



Rapid Rural Response to Second COVID Wave

An Assessment and Recommendations by RCRC

Rapid Rural Community Response to COVID-19 (RCRC) is a coalition of more than 60 organisations. [RCRC](#) member organisations serve over 1.6 crore people in over 110 districts of 15 states. The Working Committee (WC) is the leadership team of 10 senior CSO leaders (see annexure 1 for the names of the Working Committee and annexure 2 for the names of member organisations).

Target population: Given that RCRC members implement rural livelihoods programs at the last mile, we have a sense of the situation on the ground and an understanding of what needs to be done immediately and in the medium-term to provide support to rural communities, particularly those in remote villages. RCRC partners did exemplary work last year in very difficult geographies, providing relief and livelihood support to millions of people affected by the pandemic (please watch <https://www.youtube.com/watch?v=EPQbb3Lg4ic>). We share our understanding of what needs to be done in rural areas, as also small and medium (tier 3 and tier 4) towns given that there is a strong urban-rural health service linkage. We are also concerned about our own NGO staff members, many of whom and their families are also infected and affected.

Condition and Challenges:

Testing infrastructure in these areas falls far short of requirement. There are huge delays in blood samples being sent for testing and test reports are often greatly delayed. People are reluctant to follow quarantine protocols, while there is also a lack of availability of quarantine facilities. The following observations describe the condition of the rural people we work with:

- Fear among the public regarding contracting Covid-19
- Lack of testing facilities and delay in reports, resulting in the possibility of further infections
- Lack of essential medicines
- Vaccine hesitancy, as also inadequate vaccination infrastructure
- Lack of facilities at hospitals

- Reverse migration with limited monitoring and testing systems in place unlike last year
- Fear of lockdown and losing income and livelihood sources

Recommendations as to what should be done

Mitigation to a large extent is the strategy that we should be adopting since the disease is rapidly spreading to the interiors. The following measures are being suggested.

1. **Launch a Massive Communication Drive** guiding the public regarding
 - i) What to do in cases of mild covid (when persons can be put under home isolation and care), regarding care and making available finger oxymeters¹, N95 masks for care providers, soaps, and sanitisers; and regarding quarantining in schools and at home; This could be reinforced by tapping into all frontline personnel, including private sector loan (??) officers, sales & distribution staff, postmen, teachers etc. and ensuring all are correctly informed and are disseminating correct information, using advisories issued by the government (ministry of health), medical institutions such as AIIMS and international bodies such as WHO;
 - ii) Adopting a holistic health approach to reduce costs and build confidence in own abilities to reduce severity of disease (e.g., increase oxygen levels within a few minutes through specific and proven breathing techniques, steam inhalation, kadha).
 - iii) Dispelling fear about vaccines and informing what to expect when a vaccine is given.
 - iv) Availability of facilities or doctors through Helpline and through a dashboard that are updated four hourly to indicate availability of vaccines, oxygen cylinders, beds, ambulances, etc. especially in tier-3 and tier-4 towns and in the villages. This is to be facilitated by setting up public displays of this information at Digital Seva Kendras (or equivalent), Gram Panchayat Offices (or equivalent), Schools (most have some computers etc).

¹ Emphasis on providing finger oxymeter for ASHA and village level workers, so that those with symptoms can be monitored at least once daily when isolated at home. Will help early identification and mobilisation for hospital/oxygen bed.

2. **Provide Village Level COVID Related Support** which should include:
- i) Home Isolation (can be done for 85 percent of the cases): Short manual and video needed to dispel the fear;
 - ii) Village or Panchayat level quarantine centres for migrants and for people who may not have a home isolation facility. Ensure medical attention, nutritious food and facilities for drinking water, sanitation and hygiene;
 - iii) Oxymeters (with batteries including replacement) and thermometers, etc. in every village with ASHA or at the GP level; Orient them with proper knowledge and practice to support COVID cases; Provision of medicines for home isolated patients;
 - iv) N95 masks, sanitisers and vaccination for front-line workers and NGO staff;
 - v) Masks, sanitisers, to be made available at subsidised rates. Make contraceptives accessible;
 - vi) Insurance for the front line village workers such as community resource persons (CRPs) and NGO staff so as to enable them to serve the community with a sense of security and safety;
 - vii) Register frontline workers, CRPs and NGO staff as COVID Volunteers since they would help in facilitating the entire covid response and a strong link between the community and government and Civil society;
 - viii) Mental health (and trauma) counselling Helpline particularly for women and children in each district including mandating the existing counselling helplines such as 181 and Kiran to provide the same. Provide on-line training to counsellors (ECHO being one example).
 - ix) Access to vaccines at PHC level.
3. **Provide Relief at the Village Level** ensuring the following:
- i) Free ration (PDS) along with an add on kit containing pulses, dal, oil , sugar, soap etc., for six months;
 - ii) Food support and immunity boosters for children below 11 years of age.

- iii) Continuous supply of food provisions at Anganwadis and Schools.
- iv) Alternative arrangements for access to clean water closer to homes (esp. women and girls have to walk long distances for water)
- v) Provision of drinking water supply through tankers and hand pump repairs as the temperature is rising;
- vi) Intensifying MGNREGA ensuring access to work and cash at the village level. Rainwater harvesting and water recharge structures could be prioritised.

4. Provide District or Sub-district Level Support including the following:

- i) A 24 hours transport for those requiring it to reach hospitals, especially in moderate and severe cases (number to be widely publicised)
- ii) Enhanced availability of vaccines (focus on universalising first dose immediately), refrigerators for vaccines, oxygen cylinders, oxygen concentrators, X Ray machines, nasal calendulas, etc.
- iii) Reimbursement of cost of Human resources of District teams of CSOs

5. Support Livelihoods and Availability of Drinking Water given the onset of summer and upcoming kharif 2021

- i) Production and marketing support including through digital platforms for agriculture and livestock produce and for non-farm activities. Some of it could be in the form of loans.
- ii) Ensure decentralised efforts for NTFP collection since this is a very important time of the year
- iii) Desilting of water bodies under NREGA.

6. Ensure MGNREGA, PDS, DBT, Free Ration for long periods, pension and other such schemes reach people. Ensure quick approvals of NREGA demand and mandate districts to facilitate work initiation, publicizing scope of individual works along with collective works. Widen the scope of NREGA to include building of

roof water tanks, toilets by the families or groups of families.
Increase wages along with no. of work days.

7. **Collaborate and consult with the Government departments to convey the ground reality** and put in requests / demands for NREGA, DBTs, free ration, etc.
8. **Publish in media the work being done by** community leaders, PRIs, and **CSOs**.
9. **Build a network with certified private health providers** for providing counselling on phone to patients and field workers for proper guidance and to reduce unnecessary load on the hospitals.
10. **Conduct a survey of rural households and migrants.**
Last year, RCRC conducted three rounds of survey with support of 40 of its member organisations. We have close to 8500 rural households with phone numbers. This data base could be used.

Signatories to the statement

Organisation	Name of the Head or Representative
Action for Social Advancement (ASA)	Ashis Mondal
Aga Khan Foundation (India)	Tinni Sawhney
AKRSPI	Apoorva Oza
ABSSS	Rashtradeep
Arunodaya Sansthan	Abhishek Mishra
CARD	Vivek Sharma
CLRA	Sudhir Katiyar
CYSD	Jagadananda
Cohesion Foundation Trust	Rajesh Kapoor
Development Support Centre (DSC)	Mohan Sharma
DiYA Foundation	Martin Rabha
E and H Foundation	Sanjeev Gupta
Education for Employability Foundation	Ved Arya
FES	Jagdeesh Rao
Gram Vikas	Liby Johnson
Grameen Sahara	Vikram Das
GREEN Foundation	Pramel Kumar Gupta
Harsha Trust	Kallul Bora

Healing Fields Foundation	Mukti Bosco
Ibtada	Navneet
Jagriti Sewa Sansthan	Ashutosh Kumar/Vanita Viswanath
Jan Swasthya Sahyog	Dr Raman Kataria
Keystone Foundation	Snehlata Nath
Manjari Foundation	Sanjay Sharma
PRADAN	D Narendranath
Pragati Abhiyan	Ashwini Kulkarni
Samaj Pragati Sahyog	PS Vijayshankar
Samarthan- Centre for Development Support	Yogesh Kumar
Sarva Seva Samity Sanstha	Mihir Sahana
Seva Mandir	Ronak Shah
SeSTA	Pradyut Bhattacharjee
SHRISTI	Ranjan Mohapatra
SRIJAN	Prasanna Khemaria
SWATI	Poonam Kathuria
Trust Community Livelihoods	Vinod Jain
Udyogini	Arvind K Malik
Unnati	Binoy Acharya
Utthan	Pallavi Sobti Rajpal
VAAGDHARA	Jayesh Joshi
Watershed Organisation Trust (WOTR)	Prakash Keskar
YKVM	Manoj Kumar
WASSAN	Ravindra

Annexure 1.

Members of the Working Committee of RCRC

At national level a Working Committee (WC) has been set up to coordinate, to ensure collaboration among members, and to raise funds. Following people will serve as members of the WC and be national representatives of the coalition:

1. Ved Arya, Director Buddha Fellowship Program, Founder SRIJAN, Convenor
2. Pradyut Bhattacharya, ED, SeSTA, Member
3. Kallul Bora, ED, Harsha Trust, Member
4. Prasanna Khemariya, CEO, SRIJAN, Member
5. Ms Ashwini Kulkarni, Chief Executive, Pragati Abhiyan, Nashik, Member
6. D Narendranath, ED, PRADAN, Member
7. Apoorva Oza, CEO, AKRSP (India), Member
8. Jagdeesh Rao, former Chief Executive, FES, Member
9. Devilal Vyas, Director, PEDO, Member
10. Ms Vanita Viswanath, Founder Udyogini, Member

Annexure 2.

RCRC Member Organisations

Sr No	RCRC Member ORGANIZATION NAME	Head / Representative of the Organization
1	Action for Social Advancement	Ashis Mondal
2	Adarsh Sangha	Anjan Bardhan
3	Aga Khan Rural Support Programme (India)	Apoorva Oza
4	Aajeevika Bureau	Rajiv Khandelwal
5	Aga Khan Foundation	Tinni Sawhney
6	Akhil Bhartiya Samaj Sewa Sansthan (Bundelkhand)	Vijay Singh
7	Arohan Trust	Rini Sharma
8	Arunodaya Sansthan (Bundelkhand)	Abhishek Mishra
9	Ashray	Birajit Sinha
10	Centre for Collective Development (CCD)	V K Padmavathy
11	Centre for Advanced Research & Development	Vivek Sharma
12	Centre for Labour Research and Action (CLRA)	Sudhir Katiyar
13	Cohesion Foundation Trust	Rajesh Kapoor
14	CYSD	Jagadananda
15	Development Support Centre (DSC)	Mohan Sharma

16	DiYA Foundation	Martin Rabha
17	E&H Foundation	Sanjeev Kumar Gupta
18	Education for Employability Foundation	Sushil Ramola
19	Entrepreneurs Associates	Neichute Doulo
20	Foundation for Ecological Security	Jagdeesh Rao
21	Gram Vikas	Liby Johnson
22	Grameen Sahara	Sarat Das
23	GREEN Foundation	Pramel Kumar Gupta
24	GramShree	Rakesh Gupta
25	Haritika	Avani Mohan
26	Harsha Trust	Kallul Bora
27	Healing Fields	Mukti Bosco
28	Helping Hands	Anil Hebbar
29	Himalaya Seva Sangh	Manoj Pande
30	IBTADA	Rajesh Singhi
31	Jagriti Sewa Sansthan	Ashutosh Kumar
32	Jan Shiksha Evam Vikas Sangathan (PEDO)	Devilal Vyas
33	Jan Swasthya Sahyog	Dr Raman Kataria
34	KABIL	Achintya Ghosh

35	Kaivalya Education Foundation	Manmohan Singh
36	Keystone Foundation	Snehlata Nath
37	Manab Kalyan	Atul Kalita
38	Manavlok	Aniket Lohiya
39	Manjari Foundation	Sanjay Sharma
40	Nirantar Trust	Archana Dwivedi
41	Peoples Initiatives for Rural Development	Moniram Ronghang
42	PRADAN	D. Narendranath
43	Pragati Abhiyan	Ashwini Kulkarni
44	PRAN	Anil Verma
45	Prayas	Dr Narendra Gupta
46	Samaj Pragati Sahayog	PS Vijayshankar
47	Samarthan - Centre for Development Support	Yogesh Kumar
48	Sanjog	Saurabh Sarma
49	Sarva Seva Samity Sanstha (4S)	Mihir Sahana
50	SeSTA	Pradyut Bhattacharya
51	Seva Mandir	Ronak Shah
52	Sir Syed Trust (SST)	Asif Zaidi
53	Sri Padmavathi Mahila Abyudaya Sangam	Narendra Kande

54	SRIJAN	Prasanna Khemariya
55	SHRISTI	Ranjan Mohapatra
56	Sunbird	Christopher Rego
57	Society for Women's Action and Training Initiatives- SWATI	Poonam Kathuria
58	The Goat Trust	Sanjeev Kumar
59	Trust Community Livelihoods	Vinod Jain
60	Udyogini	Arvind Malik
61	Unnati Organisation for Development Education	Binoy Acharya
62	Utthan	Pallavi Sobti Rajpal
63	Vaagdhara	Jayesh Joshi
64	Voluntary Health Association of Tripura (VHAT)	Sujit
65	Watershed Organisation Trust	Crispino Lobo
66	Watershed Support Services & Activities Network	A Ravindra
67	Yuva Kaushal Vikas Mandal (bundelkhand)	Manoj Kumar