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## Executive Summary

The times are challenging and the available evidence suggests that it is going to be a long and sustained battle against the disease. The principal response has to be at the level of the community and the family and not just healthcare systems. Population First has been working across 29 villages in Vashind with the communities with the aim of addressing malnutrition since September 2018 and continued working even when the lockdown was announced. However, field work was not possible from March 2020 to June 2020 and hence PF maintained contact with the community using digital technology to ensure they received the basic minimum services from the government.

As the lockdown was being gradually lifted, it was essential to design strategies as per the needs of the community. Going ahead with the way interventions were implemented earlier wouldn't have been feasible. Adolescent girls are the primary stakeholders in the project and it was essential to understand their needs and challenges during the lockdown. Thus, a needs assessment survey was implemented across 12 villages of Vashind where PF is currently implementing interventions.

The following were the main observations as a result of the **Needs Assessment Survey** among 177 adolescent girls across the 12 villages;

- 87% girls continued their studies till March 2020, when the lockdown was announced
- 86% girls recorded television as their source of information on COVID-19
- 80%-90% of the girls had knowledge on precautions needed to be taken for COVID
- Three fourth of the girls had access to sanitary napkins. Out of them 54% had to travel to nearby city medical shop to purchase them
- None of the girls received IFA tablets during the lockdown
- Lack of mobility was termed as the biggest negative impact according to the girls, approximately 43% girls did not find any positive impact of the lockdown. Close to one third enjoyed spending time with their families.
- 77% girls shared their feelings of anxiety, boredom, fear, disappointment about the pandemic and lockdown situation with their friends and almost all of them received a positive and supportive response from their peers and family members
- More than half the girls are troubled with the continued lockdown and missed going to school during the lockdown period
- During the complete lockdown, 61% girls continued their studies
- Only 32% girls received information and visits from healthcare service providers during the lockdown and ASHA was the most common service provider to disseminate information. The service providers visited once a month majorly during lockdown
- Around 55% girls mentioned that there was no change in their eating habits during the lockdown

- One out of two girls felt they needed more information on COVID
- 96% girls are interested in continuing their education post lifting of lockdown
- 88% girls are positive that their parents will support their education post lockdown out of which 82% girls believe their parents have the capability to support their education
- Of the 28 girls who believe their parents will not be capable to support their studies, 14 believe it is due to unemployment
- Three fourth of the girls are interested in livelihood interventions and activities





## Introduction: Needs Assessment Survey

The world, and our country, is grappling with the COVID-19 pandemic since March this year. As a result of this outbreak, a nation-wide lockdown had ensued following which Population First halted all its field-based activities from 17<sup>th</sup> March, 2020 onwards.

However, Population First's team were in constant touch with the beneficiaries and healthcare service providers such as ASHA, AWW and ANM on the ground through virtual mediums. The team constantly provided COVID related preparedness and precaution information to parents, adolescent girls as well as service providers. At the same time our team was actively assisting ASHA workers with necessary linkages needed for pregnant and lactating women.

As a result of this constant interaction two major gaps were identified—access to healthcare services for pregnant and lactating women and ARSH girls was a challenge. Lack of IFA tablets and sanitary napkins for girls was one of the most common issues that was reported followed by access to transportation for pregnant women for their check-up and delivery.

Therefore, it became evident for our team to conduct a Needs Assessment Survey (NAS) of our ARSH girls in Vashind Beat 2 project area on priority as soon as the partial lifting of the lockdown was announced by the government.

The aim of this NAS was to gauge the situation in our field areas especially for adolescent girls, their sanitation, hygiene and health needs, impact of the lockdown on their education and nutrition, as well as their understanding and attitude towards the future post COVID.

### Location

A total of 12 villages were considered for this survey on the basis of current COVID scenario in those villages, the acceptability of the Gram Panchayats for Population First to work within their communities in this new-normal of partial lockdown during the pandemic, access to transport and travel for the field staff members to these villages.

### Methodology

A semi-structured questionnaire was prepared and the data was collected through online survey of the adolescent girls using the Survey Monkey App. It also included training PF staff in using the App.

### Respondents

A total of 177 girls responded to the survey from across 12 villages in Vashind Beat 2.

The overall analysis is divided into:

- a) Demographic and Education Characteristics and Migration Patterns,
- b) COVID – Knowledge on the Disease, Response, Norms and Source of Information
- c) Access to Knowledge and Products of Health, Hygiene and Nutrition
- d) Impact of Lockdown on Mental and Physical Health and Education
- e) Future post COVID
- f) Scope for Livelihood Interventions

## 1. Analysis

The details of number of girls covered in each village is as below;

Name of the village	Number of girls
Ambarje	28
Ambarjewadi	11
Ambiwali	11
Kalampada	11
Kajalvahir	13
Pashane	20
Plotpada	10
Madh	6
Masavne	29
Shei	17
Shiryachapada	13
Haal	8
<b>12 villages</b>	<b>177</b>

## 2. Demographic and Education Characteristics and Migration Pattern

Characteristics	Percentage/Number of girls/Averages.
Average age of the girl respondents	14 years
Demographic categorisation	Other Backward Class: 56.25%
	Scheduled Tribe: 35.2%
	General:6.25%
	Scheduled Caste: 1%
	Others: 1%
Poverty Line	BPL:42%
	APL: 33%
Family Migration	97% do not migrate
Return of any of the family members during COVID-19 in the last three months	No - 99%
Education continued till March 2020	Yes - 87%
Regular Attendance in Schools/Colleges until March 2020	Yes - 97%
Location of the school	In the village - 18%
	Near the village - 50%
	In the city nearby - 32%

Eighteen girls were out of school/college out of which half mentioned high expenditure incurred in education followed by failure in class as the reasons to discontinue education.

### 3. COVID: Knowledge on the Disease, Response, Norms, Source of information

Of the 177 girls included in the survey, many received information from a combination of various sources, however majority (86%) received it from television, 11% from social media and neighbours and 17% from other sources like schools, Ashramshalas, hospitals, through parents at home or relatives, from mobile, through friends. (Figure 1)

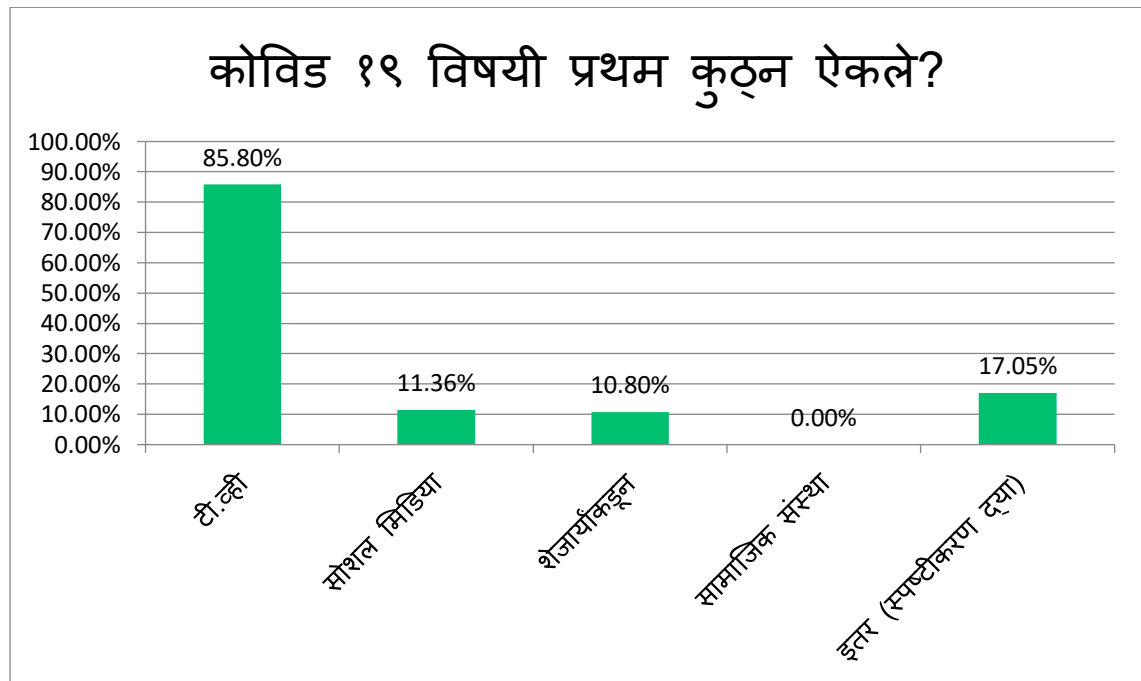


Figure 1 Source of COVID Information

While assessing their knowledge on safety precautions for COVID-19, 90% girls mentioned that masks were not the only way to protect oneself from the virus. Close to 86% girls correctly identified that social distancing has to be maintained while still wearing a mask and almost all of them agreed that regular hand-washing is a necessary precaution against COVID-19. A distance of one meter should be maintained at all times was mentioned by 88% girls.

#### 4. Access to Knowledge and Products of Health, Hygiene and Nutrition

In order to assess whether girls faced any challenges in terms of access to sanitary napkins, they were asked to mention the source of availability and if received from a service provider, then the numbers received during lockdown. Three fourth of the girls had access to sanitary napkins, out of which 54% had to travel to the nearby city and purchase it from a medical store while 27% received it from ASHA and Anganwadi workers. Of the girls who received sanitary napkins from ASHA, AWWs and Ashramshalas, on an average they received 3 packets during the lockdown period. Seventeen girls did not have access to sanitary napkins and hence used cloth during their menstruation.

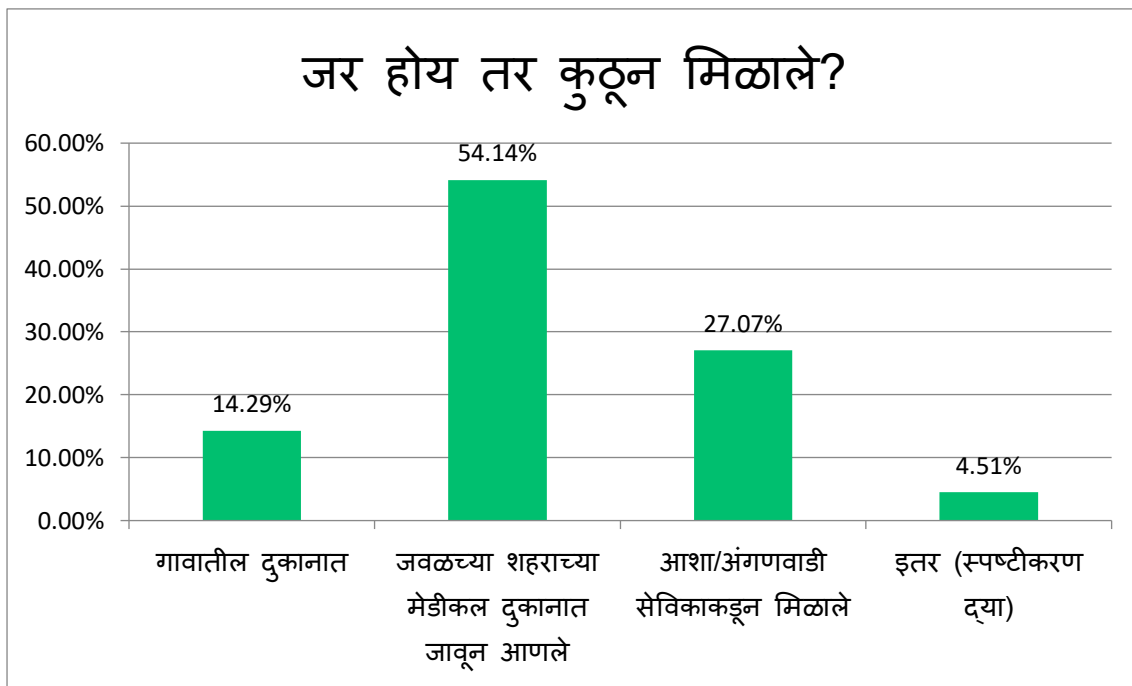


Figure 2 Access to Sanitary Pads for Adolescent Girls

None of the girls received IFA tablets from ASHA or AWW during the lockdown. Since the schools were shut, the weekly IFA tablets that the girls used to receive weren't available and the lockdown made it difficult for the government service providers to provision IFA for girls. They only provisioned for pregnant women who were considered the most vulnerable during the lockdown period.

During the lockdown all the girls surveyed mentioned they received adequate nourishment. Close to half the girls (55%) mentioned that there was no change in their eating habits. Of those who mentioned any changes, 51% mentioned reduction in consumption of fast food, increase in consumption of homemade food, no school meals, food products from forests, etc. Almost one third reported reduction in consumption of meat while 22% mentioned more reliance and consumption of legumes during the lockdown. There was no discrimination when it came to providing nutrition and food



among girls and boys. Young children were given preference over other members of the family while serving food.

Regarding receiving any health-related information during the lockdown from government service providers, 68% mentioned they did not receive any information.

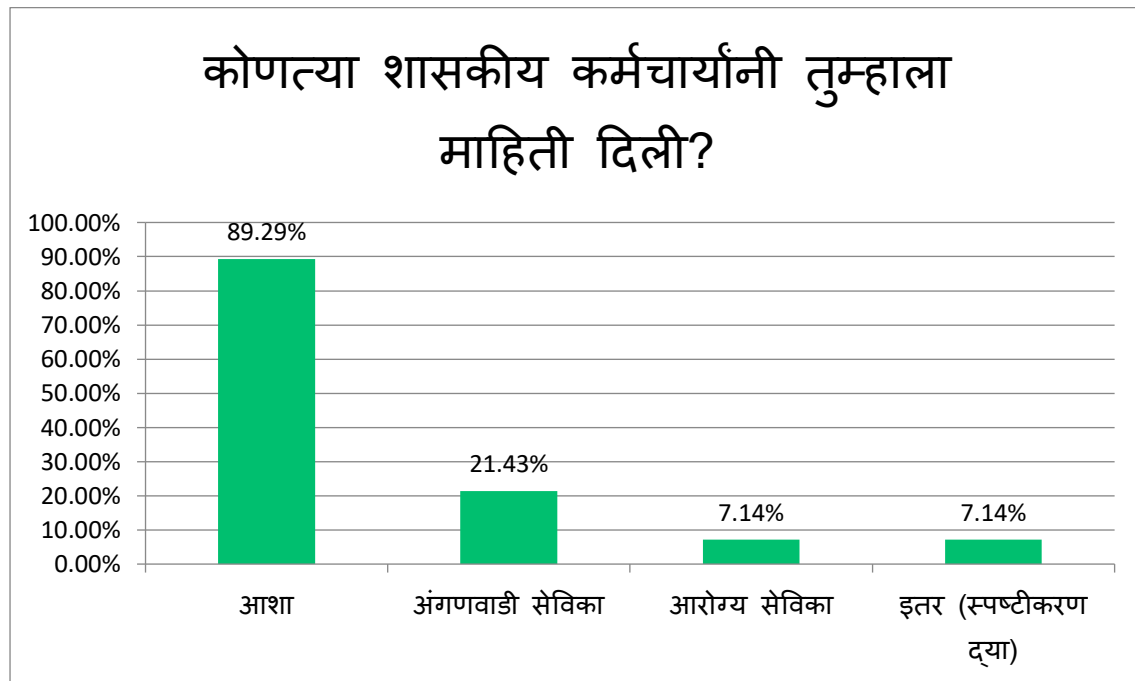


Figure 3 Access to information through Healthcare Service Providers

Information on the following was provided to 56 girls (32%) who received information from the service providers:

- About COVID-19 and its symptoms
- Personal precaution and safety during COVID –handwashing, use of masks and sanitizers
- Community level precaution and safety during COVID – social distancing norms, staying at home
- Consume nutritional meals, drink warm water, etc to maintain immunity

61% respondents said they were visited once a month while 28% mentioned being visited twice a month while almost 10% mentioned being visited once in three months by service providers.

## 5. Impact of Lockdown on Mental and Physical Health and Education

Since the lockdown period was for almost three months (March – May 2020), it was important to see how girls spent their time during lockdown and whether it impacted their mental health and if they stand the opportunity for further education once the situation normalizes.

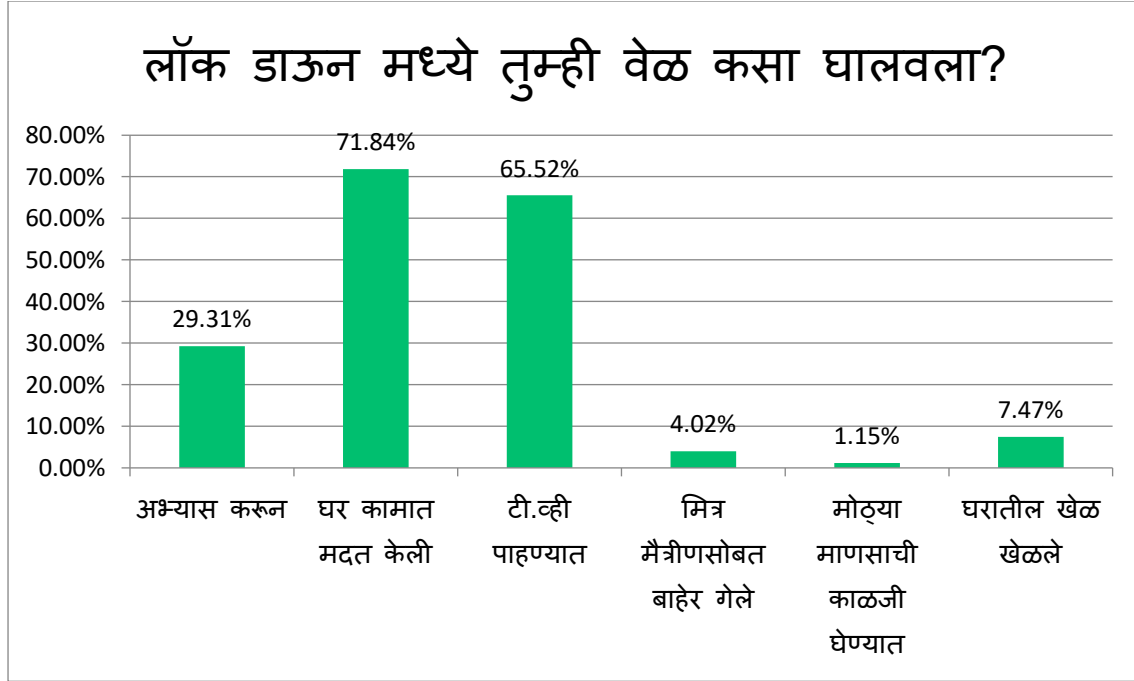


Figure 4 Investment of Time by Adolescent Girls During Lockdown

As seen above, most of the girls spent their time in household chores followed by watching television. It would be interesting to see how adolescent boys were affected during lockdown and how they spent their time during this period.

Lack of mobility (60%) was the biggest negative impact for the young girls during the lockdown while 17% girls were over-burdened with household chores and activities, Approximately one third girls recorded other aspects such as boredom, laziness, lack of extra-curricular activities such as computer classes, no online-class facility, anxiety and fear for health(Figure 6).

## लॉक डाऊन काळात तुमच्यावर घरात राहून काय सकारात्मक परिणाम झाला?

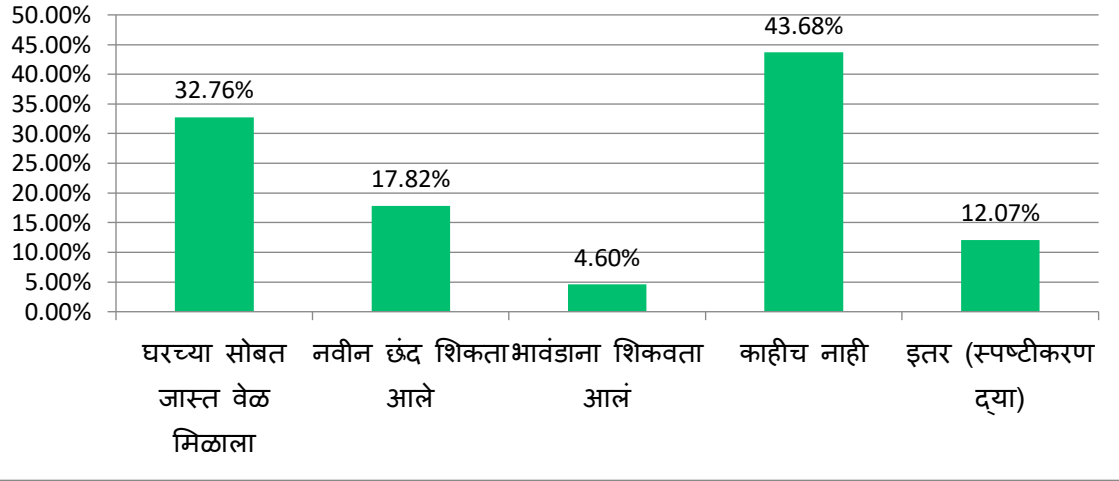


Figure 5 Positive Impacts of Lockdown on Adolescent Girls

The figure above indicates that only one third felt positive about staying at home and getting time with their families. This shows that since most of them have spent time doing household chores, they haven't been able to get time for themselves and with their friends due to lockdown which they could either in schools or colleges earlier.

21 girls specified that they learnt household chores including cooking, learnt about and practiced cleanliness, helped their parents, invested time in reading, spent time on their farms and carried out tree planting (Figure 7).

The girls were asked to respond to how they felt about the lockdown; 36% girls felt happy while one fourth weren't happy but continued following the norms of lockdown, 20% were fearful of the pandemic and the uncertainty.

When asked whether they shared their feelings with anyone, 78% girls reported as having shared. Three fourth of the girls shared their feelings with their friends, followed by sharing it with their mothers. Less than 10% girls shared their feelings with their father or other relatives.

74% girls who shared their feelings received a positive response of help and support, while 23% received indifferent or no response. Almost 60% girls are troubled with the continued lockdown and are now wanting to meet their friends or go to school.

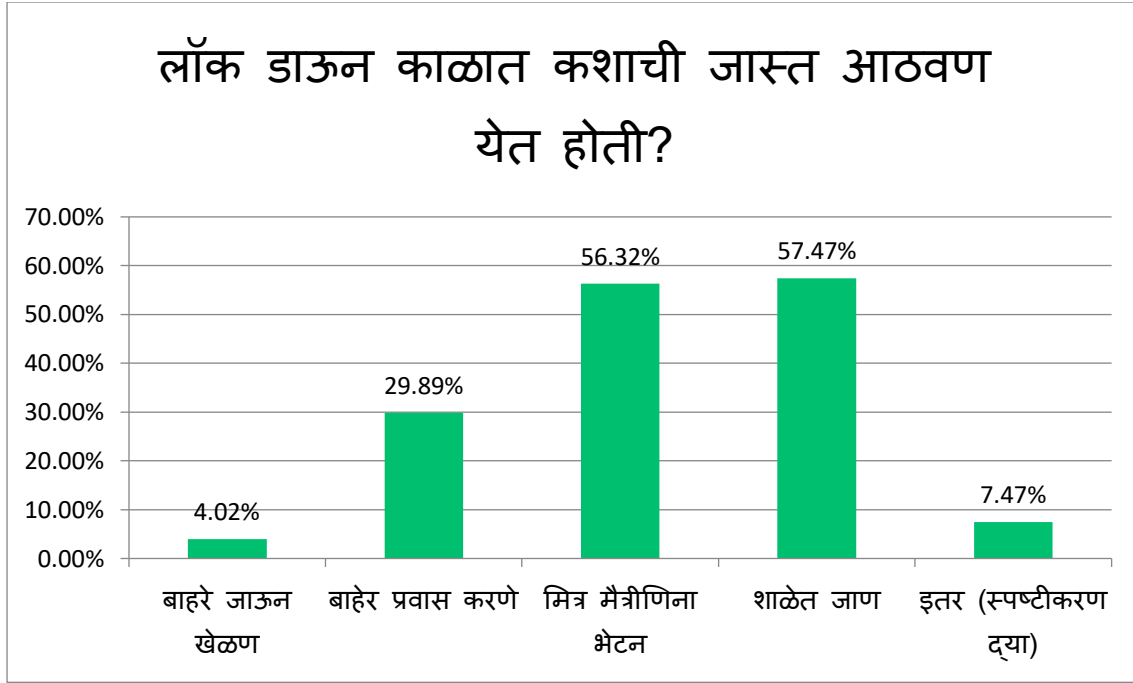


Figure 6 Lack of Social Connection in Adolescent Girls During the Lockdown

Almost 56% girls missed going to school and meeting friends, while one third missed travelling and visiting places. (Figure 6). It is evident that the most of them have missed the time they had for themselves while in school with friends and peers. This could negatively impact them as they wouldn't have many people to share their feelings with.

During the complete lockdown, 61%% of the girls continued their studies. More than half the girls did not have access to online classes from schools, therefore, continued studying their school notes and reading of textbooks while 29% had access to online classes from their schools. Many used other sources such as classes in their villages, taking help of their older siblings, self-study, online books, read religious books.

## 6. Future post COVID-19

One out of two girls felt the need for more information on COVID and the topics mentioned by them for more information were as follows:

- Ways of transmission of COVID-19 disease
- Precautions to be taken to protect oneself and family
- COVID response protocol at the village level
- Symptoms of COVID-19 infection
- How to address anxiety and mental strain associated with the pandemic.

96% girls are still interested in continuing their studies post the lockdown, out of which 88% are positive that their parents will support their education post lockdown and 4% believe their parents will not support their education.

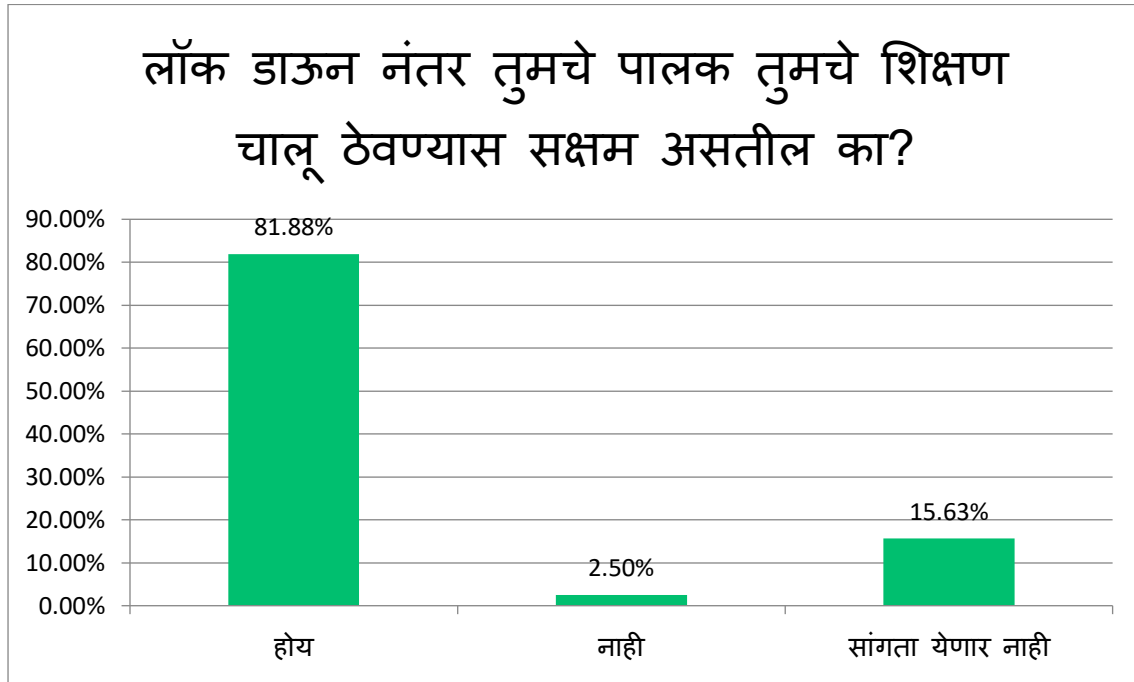


Figure 7 Capability of parents to continue education of Adolescent Girls

Of the 28 girls who believe their parents will not be capable to support their studies, half mentioned the reason of unemployment followed by 46% reporting reasons such as fear of COVID. Loss of crops and therefore reduced income was mentioned by 18% as the reason for not being able to continue education. Some of them also reported household responsibilities as the reason for not being able to pursue further education



## 7. Scope for Livelihood Interventions

If given the permission and opportunity, one fourth of the girls are interested in livelihood interventions and activities.

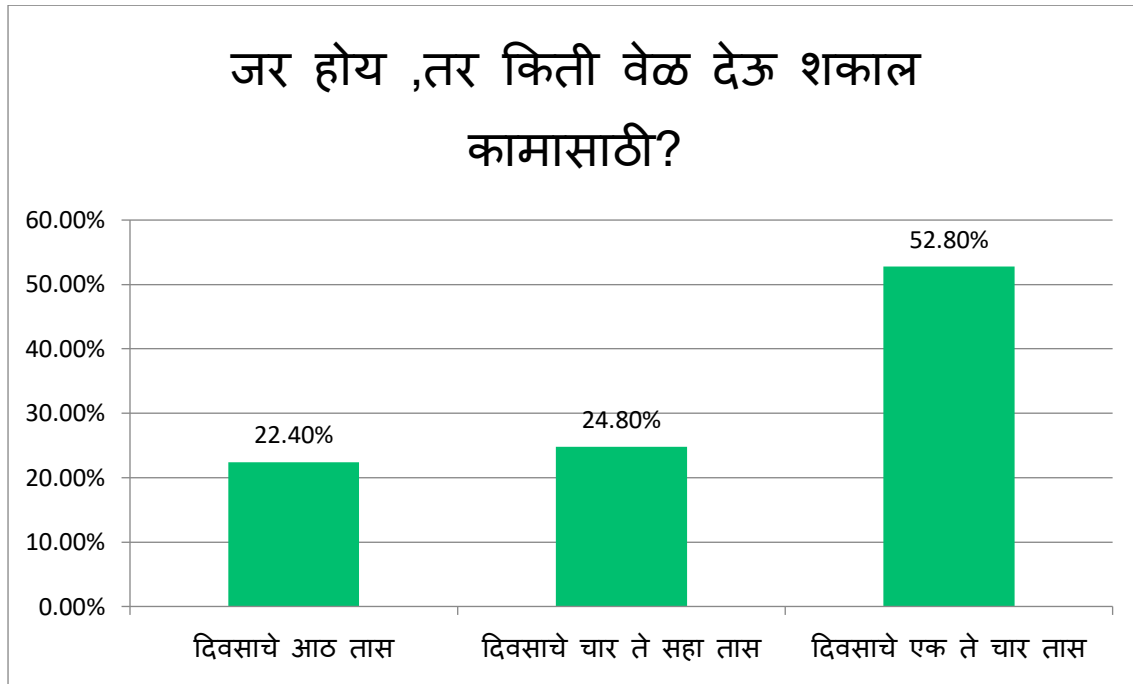


Figure 8 Investment of time in Livelihood Interventions by Adolescent Girls

Of the 125 girls, 61 are interested in stitching and tailoring activities, 29 are interested in learning computers, 24 are interested in beauty parlour and the rest in jobs such as nursing, bank related, teaching etc.

## Discussion

The lockdown has had a negative impact on the prospects of adolescent girls, more so because they are considered the least vulnerable to health issues. However, the survey indicated that disruption in education, mobility, timely access to health and hygiene products such as sanitary napkins and IFA tablets can have grave consequences on the health of the girl. It was also evident that information and avenues for health and social development is limited for adolescent girls. Additionally, there is a need among the adolescent girls for more information on COVID, counselling to help address psychological and mental strain such as lethargy, boredom, anxiety, fear of uncertainty, and continue to engage them in constructive academic and extra-curricular activities to keep them physically and mentally agile and active. Thus, to plan interventions hereon it is essential to consider the following points;

- The safety precautions for COVID need to be reiterated so that the communication gets translated into action and becomes a sustainable behaviour change
- There needs to be a response mechanism to ensure girls have access to sanitary napkins or cloth pads during such situations. ASHA workers should have enough stock of napkins which will suffice during such tough times as well as provide training to girls on making cloth napkins which are environment friendly and are low cost products
- There has to be focus on providing relevant ARSH related information on a regular basis to adolescent girls by service providers.
- There is a high risk of girls losing out on access to education and job opportunities due to lack of mobility. Village level institutions and educational institutions can come together to promote and continue education for girls
- Addressing mental health issues of girls remains one of the strategic interventions post lockdown. Be it through one to one meetings or through telephone calls, they should be assured that they will be allowed to speak and discuss their issues without any apprehensions
- Livelihood interventions will need to be considered for girls as mobility restrictions and lack of access to education and then jobs will affect their future. Thus, some simple interventions can be planned initially and then it can be explored for scale-up.

## Conclusion

This survey has helped us understand that activities and interventions focusing on a comprehensive ARSH development aiming for adolescent girls' health and hygiene, nutritional, mental and physical health as well as financial independence can be developed, in the context of the COVID-19 pandemic and impact of the lockdown. Such interventions can be implemented since the girls themselves are self-aware of the stresses they are under, they are enthusiastic to continue with their education post COVID, and are keen in participating in livelihood interventions, thereby indicating a sense of agency and zeal to develop themselves holistically.

\*\*\*End\*\*\*