS respective areas project staff members.
- Submission and Confirmation of DRR Youth Group List: During the week District administration Bandipora has been contacted to know the present status of youth list submitted to them before one month (A list of 41 youth both male and female) for registration under creation of civil defence volunteer's team at district level. Therefore, they updated that SDRF has approved the list and submitted to district administration for further process.
- Meeting with SDMD and DDMD Disaster Management Kashmir Region: On 5th May & 7th May, 2021 two consecutive meetings were held with the state disaster management and district disaster management departments virtually regarding the current scenario and grassroots level situation of project intervention areas of all the NGOs working in Kashmir region. During the meeting IGSSS has shared the above following points and learnings with the higher authorities of the disaster management along with current progress and pas experiences.
- Trained 25 youth on Psycho-Social Care Giving support, who are providing the support to their concerned communities from last three years in 30 villages of two districts of Baramulla & Bandipora.
- Promoted & trained 20 DRR groups in two districts with membership of 283 youth both male & female.

#### **North East (Guwahati and Manipur)**

- IGSSS colleagues in North East conducted virtual awareness on Covid on prevention and *DOs and DON'T* facilitated by Medical doctors and Nutritionist on 15 May. Participated by 93 participants from community.
- IGSSS colleagues are also assessing the need of the household and preparing beneficiary lists for distribution of Dry ration and Wash materials.

- Collaborating with IAG Assam has started by our team in Guwahati. We are planning to engage with government in order to reach out to community at grassroots level to create awareness on vaccine and covid appreciate behaviour.
- Continuous communication with local village CBOs is going on to share government approved information on Govt. schemes, COVID restrictions or govt. Orders.
- Staffs and volunteers of lower Assam got first dose of Covid vaccine as Frontline workers.

## Meetings and Capacity Building at IGSSS

### I. COORDINATION MEET WITH NDMA (National Disaster Management Authority)

In a meeting with NDMA officials on 13<sup>th</sup> May 2021, headed by Shri. Kamal Kishore, Member NDMA, IGSSS shared the concerns with respect to its networks and partners working on the



ground. The concerns were primarily that still there is no point person in districts or state to engage with NGOs. And suggested following points -

1. Local nodal officer contacts needed to coordinate directly, where our networks will get in touch with them.
2. New volunteer outreach program needed, where youth will stand up to the challenge that we face as a nation.
3. Mass trainings and capacity building sessions required, NDMA needs to design them and state to implement them in local languages.
4. Framework of actions and intervention is required. Our networks submitted a framework for urban interventions. Such details to be developed for other areas soon and NDMA needs to finalize it and share as SOPs.
5. Need new IECs as it is a evolving scenario and new needs are emerging.

Other points shared by participants included vaccine preference for volunteers and reaching out to civil defence volunteers. IGSSS was represented by Aravind, Milan and Proshin. And we had a submitted a letter endorsed by 35 organizations. Next meeting will be organized by NDMA on 20th may and updates will be sought from states and networks.



## **II. COVID 2nd Wave RESPONSE MANUAL DEVELOPED**

A revised manual was prepared by the Urban Poverty Reduction Team at IGSSS to deal with the fast changing and deteriorating COVID conditions on the ground. This manual neatly organized the action plan based on the situation on the ground and re-arranged the budgets to meet relief and capacity building purposes for urban poor communities.

## **III. TRAINING ON HUMANITARIAN RELIEF STANDARDS, PSYCHO SOCIAL SUPPORT AND RELIEF DISTRIBUTION GUIDELINES**

The UPR team conducted a 2 day (DATE: 7.5.2021 and 8.5.2021) online training and capacity building session (37 participants) for all state and city team members under the Satat Shehar project to prepare the ground teams for the newly required Covid 2nd Wave Response interventions. The training session was conducted by the UPR teams Proshin, Odisha State Coordinator Basant and DRR thematic lead Milan. The topics of training and discussion were Core Humanitarian Standards of Relief and Response, developing understanding on new strain of COVID, training on psycho-social support and new guidelines on relief distribution. More than 35 participants from 13 cities attended.

### **Conclusion**

IGSSS is working hard with its field team in 13 states to start the relief work as soon as possible. We would like to thank all our donors and well-wishers. Looking forward for your kind support and guidance.