

ACCESSING THE IMPACT OF THE COVID-19 PANDEMIC ON LOW-COMMUNITIES OF NORTH-EAST DELHI

Kavya Arora

Narsee Monjee Institute of Management Studies (NMIMS), Mumbai

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ABSTRACT

To access the impact of the Covid-19 Pandemic, a survey was conducted in a school of an underprivileged region in North-east Delhi. It was analysed that Covid had a very profound impact on the Income of low communities of North-East Delhi. Almost 25% of people lost their jobs (had 100% impact on their income) either due to lack of job security (for those who do Service) or due to shutting down of their small scale business (for those who are self-employed). 85% of the families are managing household expenses by their savings, 6% of the families have taken loan whereas of the 9% families are earning normally as before (had no impact on their income).

During the data collection, a few interviewees indicated that one of the reasons they aren't interested in being vaccinated is due to a misconception that they may experience vaccination adverse effects (they were scared/hesitant to get vaccinated). It is necessary to raise awareness in order to dispel this notion among them.

INTRODUCTION

A survey was conducted in a school of an impoverished area in North-east Delhi to access the impact of Covid-19 Pandemic in the lives of those people. Parents were asked to answer questions regarding their occupation, impact on income due to pandemic, how are they currently managing their household expenses, were they affected by Covid, family vaccinated or not, staying at home or moved out to villages and whether they are receiving free ration from government or not.

The North East district in Delhi has recorded the lowest rate of positivity of COVID-19 cases, which is the percentage of positive cases of the total tests conducted. Lesser number of people are testing positive per 100 tests, compared to other districts, North West, South West and South districts are on the higher side with more people testing positive per 100 tests.

Dr. Jugal Kishore, head of the community medicine department at Safdarjung Hospital said, “In North East district, there is a lot of migratory population and many overcrowded areas. So, a lot of people might have infected earlier. This might be leading to lesser positive cases now.”

LITERATURE REVIEW

About 60% of India’s population live below the poverty line and one third live in slums, without access to basic services like running water, indoor toilets and electricity. On average, life in the slums means living in a 9-square-metre shanty shared by 8–10 people and the use of community toilets, often located next to open sewers. COVID-19 guidelines recommend social distancing and sanitation maintenance, but this remains unachievable for a large part of India’s population. The rapid rise of cases in the country has highlighted the need to fix infrastructure problems from the ground up.

The restrictions on mobility have amplified losses for small businesses, which were yet to recover from the initial impact of the pandemic. Several sectors such as aviation, tourism, retail, entertainment and restaurants are again worried, fearing a repeat of 2020.

If the vaccinations are not ramped up and the virus is not contained by the end of May, it could have a severe impact on business activity ultimately leading to massive loss of jobs and income. That could push more Indians into poverty.

RESEARCH METHODOLOGY

This survey was taken in Vivek Modern School, Subhash Vihar, Delhi-53 for Teach for India organisation. Questions related to impact of Covid were asked to all the parents of 5th class students.

TABLES

Impact on Income	No. of Families
0%	8
25%	2
50%	26
75%	36
100%	24
Total	96

Management of Household Expenses	No. of Families
Savings	81
Loan	6
Earning	9
Total	96

Occupation	No. of Families
Service	48
Self Employed	47
Physician	1
Total	96

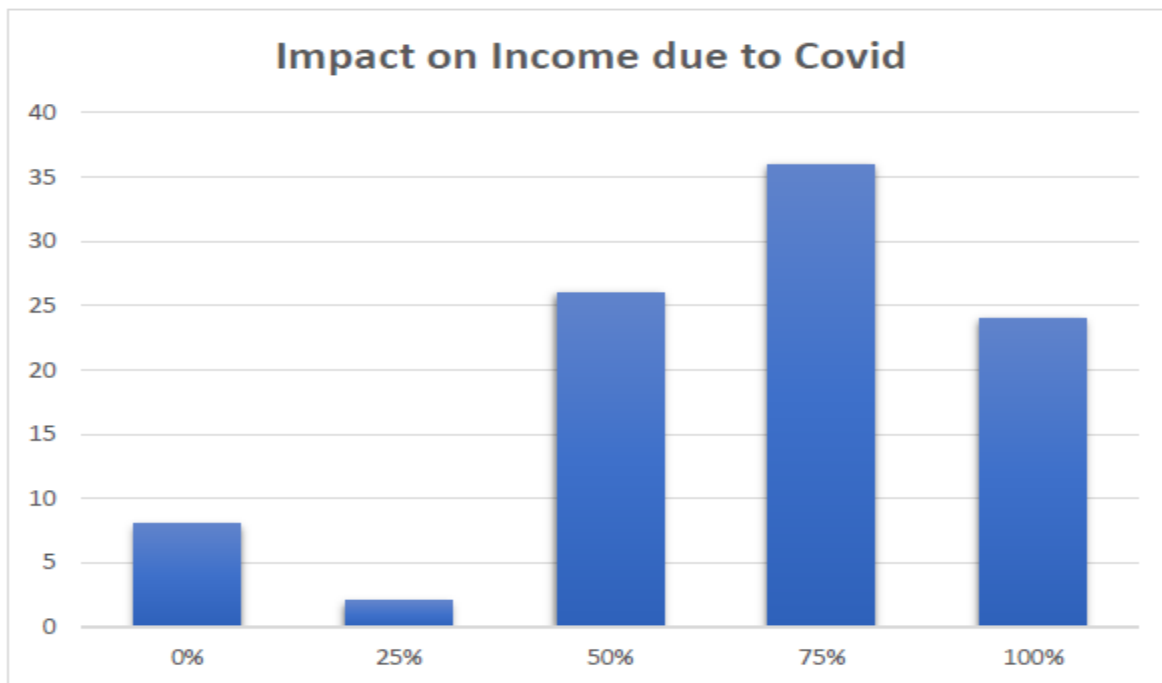
Affected by Covid	No. of Families
Yes	4
No	92
Total	96

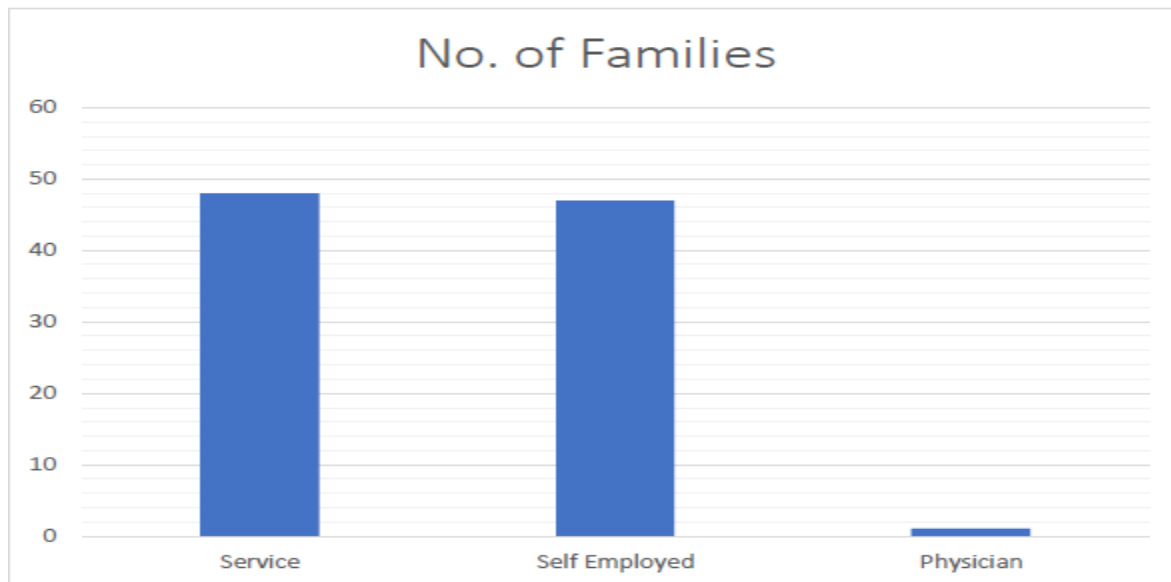
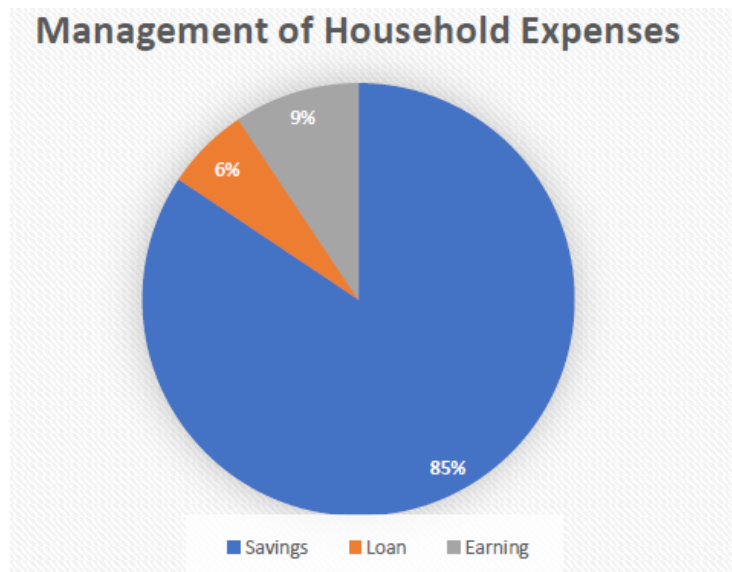
Vaccination Dose	No. of Families Vaccinated
1st Dose	32
2nd Dose	14
Total	46

Family staying at home or moved out to village	No. of Students
Home	78
Village	18
Total	96

Getting free ration from govt	No. of Families
Yes	30
No	66
Total	96

FINDINGS & RESULTS

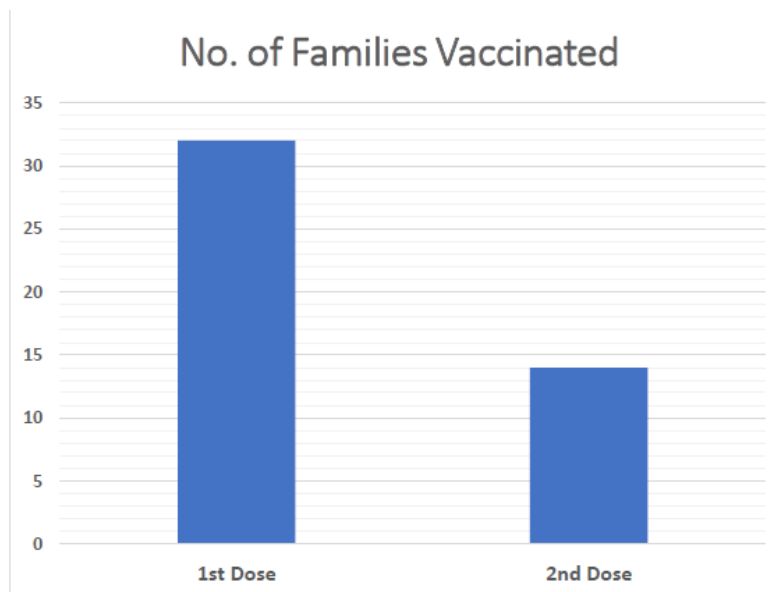
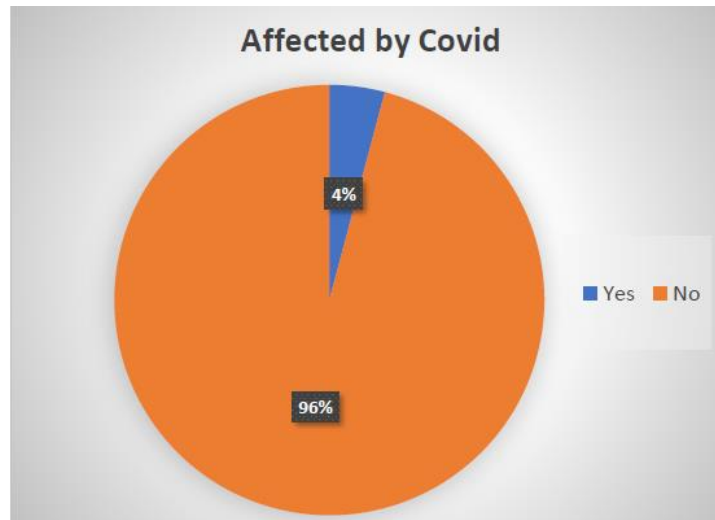




Analysis

Covid had a very profound impact on the Income of low communities of North-East Delhi. Almost 25% of people lost their jobs (had 100% impact on their income) either due to lack of job security (for those who do Service) or due to shutting down of their small scale business (for those who are self-employed). 85% of the families are managing household expenses by their savings, 6% of the families have taken loan whereas of the 9% families are earning normally as

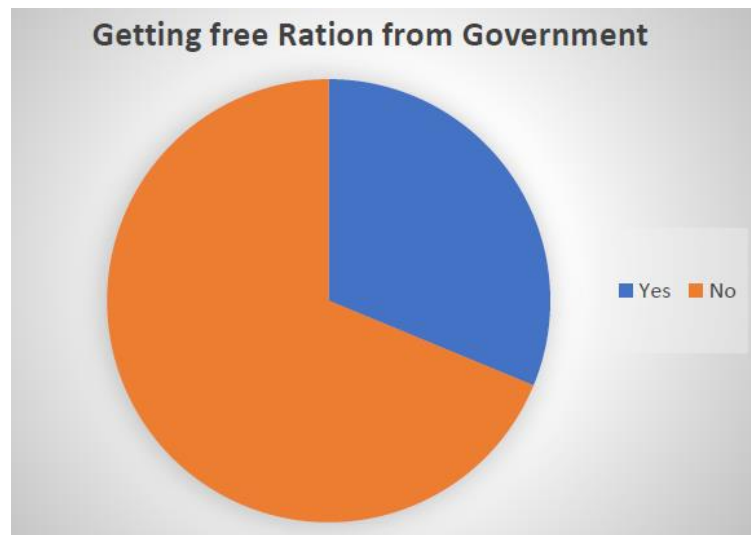
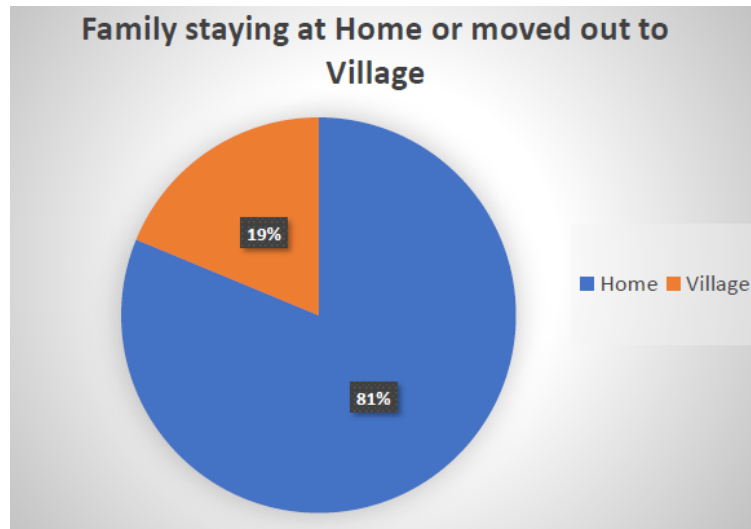
before (had no impact on their income). Almost all the families of this area are either doing service or are self-employed.



Analysis

As per the data collected, it has been observed that almost 96% of the families were not affected by Covid and approximately 45% of the families have been vaccinated. Out of the 45% vaccinated, 70% of them are still to be vaccinated for the 2nd dose. Also while collecting the data it was heard from a few people that one of the reason they aren't interested in getting vaccinated was due misconception that they might suffer from side effects of vaccine (they were

scared/hesitant in getting vaccinated). Awareness should be spread to break this misconception among them.



Analysis

Due to the pandemic almost 20% of the families moved back to their villages whereas the rest 80% stayed at home. Out of the 80% families staying at home, 38% of them are getting free ration from the government. People who have moved out to villages aren't taking ration from government as they have sufficient availability of food with them.

DISCUSSIONS

Though India's lockdown measures rank at the high end of the COVID-19 Government Response Index developed by the University of Oxford, experts like former RBI Governor Raghuram Rajan and Nobel Laureates Amartya Sen and Abhijit Banerjee have emphasized the importance of government actions targeted at the livelihoods of the low-income groups. Over 90% of the low-income groups are employed in the informal sector, without access to welfare benefits at work. With highly volatile cash flows and a lack of social safety nets, this invisible section of the society is worst hit due to the pandemic and its economic fallout.

The outbreak and extended lockdown adversely impacted the microcredit sector. For over ten years, microcredit has been a key source of funds for low-income groups. The situation affected both, demand and supply sides. On the demand side, cash flows of these groups is affected due to loss of employment, mobility restrictions, held-up payments, and supply shocks. In normal times, the low-income groups use microcredit to cushion requirements for credit, liquidity, and emergency funds. On the supply side, business for lenders stagnate due to restrictions on the door to door delivery of microcredit services.

Following the shutdown of construction sites, transportation, trade, and hospitality sectors, over 22,567 migrant labourers have been stranded across states. According to a report by Global Voices, these workers are a part of the informal economy, with less than USD 2 income on a normal day. Life for migrant workers in government relief camps has been difficult, with significant exposure to the risk of contagion. The domestic helpers constitute an unaccounted section of the low-income groups. They have not been allowed in housing societies. The labour laws do not regard them as workers. Increasing food insecurity, layoffs, reduction in wages, inadequate living spaces, and restricted mobility are some of the major challenges crippling the bottom of the pyramid. A study by the International Labour Organization reports increased risk levels for women migrant workers post lockdown regulations. Apart from the usual risk of contagion, they are exposed to an elevated risk of harassment and violence at migrant relief camps.

In times of such crisis, these sections are often the first to be excluded from the responses of government policies like health benefits, wage subsidies, and social security measures. The Government of India has deposited INR 28,256 crore to beneficiaries through the JAM (Jan Dhan, Aadhaar, Mobile) enabled Direct Benefit Transfer route. While direct transfer benefits through JAM may reach a majority of such households, systemic leakages, insufficient penetration of Aadhaar, and lack of a robust centralised database impede the delivery of benefits to every household in need. INR 5406 was disbursed to each beneficiary of PM Kisan and MNREGA (Mahatma Gandhi National Rural Guarantee Program). Additionally,

20.5 crore women Jan Dhan account holders have been promised INR 500 per month, from April

to June. The quantum of transfers is not sufficient to help the needy households see through the next few months.

CONCLUSION

The North East district in Delhi has recorded the lowest rate of positivity of COVID-19 cases, which is the percentage of positive cases of the total tests conducted. Lesser number of people are testing positive per 100 tests, compared to other districts, North West, South West and South districts are on the higher side with more people testing positive per 100 tests.

Covid had a very profound impact on the Income of low communities of North-East Delhi. Almost 25% of people lost their jobs (had 100% impact on their income) either due to lack of job security (for those who do Service) or due to shutting down of their small scale business (for those who are self-employed). 85% of the families are managing household expenses by their savings, 6% of the families have taken loan whereas of the 9% families are earning normally as before (had no impact on their income). While collecting the data it was heard from a few people that one of the reason they aren't interested in getting vaccinated was due misconception that they might suffer from side effects of vaccine (they were scared/hesitant in getting vaccinated). Awareness should be spread to break this misconception among them.

RECOMMENDATIONS

To restart the economy, the government will now need to identify zones across the country, and categorize them based on two factors:

- 1) The rate of virus spread
- 2) The readiness of the public health infrastructure

The government must first choose an appropriate metric for measuring the virus spread. Metrics like doubling rate and rate of transmission can be used, but this requires a huge testing capacity, which is currently on the rise in India. An alternative metric can be the cumulative number of total cases. A classification at a district level based on the above factors will enable the government to have a complete view of the readiness of the Indian economy for a safe restart. A sectorial analysis should also be conducted on the basis of transmission risk and the economic importance of each sector.

Indians are anxious about restarting the economy. So is the Government. But the system must take pragmatic steps to shape the new normal. Existing norms will have to be questioned and challenged on a daily basis. The movement to the new normal will need to be inclusive of the needy households at the bottom of the pyramid. In the absence of inclusive shifts, India could be

looking at a new normal that takes back to the past.

Considering that state governments are responsible for cost, procurement and delivery of vaccines to the 18-44 age group, they should be given a free hand in developing a state-specific strategy on whether they want to open up vaccinations for the entire age group. It is likely that factoring in vaccine supply issues, a few states — especially those with large populations — might prefer to adopt a more calibrated and phased opening up of vaccinations. Irrespective of this, each state should prepare a detailed vaccine roll-out plan for the next 6 to 9 months, including supply forecast and other aspects. They should also pay special attention to ensure that priority and vulnerable population groups such as low-income groups, people with co-morbidities and migrant workers are not excluded. Mobile vans for under-served localities such as jhuggi jhopdi clusters, slums and areas predominantly habited by construction workers and migrants should be considered. Similar approach may be needed for rural, hilly and other difficult to access areas. The learning from polio program and routine immunisation micro-planning should be optimally utilised for equitable and timely delivery of Covid-19 vaccines till the last mile and last person.

Below are ways through which people can keep themselves and others safe from COVID 19 -

- Maintain at least a 1-metre distance between yourself and others to reduce your risk of infection when they cough, sneeze or speak. Maintain an even greater distance between yourself and others when indoors. The further away, the better.
- Make wearing a mask a normal part of being around other people. The appropriate use, storage and cleaning or disposal are essential to make masks as effective as possible.

Here are the basics of how to wear a mask:

1. Clean your hands before you put your mask on, as well as before and after you take it off, and after you touch it at any time.
 2. Make sure it covers both your nose, mouth and chin.
 3. When you take off a mask, store it in a clean plastic bag, and every day either wash it if it's a fabric mask, or dispose of a medical mask in a trash bin.
 4. Don't use masks with valves.
- Avoid the 3Cs: spaces that are closed, crowded or involve close contact
 - Meet people outside as outdoor gatherings are safer than indoor ones, particularly if

indoor spaces are small and without outdoor air coming in.

- Regularly and thoroughly clean your hands with an alcohol-based hand rub or wash them with soap and water. This eliminates germs including viruses that may be on your hands.
- Avoid touching your eyes, nose and mouth. Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and infect you.
- Cover your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately into a closed bin and wash your hands. By following good 'respiratory hygiene', you protect the people around you from viruses, which cause colds, flu and COVID-19.
- Clean and disinfect surfaces frequently especially those which are regularly touched, such as door handles, faucets and phone screens.

REFERENCES

1. Article Title: Coronavirus | COVID positivity lowest in Delhi's North East district
Website Title: The Hindu
URL: <https://www.thehindu.com/news/cities/Delhi/covid-positivity-lowest-in-north-east-district/article34179887.ece>
2. Author: Nikita Kansal
Article Title: COVID-19 hitting India's poor the hardest | East Asia Forum
Website Title: East Asia Forum
URL: <https://www.eastasiaforum.org/2021/05/18/covid-19-hitting-indias-poor-the-hardest/>
3. Article Title: Covid-19: Poverty doubled in India in 2020. Will second wave make it worse?
Website Title: India Today
URL: <https://www.indiatoday.in/business/story/covid-19-poverty-doubled-in-india-in-2020-will-second-wave-make-it-worse-1793826-2021-04-22>
4. Article Title: Impact of COVID-19 on Low-Income Groups in India
Website Title: LinkedIn.com
URL: <https://www.linkedin.com/pulse/impact-covid-19-low-income-groups-india-soumya-chakraborty/?articleId=6662202940301942784>

5. Author: Chandrakant Lahariya
Article Title: 5 things vaccine drive needs to get right to tackle this wave, and next
Website Title: Times of India Blog
URL: <https://timesofindia.indiatimes.com/blogs/voices/5-things-vaccine-drive-needs-to-get-right-to-tackle-this-wave-and-next/>

6. Article Title: Advice for the public on COVID-19 – World Health Organization
Website Title: Who.int
URL: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>