THE FIRST 100 DAYS

HOW HAS COVID-19 AFFECTED POOR AND VULNERABLE GROUPS IN INDIA?

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ABOUT THE STUDY

THE COVID-19 PANDEMIC IS IMPACTING HEALTH, ECONOMIES AND SOCIETIES.

In India, strict public health measures to suppress COVID-19 transmission and reduce burden have been rapidly adopted. On March 25th, with 497 cumulative cases, in an effort to contain the epidemic and avert a looming crisis, the Government of India introduced a nationwide lockdown.

In parallel, Indian civil society organizations were mobilising to support the emergency. In March 2020, the Gram Vaani COVID-19 response network was launched. It uses mobile phone technology and a network of ground level field partners to build awareness, counter misinformation, enable community feedback, and to link those in need (e.g. of food, shelter, transportation, health care) or facing injustice, to critical services. Used principally by poor and rural populations, the COVID-19 network can be accessed free of cost using any simple mobile phone.

The costs & benefits of pandemic containment measures must be assessed holistically.

This study provides an evolving portrait of the health, economic & social consequences of the COVID-19 pandemic on vulnerable populations in India.

Our analysis focusses on 100 days early in the pandemic from March 13th to June 20th, 2020.

As of June 20th, 2020, the Gram Vaani COVID-19 response network included 26+ civil society partner organizations across 10 states and 80+ districts, and had logged over 1 million phone calls and 18,000 user-recorded messages.

These are the voices of the poor.
METHODS

We developed a conceptual framework based on the human right to health and the UN 2030 Sustainable Development Goals (SDGs).

We analysed people’s experiences recorded and shared via mobile phone on the voice platforms operated by the Gram Vaani COVID-19 response network. The platform automatically logs all outgoing calls and incoming contributions to the COVID-19 response network platform.

Quantitative and visual methods were used to summarise key features of the data and explore relationships between factors.

As the platform is voice-based, less literate populations can participate, access useful information, record messages requesting for help, or simply narrate their experiences. A team of 15 trained field staff undertook data screening, extraction, entry and verification to enable analysis of these user contributions.

RESULTS

In its first 100 days, the platform logged 1.15 million calls from 917,587 unique phone numbers. Of this total, 793,350 were outbound calls offering studio-generated content (SGC) related to COVID-19 & 359,899 were incoming calls by users.

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Figure 1. Temporal distribution of total calls and callers over the 100-day analysis period
RESULTS CONTINUED

Figure 2 shows the spatial pattern of contributions within India; activity distribution reflects the presence of COVID-19 response network partner organizations in a given geography, as well as factors related to the pandemic and local conditions.
### RESULTS CONTINUED

#### Thematic analysis of studio-generated content (SGC)

Figure 3 illustrates the relative proportions of themes accessed by listeners in 793,350 SGC calls representing 1,417,276 total minutes heard.

![Fig 3: Thematic analysis of SGC for the COVID-19 response](image)

#### Issues raised by callers

Analysis of 6636 audio recordings by network users revealed struggles to secure the basic necessities of survival, including food (48%), cash (17%), transportation (10%), and employment or livelihoods (8%).

![Fig 4: Issues raised by callers to the COVID-19 IVR platform](image)
RESULTS CONTINUED

UN Sustainable Development Goals Shortfalls

We also mapped issues raised by callers to deficits in attaining the SDGs (Figure 5). Analysis of 6636 contributions representing 18,764 issues related to the SDGs revealed the following:

Audio recordings made by network users spoke of profound distress over struggles to secure the basic necessities of survival. Analysis of these recordings shows that, for a large segment of the Gram Vaani COVID-19 response network callers, stringent public health measures to counter COVID-19 compromised the right to health by threatening its essential determinants and entitlements.

CONCLUSION

Audio recordings made by network users spoke of profound distress over struggles to secure the basic necessities of survival. Analysis of these recordings shows that, for a large segment of the Gram Vaani COVID-19 response network callers, stringent public health measures to counter COVID-19 compromised the right to health by threatening its essential determinants and entitlements.

- In India, pre-existing development deficits and weak social safety nets are driving vulnerability during the COVID-19 crisis.
- For an effective pandemic response and recovery, these must be addressed through inclusive policy design and institutional reforms.
CREDITS

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