

COVID-19: LOCKDOWN

INDIA NATIONAL ASSESSMENT SURVEY

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An Initiative of



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nurturing a healthy world

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1.Executive Summary

COVID-19: Lockdown National Assessment Survey



48% faced difficulty accessing essential home needs

18% faced difficulty accessing healthcare facilities



21% faced difficulty buying medicines



35% do not get paid during lockdown



40% fear unemployment



80% Indians believe China should be held accountable for COVID-19



43% struggle to identify fake news on social media



72% believe that government should involve NGOs more in the outbreak response.

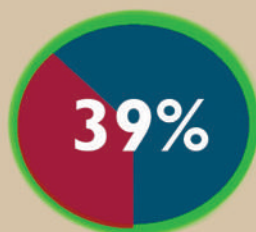
52% do not prefer PM CARES Fund



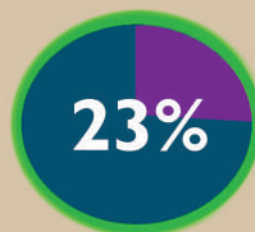
66% feel lockdown should be extended until coronavirus is successfully contained.



developed **mental stress**



do not engage in any **physical exercise**



gained weight



faced **issues in marriage/family**

COVID-19 lockdown has adversely affected India's economy, health and quality of life. COVID-19 has brought most of India's major urban cities – including Mumbai, Delhi, Chennai and Hyderabad – to an indefinite standstill. We conducted this national assessment survey in order to identify the various economic and health-related challenges faced by the urban population as well as their perceptions of the lockdown.

According to this survey, almost half of India's urban population live with the fear of unemployment. Moreover, a large proportion of employed respondents do not receive the same monthly income during the lockdown. A worryingly large number of respondents face difficulties in access to essential commodities as well as medicines and healthcare facilities even in the urban centers. Inadequate access to healthcare facilities during the lockdown can result in potential exacerbations of pre-existing illnesses. Furthermore, access constraints were highest among respondents from the states of Maharashtra, Tamil Nadu, Delhi, Andhra Pradesh and Karnataka, which also collectively account for nearly 60% of COVID-19 cases in India. Lack of physical exercise and the subsequent increase in body weight during the lockdown is often neglected. We report a high prevalence of mental and emotional stress during the lockdown among the urban population. Lockdown has not only worsened the pre-existing mental stress, but also resulted in development of mental stress in respondents with no similar history.

This survey highlights some of the major perceptions of COVID-19 lockdown in India. Although two-thirds of the respondents backed extension of lockdown until COVID-19 is successfully contained in the country, more than half of the respondents also believe that recovery from the lockdown and return to normalcy would be longer than the two-month lockdown itself. Almost half of the respondents reported struggling with fake news on social media or the lack of awareness of the same. Majority of the respondents were not in favor of PM CARES Funds as they either demanded more transparency or preferred extending support to other relief funds/Non-Government Organizations (NGOs). Majority also believe that government could have handled COVID-19 more efficiently by working with NGOs.

We enlist various recommendations to address the shortcomings faced by India's urban citizens during the lockdown, including policies to enhance job security, recovery to normalcy and access to essential needs as well as awareness campaigns to promote general and mental wellbeing and to combat fake news. We also underline the need to engage public health proficient NGOs to improve the outbreak response.

2.Introduction

Every day comes with a new surprise' since the outbreak of Novel Coronavirus – COVID-19 disease – has come into existence.

Coronaviruses were first identified in the mid-1960s and were known to infect humans and a variety of animals. The belief that most of the coronaviruses lived in animals, was soon changed with the outbreak of SARS-CoV (Severe Acute Respiratory Syndrome), virus that infected humans, causing severe respiratory and intestinal illness in China between 2002 and 2003, and later in 2012 with the outbreak of MERS-CoV (Middle East Respiratory Syndrome) in Saudi Arabia. Together, they claimed over 1600 lives.

A novel Coronavirus (nCoV) is a new strain that has not been previously identified in humans. According to reports, a 55 year old individual from Hubei province in China may have been the first person to have contracted COVID-19. The World Health Organization (WHO) was alerted by China about the unusual pneumonia cases in Wuhan On December 31, 2019. COVID-19 is believed to have originated in a seafood market that sold live wild animals in Wuhan and could have spread from an infected animal to humans, possibly through the consumption of bats or snakes by humans.

On 30th January, WHO declared the novel coronavirus outbreak a Public Health Emergency of International Concern (PHEIC). On March 11th 2020, due to the alarming level of spread and severity, WHO made the assessment that COVID-19 can be characterized as a pandemic. As on May 1st, it has affected 3 million people and claimed over 200,000 lives around the world.

In India, the first coronavirus case was confirmed on January 30, 2020 in Thrissur district of Kerala state, in a student who had returned home for a vacation from Wuhan University in China. On March 12th 2020 first death was documented due to virus in the state of Karnataka. On March 22nd, India observed Janta Curfew for 14 hours and passenger air travel was suspended till further order. On March 25th, a nationwide lock down was imposed till April 14th which was further extended till May 3rd. As on May 1st 2020, COVID-19 has claimed 1983 lives and infected 59,304 people across the country^[1].

The nation-wide lockdown has already reflected the impact of sudden stop in economy. From huge corporate organizations to small scale industries, a high rise in unemployment, disruptions in harvest season have set the economy at a

[1] Ministry of Health and Family Welfare [Internet]. India: COVID-19. 2020 [cited 2020 May 1]. Available from: <https://www.mohfw.gov.in/>

near standstill. Around 40 million internal migrants' livelihood has been impacted, as per the reports by Global bank. Supply chain disruptions is recorded, despite food items being classified as essential commodities. Overall, markets have seen proliferation with highs and lows changing on a daily basis. This is causing tectonic shift in the way operations are handled and how beneficiaries and those who need supplies receive them.

As per McKinsey, the economy could contract of about 8–10% growth for fiscal year 2021, if the virus flare few times over the rest of the year, necessitating more lockdown, consequently resulting in a far slower rate of recovery. This could also put 32 million livelihood at risk, and would cost more than INR 10 lakh crores or more than 5% of GDP to stabilize and protect the household, companies and lenders. It is imperative that society preserve both lives and livelihoods^[2].



[2] McKinsey & Company [Internet]. Getting ahead of coronavirus: Saving lives and livelihoods in India. 2020 [cited 2020 May 1]. Available from: <https://www.mckinsey.com/featured-insights/india/getting-ahead-of-coronavirus-saving-lives-and-livelihoods-in-india>

3. Methods

During the COVID-19 lockdown, CHD Group has been in the frontlines in improving access to essential needs by supplying basic food essentials and personal protective equipments to over 60000 farmers and farm laborers, daily wage earners and below poverty line families living in different regions of the country. Additionally, CHD Group team members have also been providing digital infographics, videos, educational material on myths, do's and don'ts in combating Coronavirus, besides engaging in series of webinars to amplify policy based issues which must be considered at different levels of the government.

However, the nationwide lockdown poses an erratic threat to the urban population as well. With this survey, CHD Group now aims to analyze the impact of the lockdown on the urban population of India in order to provide crucial recommendations to tackle the identified shortcomings.

This national assessment survey was conducted during the lockdown period of COVID-19 Pandemic. The survey was conducted online using a semi-structured questionnaire on Google Forms.

The major objectives of conducting this survey include:

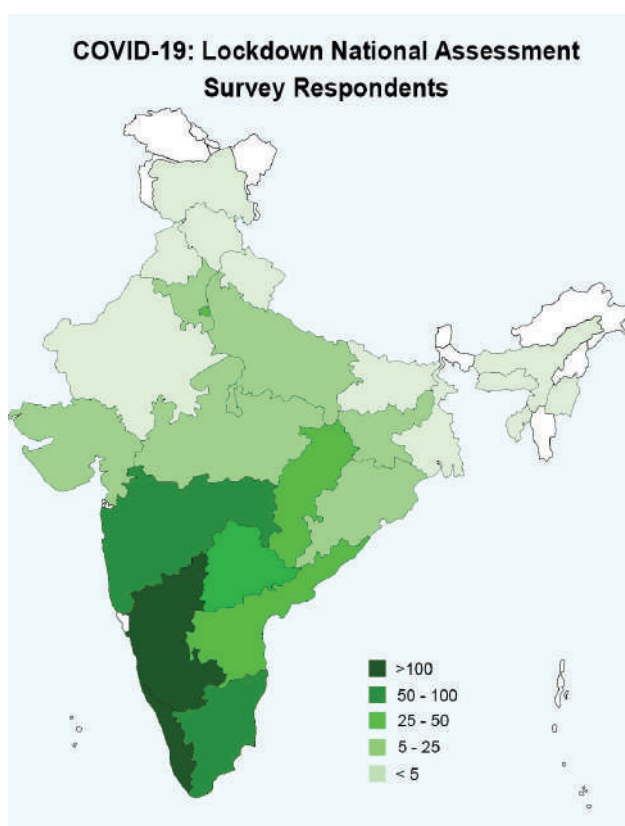
- To assess the effect of COVID-19 lockdown on the general well-being and mental health of the urban population of India.
- To understand the economic impact of COVID-19 lockdown among urban population.
- To evaluate the ease of access to essential commodities, healthcare and medicines.
- To understand the perception and fears of Indian Citizens on various issues surrounding the COVID-19 lockdown.

The survey included four major themes: impact on occupation and income, access to essential needs, impact on health and perceptions of the lockdown. The survey included a total of 604 respondents across various states of India. The responses were collected between 15th and 25th April 2020.

4. Findings and Discussion

4.1 Demographics

4.1.1 Geography

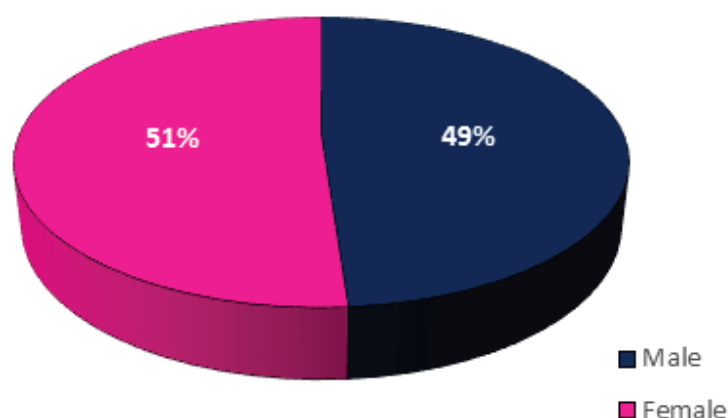


The survey involved respondents from 25 states of India (including union territories of Delhi and Jammu & Kashmir). Survey included respondents from all the worst hit states (1000+ confirmed COVID-19 cases as on May 1st 2020), namely Maharashtra, Gujarat, Delhi, Madhya Pradesh, Rajasthan, Tamil Nadu, Uttar Pradesh, Andhra Pradesh and Telengana.

Majority of the respondents were from Karnataka (24.2%) followed by Kerala (21.5%), Maharashtra (8.7%) and Tamil Nadu (8.6%). In the Central & Northern belt, majority of the respondents were from Chhattisgarh (5.6%) and Delhi (3.5%).

4.1.2 Gender

Gender Distribution of survey respondents

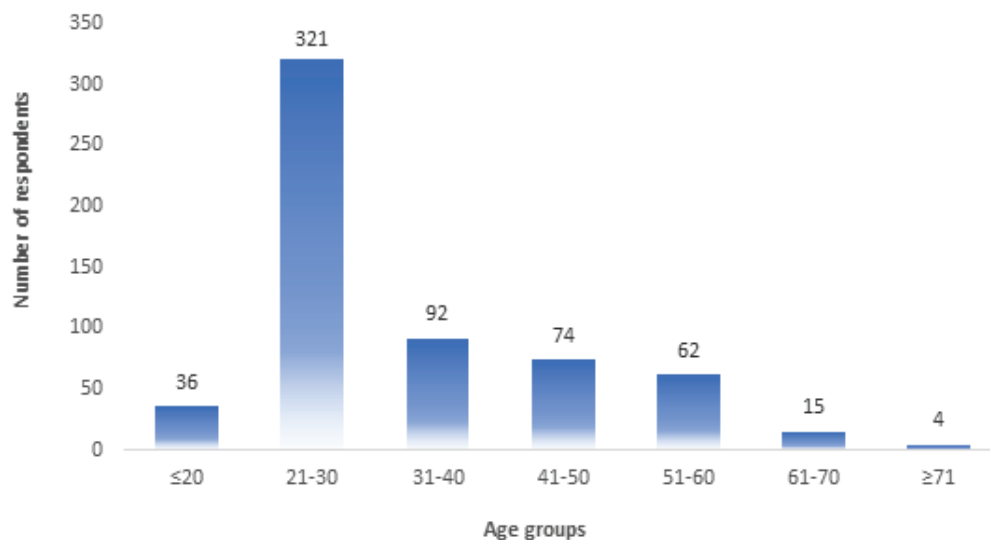


Gender distribution of the survey respondents was somewhat similar; 51.2% (n=309) were females and 48.8% (n=295) were males.

4.1.3 Age

Majority (91%) of the respondents were of the working age i.e. 21 to 60 years. Mean age of the survey respondents was 33.5 (± 12.3) years, ranging from 18 to 74 years (median: 29 years). Majority (53%) belonged to the age group of 21 to 30 years, followed by 31 to 40 years. Only 3% (n=19) were above 60 years.

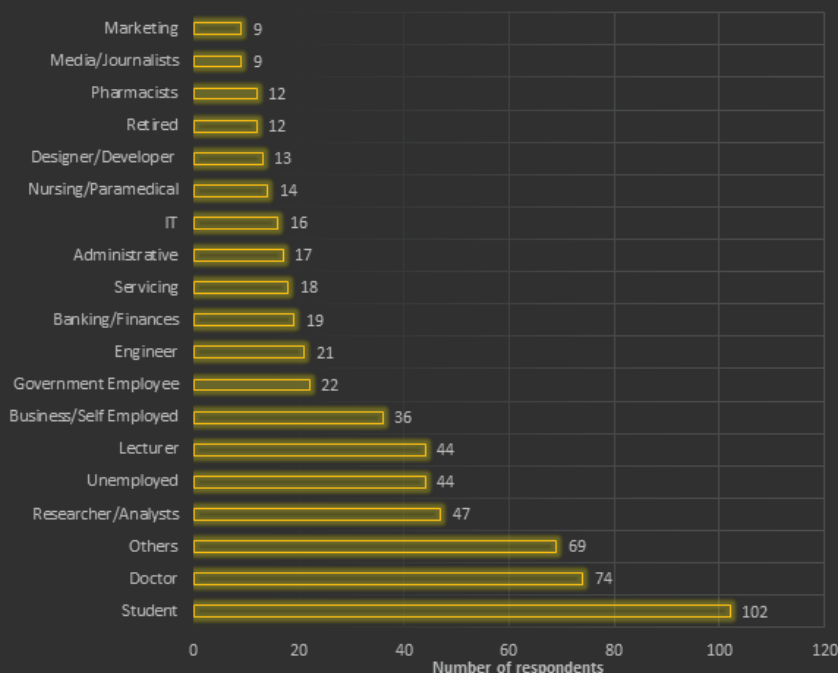
Age distribution of survey respondents



4.2 Impact on occupation and income

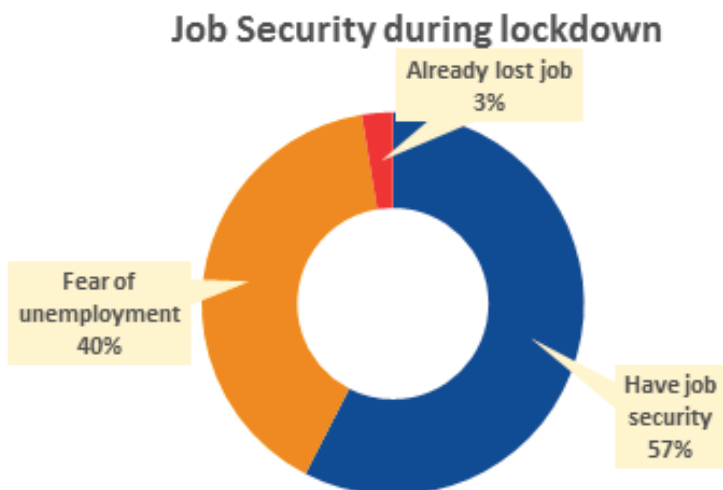
4.2.1 Occupation of the respondents

Occupation of the respondents



The survey majorly included working professionals and students, where a significant respondents' included healthcare frontline workers. Majority of the survey respondents were students (16.9%) and doctors (12.3%), followed by researchers / analysts (7.8%). 7.3% of the respondents were unemployed (neither working nor studying) and 2% were retired.

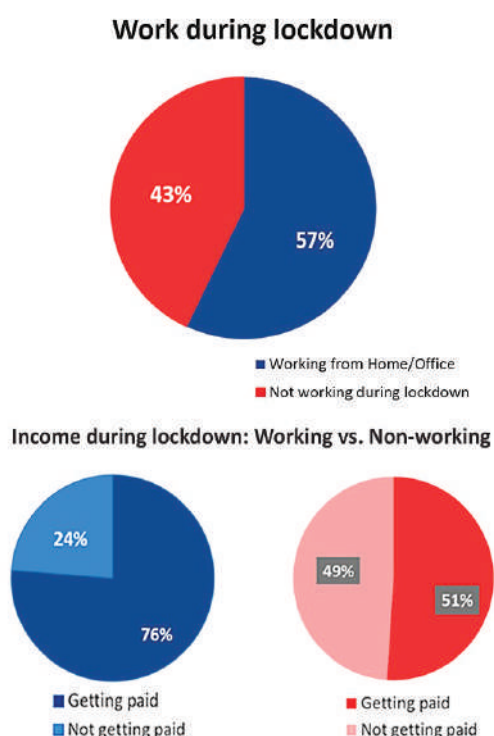
4.2.2 Job Security



According to Centre for Monitoring Indian Economy (CMIE), India's unemployment rate has spiked to 26.2% during the lockdown ^[3]. Another survey has reported that over 100 million jobs in India are at risk following the COVID-19 lockdown ^[4]. Therefore, we evaluated respondents' perceptions of lockdown's impact on their employment.

Of the 457 currently employed respondents (excluding students and retired individuals), 57.5% (n=263) reported having job security. 39.8% (n=182) admitted having fear of unemployment because of the lockdown. Furthermore, 2.6% (n=12) respondents reported already losing their jobs because of the lockdown.

4.2.3 Monthly income



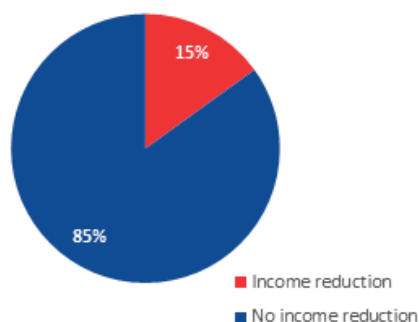
The Government of India has urged the country's employers not to cut monthly incomes or resort to laying off employees. Employed respondents were asked whether the lockdown has affected the monthly income.

Of the 457 employed respondents, 57% (n=261) reported working during lockdown. Of those working from home/office, 24% (n=62) reported not getting paid during the lockdown. Of the remaining 43% (n=196) employed but not working during the lockdown, 51% (n=100) received monthly income.

[3] Business Today [Internet]. India: India's unemployment rate hits 26% amid lockdown, 14 crore lose employment: CMIE. 2020 [cited 2020 May 1]. Available from: <https://www.businesstoday.in/current/economy-politics/india-unemployment-rate-hits-26-amid-lockdown-14-crore-lose-employment-cmie/story/401707.html>

[4] Outlook [Internet]. India: 100 Million And More Indian Jobs Are At Risk After COVID-19 Lockdown. Is Your Job Safe? 2020 [cited 2020 May 1]. Available from: <https://www.outlookindia.com/magazine/story/business-news-100-million-and-more-indian-jobs-are-at-risk-after-covid-19-lockdown-is-your-job-safe/303094>

Impact of Lockdown on Monthly Income



Overall, 65% (n=299) of the employed respondents received monthly income during the lockdown. Among them, 85% (n=254) reported receiving the same amount of income. However, 15% (n=45) reported reduction in their income during the lockdown.

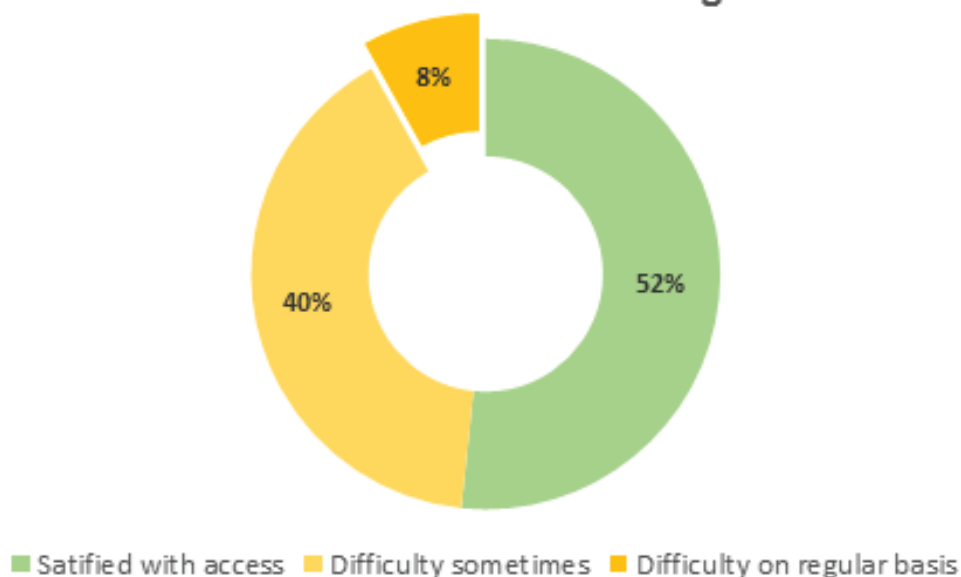
4.3 Access to essential needs during lockdown

Lockdown severely impairs access to essential commodities, medicines and even healthcare facilities. Respondents were asked whether they faced such shortcomings during the lockdown.

4.3.1 Essential Commodities

When asked about access to essential commodities such as grocery and home needs during lockdown, 48.4% (n=292) reported facing difficulties, of which 16% (n=49) faced difficulties on a regular basis. 51.6% was satisfied with their access to essential commodities.

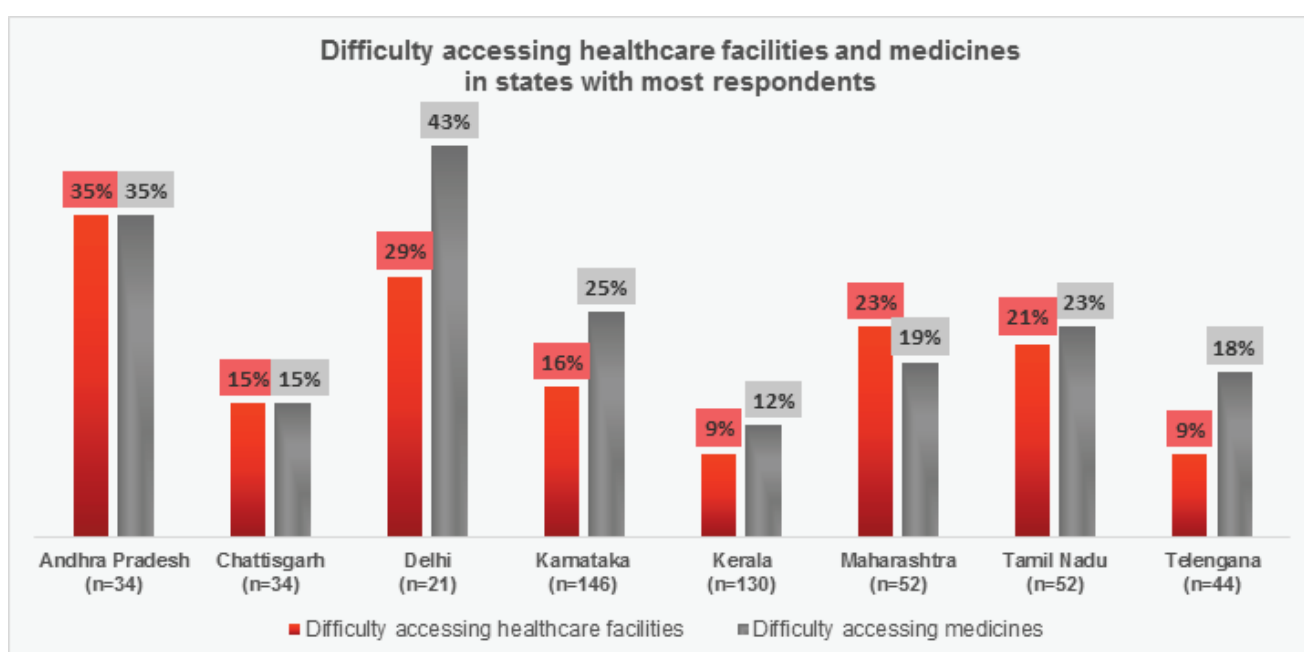
Access to essential commodities during lockdown



Majority (58.1%; n=351) of the respondents reported venturing out for essential commodities once or twice a week. 11.9% reported going out for essential commodities more than twice a week whereas 30% (n=181) reported not going out at all.

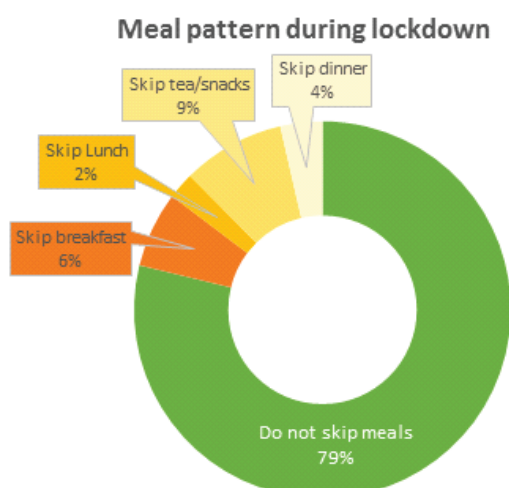
4.3.2 Healthcare and Medicines

During the lockdown, 17.5% (n=106) of the survey respondents reported facing difficulties in accessing healthcare facilities. 21% (n=127) reported facing difficulties in buying medicines during the lockdown. Among states with the maximum number of respondents, difficulty accessing healthcare facilities was highest in Andhra Pradesh (35%), followed by Delhi (29%) and Maharashtra (23%). Difficulty accessing medicines was highest reported in Delhi (43%) followed by Andhra Pradesh (35%) and Karnataka (25%). However, other factors such as socioeconomic conditions, area of residence etc. must also be considered to confirm this finding. These states which reported the maximum access constraints also collectively account to over 55% of India's confirmed COVID-19 cases.



4.4 General health during lockdown

4.4.1 Meal pattern

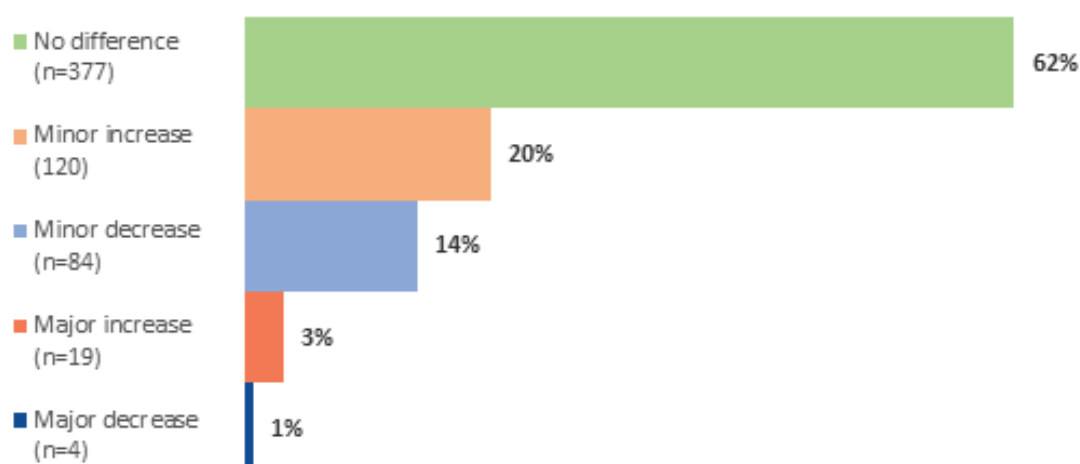


21.2% (n=128) reported skipping meals during the lockdown. Among them, 41.4% (n=53) reported skipping tea or snacks, 30.5% (n=39) skipped breakfast and 17.2% (n=22) skipped dinner. Very few (10.9%; n=14) reported skipping lunch.

4.4.2 Change in body weight

Overall, 37.6% (n=227) reported change in body weight, of which, 10.1% (n=23) reported major change i.e. ± 3 kgs or more, while 89.9% (n=204) reported minor change. Majority (61.2%, n=139) of these respondents reported increase in weight whereas 38.8% (n=88) reported decrease in weight. The below figure summarizes the self-reported change in body weight during the lockdown.

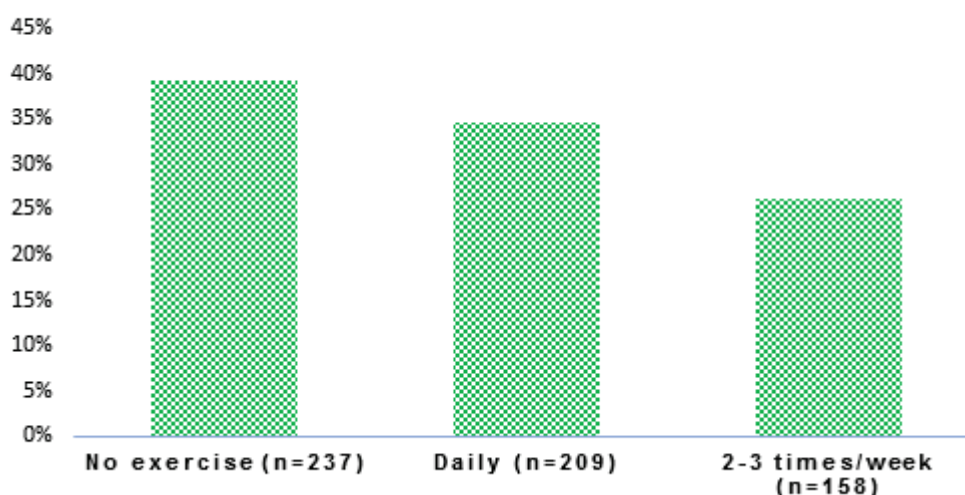
Self-reported change in body weight during lockdown



4.4.3 Physical Exercise

According to WHO, lack of physical activity is identified as the fourth leading risk factor for global mortality. Indulging in physical exercises during the lockdown is challenging. Respondents were asked to state their weekly physical activity. Majority (39.2%; n=237) of the respondents reported not indulging in any physical exercises during the lockdown. 34.6% (n=209) indulged in daily exercises whereas 26.2% (n=158) reported exercising 2-3 times a week.

Weekly physical exercise during lockdown

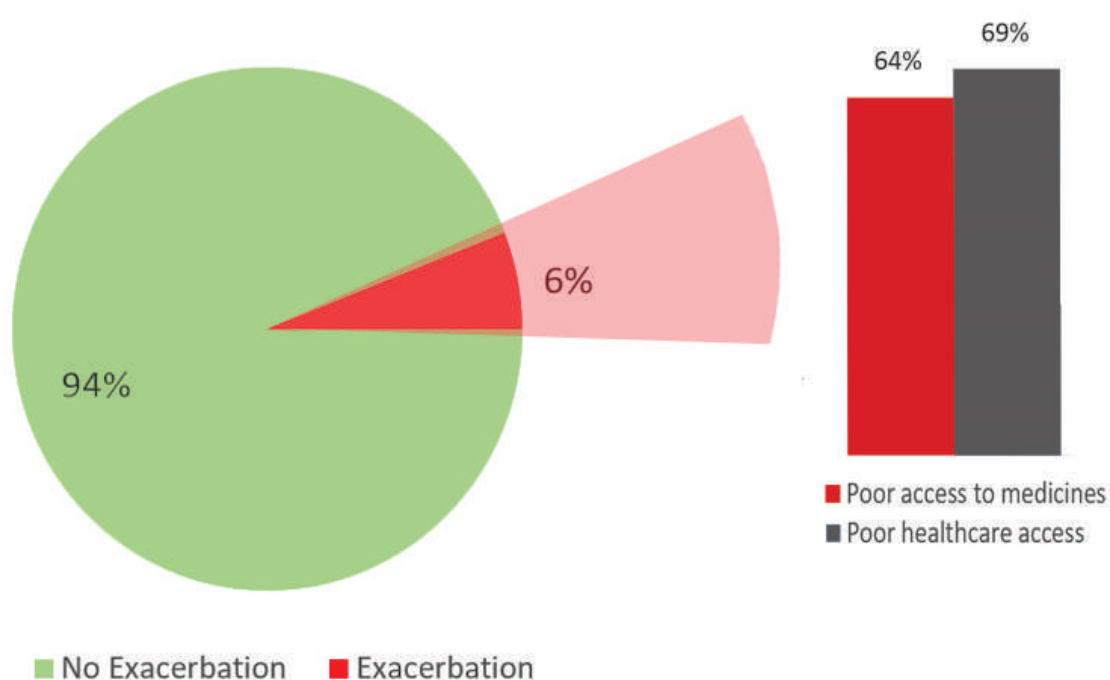


4.4.4 Exacerbation of pre-existing diseases

Respondents were asked whether the pre-existing diseases conditions in their families worsened during the lockdown. 94% of the respondents or their family members did not experience any exacerbation of their pre-existing diseases. Only 6% (n=36) reported exacerbations.

However, among the respondents who reported exacerbations, 69.4% (n=25) faced difficulty accessing healthcare facilities whereas 64% (n=23) faced difficulty buying medicines.

Exacerbation of pre-existing diseases during lockdown



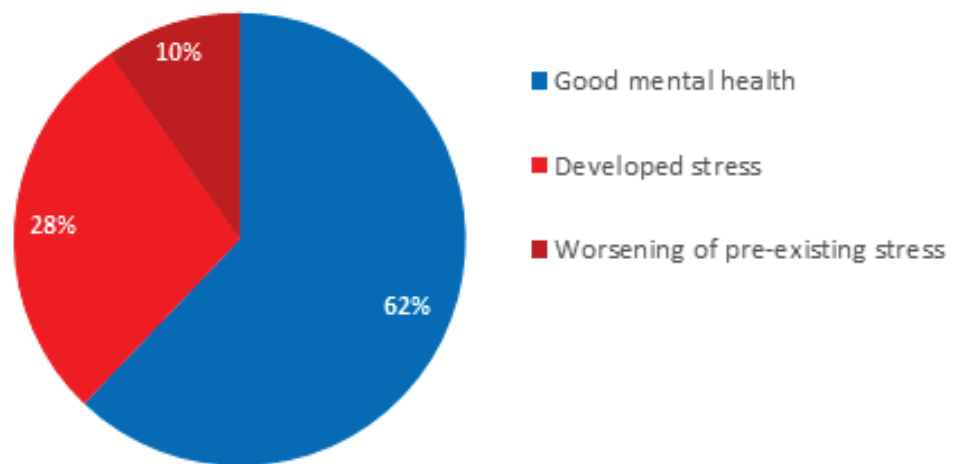
4.5 Mental health

4.5.1 Mental or emotional stress

Social distancing and self-isolation may significantly impair emotional and mental health. Respondents were asked whether lockdown has caused or worsened their mental or emotional status. 38% (n=229) respondents reported experiencing mental or emotional stress during the lockdown period.

Among these respondents, 74.2% (n=170) developed mental or emotional stress only after the lockdown i.e. that they have never faced similar stress before. 25.8% (n=59) reported worsening of pre-existing mental or emotional stress.

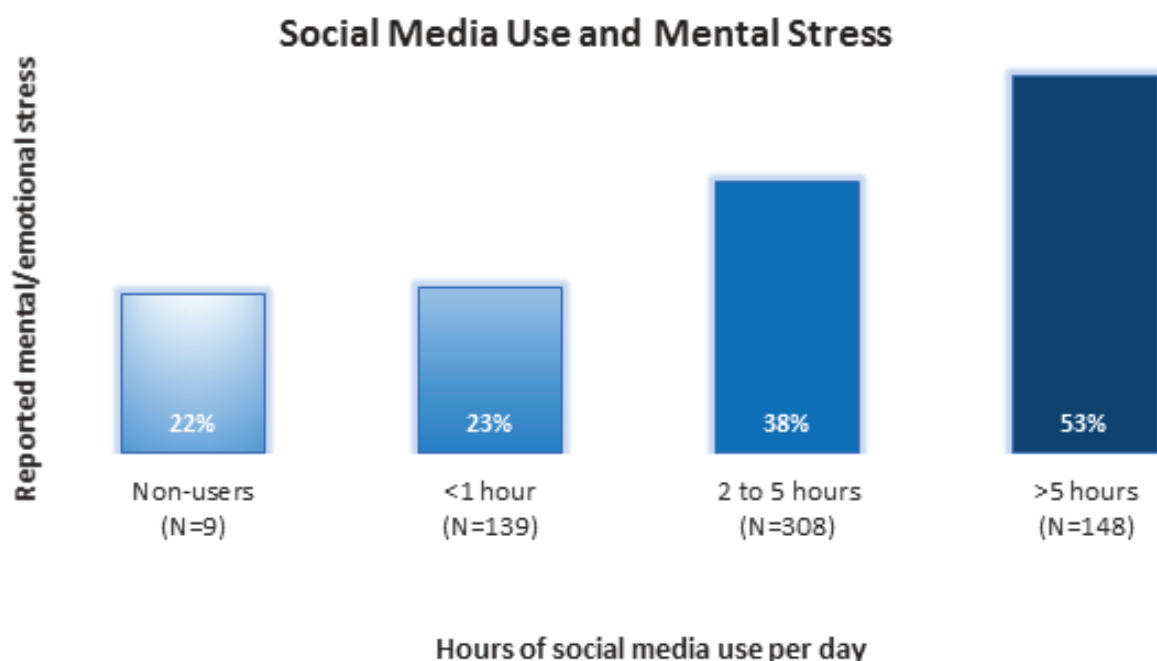
Mental or emotional stress during lockdown



4.5.2 Social media use

Respondents were asked to state how many hours they spent on social media every day. Majority (51%; $n=301$) of the respondents reported spending 2 to 5 hours on social media during the lockdown. 24.5% ($n=148$) reported spending more than 5 hours on social media every day. 23% ($n=139$) reported spending less than 1 hour. Finally, 1.5% ($n=9$) reported not using social media at all.

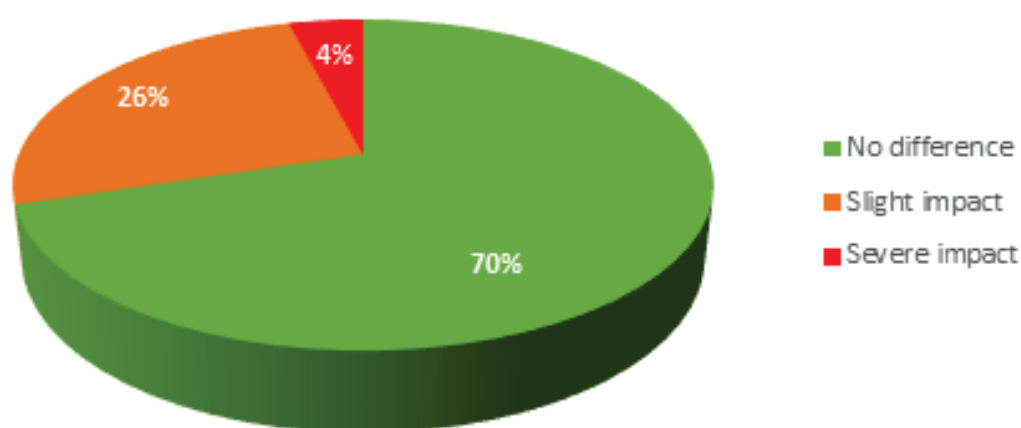
More than half i.e. 53% ($n=78$) of those using social media for over 5 hours daily reported experiencing mental or emotional stress. Among those who used social media for 2 to 5 hours, 38% ($n=117$) reported mental or emotional stress. The proportions were similar in one-hour users and non-users of social media. However, these findings were not statistically significant ($p=0.39$).



4.5.3 Family issues

Respondents were asked whether and how the lockdown has impacted their family or marriage. Majority 70.2% (n=424) of the respondents did not report experiencing any issues in family/marriage during the lockdown. 25.7% (n=155) reported slight impact on family/marriage. 4.1% reported that their family/marriage was severely impacted by the lockdown.

Impact of lockdown on family/marriage



4.6 Perceptions regarding the lockdown

4.6.1 Extension of lockdown

Only 7% (n=40) believed that the current lockdown period i.e. until May 3rd 2020, is sufficient for controlling COVID-19 in India. Two-thirds (66%; n=399) of the respondents felt that lockdown must be extended until coronavirus is successfully contained in the country. 25% (n=150) believed that lockdown should be lifted in those areas that are free of coronavirus cases. Finally, 2% (n=15) believed that the lockdown period should be reduced.

4.6.2 Return to normalcy

Respondents were asked the approximate amount of time required for their lives to return to normalcy. Majority (43%; n=259) of the respondents believed that their lives would return to normalcy within a month or two. 33% (n=198) believed that normalcy would take 2 to 4 months. 17% (n=104) believed that return to normalcy would take up to 6 months, while 7% (n=43) believed it would take up to a year. Conversely, 57% believed that recovery from the lockdown would be longer than the lockdown itself.

4.6.3 Is China accountable?

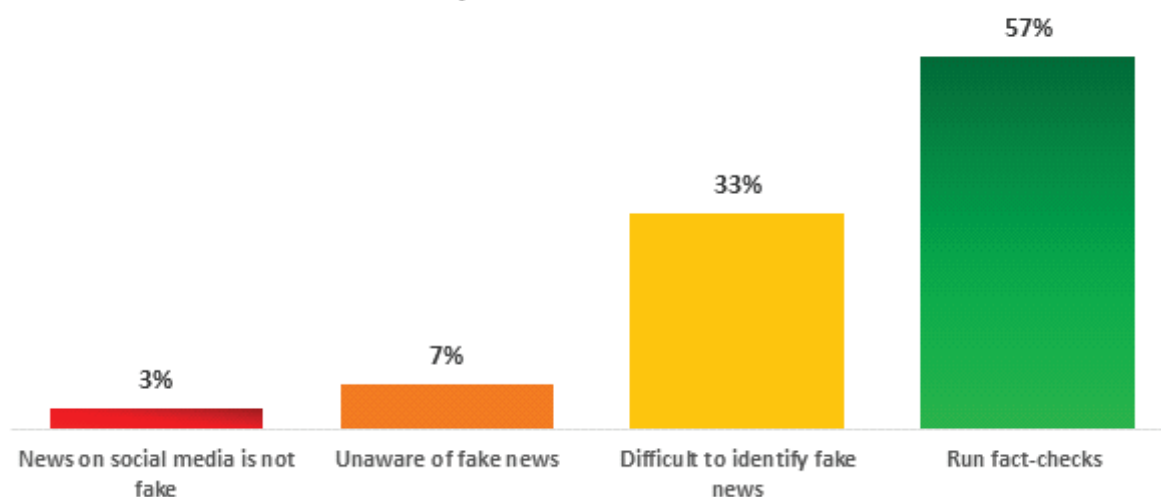
Respondents were asked about China's role in the ongoing pandemic. 80% (n=481) of the respondents believed that China should be held accountable for COVID-19. However, 20% (n=123) believed it is not fair to blame China.

This figure is higher than that reported by a similar survey, which found that 67% of Indians accused China for the pandemic. [5]

4.6.4 Tackling fake news on social media

Respondents were asked about how they tackle the fake news making rounds on social media. Majority (57%; n=344) of the respondents claimed that they run fact-checks on the internet to identify fake news on social media. However, 33% (n=199) admitted that they find it difficult to identify fake news during the lockdown. 7% (n=42) claimed that they were unaware of fake news on social media, while 3% (n=19) believed that the news on their social media is not fake.

How do Indians respond to fake news on social media?



4.6.5 Role of NGOs

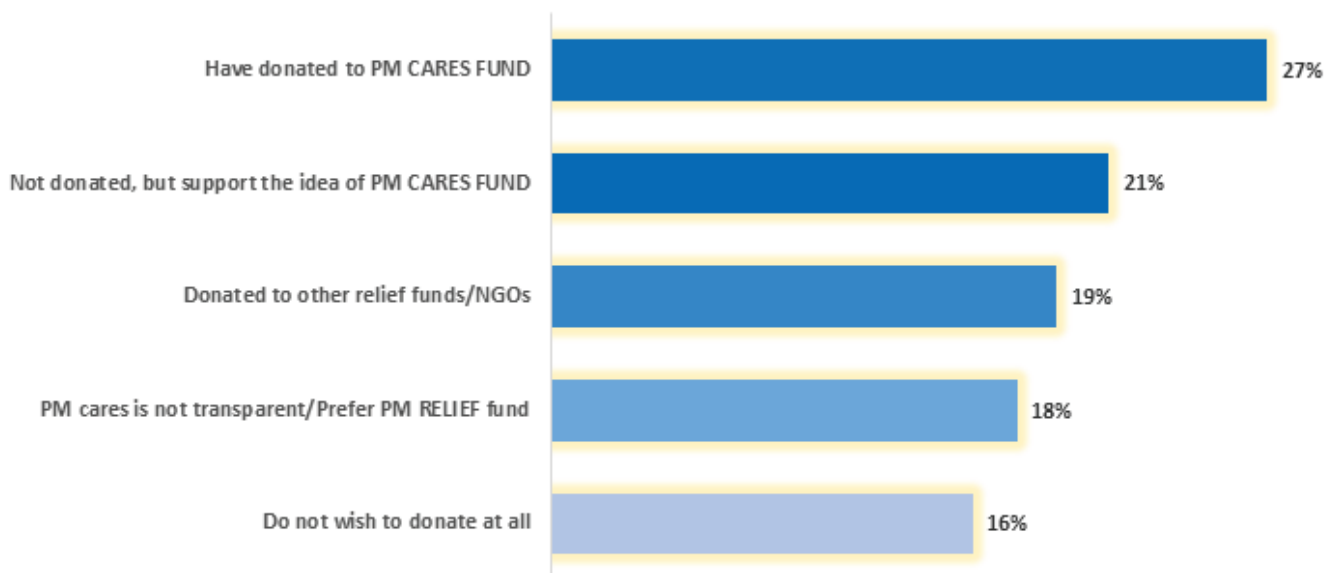
Non-Governmental Organizations (NGOs) play a vital role in public health emergencies including outbreaks. Respondents were asked about the role of NGOs in combating the ongoing pandemic. 72% (n=432) believed that the government could have handled COVID-19 more efficiently by working with NGOs.

4.6.6 PM CARES Fund

Prime Minister's Citizen Assistance and Relief in Emergency Situations Fund (PM CARES Fund) was created on 28th March 2020, to combat and champion relief efforts against COVID-19 in India. The perceptions and attitude of the respondents towards PM CARES Fund were evaluated.

37% (n=221) either demanded greater transparency from PM Cares Funds or preferred extending support to State government relief funds or NGOs working locally. 16% (n=96) claimed that they do not wish to contribute to any relief funds. Only 27% (n=163) of the respondents claimed that they have already donated to PM CARES Fund. 21% (n=127) of the respondents claimed to be in favor of PM CARES Fund, although they had not donated at the time of survey.

What do Indians think of PM CARES Fund?



PPE FOR FARMERS



5. Conclusion

COVID-19 lockdown has had a major impact on India's economy, health and quality of life. Our survey findings suggest that almost half of India's urban population live with fear of unemployment. Despite the government's plea to employers to avoid salary-cuts and layoffs, a large proportion of employed respondents do not receive the same amount of monthly income.

Nearly half of the respondents have faced difficulties in access to essential commodities. Although only a small proportion reported facing difficulties in accessing healthcare facilities or buying medicines, inadequate access is a major cause of concern especially among those respondents who reported exacerbations of their pre-existing illnesses. Furthermore, access constraints were highest among respondents from the states of Maharashtra, Tamil Nadu, Delhi, Andhra Pradesh and Karnataka, which also have a high burden of COVID-19 cases. Our survey also confirms subjective deterioration of general and mental health. Lack of physical exercise and the subsequent increase in body weight during the lockdown is worrisome. A crucial finding of this survey is the high prevalence of mental and emotional stress during the lockdown among the urban population. Lockdown has not only worsened the pre-existing mental stress, but also resulted in development of mental stress in respondents with no similar history. We also highlight a possible link between high social media use and mental stress during the lockdown. However, comparative studies with larger sample size are warranted to confirm the same. The lockdown was also reported to negatively impact respondents' marriage/families.

This survey also underlines some key perceptions of the COVID-19 lockdown in India. Despite the challenges posed by the lockdown, two-thirds of the respondents believe that the lockdown must be extended until COVID-19 is successfully contained in the country. However, more than half of the respondents believed that recovery from the lockdown and return to normalcy would be longer than the two-month lockdown itself. Majority of the respondents believed that China should be held accountable for COVID-19. Almost half of the respondents reported difficulty identifying fake news on social media or the lack of awareness of the same. Another important finding is that more than half of the respondents were not in favor of PM CARES Funds. Majority preferred extending support to State government relief funds or NGOs working locally. Majority of the respondents also believe that government could have handled COVID-19 more efficiently by working with NGOs.

6. Recommendations

I. Ensure efficient recovery from the lockdown

Despite the majority preferring extension of lockdown until successful containment of the pandemic, lockdown model cannot serve as a long-term solution due to its detrimental effects on national economy. Adopting the intensive 'test, trace and treat' model must replace the lockdown model. However, ensuring efficient recovery from the lockdown is paramount. Restoring normalcy in all sectors must be prioritized.

ii. Implement policies to enhance job security

The government's plea to employers have had limited influence on layoffs in the country. Although salary reduction is a preferable temporary option than permanent layoffs, long term job security post-lockdown can only be ensured through implementation of effective policies which factors in relief measures not just for industries, but also non-government organizations, startups and small ventures

iii. Improving access to essential needs, healthcare and medicines for all

Lockdown continues to pose major challenges that constrain access to essential needs, healthcare facilities and medicines in many parts of the country especially the states with most COVID-19 cases. All the retailers, suppliers, ration shops, online shops and supermarkets that deal with essential home needs may be advised to resume operations in low-capacity by adopting strict social distancing. All healthcare facilities and pharmacies must be mandated to operate normally during the lockdown. E-pharmacies must be permitted to continue its services so as to serve the elderly in the urban areas. Mobile clinics and NGOs are crucial in improving access to healthcare during any crisis, including the ongoing lockdown.

iv. Awareness campaigns to promote physical exercise and healthy diet during lockdown

Over the past few years, WHO has prioritized physical activity and identified lack of the same as the fourth major risk factor for global mortality. Lockdown and the subsequent shutting down of gyms and health centers have resulted in majority of the urban population lacking adequate physical activity. As the survey findings suggest, the lockdown also has a direct effect on body weight. Information, Education and Communication (IEC) campaigns to promote physical exercise as well as health diet is therefore vital during the lockdown.

v. Advocating mental health during lockdown

Many reports have hinted the possibility of a 'mental illness' outbreak secondary to the COVID-19 lockdown. The lockdown and social isolation provide fertile grounds for both development and worsening of mental disorders. It is therefore extremely imperative that mental health should not be neglected during the lockdown. NGOs and community health centers play a vital role in improving mental healthcare delivery and also in training others to handle mental diseases in the community during the lockdown.

vi. Stringent measures to keep fake news under check on social media.

During the pandemic, fake news about the virus appear to spread faster than the virus itself. Social media provides a dangerous platform for unregulated fake news to spread across the country which has over 600 million social media users. Fake news has often resulted in unnecessary panic in many parts of the country during the lockdown. Epidemics Act must warrant strict measures not only in keeping fake news under check but also in initiating legal actions against those who indulge in the same.

vii. Improve transparency of PM CARES Fund.

PM CARES Fund raised over INR 6500 crores (USD 860 million) in just a week of its launch. However, it has faced severe backlash from Indians due to its lack of transparency when it comes to utilization of the raised funds. Therefore, government of India must improve the transparency of PM CARES Fund and promote judicious utilization of the funds in combating COVID-19, especially in strengthening India's primary healthcare system, in meeting the shortcomings of India's hospitals relative to its rising COVID-19 cases, and in improving access to essential needs and medicines for all its citizens.

viii. Increase the engagement of NGOs in the outbreak response

NGOs are one of the first responders who play a vital role in the frontlines of the pandemic in strengthening a country's response to a healthcare crisis. The engagement of NGOs must be upscaled to relieve the strain on government health departments. NGOs must also be adequately funded in order to improve delivery of healthcare and essential needs to all, during the lockdown. It is essential to engage with public health proficient NGOs over NGOs acting as per market opportunity and those that lack technical competence of the highest standards as laid down by the Government of India and the regulatory bodies.

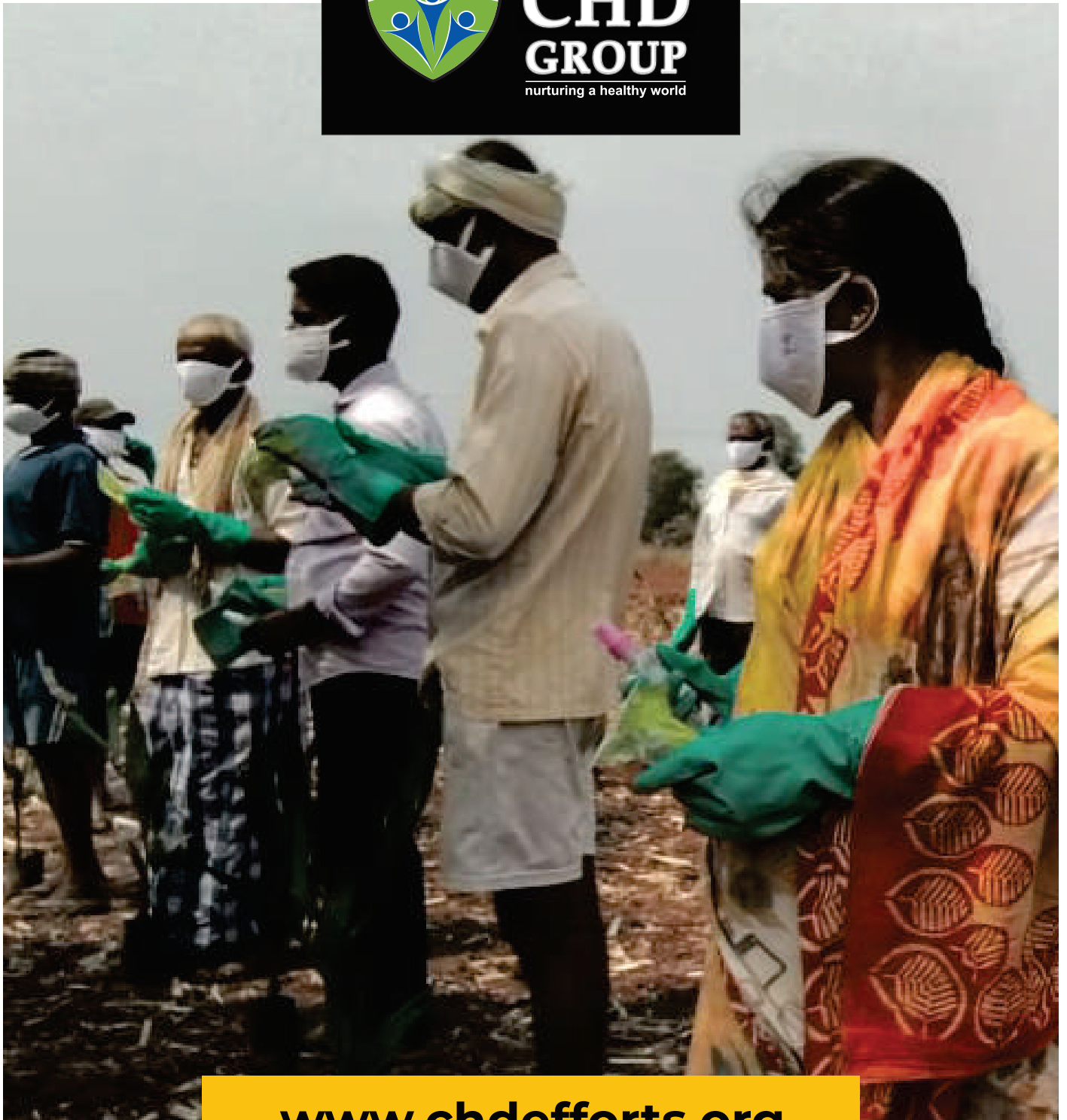
FOOD SURVIVAL RATION

Based on observational evidence and conversations, many NGOs were facing bureaucratic hurdles in implementing programmes meant for vulnerable populations as local governments were overwhelmed, state directives were often left to interpretation and with central directives not being understood by local officials on ground.





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