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BASTAR DISTRICT REPORT FOR COVID CARE

The Community Feedback Mechanism

Implemented with



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Introduction

The COVID-19 pandemic has had a devastating effect on every aspect of life, especially on health, social and economic sectors. Research shows that the women and marginalized communities suffered a systematic, deep and disproportionate impact of the pandemic. In India, the ill-effects of the pandemic have been especially stacked up against women, youth and vulnerable communities as they face increasing unemployment, poverty, and disruption in education.

The primary responsibility for ensuring that response, recovery and rebuilding is shared by both the national government and State Governments. These response actions are operationalized and managed at district and sub-district level. Due to the rapid spread of pandemic across the country, the governance systems are not able to provide essential services to the most deprived and marginalized communities even with India's existing, strong leadership in delivering response services through decentralized processes. That is where the role of "Accountability to Affected Population (AAP)" is critical. UNICEF and the Bastar District Administration have come together to launch a unique and innovative initiative titled 'Yuvoday' (means rise of youth power) with the support of youth and adolescent volunteers.

Objectives of the programme



a) support frontline workers to address the adverse the impacts of COVID in all sectors including livelihood, health, nutrition and education;



b) create a cadre of empowered youth and adolescents in the district for rebuilding the district;



c) build the skills, and capacity of the youth and adolescents; and



d) create increased awareness among people, families and communities on prevention of COVID and on health seeking behaviour.

Round 1:

29th October 2021- 10th November 2021 (Quantitative study)

Survey Report Highlights



Geographical Coverage

Blocks covered:

- Jagdalpur
- Bakawand
- Bastanar
- Darbha
- Lohandiguda
- Tokapal
- Bastar



Sample size

9614 households in **450** gram panchayats of the 7 blocks

Block	No of the surveyed villages	No. of responses
Bakawand	85	1612
Bastanar	38	645
Bastar	73	1588
Darbha	54	1169
Jagdalpur	85	2426
Lohandiguda	50	925
Tokapal	65	1249
TOTAL	450	9614

In all, there would be a cadre of about 6,000 youth and adolescent volunteers in all villages, urban wards and slums in the district. The initiative will be under the “**Amcho Bastar**” vision of the district. The district is known for the arts and culture of its tribal population which makes up more than 60% of the District’s total population.

CDSA shall support Yuvodaya to engage, enable and empower local youth in Bastar District by providing stakeholders with a customized, integrated, location enabled digital platform. In this partnership, a Community Feedback Mechanism platform customised by CDSA, Pune, will be weaved in within this initiative of Bastar district by improving youths’ access to information about their rights, entitlements, duties, government programmes and services; hear their voices through timely feedback and ensure that views on their priorities and needs are communicated to the relevant government authorities and development actors to take positive actions on government policies and reforms.

The purpose of the current survey is to provide the community feedback mechanism to the youth volunteers of Yuvodaya and enable them to report on local facilities, service delivery and feedback about COVID 19 prevention and care.

More than **9,500** Household surveys were conducted by **288 volunteers** from across the District of Bastar in the State of Chhattisgarh. This sample represents **more than 5%** of total households in the district. The average **family size** of the sampled household is **5.35 persons** per household.

The CFM mechanism is implemented through a mobile application that is used by volunteers from Yuvodaya which is a local government initiative to involve youth from every block of Bastar District. The data collected by these volunteers is sent in real-time to a web-based dashboard that is accessible to the District authorities.

This enables Bastar District functionaries to react immediately to issues faced on the ground, improving response times for pressing issues and emergencies. Due to the inbuilt mapping interface the authorities can pinpoint the location of an issue with an accuracy range of 3 - 50 meters. Over the long term the authorities have access to long term and seasonal data that can be used to create better medium- and long-term policies and plans for the future development of the District.

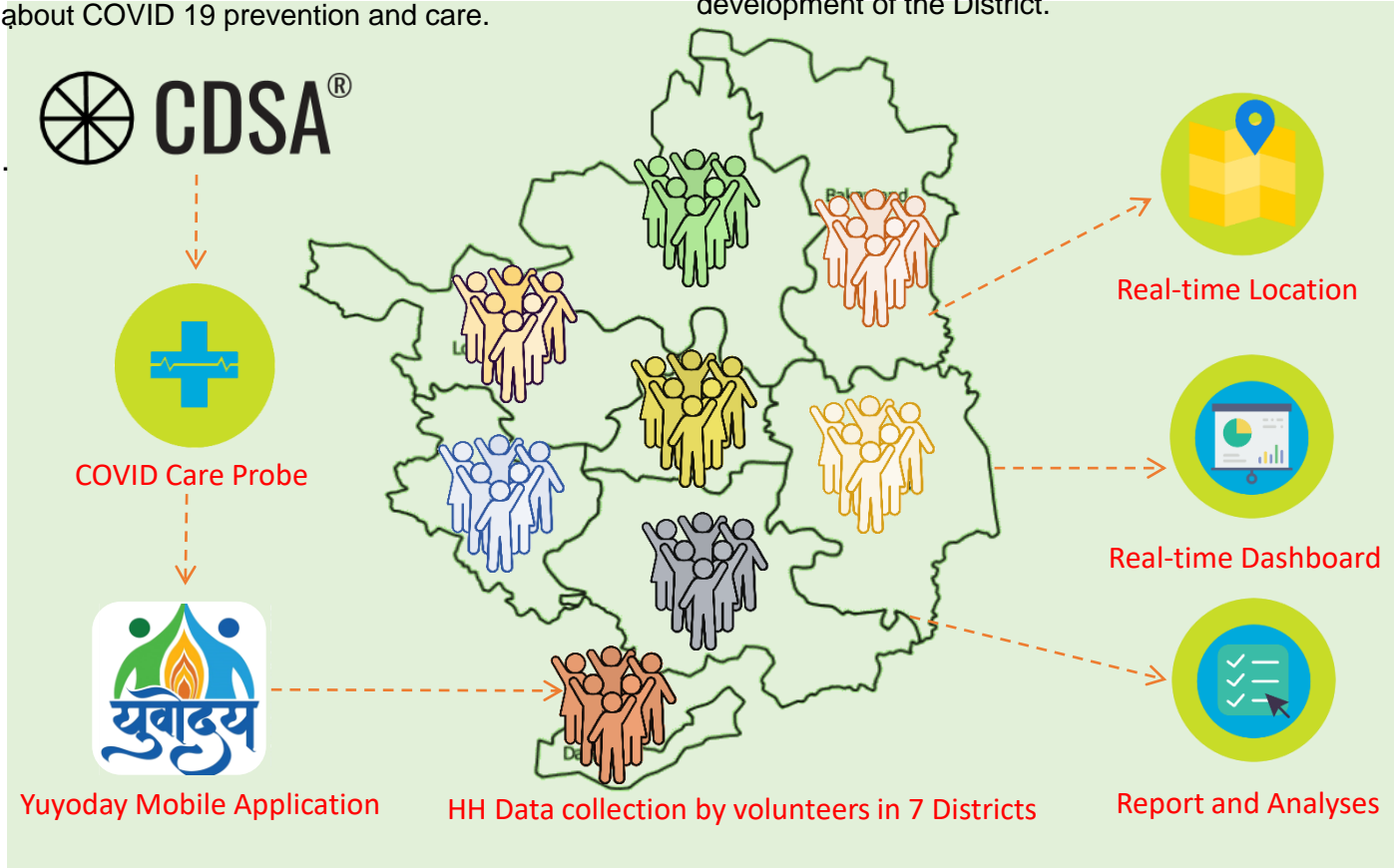
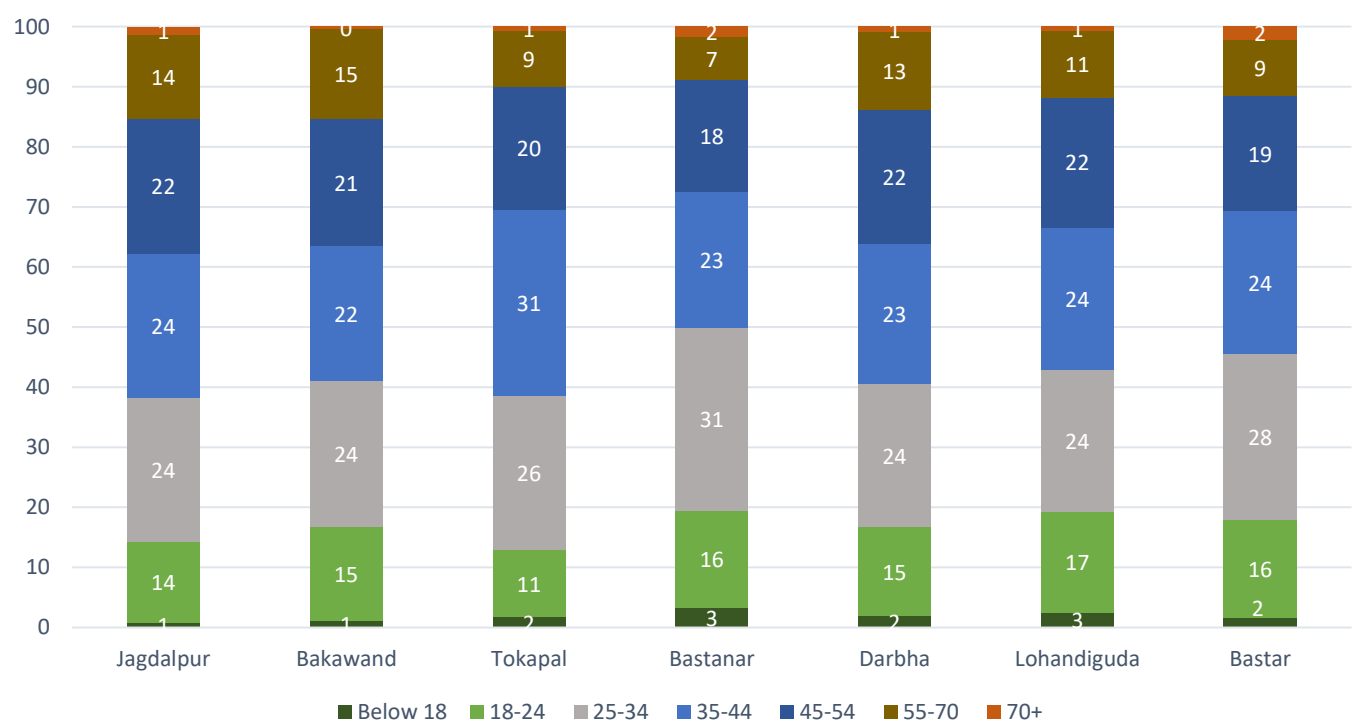


Fig. Baster Community Feedback Mechanism

KEY FINDINGS- SAMPLE INFORMATION

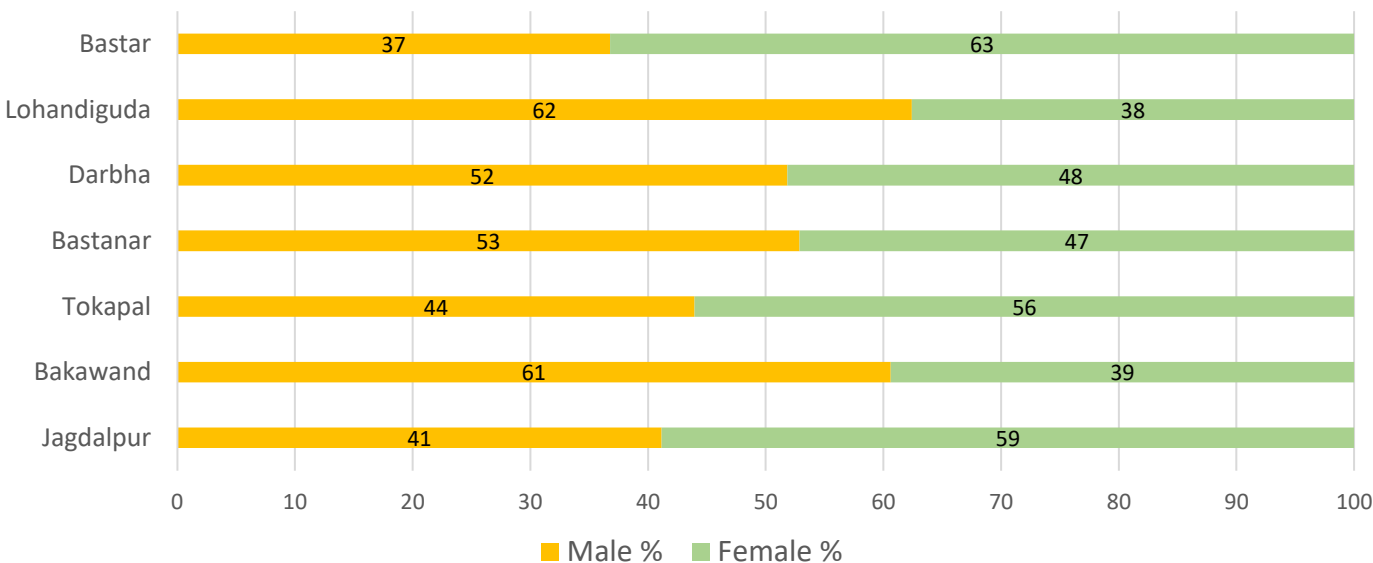
Percentage distribution of respondents by age group



The blocks of **Lohandiguda**, and **Bakawand** lacked fair representation of women respondents between genders. While the blocks of Bastar, Darbha and Bastanar showcased equal representation.

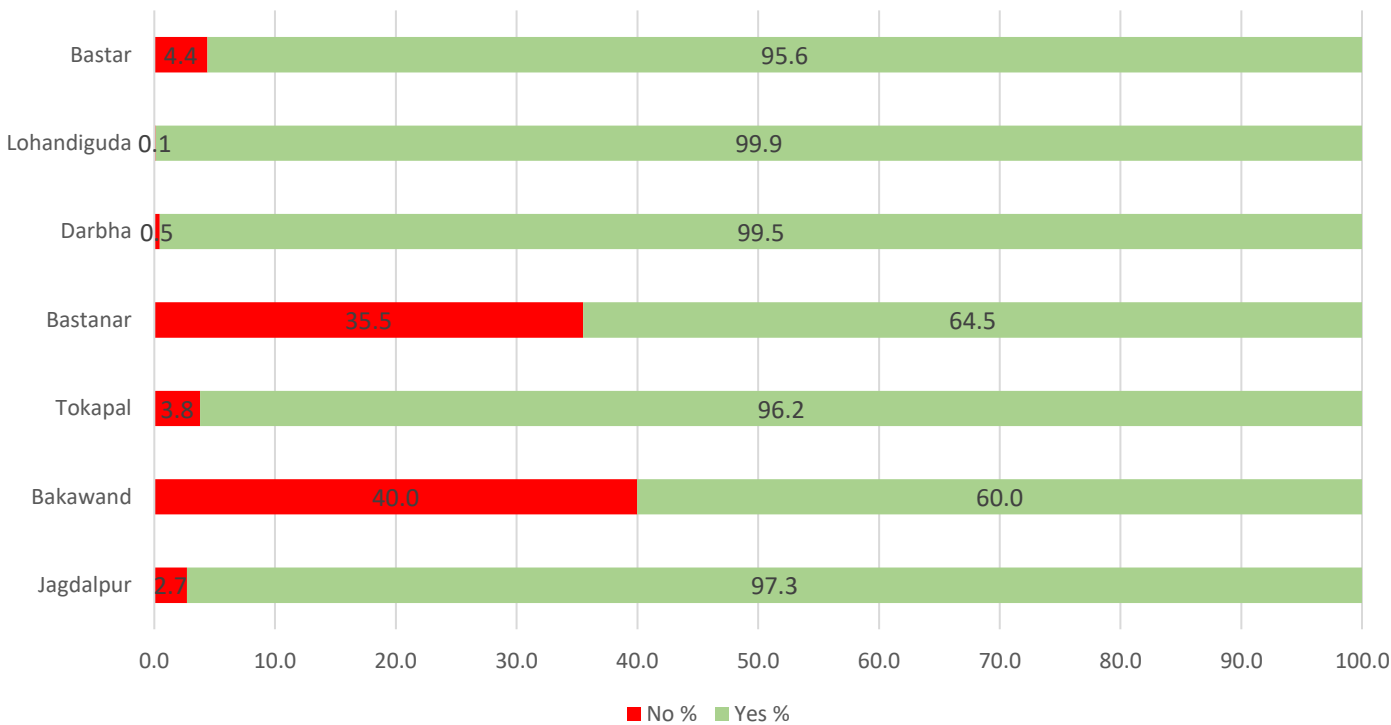
Most of the respondents are among the age group between 18 - 54 followed by respondents between the age of 55 to 70 years. Responses recorded from respondents above ages 70 and below 18 years were quite low.

Percentage Gender distribution



KEY FINDINGS- HEALTHCARE FACILITIES

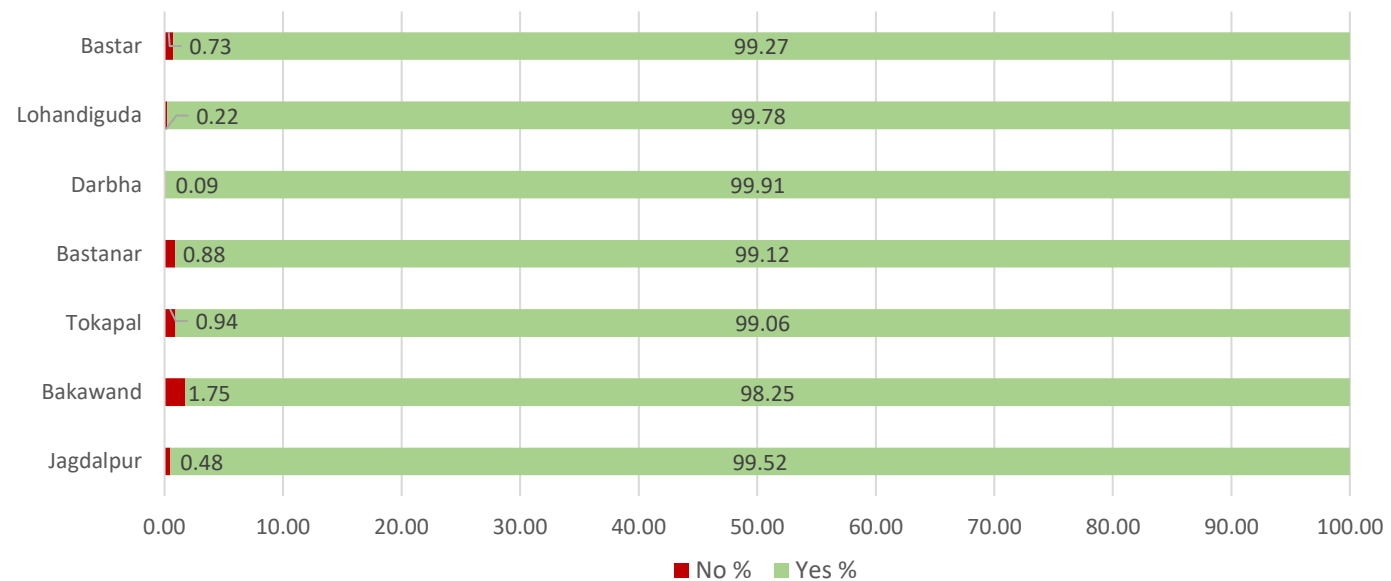
Percentage of respondents who have access to Healthcare Facilities



Most of the respondents had Aadhar Card. While the blocks of Bastar, Bastanar, Tokapal and Bakawand had less than one percent respondents without Aadhar Card.

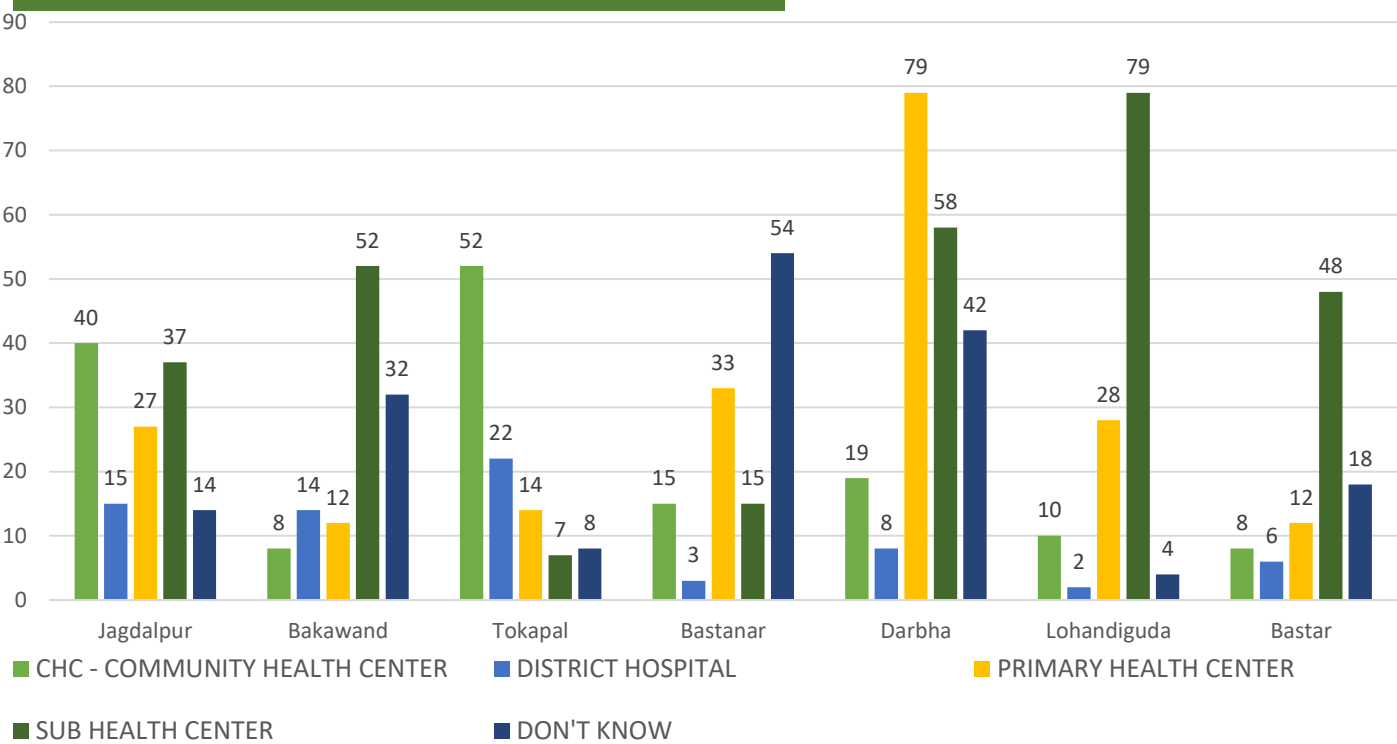
The blocks of Bastanar, and Bakawand are laggard in provision of healthcare services. While the blocks of Bastar, Tokapal Jagdalspur and Bastanar had a small percentage of unaccessibility. Lohandiguda and Darbha reported maximum access.

Percentage of Aadhar Card distribution



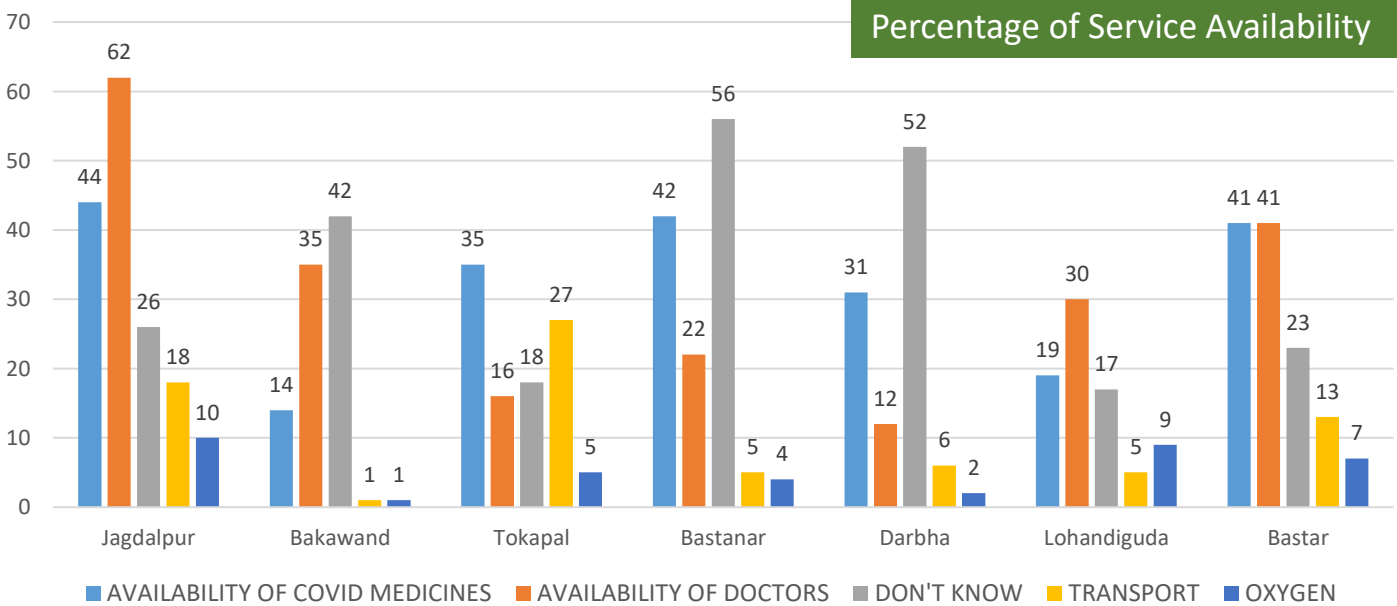
KEY FINDINGS- HEALTHCARE FACILITIES

Percentage availability of Healthcare Institutes



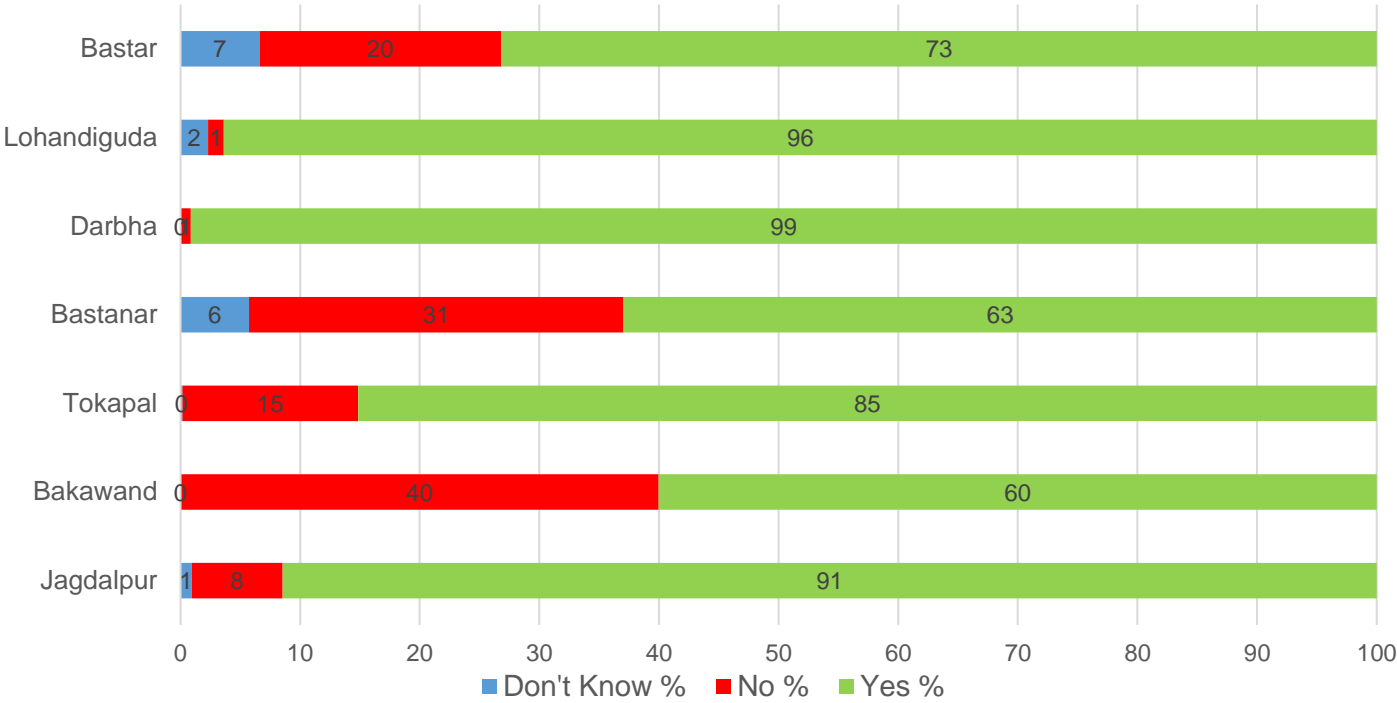
The blocks of **Darbha**, **Bastanar** and **Lohandiguda** had the most uncertainty regarding type of healthcare facility nearby. Overall access to Sub-Health Centre was satisfactory. Whereas access to the district hospital was the lowest. Half of respondents have availability of medicines and doctors . Access to oxygen and transport in all the blocks were abysmally low. The blocks of **Bastanar**, **Darbha** and **Bakawand** reported highest instances of non surety for service availability.

Percentage of Service Availability



KEY FINDINGS- VACCINATIONS

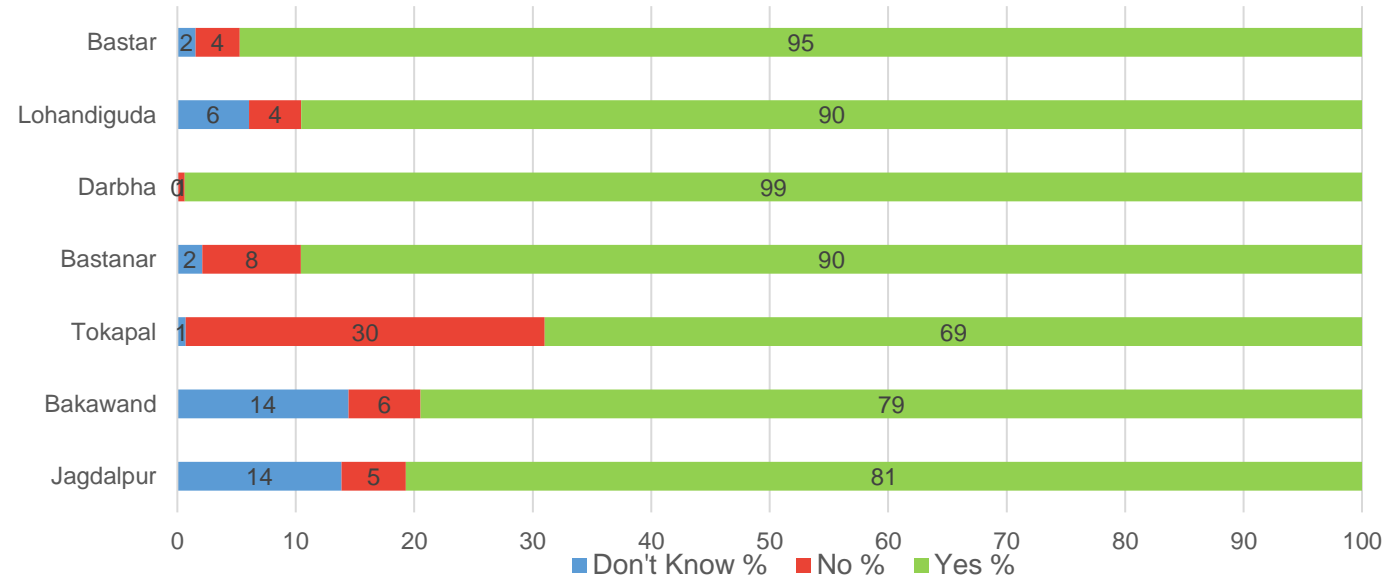
Percentage access to vaccination centre in the village



One third respondents in the blocks of **Bastanar**, and **Bakawand** reported no vaccination centre. The blocks of Bastar, Tokapal and Jagdalspur had about 80-90 percent access to vaccination centres. While the blocks of Lohandiguda and Darbha reported maximum access.




Tokapal block reported the lowest number of vaccination camps amongst all the other 7 blocks. Followed by Bastanar, Bakawand and Jagdalspur respectively. Respondents from Darbha registered maximum organisation of vaccination camps by government/other agencies.

Percentage of vaccination camp organized by government/other agencies



KEY FINDINGS- VACCINATIONS

Vaccination Status

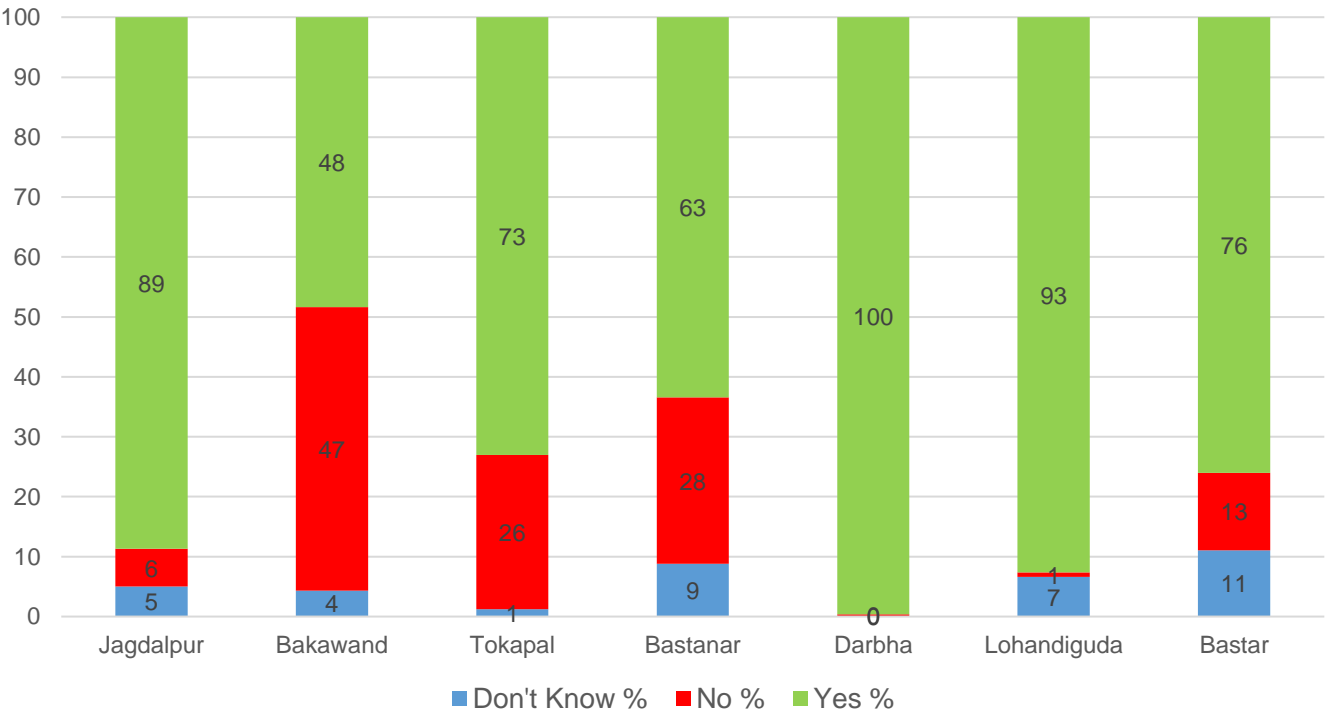
Vaccine status	Population
	12504 (25.16%)
	18265 (36.75%)
	18922 (38.07%)

Number of people who are vaccinated fully (38%) which is higher than the national level of 29.4 (as of 23 November 2021) and close to global level of 42.4. Number of people who have at least one dose of vaccine (36.75%) is below national level of 84.7% (as of 23 November 2021).

Amongst the various reasons cited for avoiding getting vaccinated, fear of side effects, after effects and adverse effects on fertility were the highest at 40% and 26% respectively followed by a low number of cases in the village (22%) Scarcity of vaccines and long waiting period in nearby centres as well as low risk perception are the main barriers towards getting vaccinated. Respondents were also sceptical of vaccines due low number of cases in their villages. Create awareness materials focussing on the most cited barriers and implement an awareness campaign targeting these barriers.

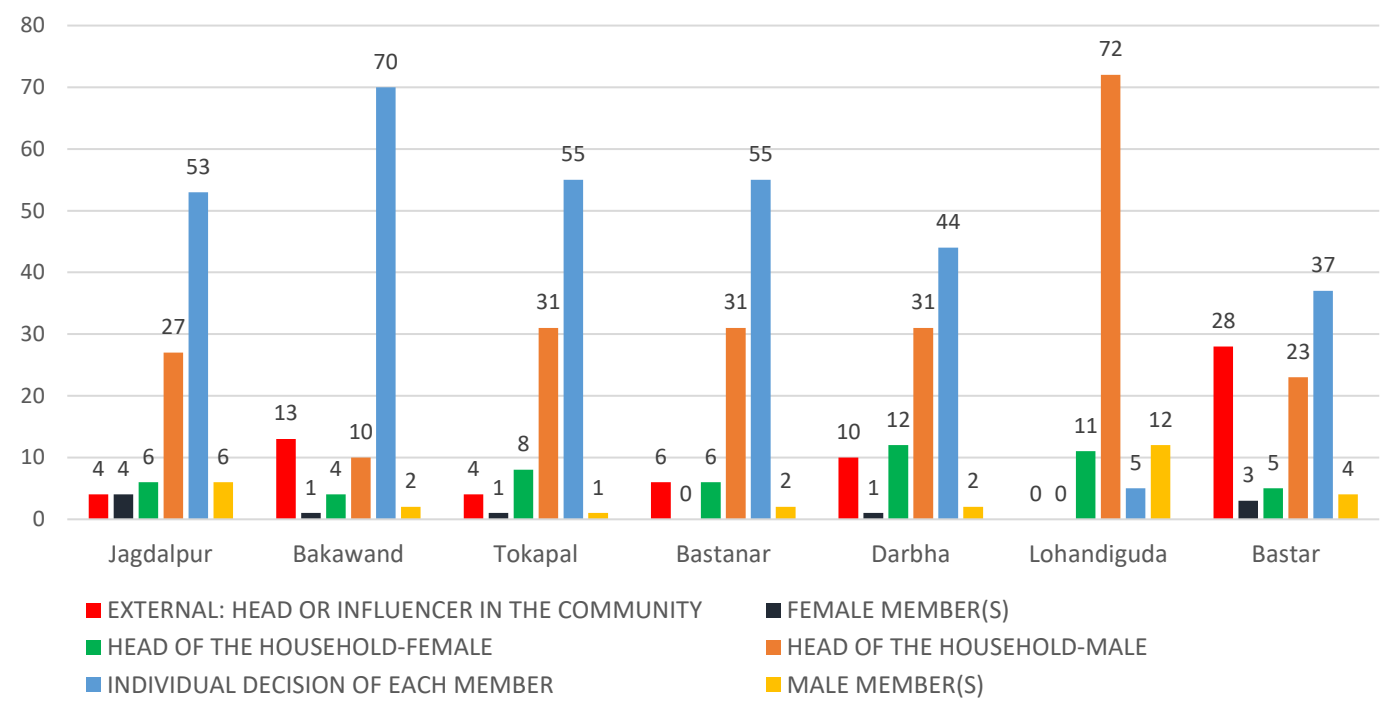
The blocks of **Bastanar**, **Tokapal**, and **Bakawand** have reported the lowest vaccine availability. Whilst Darbha and Lohandiguda registered maximum vaccine availability. Bastar and Bastanar had a considerable percentage of non surety.

Percentage of Vaccine Availability



KEY FINDINGS- COVID BEHAVIOUR

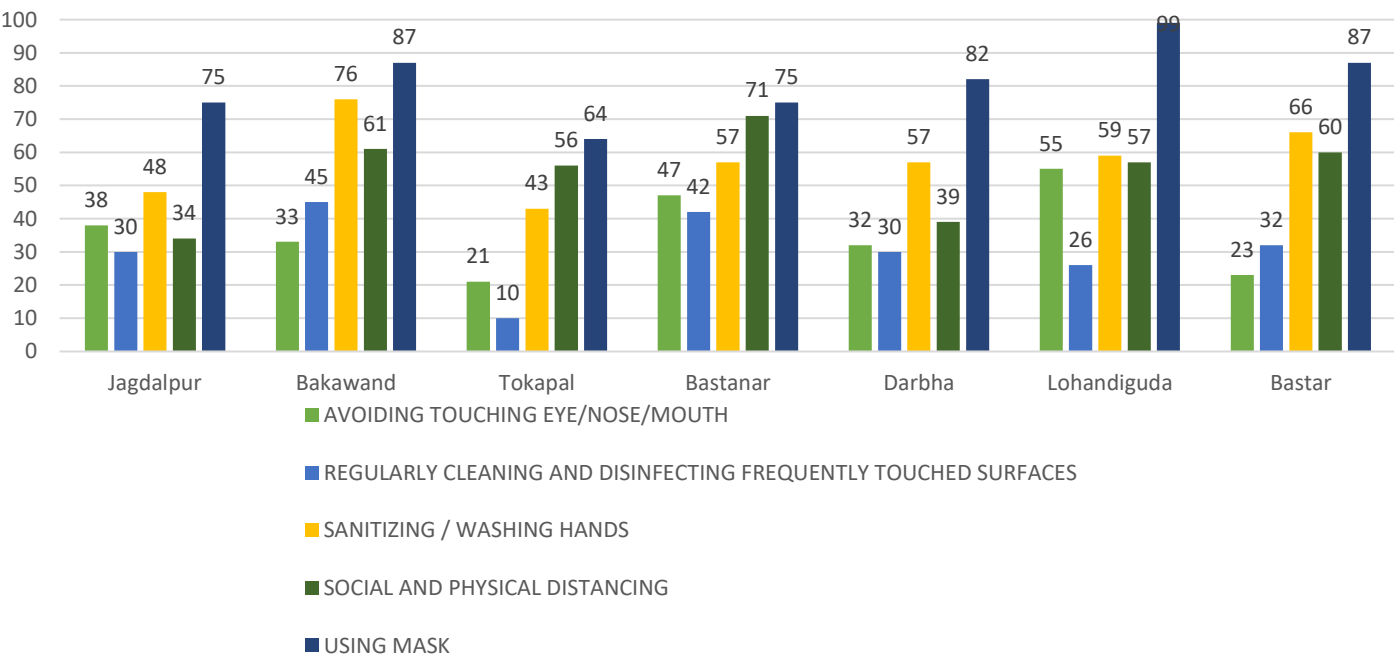
Who in the family decides about who all should get vaccinated? (In %)



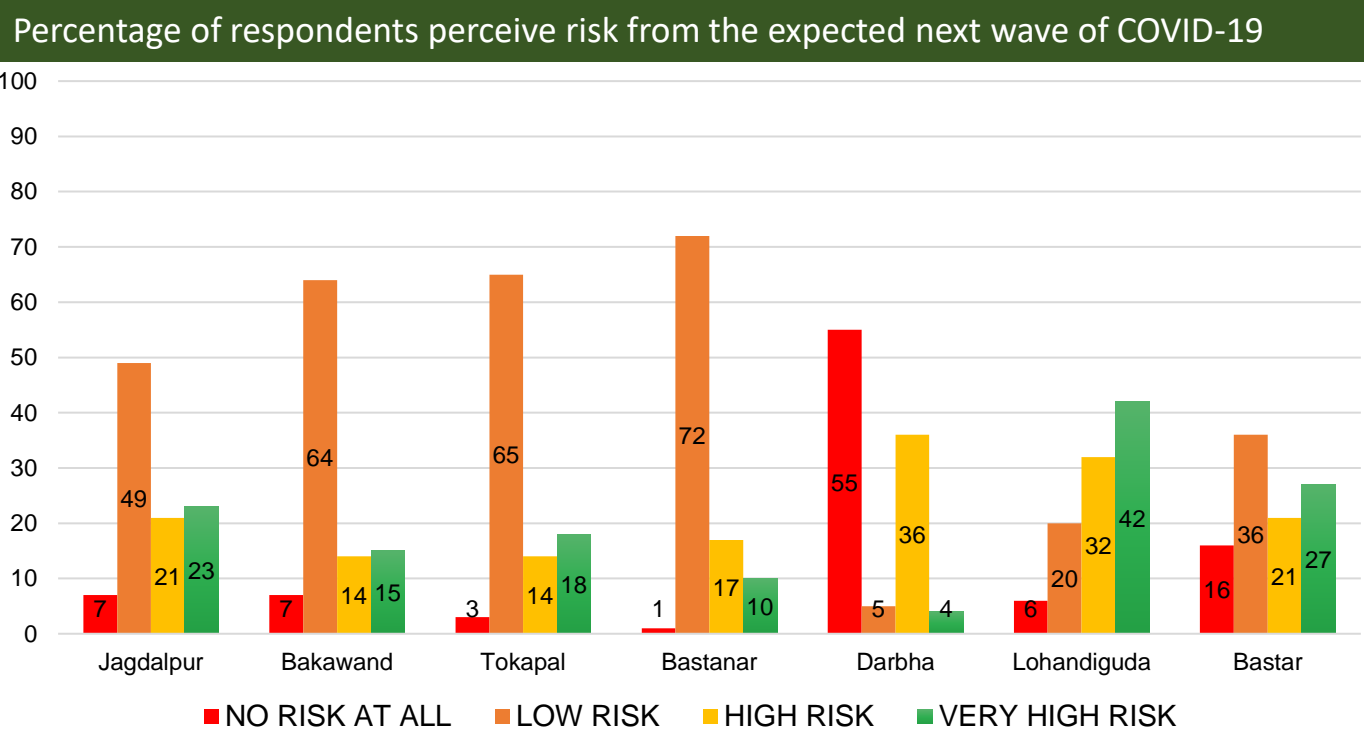
Majority of respondents reported vaccination is an individual decision. There is need to address the **disproportionality** between **percentages of male-head household's and female-head household's vaccination decision**. Decision of female and male members were equally low.

Respondents across all the blocks have reported higher percentages of mask use followed by sanitizing /washing hands. The preventative practices of social and physical distancing and using masks should be more emphasised upon. The block of Tokapal had the lowest figures amongst all the other blocks. Only one third respondents regularly clean and disinfect frequently touched surfaces.

Are you following COVID-19 appropriate behaviour? (In %)

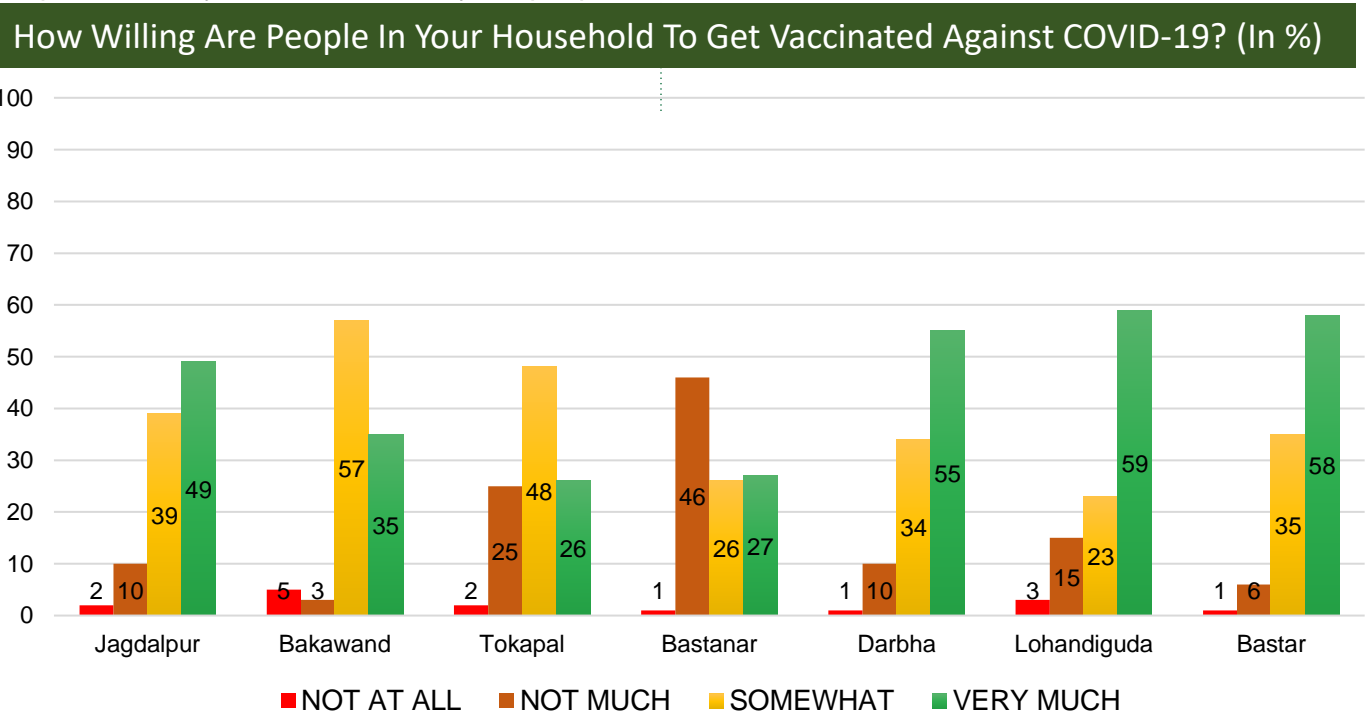


KEY FINDINGS-RISK PERCEPTION AND VACCINE HESITANCY



The respondents in Bakawand, Tokapal and Bastanar perceived low risk. Dharba had the highest no risk at all reporting. Lohandiguda and Bastar blocks had higher perceived risk form Covid 19. The severity of ongoing epidemic should be conveyed to people so there would be no lapse in the precautionary measures taken by the people.

The blocks of **Bastanar**, and **Tokapal** are not much willing in getting vaccinated. While the blocks of Dharba, Lohandiguda and Bastar are very much willing to get vaccinated against COVID-19.



RECOMMENDATIONS



General Observations

Considering the facts emerging from this primary survey of over 9,500 households the following actions are recommended. One of the key issues is multiple uploads and non completed filling of questionnaires. The recommendations are also made keeping in mind the community feedback loop where many of the resulting activities can be carried out by the Yuvoday volunteers or local Self Help Groups (SHGs)

Are you following COVID appropriate behaviour?

1. Increase awareness of the importance of masks. Can be done through the Yuvoday programme.
2. Manufacturing of masks at villages by SHGs and provision of free masks to the community. The Government can buy the masks through the appropriate scheme from the SHG.
3. Awareness about frequent sanitation of hands and washing hands. Can be done through the Yuvoday programme.
4. Provision of soap and sanitizers (can SHGs again manufacture locally?).
5. Awareness about cleaning surfaces regularly with the help of Yuvoday volunteers.
6. Awareness about not touching one's own eyes, nose and mouth with the help of Yuvoday volunteers.

Do you have a vaccination center near your village?

1. Identify the location of people who do not know the whereabouts of the vaccination center and make them aware of the nearest vaccination center near them with the help of Yuvoday volunteers.
2. Identify the location of the people who reported that there was no vaccination center near them and confirm whether there really is no vaccination center in case not institute a center.
3. If there is a vaccination center nearby, make them aware of its location with the help of Yuvoday volunteers.

With respect to availability of vaccinations: Identify the location of the **16% respondents who have reported no availability** of vaccinations and confirm if vaccination is truly not available. In the situation that it is truly not available, ensure that vaccines are available on a priority basis.

RECOMMENDATIONS

Has a vaccination camp been organized by the government or other agencies?

1. Identify the location of people who do not know that a vaccination camp has been organized and make them aware of the same with the help of Yuvoday volunteers.
2. Identify the location of the people who reported that there was no vaccination camp near them and confirm whether this really is the situation.
3. If there is a vaccination camp nearby, make the citizens aware of its location with the help of Yuvoday volunteers.
4. If there is no vaccination camp, make provisions for the same on a priority basis and inform the community with the help of Yuvoday volunteers. Identify the location of people who do not know the whereabouts of the COVID healthcare facilities and make them aware of the nearest vaccination center near them with the help of Yuvoday volunteers.
5. If there are truly no COVID healthcare facilities, make provisions for the same on a priority basis and inform the community with the help of Yuvoday volunteers.

Which healthcare facilities do you have access to?

1. Identify the location of individuals who did not know about the existence of the COVID 19 facilities.
2. Implement an awareness campaign for making people aware of COVID 19 facilities near them.
3. Identify the location where transport and oxygen facilities are not available.
4. Carry out an awareness drive with the Yuvoday volunteers about the location and how to access the various COVID 19 facilities available at Block and District levels.

Which healthcare facilities do you have access to?

1. Identify the location of households who reported the lowest access to healthcare facilities and confirm the gap in the facilities.
2. Identify the reasons for the gap in access to facilities such as distance, bad connectivity, absenteeism by doctors, etc.
3. Rectify the identified gaps in the facilities or access.
4. Identify the location of individuals who did not know about the existence of the healthcare facilities.
5. Implement an awareness campaign with Yuvoday volunteers for making people aware of healthcare facilities near them.



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