



IMPACT OF COVID-19 ON SELF-HELP GROUPS IN MEGHALAYA



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Executive Summary

This report presents the findings of the impact of covid-19 on self-help groups and their member households in Meghalaya. The self-help groups are formed under National Rural Livelihood Mission (NRLM), which is a flagship program of the Government of India aimed at enhancing the livelihoods and reducing poverty of the rural poor. Meghalaya State Rural Livelihood Society (MSRLS), the nodal agency for implementing NRLM within the state has been working towards financial inclusion and livelihoods of the rural poor through formation of women's Self-Help Groups (SHGs) since 2014.

Objectives

The main objective of the study is to examine how covid-19 has affected the regular functioning along with the financial behaviours of the self-help groups. Another objective is to examine the effect of covid-19 on the livelihoods and social well-being of the members of these SHGs. For this purpose, we analysed: a) the impact of covid on overall livelihood of the members such as income, expenditure, savings, loan taking habits and household work among others; b) impact of covid restrictions on regular practices of the SHGs such as adherence to Panchasutra, Dasasutra and other financial and behavioural support provided by the SHGs; and c) the support received by the SHGs and their members from government and other organisations and the initiatives taken by them to combat covid.

Methodology and Data

The study adopted quantitative as well as qualitative methods to analyse the impact of covid-19. Cross-sectional data of before and during COVID period were collected from the SHGs and their members using two quantitative survey questionnaires: one for the SHGs and other for the women members of the SHGs. Qualitative data was collected using Focus-group Discussions (FGDs) with not less than six SHG members per FGD. The survey data collection took place in the month of November, 2021.

Multi-stage sampling method at the SHG and household level were used for selecting a representative sample. Overall, 60 SHGs and 300 members were selected for the quantitative data collection as our sample. For qualitative data, we conducted FGDs from 24 SHGs, one FGD each. The impact of COVID was estimated by comparing the before and during COVID situation of the SHGs and their members. However, in some cases like current challenges, coping up strategy and initiatives taken for tackling COVID cross-sectional data were used.

Key Findings

Overall Impact of Covid on General Life

The highest negative impact of covid-19 was found on household finances followed by the impact on overall life. The impact on mental health was moderately negative and physical health and self-learning was low positive. Quality time with family was positively affected by COVID-19. Further, 65% of the households reported that their child's education was severely disturbed followed by 49% of the households responding that their income has reduced in some or the other form. Similarly, 33% and 26% of the households reported that they had difficulty in accessing basic necessities and other public services respectively. But, only 4% of the households said that they had no impact of covid.

Impact on Income and Expenditure of the Households

17% of the households reported that their income was not affected at all by covid whereas, out of the remaining 83%, 43% of the household said that their fall in income was between 25% to 49% in the covid period. The average, per capita and median monthly income of the households has fallen by 24.7%, 23.4% and 25% respectively. Agricultural wage labour households and households with farming as their source of income were the most affected. Also, 63% of the households reported that there has been a fall in the hours devoted to work, 4% responded an increase and 33% responded that there is no change in the work hours. Likewise, 85% reported that there has been some fall in the expenditure on daily essentials with the main reason behind fall in the expenditure being rise in the price of the essential items and services.

Current Challenges and Negative Coping Mechanism

The major current challenges for the households are the high prices of daily essentials (84% of the households), financial accessibility (68%) and food accessibility (30%) of the households. Households had to resort to some negative food coping mechanism for combating covid-19 with maximum household responses on reduction of meat/fish/eggs consumption (83%). 44% of the households responded that no coping mechanism on livelihood was required to combat covid 19.

Support Received by the Households

Majorly the households relied upon their relatives and friends for social and financial support followed by SHGs and village panchayats. Out of the households who relied upon SHGs, 37% and 33% of the households relied on due to the access to savings and loans which the SHGs will provide in case of any need respectively. We found that 90% of the households received food grains support from the public distribution system and 84% of the household earned income through MGNREGA job scheme. Out of all respondents, only 1.33% of the household responded that they received cash incentives from the government.

Loan Behaviour

The data show that before covid (April 2019 to March 2020) 55% of the households in our sample took loan, whereas during covid (April 2020 to March 2021) only 29% of the households took loan. However, we saw that the differences in the loan default status of the households are not very high before and during the covid period. The results also show that there are not many differences in the loan sources of the household before and during the covid period. SHGs were the main source of loan for these households before covid and have continued to be the mainstay. Furthermore, these results corroborate how SHGs have been instrumental for these households in accessing loans.

Impact of Covid-19 on SHGs' Regular Functioning

The average and the median number of members in the SHGs have not changed much. But we do find the average and the median number of meetings held by SHGs have fallen from 44 and 48 in a year before covid to 29 and 32 during covid respectively. The percentage of SHGs meeting weekly in the covid period has reduced by 27% as compared to the pre covid period. The percentage of SHGs having the frequency of saving weekly have also fallen by 16% in the covid period. We also find that the average and the median number of loans disbursed per SHG have fallen from 6.7 and 6.5 before covid to 3.9 and 2.5 during covid respectively. However, we do find that the percentage of SHGs

discussing on health-related issues increased by 20% during covid period. This shows that the SHGs' focus on health-related concerns increased in the pandemic.

Initiatives Taken by SHGs

Several SHGs were involved in distribution and making of masks and sanitizers to the community with the materials provided by the village organizations. SHGs also reported that they were involved with the health department officials in spreading awareness regarding covid appropriate behaviours, following protocols and promotion of vaccination in the community. However, the percentage of such SHGs was very less.

Conclusion

Our study has focused upon measuring the impact of covid-19 on self-help groups and their member households. Overall, we have seen that like other institutions and groups, self-help groups were also negatively affected by covid. However, we have also observed few positive effects of covid as well on the SHG members and SHGs have also taken measures to survive and to support their members during the pandemic. However, there is a need to increase SHG bank linkage in Meghalaya. In order to enhance household's economic welfare there is a need to increase loan sizes, which can be done through more and more SHG bank linkage. The SHG bank linkage will lead to an increase in the loan sizes of the members and bring desirable changes in the livelihood of SHG households.

The vaccination coverage in Meghalaya is less than 50% of the adult population. However, moving forward SHGs can also be seen as a group that can play a very vital role in promoting vaccination and covid awareness program in the state. SHGs as a group could also get involved in income generating activities, which might help members in coping up with the income loss.

1. Introduction

Covid-19 and its associated containment measures have imposed an unprecedented toll on the lives of millions worldwide, making it 'the worst global crisis since World War II'.¹ Countries, irrespective of their economic status, were equally subjected to the bare realities of the pandemic. India was not an exception. The economic and health impacts of covid varied throughout the length and breadth of the country. The lives, livelihoods, and incomes of the people, especially those in the lower quintiles were severely affected. The awful images of relentless reverse migrations further pictured the conditions of the marginalised during the pandemic.

The effects of the pandemic were neither uniform across states nor gender. Women being gendered the role of caretakers of the family, their loss in livelihoods, and added responsibilities imposed by lockdown measures further marginalised them (Sanyal et al., 2021). Despite that, women played a crucial role in the community response to the crisis in many states through the Self-Help Groups (SHGs), by producing facial masks, Personal Protective Equipment (PPE), affordable sanitisers, distributing food kits, fighting misinformation and bridging information asymmetry. Their far-reaching influence in rural areas and even among vulnerable communities helped the local self-governments to leverage them to tackle the covid menace in rural areas.

However, the restrictions imposed by lockdowns curbed the functioning of the SHGs to a greater extent. Being voluntary organizations, whose functioning hinged on microfinance operations like pooled savings, micro credits and capacity building, the loss of income and livelihood severely affected its daily operations. Furthermore, curbs on physical meetings, which are among the five key principles of National Rural Livelihood Missions (NRLM) (termed as Panchasutra), affected the groups' collective identity and functioning.

When the entire country was struggling with the worst-ever health crisis, Meghalaya was one among the north-eastern states who had relative success in tackling the deadly virus due to its well-planned strategy. One of the main components of its strategy in tackling the covid menace was its community capacity building through selecting community health activists through SHGs.² However, similar to the SHGs in all other states, the pandemic had a mixed impact on their functioning as well as on the member households in particular. This study focuses on the impact of covid on the SHGs as a whole, with a special focus on the economic and social wellbeing of the SHG households.

1.1 Objectives of the Study

The major objective of the study is to know the impact of covid-19 on self-help groups and their members households. The specific objectives are as follows:

- I. To understand the impact of covid-19 on the livelihood of SHG households
- II. To understand the impact of covid-19 on the social well-being of SHG households
- III. To examine the impact on access to credit facility and other financial services for meeting the needs of SHG members
- IV. To assess the impact of covid-19 restrictions on regular activities (Panchsutra) of SHGs
- V. To assess the support received by the SHGs from government and other institutions
- VI. To understand the initiatives taken by the SHGs to deal with covid-19

¹Monitor, ILO COVID-19 and the world of work (2020).

²<https://pib.gov.in/PressReleasePage.aspx?PRID=1636382>

1.2 Limitations of the Study

The study has few limitations. Firstly, the study uses cross-sectional data, thereby limiting the changes in the household level information over the period. Secondly, the study has not used statistical tests because of the limited sample size. Thirdly, the length of the questionnaire has been kept optimum to ensure engagement and quality response from the households.



2. Methodology

The data of the study was collected from the self-help groups and their households in three districts of Meghalaya. The data collected from the women member was primarily focused upon their household and some data points with specific focus to women. The survey data collection took place during the month of November 2021.

2.1 Methodology and Survey Design

The aim of the study was to estimate the impact of COVID-19 on self-help groups and their member households. The impact of COVID can be estimated by comparing the before and during COVID situation of the SHGs and their members. This method suits the evaluation framework because to know the specific impact of COVID based on our objectives we need to know the situation of the SHGs and their members before COVID. The before COVID data points were collected through recall method. However, in exceptional cases, like the one at present, cross sectional data on coping up strategies and Covid management initiatives were used.

Overall, the data used for analysis consist of both quantitative and qualitative data. Two survey questionnaires were used for collecting quantitative data: one for the SHGs and other for the women members of the SHGs (including households level data). Qualitative data was collected using structured schedules for the Focus-Group Discussions (FGDs)³ of the women.

The quantitative data were analysed using descriptive statistics tools like percentage analysis, mean, median and so on, whereas the qualitative data points were analysed using narrations and themes. Since, Covid-19 has been persisting indefinitely, having an enduring impact on people's lives, the use of any impact evaluation measures was completely ruled out.

2.2 Sampling Strategy and Sample Size

The unit of analysis were SHGs and their members. Before applying the sampling method following three selection criteria were used:

1. SHGs from two regions of Meghalaya (Khasi and Garo Hills)
2. Blocks which are significantly affected by COVID were covered (based on availability of matured SHGs)
3. Inclusion and exclusion criteria of selecting SHGs can be done based on the institution's maturity i.e., above 3 years of age

We selected three districts for our study purposively, West Khasi Hills, Ri Bhoi and West Garo Hills. From these districts we selected one block each: Mairang, Umsning and Rongram. Multi-stage sampling method at the SHG and household level were used for selecting a representative sample. First, we selected 20 SHGs each from these three blocks randomly, which were above 3 years of age. Second, from the selected SHGs we selected members randomly with 100 SHG members from each block. Overall, 60 SHGs and 300 members were selected (Table 2.1). For qualitative data, we conducted 24 FGDs, 8 FGDs in each block from the selected 20 SHGs.

³A focus group discussion (FGD) is a way to gather together people to discuss a specific topic of interest. The group of participants is guided by a moderator (or group facilitator) who introduces topics for discussion and helps the group to participate in a lively and natural discussion amongst themselves. FGDs can be used to explain findings which cannot be explained statistically.

Research Tools: Focus Group Discussions, <https://odi.org/en/publications/research-tools-focus-group-discussion/>

Table 2.1 – Sample Distribution

District Name	Block Name	No. of SHGs	SHG members
West Khasi Hills	Mairang	20	100
Ri Bhoi	Umsning	20	100
West Garo Hills	Rongram	20	100
Total	3	60	300

2.3 Data Collection

Data was collected digitally through CDFI's data collection software SANGRAH. The data collected was monitored on a real time basis in excel and live action dashboards were made on CDFI's data analytics platform SANKALP. The data collectors were selected carefully along with 2 days of training prior to deployment. Data monitoring and review was done every alternate day to identify problems and to do the corrections in a timely manner. Data was cleaned post the data collection process and after that analysis of the data was done.

2.4 Ethical Consideration

To adhere to the values of research and to promote accountability, trust, mutual respect, and fairness among participants in the study, the enumerators took informed consent from the participants selected, guaranteeing confidentiality, security, and anonymity. Data collection was stopped if any participant was reluctant to share any further information. Access to the data sets was only given to the research team.

3. Key Findings of the Impact of COVID on SHG Households

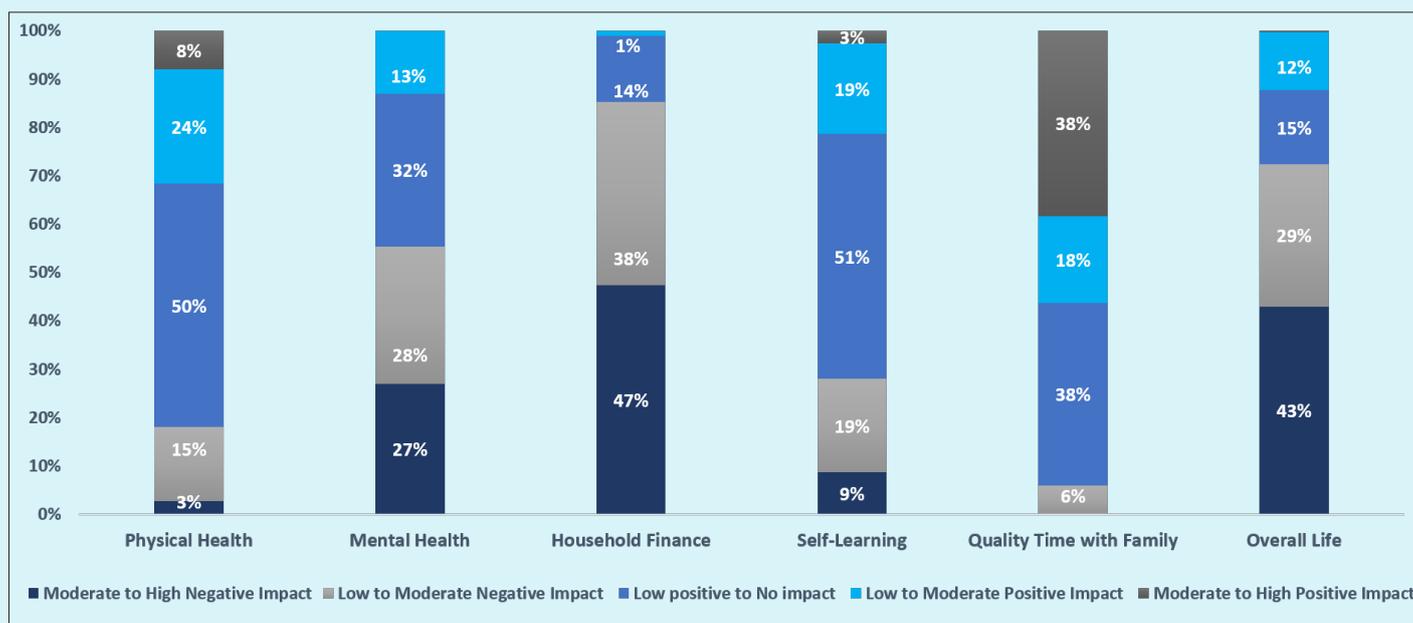
3.1 Household Composition

All the households selected in our study had at least one women member as a part of the self-help group. 98.33% of the households were Christians, whereas the remaining 1.67% were from other religions. Meghalaya comprises of a large population of Scheduled Tribes households (90.36%)⁴, which can be seen in our study as well. All the households in our study were Scheduled Tribe households. The average and median household size was 6.05 and 6 members respectively. The percentage of households with household size 1-3, 4-6, 7-10 and 11 and above were 11.33%, 50.66%, 33% and 5% respectively.

3.2 Impact of Covid-19 on Economic and Social Well-being of SHG Households

The present section shows the overall impact of covid on the economic and social well-being of the SHG households in particular, like physical health, mental health, household finance, self-learning from covid, quality time spend with family and overall life. The responses were recorded on a scale of 1-10 (1 being highly negative whereas 10 being highly positive). So, the lower the score the higher is the negative impact of COVID-19. The average scores for the impact of COVID-19 on overall life, household finance, mental health, self-learning, quality time with family and physical health were found to be 3.37, 2.79, 4.07, 5.24, 7.52 and 5.9 respectively. This shows that the most negative impact of covid-19 was on household finances followed by the impact on overall life. The impact on mental health was moderately negative and physical health and self-learning was low positive. However, quality time with family was positively affected by COVID-19 which was mainly due to the lockdown which allowed the people to be with their loved and dear ones for the most of time.

Figure 3.1 – Percentage Distribution of Impact of COVID-19 on Households’ Economic and Social Well-Being



⁴Caste Tribe Status of Households (Rural), <https://secc.gov.in/statewiseCasteProfileReport?reportType=Caste%20Profile>

Figure 3.1 above shows the percentage distribution of the positive, negative or no impact of COVID on the factors mentioned above. In case of impact of covid on physical health, 50% of the households had low positive to no impact while 24% households had low to moderate positive impact. 55% of the household said that they had negative impact of covid on their mental health with 27% saying moderate to high negative impact. The impact of covid on household finances was severely negative as 47% and 38% of the households had moderate to high and low to moderate negative impact respectively. 51% of the households said that the impact on self-learning of the households was low positive to null. 38% and 18% of the households responded that their quality time with family was moderate to highly positively and low to moderate positively affected by covid respectively. On the other hand, 43% of the households said that they had a moderate to high negative impact of COVID on their overall life. Only 12% of the households said that they had a low to moderate positive impact of COVID.

3.3 Major Impact of COVID-19 on SHG households

SHG households responded on the three major impacts of COVID-19 on their household members which is depicted in Figure 3.2 below. We found that 65% of the households reported that their child’s education was severely disturbed followed by 49% of the households responding that their income has reduced in some or the other form. 33% and 26% of the household reported that they had difficulty in accessing basic necessities and other public services respectively. But only 4% of the SHG households said that they had no impact of covid.

Figure 3.2 – Major Impact of COVID-19 on SHG Households (%)

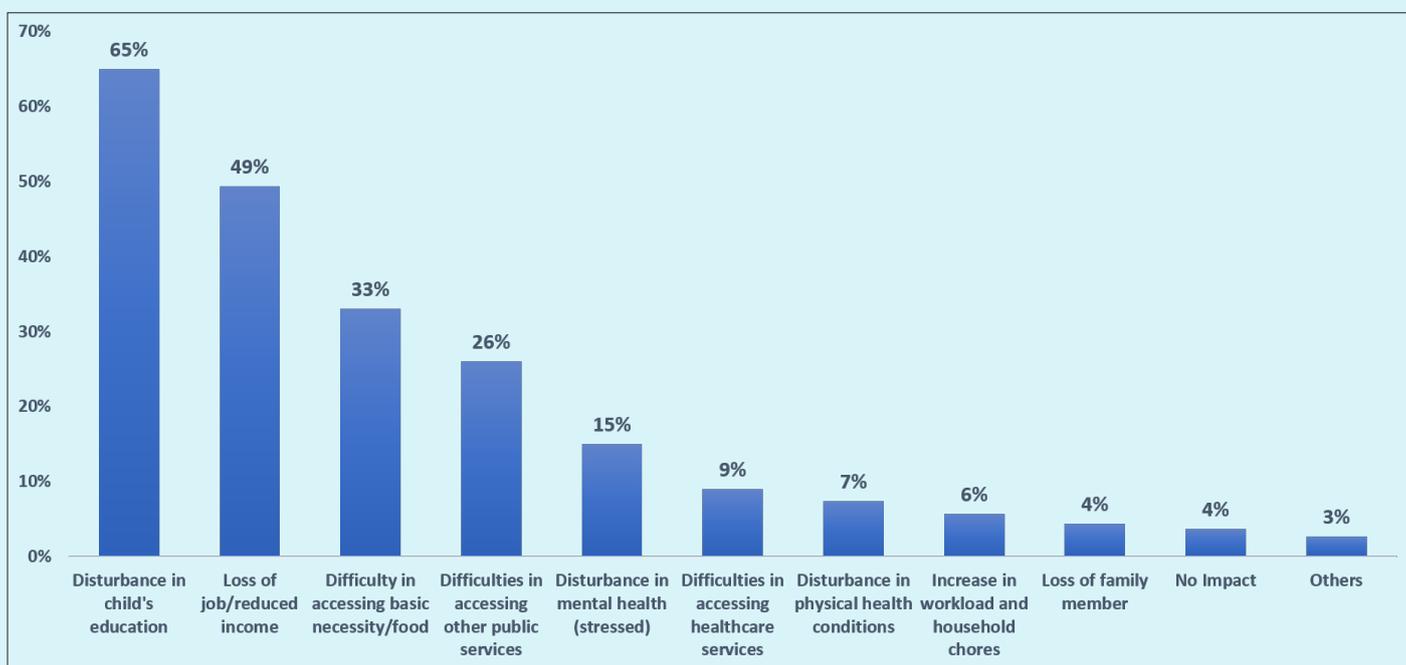
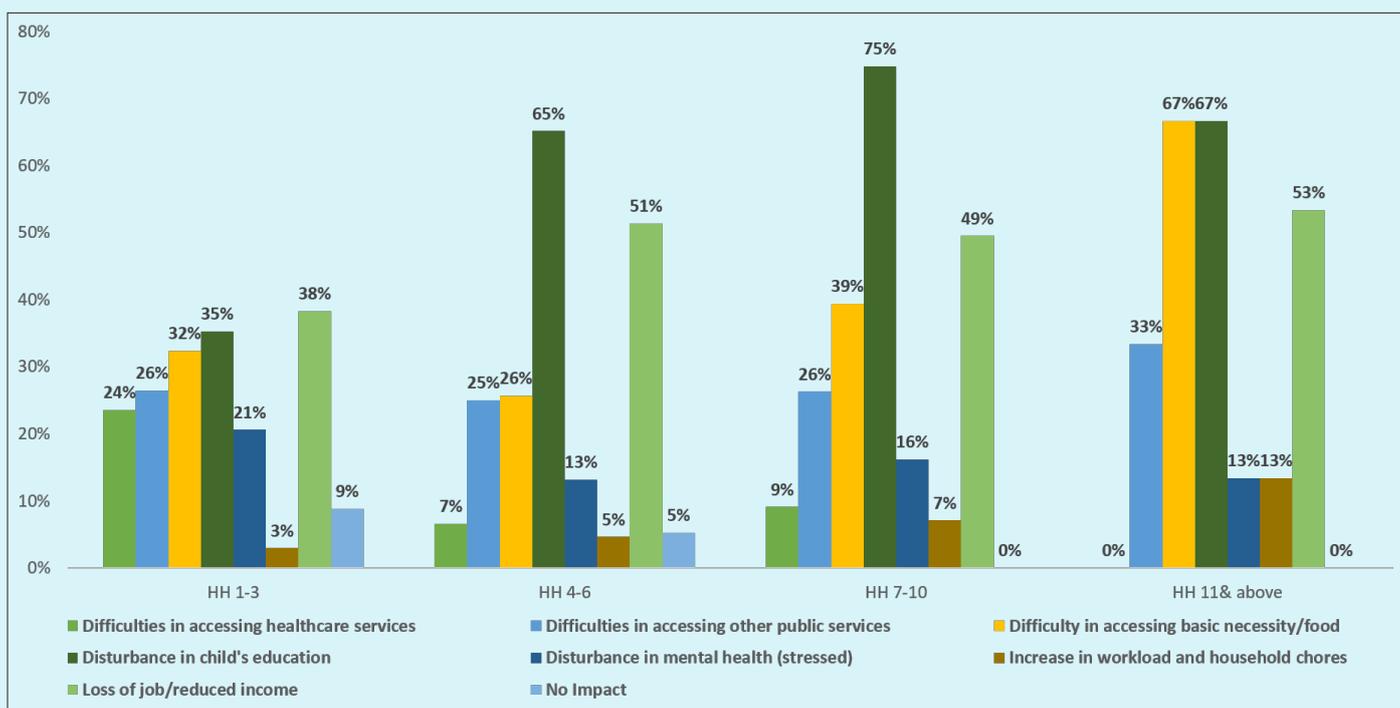


Figure 3.3 below shows the major impact of covid based on the household’s size. Households with 4-6, 7-10 and 11 and more members were majorly affected by covid due to the disturbance in their child’s education and reduced income. 67% of the households with 11 and more members also faced difficulty in accessing necessities. There was no major difference in the effects of covid on households with less than 4 members.

Figure 3.3 – Major Impact of COVID-19 Based on the Household Size (%)



3.4 Impact of COVID on SHG Households' Income and Expenditure

Covid-19 has impacted the income and expenditure of the people tremendously. The present subsection is about how covid has impacted the income and expenditure patterns of the households. Table 3.1 shows the average, per capita and median monthly income of the households both before and during the covid period. It is evident from the table that the average and the median income of the SHG households was lower even in the pre covid period because SHG formation is targeted at the low-income households. The average, per capita and median monthly income of the households has fallen by 24.7%, 23.4% and 25% respectively. This shows that there has been approximately 1/4th fall in the income of the households due to covid.

Table 3.1 – Households' Income Before and During COVID Period (Rs.)

S. No	Income (Before covid)	Income (During covid)	% Fall in Income
Average	8644	6509	24.7%
Per Capita	1634	1251	23.4%
Median	6000	4500	25%

The monthly income of the SHG households, both before and during the pandemic was analysed based on the households' size. It was found that smaller households were least affected than bigger households. However, Table 3.2 demonstrates that the households with lesser members had lesser income than the households with more members before covid. The average and median fall in the income of households with less than four members is 21.8% and 10% respectively. Whereas the average and median fall in the income of households with 7-10 members is 25.3% and 33.5% respectively⁵.

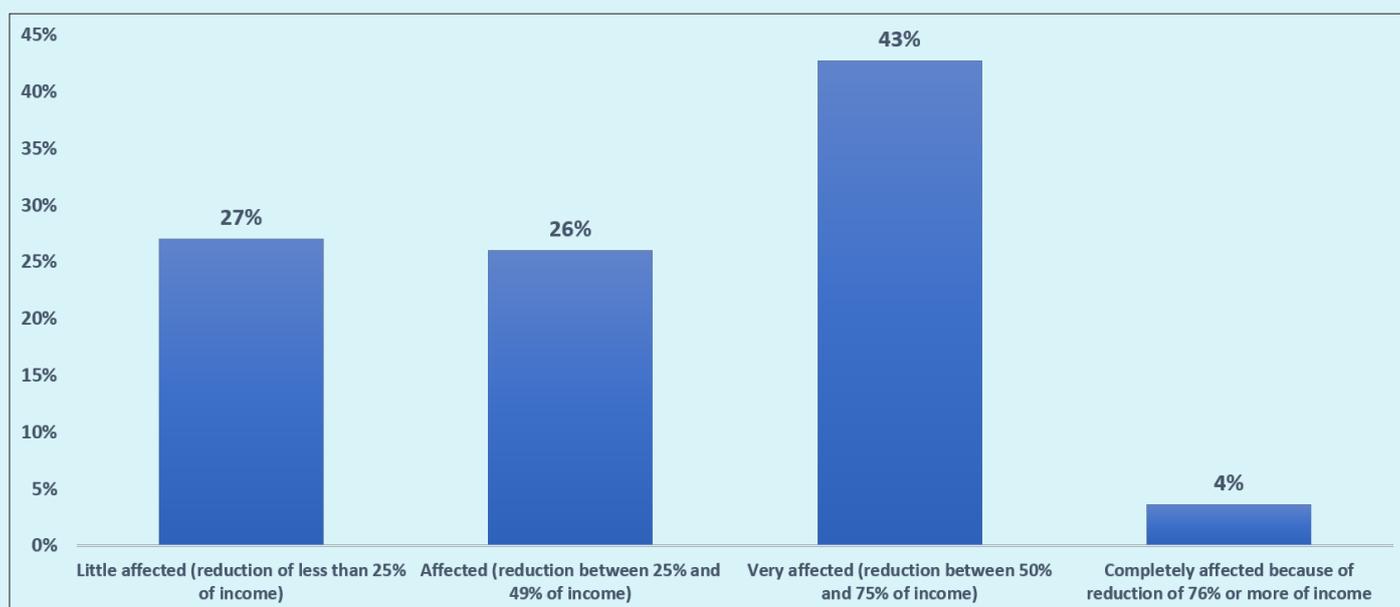
⁵We are not analyzing the households with more than 10 members because the total number of these households in our sample are only 5%.

Table 3.2 – Impact of Covid-19 on Household Income based on Size of the Household

Income/ HH Size	HH Size 1-3			HH Size 4-6			HH Size 7-10			HH size 11 & above		
	Before COVID	During COVID	% Fall	Before COVID	During COVID	% Fall	Before COVID	During COVID	% Fall	Before COVID	During COVID	% Fall
Average Income (Rs.)	6868	5371	21.8	8723	6671	23.5	8745	6533	25.3	11200	7287	34.9
Median Income (Rs.)	5000	4500	10.0	6000	5000	16.7	6000	4000	33.3	8000	5000	37.5

Out of the 300 households in the sample, 17% reported that their income was unaffected at all by covid. However, majority (83%) of households reported a fall in their income. Out of this, 27% testified a reduction of less than 25%; 26% reported a fall between 25% to 49%; 43% stated a fall between 50% to 75%; only 4% reported their income fall to exceed by 75% or more (Figure 3.4).

Figure 3.4 – Household Responses on the Fall in Income due to COVID-19



We also analysed the fall in income of these 83% households based on their source of income as shown in figure 3.5. 51% and 47% of the households, who have their source of income as agriculture wage labour and animal husbandry respectively, reported that the fall in their income was between 50% to 75%. Agricultural wage income households (55%) were the worst affected (more than 50% fall in income), followed by animal husbandry (47%), self-employed farming households (38%) and non-agricultural wage labour (36%). 67% of the household, with business/enterprise as their source of income, said that the fall in their income was less than 50%, with 40% reporting that the fall in their income was lesser than 25%. Out of the households whose income was impacted, 1/3rd or more of the households with different sources of income reported a reduction of more than half of their income except private salaried household as shown in figure 3.5.

Figure 3.5 – Size of Fall in Income based on Households’ Source of Income

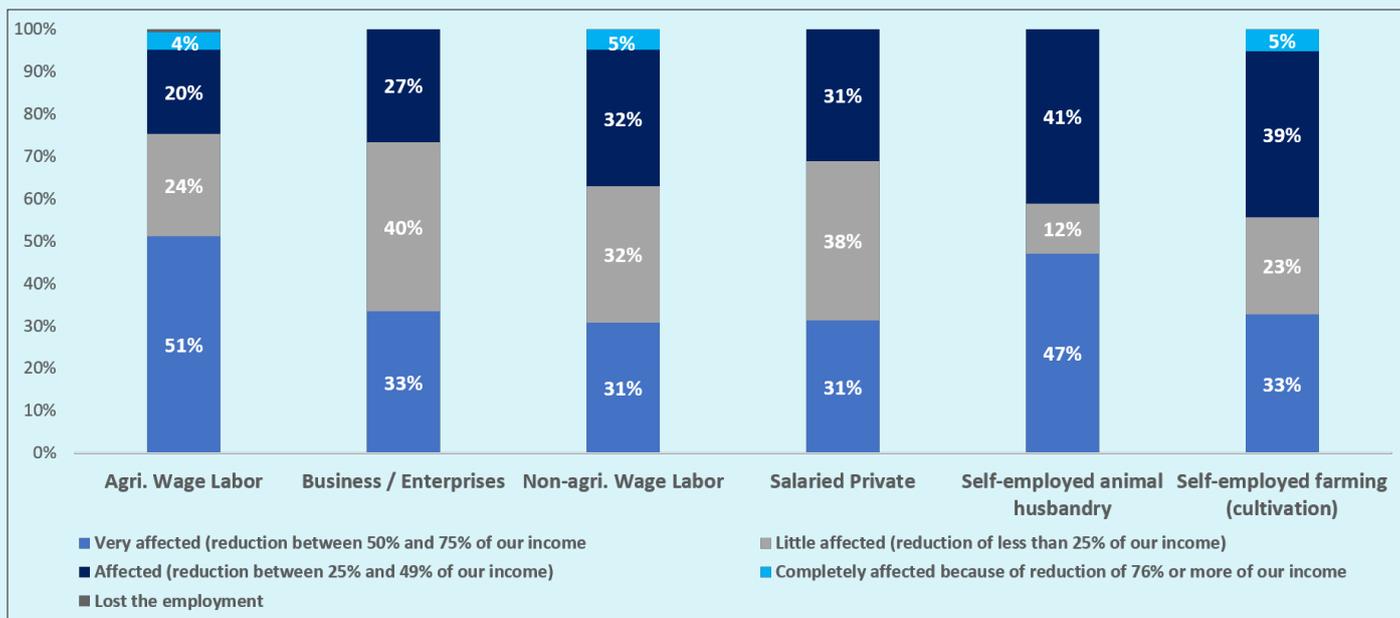
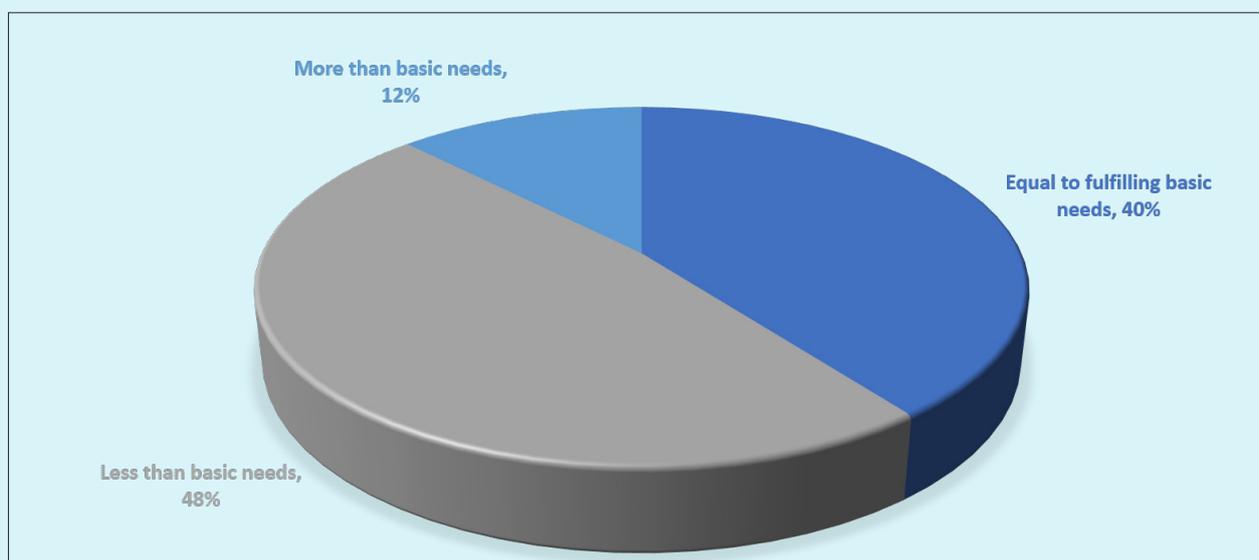


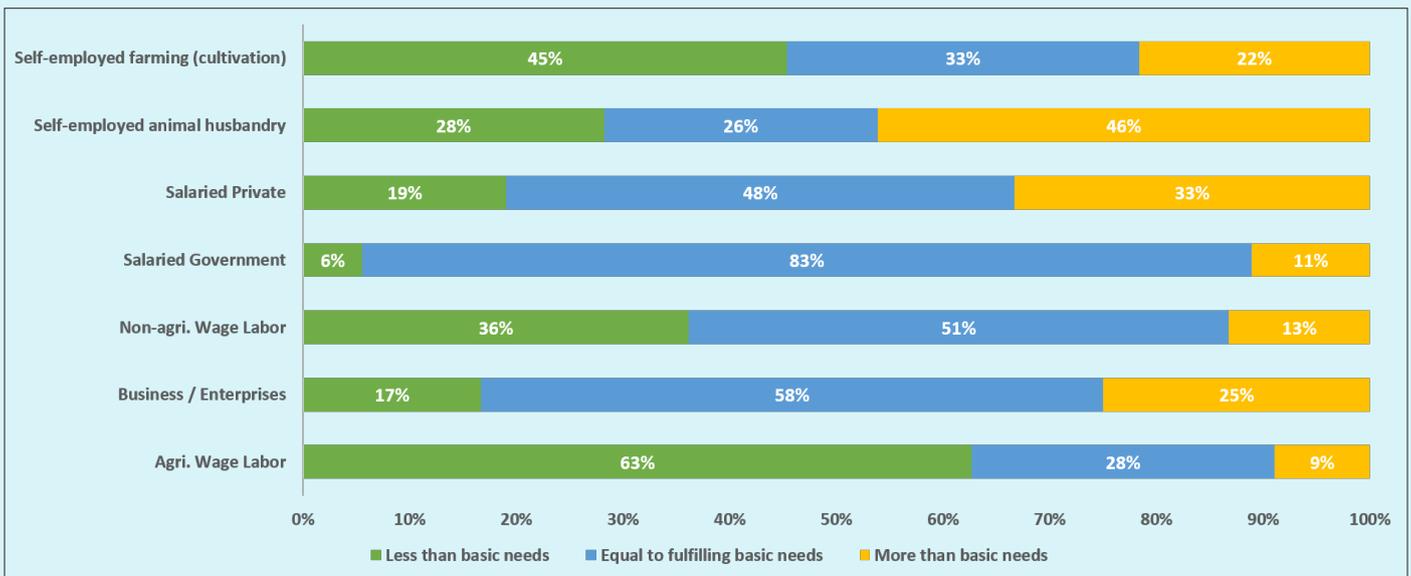
Figure 3.6 below shows how the households were able to utilize their income during covid-19 lockdown. 40% of the households responded that the income utilization was equal to fulfilling basic needs, 12% responded that the income utilization was more than the basic needs and 48% responded that the utilization was less than the basic needs. This result shows that close to half of the SHG households were not able to utilize their income up to the basic needs during the lockdown.

Figure 3.6 – Households’ Income Utilization during COVID-19 Lockdown (%)



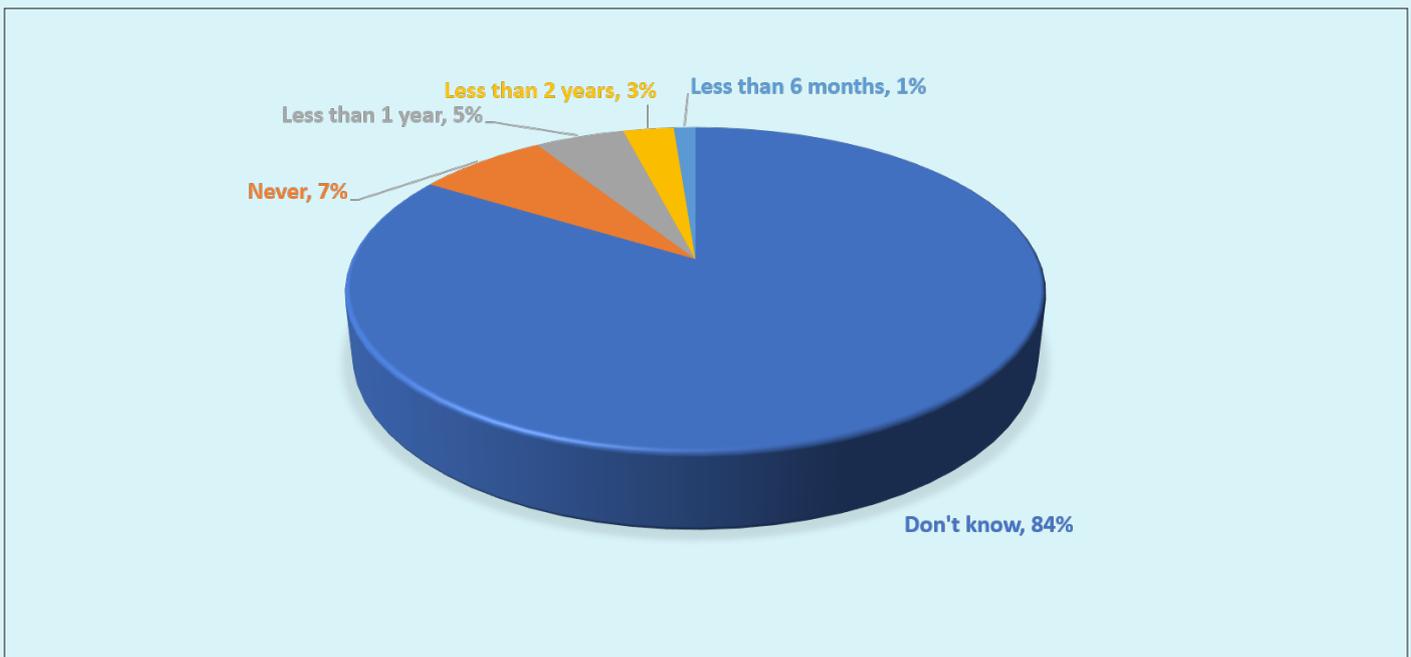
We also analysed the households’ utilization of income based on their source of income (Figure 3.7). We found that the 63%, 45% and 36% of the households with agricultural wage income, self-employed farming and non-Agri wage income respectively as a source of income had utilization of income less than the basic needs of the household. Households able to utilize their income more than the basic needs were the ones with their income sources as animal husbandry (46%), salaried private (33%) and business (25%). This result shows that the Agri-wage, farming and non-agri wage income households were the most affected during covid.

Figure 3.7 – Households’ Income Utilization since COVID-19 based on Source of Income (%)



The time required for the households to recover their fallen income was also gauged and 84% of them were sure of their ability to recover whereas 7% were hopeless of recouping their lost income (Figure 3.8).

Figure 3.8 – Households’ Income Recovery Time (%)



The study also considered to find out whether there has been a fall in the hours devoted to work due to covid. 63% of the households reported a fall in the hours devoted to work, 4% responded an increase while 33% found their work hours to be unchanged. More than or equal to half of the households with sources of income, except salaried government, reported that there has been a decrease in their hours devoted to work (Figure 3.9). Highest percentage of households whose work hours have decreased are the agri-wage labour households (86%). 10% of the salaried private households have reported an increase in there hours devoted to work, which is highest among all sources of income. 89% (highest among all other sources of income) of the salaried government households said that their work hours have not changed.

Figure 3.9 – Change in the Households’ Hours Devoted to Work since COVID-19 based on Source of Income (%)

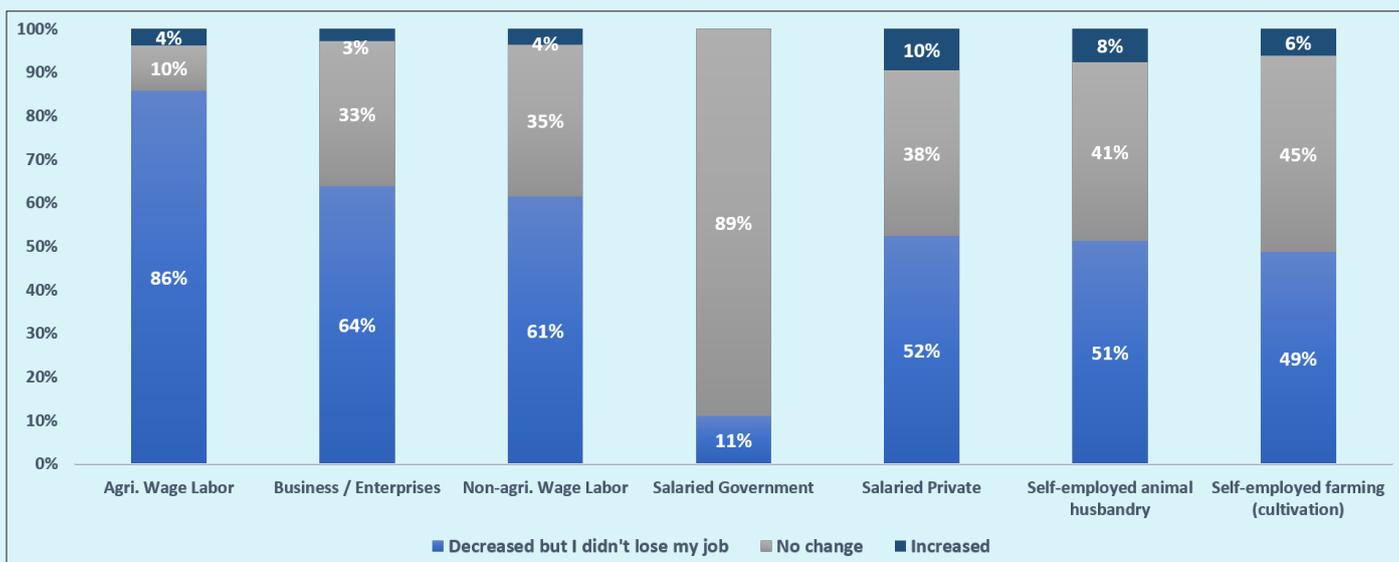
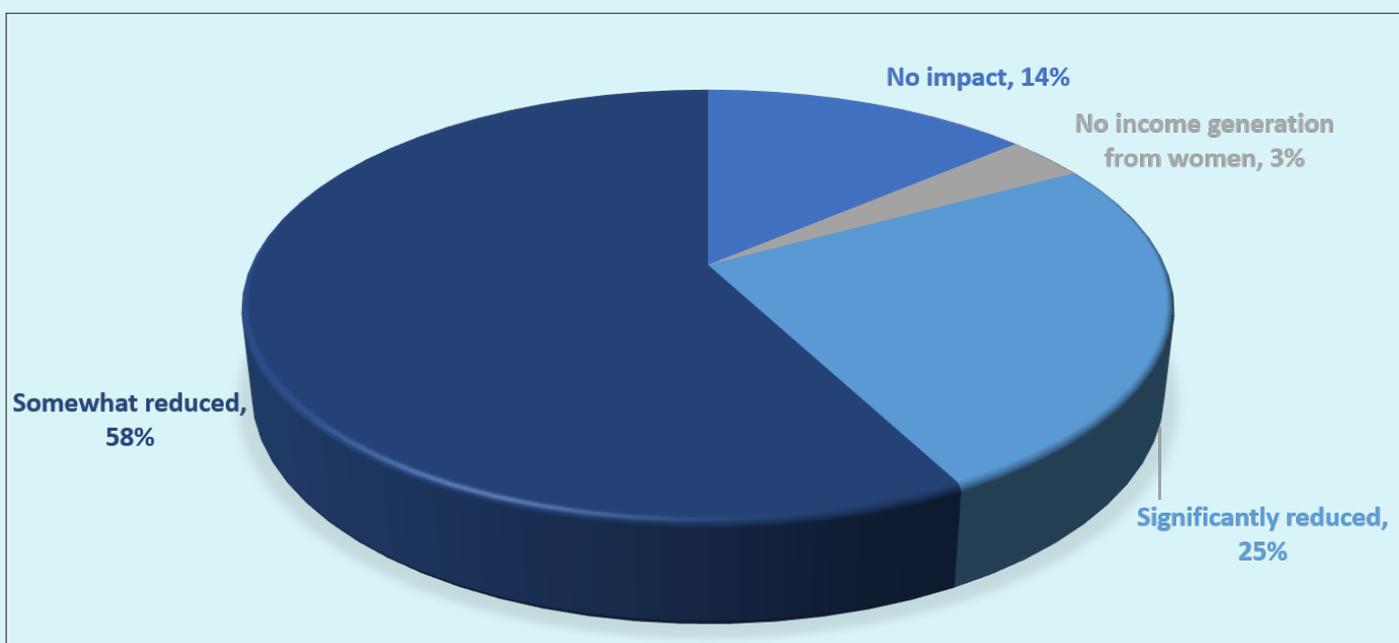


Figure 3.10 shows the impact of covid on women’s income in the household. Only 3% of the households have reported that the women in their household do not earn. 1/4th of the households reported that there has been a significant loss in the women’s income, and 58% considered the loss as small. 14% reported that there has been no impact of covid on their income.

Figure 3.10 – Impact of COVID-19 on Women’s Income (%)



There has been no prominent impact of covid on the overall expenditure of the households. However, there has been a fall in non-food expenditure of the households. Table 3.3 shows that the average and median expenditure of the households fell by 5.4% and 6.8% respectively and also the per capita expenditure fell by 10.3%. We have adjusted the pre-covid monthly expenditure with an inflation rate of 6.18% based on inflation in 2020 for the household level⁶.

⁶India: Inflation Rate from 1986 to 2026. <https://www.statista.com/statistics/271322/inflation-rate-in-india/>

Table 3.3 –Households’ Expenditure Change Before and During Covid Period (%)

S. No	Expenditure (Before covid)	Expenditure (During Covid)	% Fall in Expenditure
Average	6945	6569	5.4%
Per Capita	1231	1148	10.3%
Median	5861	5253	6.8%

Out of the 300 household, 85% reported that there has been some fall in the expenditure on daily essentials. Figure 3.11 depicts the reason behind the fall in expenditure. Out of these, 96% reported that the reason behind fall in the expenditure as the rise in the price of the essential items and services, while 53% attributed the fall to increase in the expenses due to rise in the purchase of masks, sanitizers, cleaning kits and so on. Only 2% mentioned that there are some other reasons as well.

Figure 3.11 – Reason Behind Fall in the Households’ Expenditure (%)

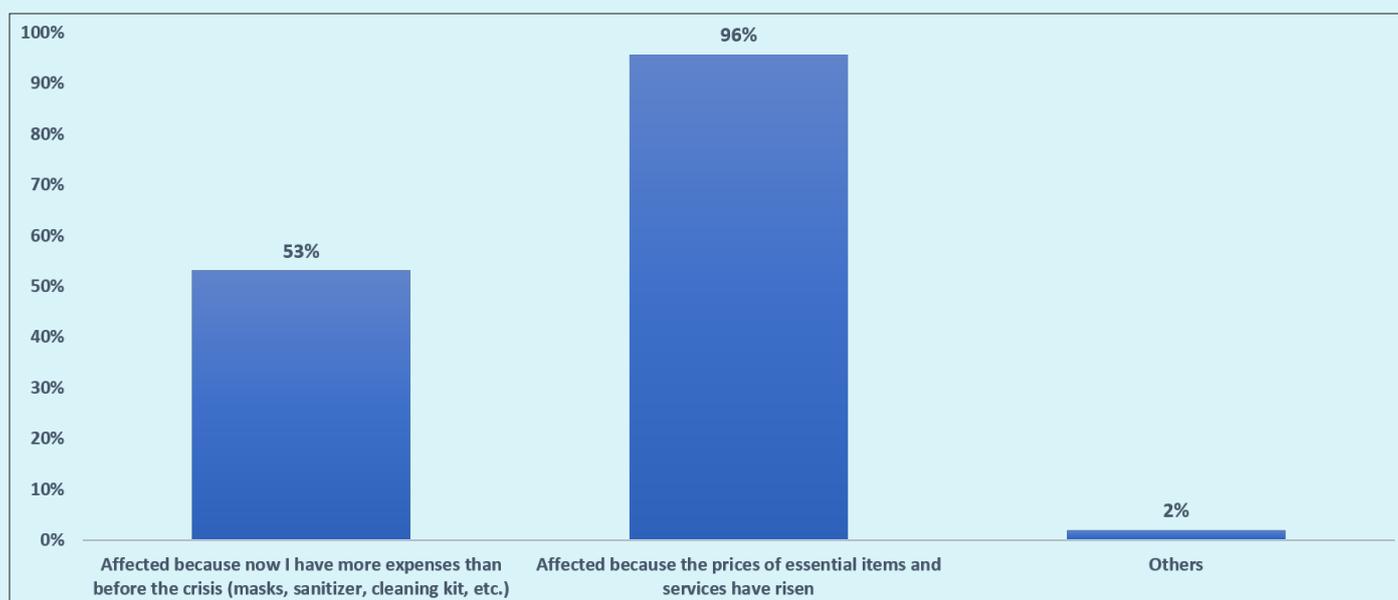
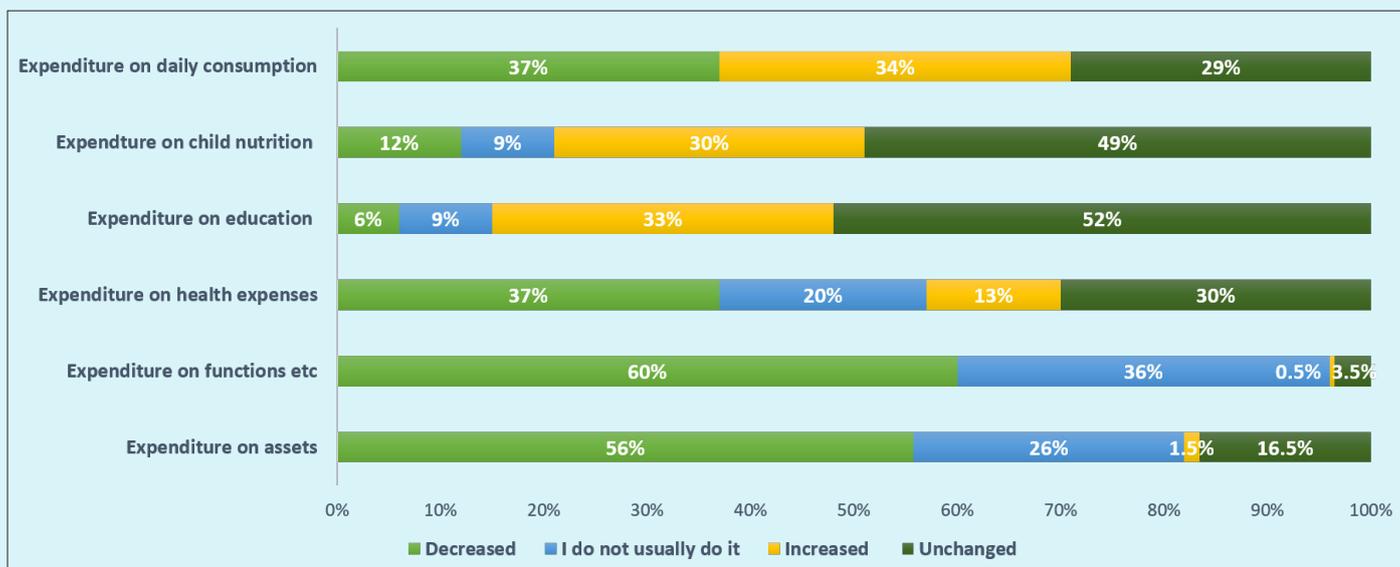


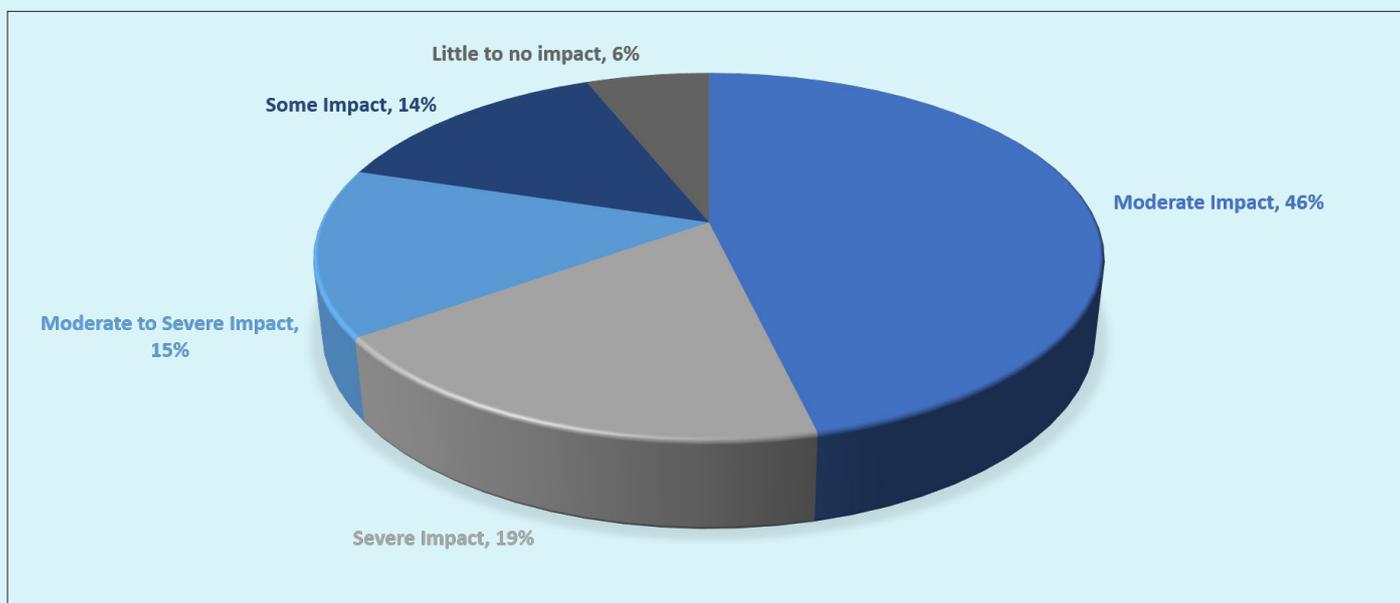
Figure 3.12 shows the changes in the household’s day to day expenses on different expenditure habits due to covid. We found that 37%, 60%, 56% and 37% of the households said that their expenditure on daily consumption, functions, assets, and health have decreased due to covid respectively. The expenditure on daily consumption, child nutrition, education and health have remained unchanged for 29%, 49%, 52% and 30% of the households respectively. However, increase in the expenditure on daily consumption, child nutrition and education can also be seen in 34%, 30% and 33% of the households respectively.

Figure 3.12 – Change in the Households' Expenditure Since Covid (%)



Household's perception on the impact of covid in their vicinity can be seen in figure 3.13. 46% of the households said that covid has impacted the households in their vicinity moderately. 19%, 15% and 14% of the households said that the impact of covid was severe, moderate to severe and little in their vicinity respectively. Only 6% of the households said that there was little to no impact of covid in their vicinity.

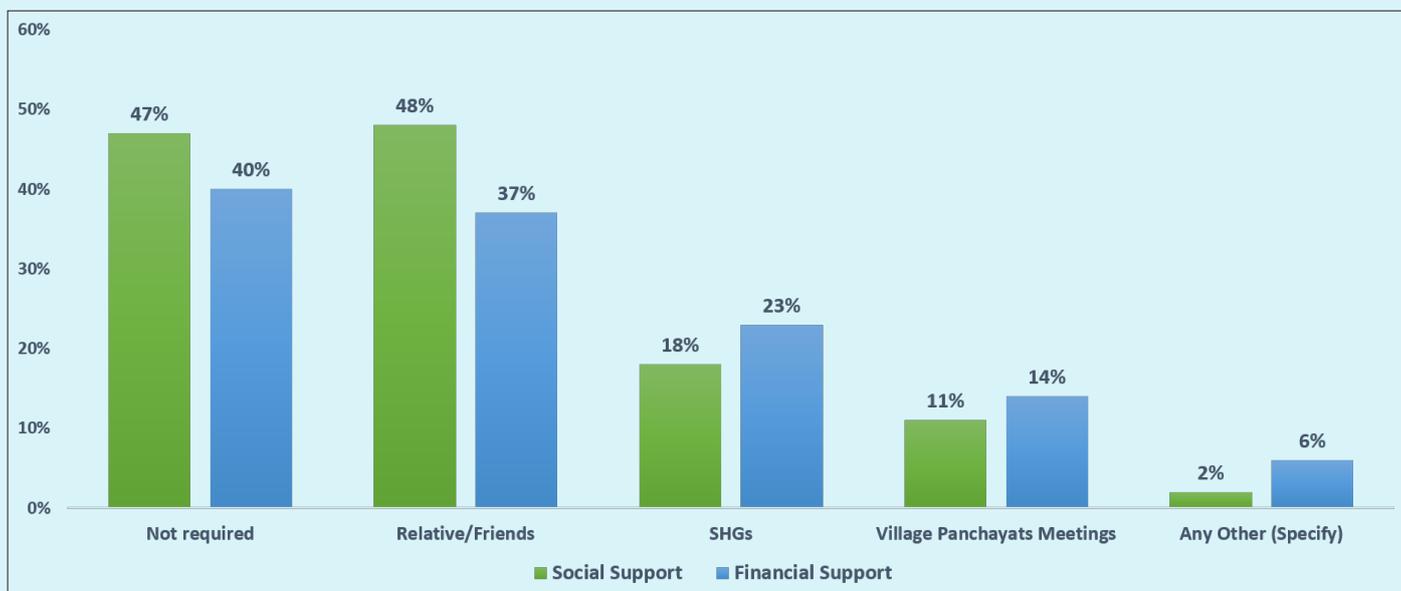
Figure 3.13 – Household Thinking on Impact of COVID in their vicinity (%)



3.5 Sources Household Relied Upon for Support during the Lockdown (%)

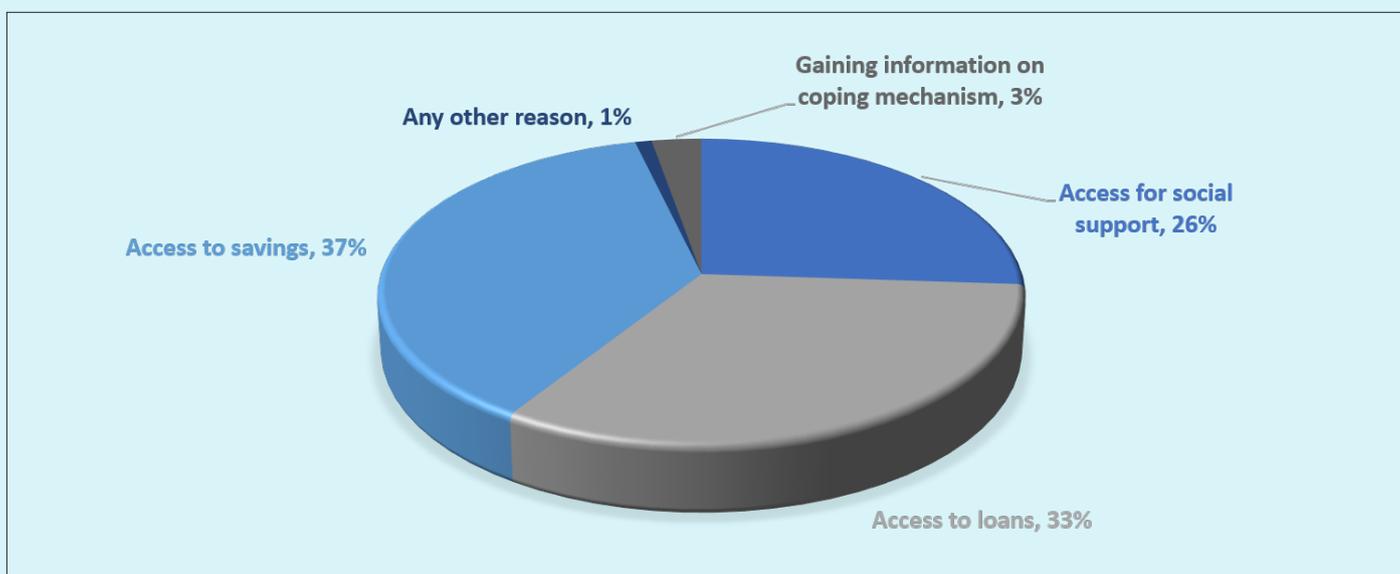
Figure 3.14 shows the social and financial support on which the households relied upon during the lockdown. 47% and 40% of the households said that there was no need of social and financial support respectively. Majorly the households relied upon their relatives and friends for support, followed by SHGs and village panchayats. Household's relying on SHGs for financial support were 5% more than the households relying on them for social support.

Figure 3.14 – Social and Financial Support Sought by Household (%)



Out of the households who relied upon SHGs, 37% and 33% of the households relied on the access to savings and loans which the SHGs will provide, in case of need respectively (Figure 3.15). 26% of the households relied upon SHGs for social support which shows how the group dynamics has helped the members to seek social support as well from SHGs.

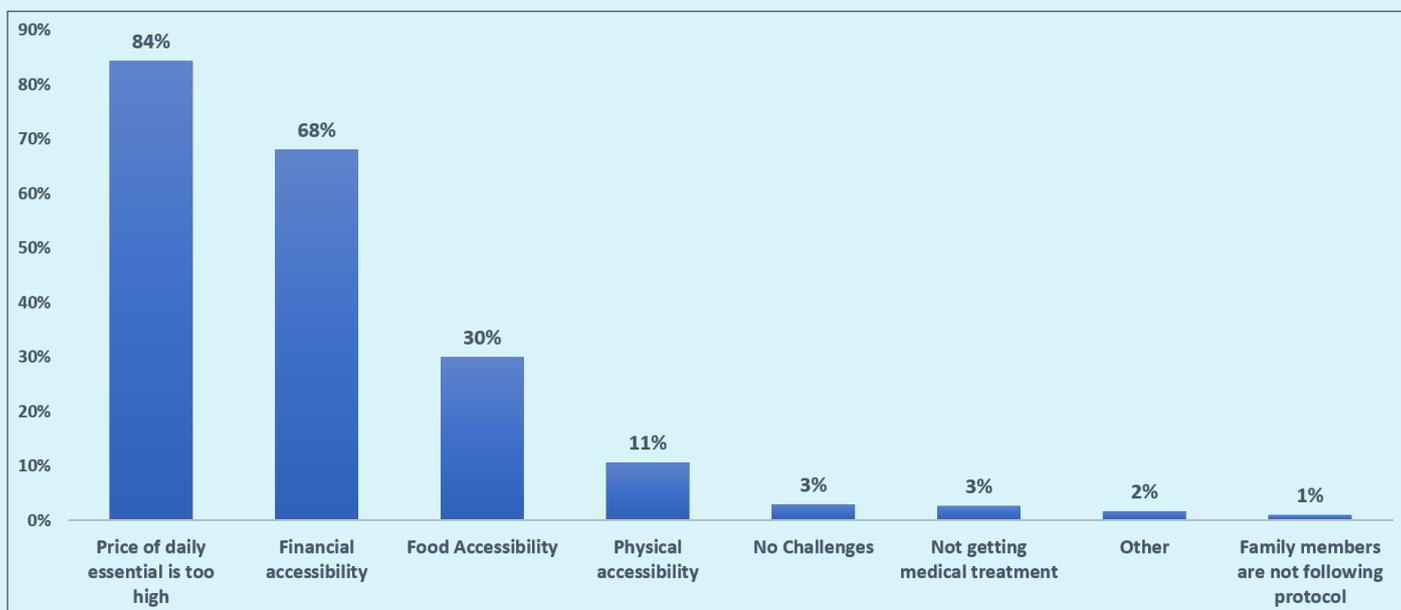
Figure 3.15 – Reason behind Households Relying on SHGs (%)



3.6 Current Challenges and Negative Coping Mechanism Resorted by the Households

This sub-section is about the current challenges and the negative coping mechanism which the households had to resort to combat covid-19. Figure 3.16 shows the current challenges of the household, where the respondent could select maximum up to three major challenges. Only 3% of the households reported absence of any challenges. The major current challenges for the households are rise in price of daily essentials (84% of the households), financial accessibility (68%) and food accessibility (30%). All the other current challenges were mentioned by only few households.

Figure 3.16 – Percentage Distribution of Different types of Current Challenges for the Household



Households had to resort to some negative food coping mechanism for combating covid-19 as shown in figure 3.17. Maximum household responses were on reduction of meat/fish/eggs consumption (83%). Meat/fish/eggs are consumed by a very large population in Meghalaya, so reduction on the same was expected due to covid. 36% of the household started purchasing less appreciated products with lower prices due to covid. However, only 8% of the households reported that no negative coping mechanism was required on food consumption. Other coping mechanisms were mentioned by a very few percentages of household only.

Figure 3.17 – Percentage Distribution of Household’s Different types of Negative Food Coping Mechanism to Combat COVID-19

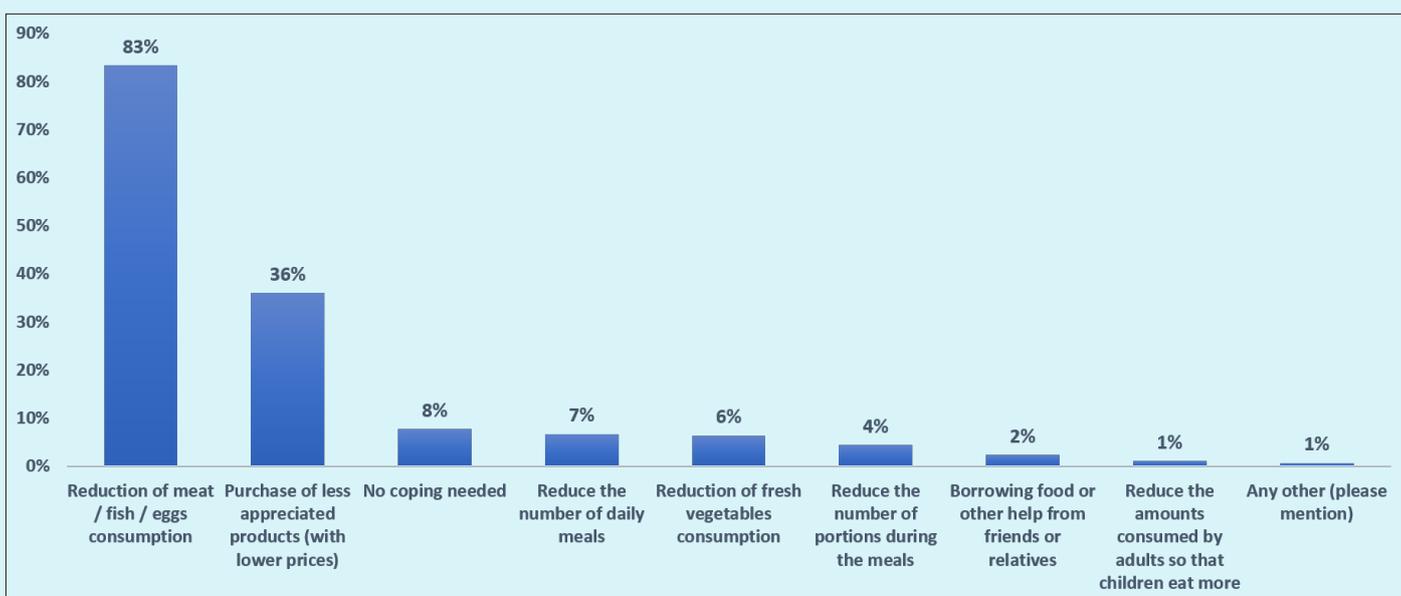
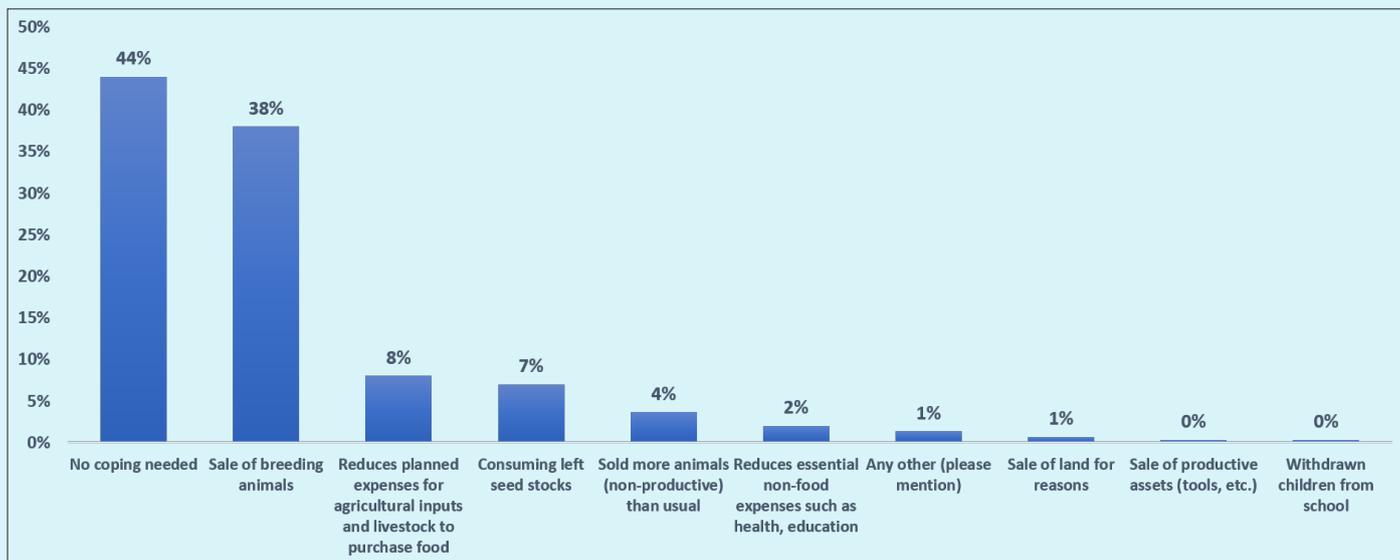


Figure 3.18 shows the negative livelihood coping mechanism which the household’s had to resort to combat covid. 44% of the households responded that no coping mechanism on livelihood was required to combat covid 19. But rest of the 56% responded that some or the other form of livelihood coping mechanism was used by them. 38% said that

they had to sell breeding animals. 8% and 7% of the households said that they reduced their planned expenses and started consuming the left seed stocks of last year respectively.

Figure 3.18 – Percentage Distribution of Households’ Different types of Negative Livelihood Coping Mechanism to Combat COVID-19



3.7 Support Received from the Government

This section presents the analysis of the benefits and support received by the households from the government to combat covid. It was found that 90% of the households received food grains support from the public distribution system and 84% of the household received MGNREGA job for earning income. Out of all respondents, only 1.33% of the households responded that they received cash incentives from the government.

Figure 3.19 – Households’ Response on the Level of Support Received in COVID-19 Period (%)

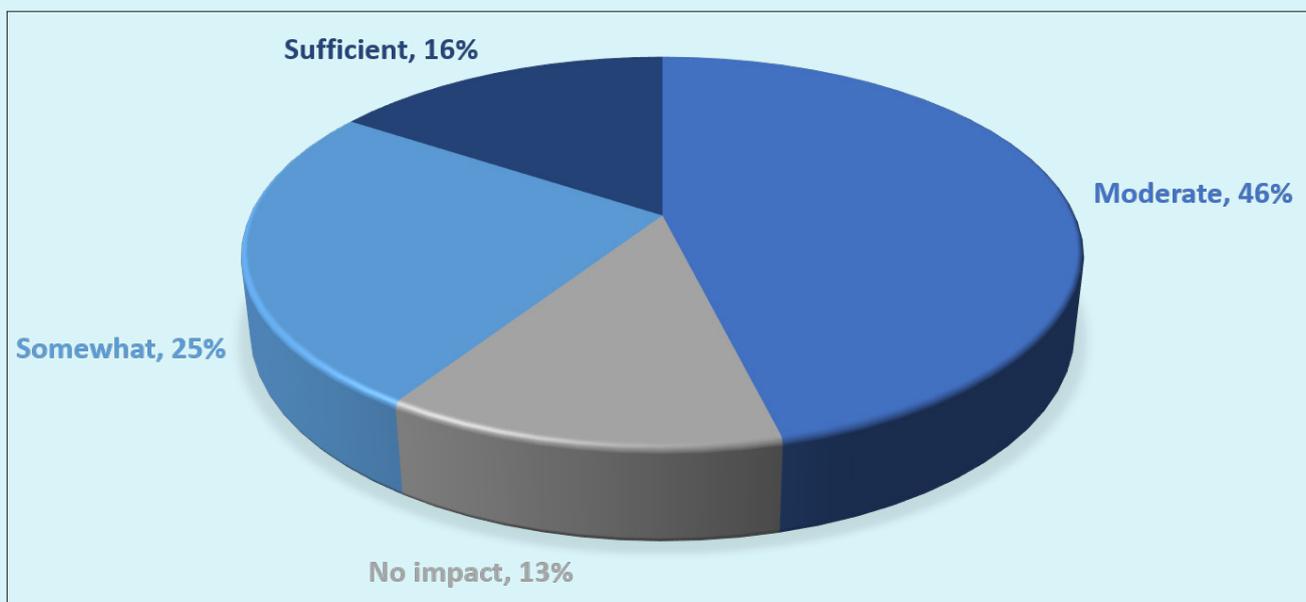


Figure 3.19 above illustrates the responses of the households on the sufficiency level of support given by the government. 46% of the households responded that the support was moderately effective for the households. 16% and 25% of the household responded that the support was fully sufficient and somewhat sufficient respectively. Further, 13% of households found government support to be less beneficial. However, the findings show that more than half of the households were satisfied by the support given by the government.

3.8 Loan taking Behaviour of the SHG Households

In this sub-section we analysed the impact of covid on the loan taking behaviour of the SHG households. The data shows that before covid (April 2019 - March 2020) 55% of the households in the sample took loan, whereas during covid (April 2020 - March 2021) only 29% of the households took loan. This shows that there has been a sharp fall in the percentage of households taking loans due to covid. Figure 3.20 shows the purpose of loan utilization by the SHG households before and during the covid period. The percent of agricultural and livestock loans taken by the households fell by 7% and 12% respectively and the percentage of consumption, education and house repair/construction loans increased by 6%, 5% and 8% respectively.

Figure 3.20 – Purpose of Loan taken by the Household in before and during COVID Period

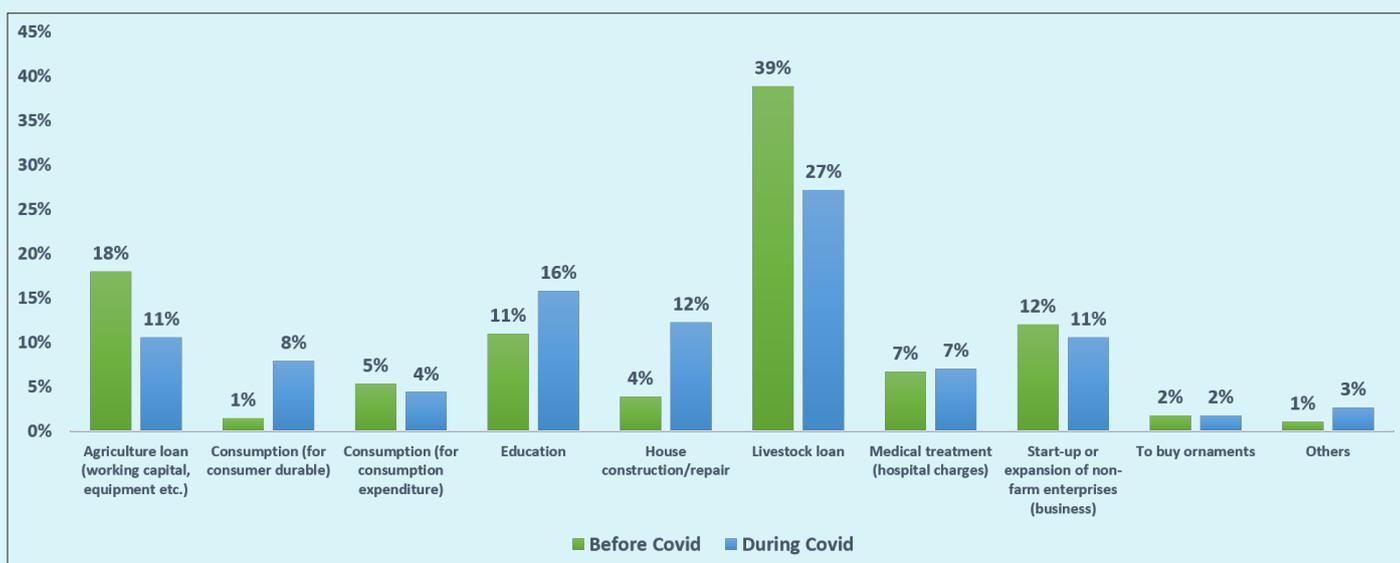


Figure 3.21 shows the loan repayment status of the household before and during the covid period. The results shows that the household who have been paying loan regularly in the covid period have decreased by 3%. Households paying the instalments irregularly have increased by 5% but the households who are unable to pay the instalments are 3% more in the pre covid period. However, the differences in the loan repayment status of the household is not very high before and during the covid period.

Figure 3.21 – Loan Repayment Status of the Household before and during COVID Period

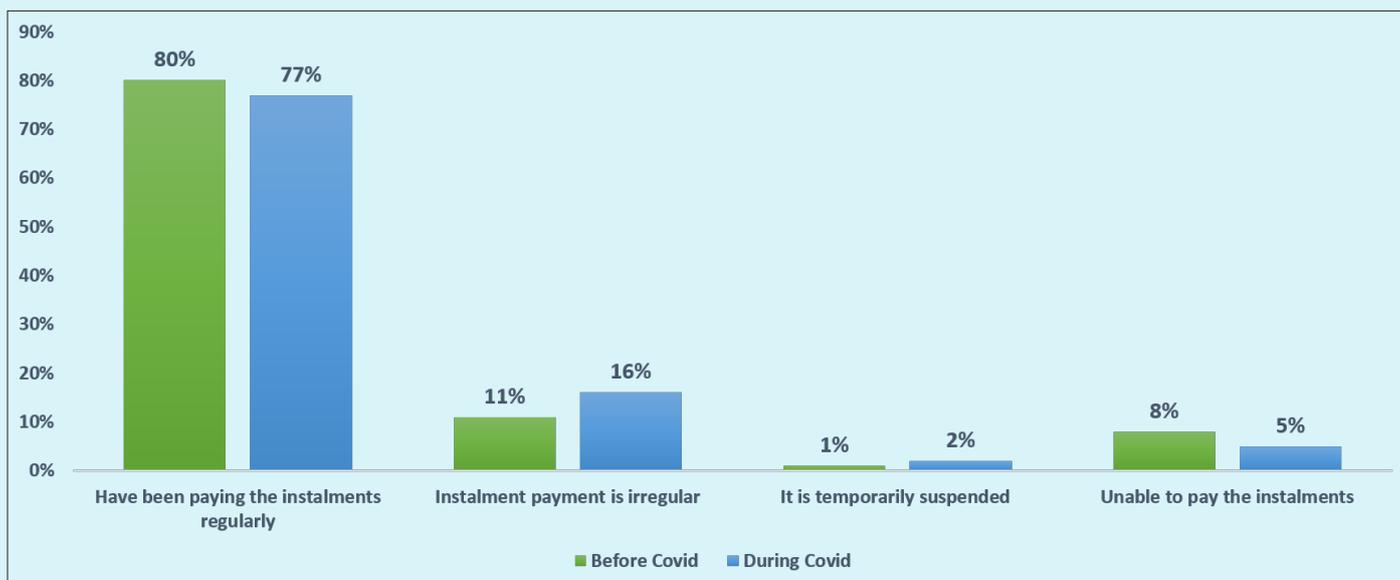
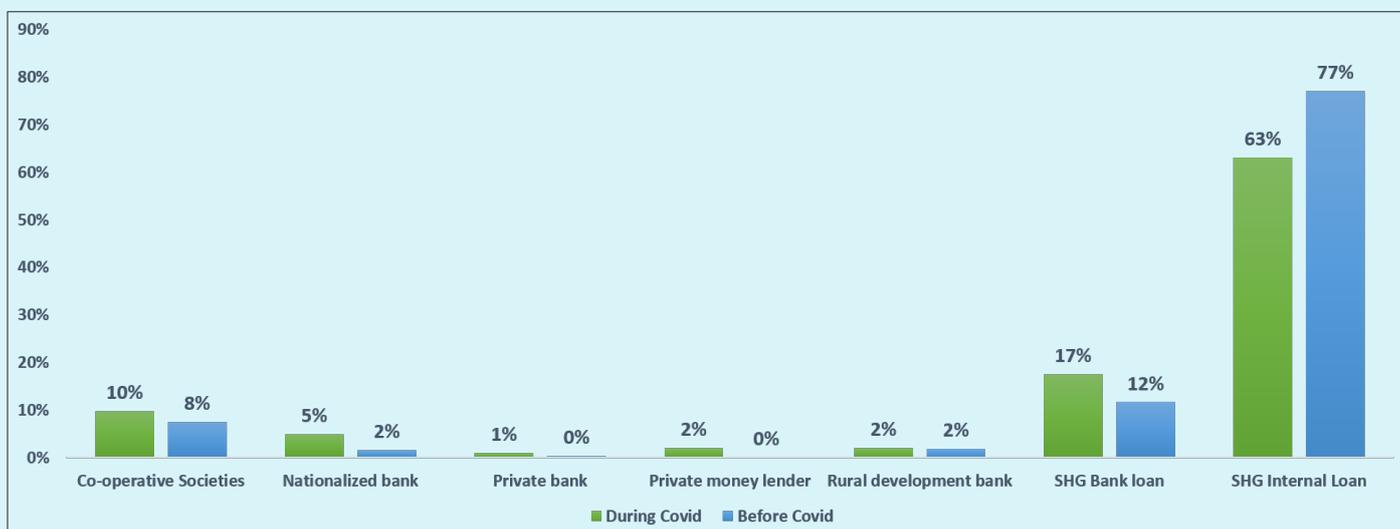


Figure 3.22 illustrates the differences in the source of loan of the households before and during the covid period. The results show that there are not many differences in the loan sources of the household before and during the covid period. SHGs were the main source of loan for these households before covid and have continued to be the main source of loan. These results also show how SHGs have been instrumental for these households in accessing loans.

Figure 3.22 – Sources of Loan taken by the Household before and during COVID Period



3.9 Households SHG Savings and Meetings Habit during the Covid Period

This subsection presents the findings of the impact of covid on households’ regular meetings and savings habit in the SHGs. Out of all the households, 30% households said that they were unable to attend the meetings regularly in the SHGs and 15% said that they were not able to save regularly in the SHGs. The percentage of households saving in the SHGs was more than the percentage of households attending the meetings regularly. This corroborates that the members who were not able to attend meetings were sending their savings to SHG through some medium.

Figure 3.23 – Reasons Why Household were not able to Save in the SHGs (%)

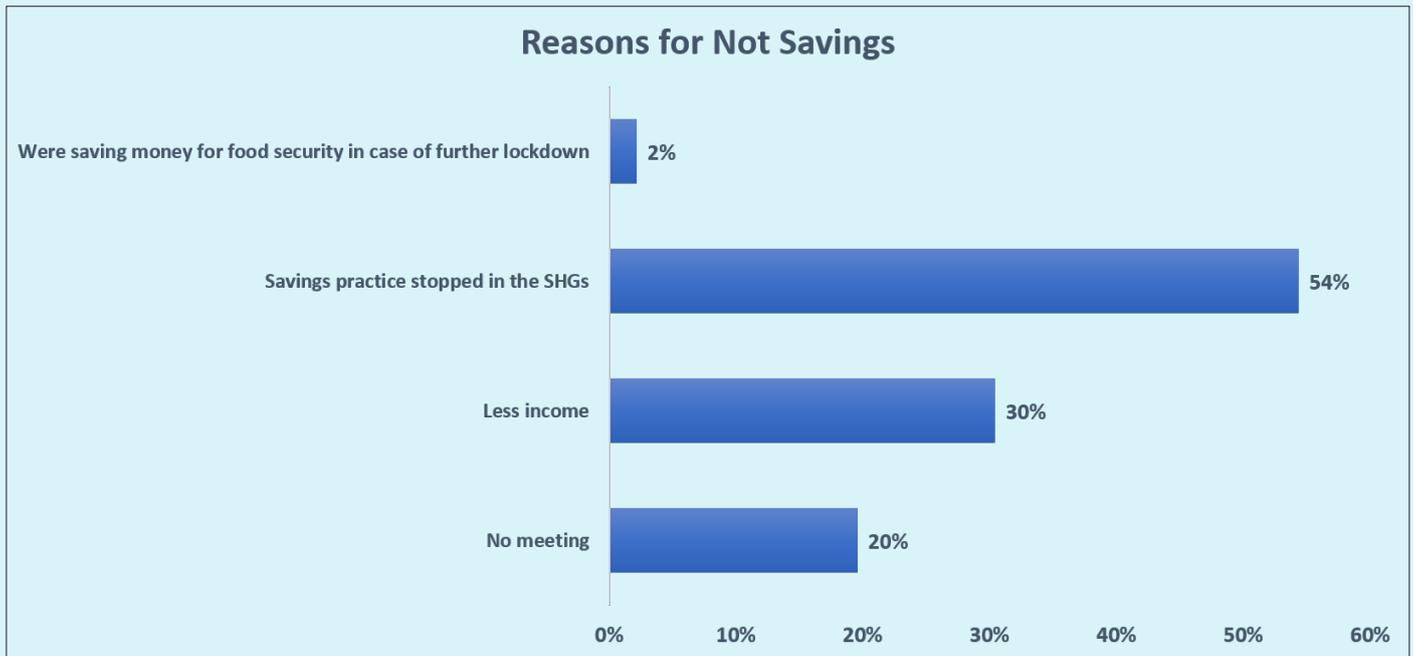
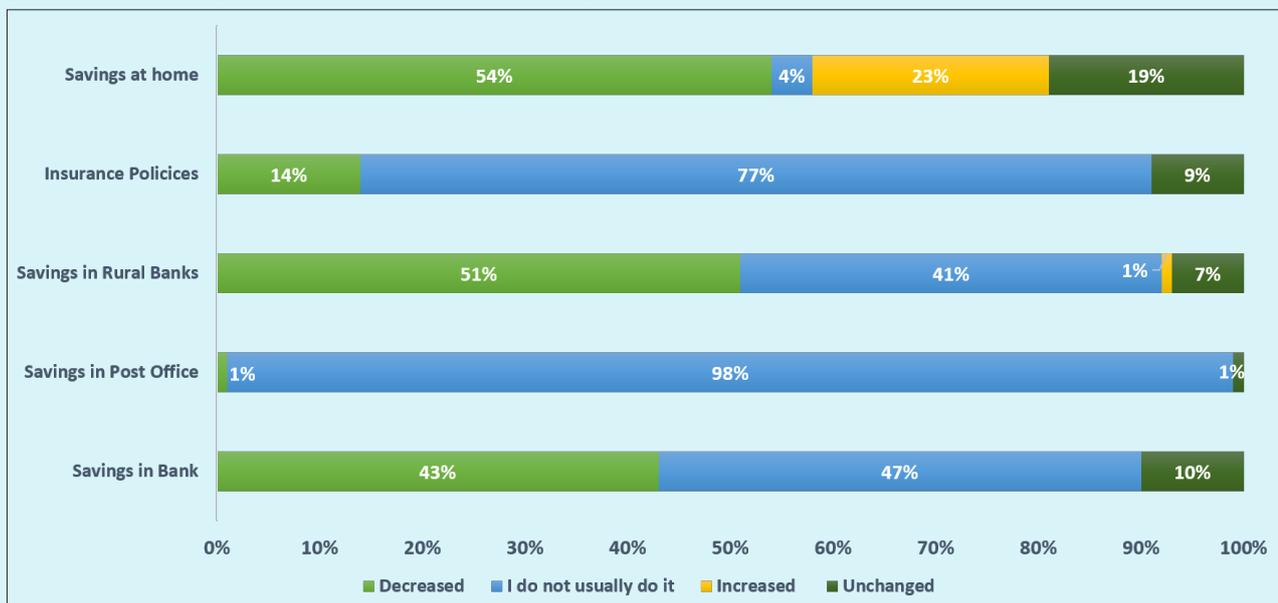


Figure 3.23 above shows the reasons behind the households inability to save in the SHGs. Of the 15% of the households who were unable to save in the SHGs regularly, 54% of the households cited that savings practices had stopped in their SHGs; 30% of the households stated that they had less income to save; and 20% of the households reported that there were no meetings at all in the SHGs.

3.10 Savings and Activity Preferences of the Households

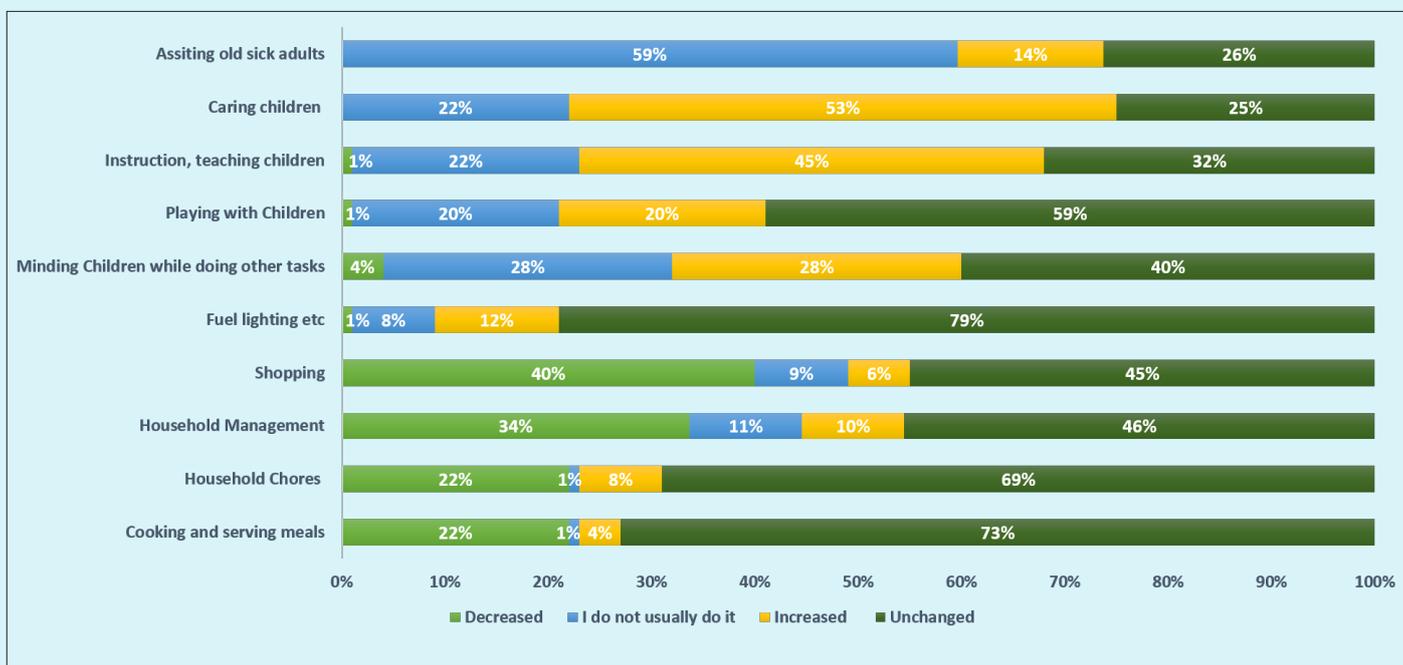
The households’ responses to the covid-induced changes in saving pattern and daily household activities have been distinct, see Figure 3.24 and 3.25. Figure 3.24 illustrates the changes in the household’s savings habit due to covid in different sources. Percentage of households showing an increase in savings is only the savings at home (23%). 54%, 51% and 43% of the households responded that their savings at home, rural banks and commercial bank have decreased respectively. Whereas, 19%, 10% and 9% of the households said that their savings at home, banks and insurance policies have remained unchanged.

Figure 3.24 – Changes in the Households’ Savings Habit due to COVID-19 (%)



The changes in the daily household work and management of the SHG women due to Covid. The daily household work was divided into ten categories for the analysis, see figure 3.25⁷. The results show that the percentage of women responding that their time spent on caring children, instructing, and teaching children, playing with them has increased are 53%, 45% and 20% respectively. 28% of the women have also responded that there has been an increase in the time spent on minding children while performing other works . The time spent on shopping, household management, chores and cooking and serving meals has fallen for 40%, 34% and 22% of the women respectively. Similarly, more than half of the women have responded that their time spent on playing with children, fuel and lighting collection, household chores and cooking and serving meals has not changed. Also, 40%, 45% and 46% of the women have also said that their time spent on minding children while doing other tasks, shopping and household management have not changed.

Figure 3.25 – Changes in the SHG Women’s Daily Household Work Due to COVID-19 (%)



⁷There can be many other household works which are not listed in our analysis

4. Key Findings of the Impact of Covid-19 on SHGs

60 SHGs were surveyed to gauge how covid-19 has affected the SHGs and their norms including loan disbursement behaviour. It was found that 54% of the SHG members were vaccinated either with single or double dose. Thus, on an average, out of 10.6 members (currently) in an SHG, 5.78 members have been vaccinated.

4.1 SHGs Basic Norms (Panchasutra) Before and During the Covid Period

Panchasutra are the five basic norms which the SHGs must adhere. These are regular meetings, savings, maintenance of book of accounts, action against loan defaulters and internal lending. An analysis was done to find out how covid has affected Panchasutra norms of the SHGs.

Table 4.1 below shows the changes in the SHGs working status due to covid. There has not been much changes in the average and the median number of members in the SHGs. But we do find the number of meetings held by SHG have fallen. In the preceding year of Covid, the average and median meetings held by an SHG was 44 and 48 respectively. However, in year of covid the average and median meetings held by an SHGs was 29 and 32 only. The reason behind such a fall could be attributed to the lockdown due to covid and the associated fear caused among the women.

On the other hand, the average and median monthly attendance also fell by 9% and 10% respectively. Thus, results show that the fall in attendance is not as high as the fall in the meetings held by the SHGs, i.e., even though the number of meetings has reduced, yet whenever meetings took place members tried to attend the meetings.

The average and median savings per member per meeting have also not changed much. However, we do see that the average savings in the SHGs per member per meeting have increased by a small amount of Rs. 1.75. Furthermore, it is seen that the average and the median number of loan disbursed per SHG have fallen from 6.7 and 6.5 before covid to 3.9 and 2.5 during covid respectively.

Table 4.1 - Changes in the SHG meetings, savings, loans, and members status due to COVID-19

S. No	Number of Members (Before Covid)	Number of Members (During Covid)	Monthly Attendance (Before covid)	Monthly Attendance (During covid)	Number of meetings (Before covid)	Number of meetings (During covid)	Savings per member per meeting (Before covid)	Savings per member per meeting (During covid)	Loans Disbursed (Before covid)	Loans Disbursed (During covid)
Average	9.86	10.63	86%	77%	44	29	17.5	19.25	6.7	3.9
Median	10	10	90%	80%	48	32	20	20	6.5	3.5

Figure 4.1 and 4.2 below shows the frequency of meetings and savings by the SHGs before and during covid period. It is evident that the percentage of SHGs meeting weekly in the covid period have reduced by 27% as compared to the pre covid period. There has been an increase in the percentage of SHGs meeting monthly, quarterly and no fix pattern of meetings by 11%, 7% and 5% respectively. The percentage of SHGs having the frequency of saving weekly have also fallen by 16% in the covid period. Also, the SHGs having the frequency of saving monthly and with no fix pattern have

also increased by 9% in both the cases. Overall, it is apparent that the pandemic has impacted the meeting schedules and savings of the members.

Figure 4.1 – Impact on the frequency of meetings due to COVID-19

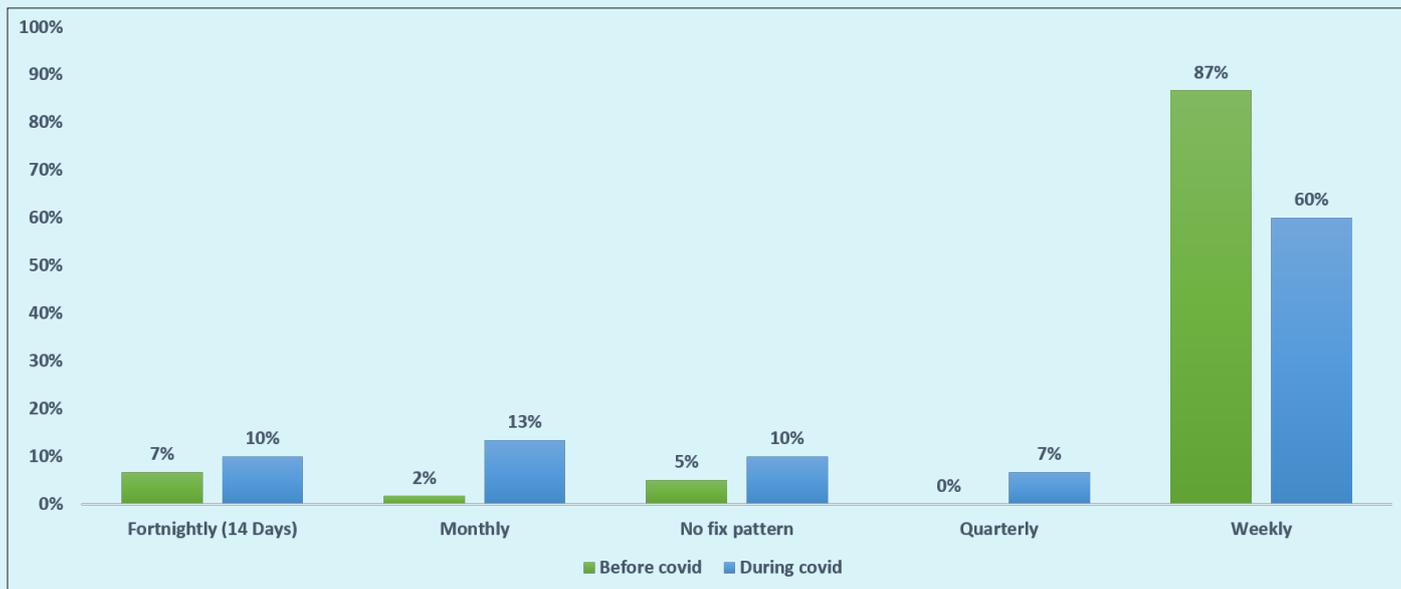


Figure 4.2 – Impact on the frequency of savings due to COVID-19

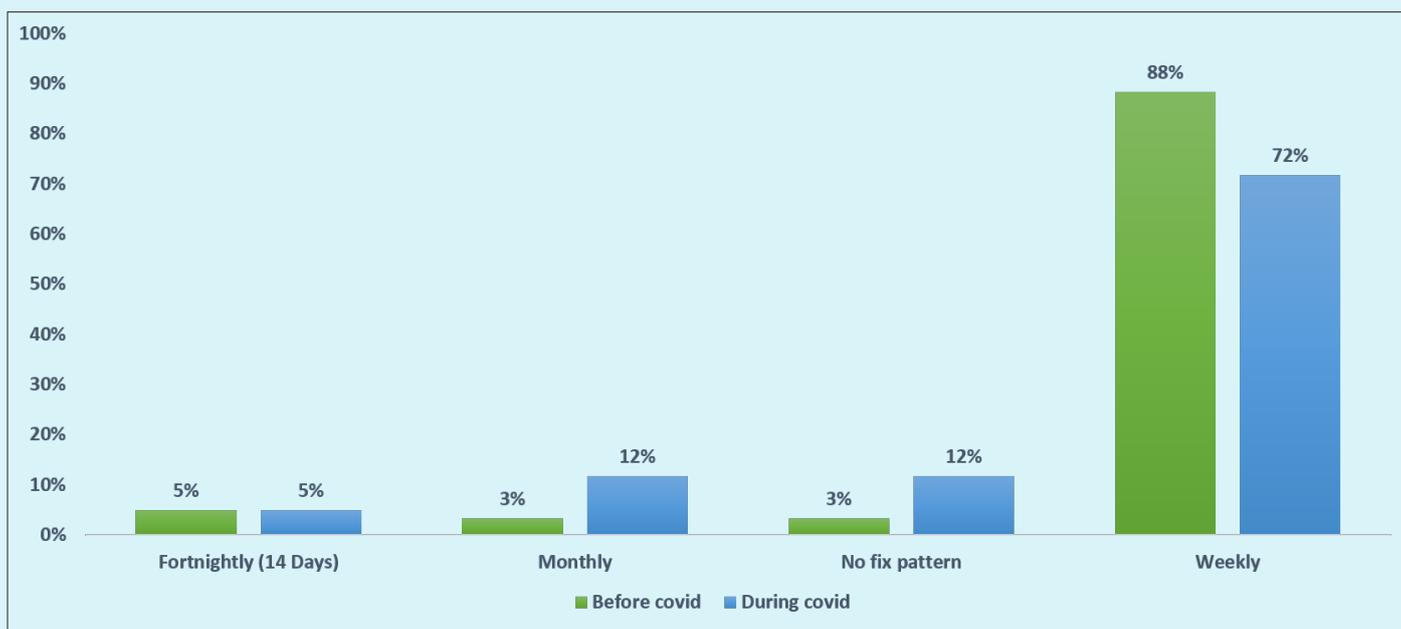
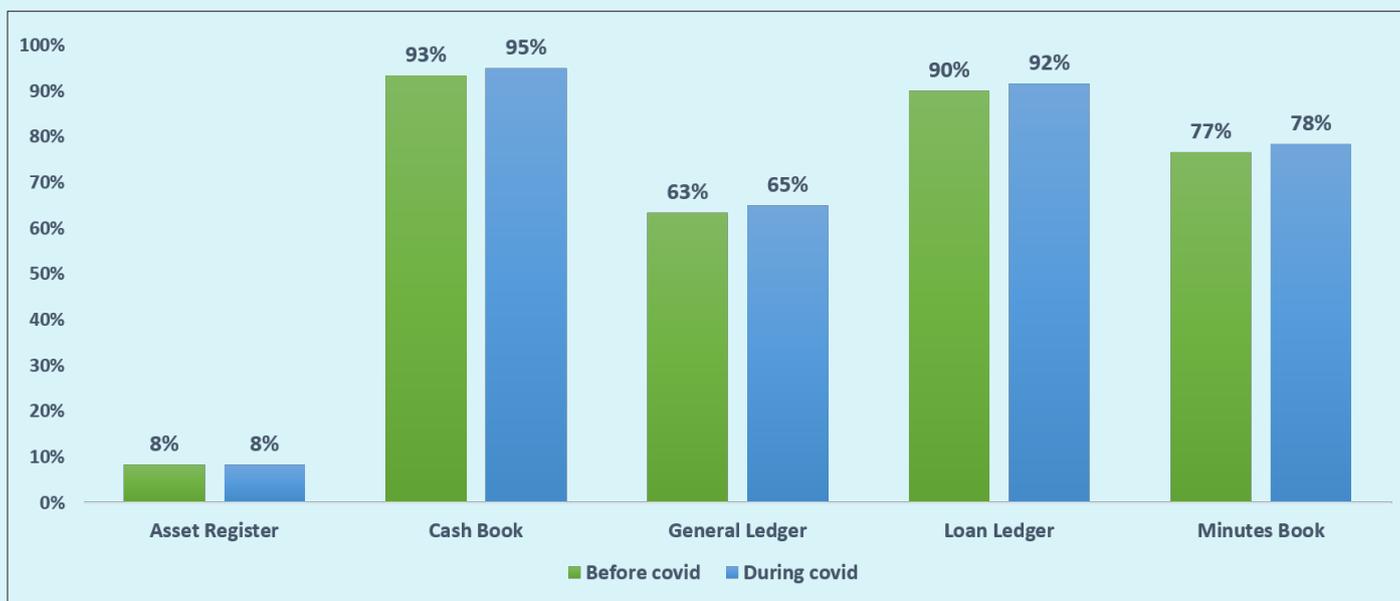


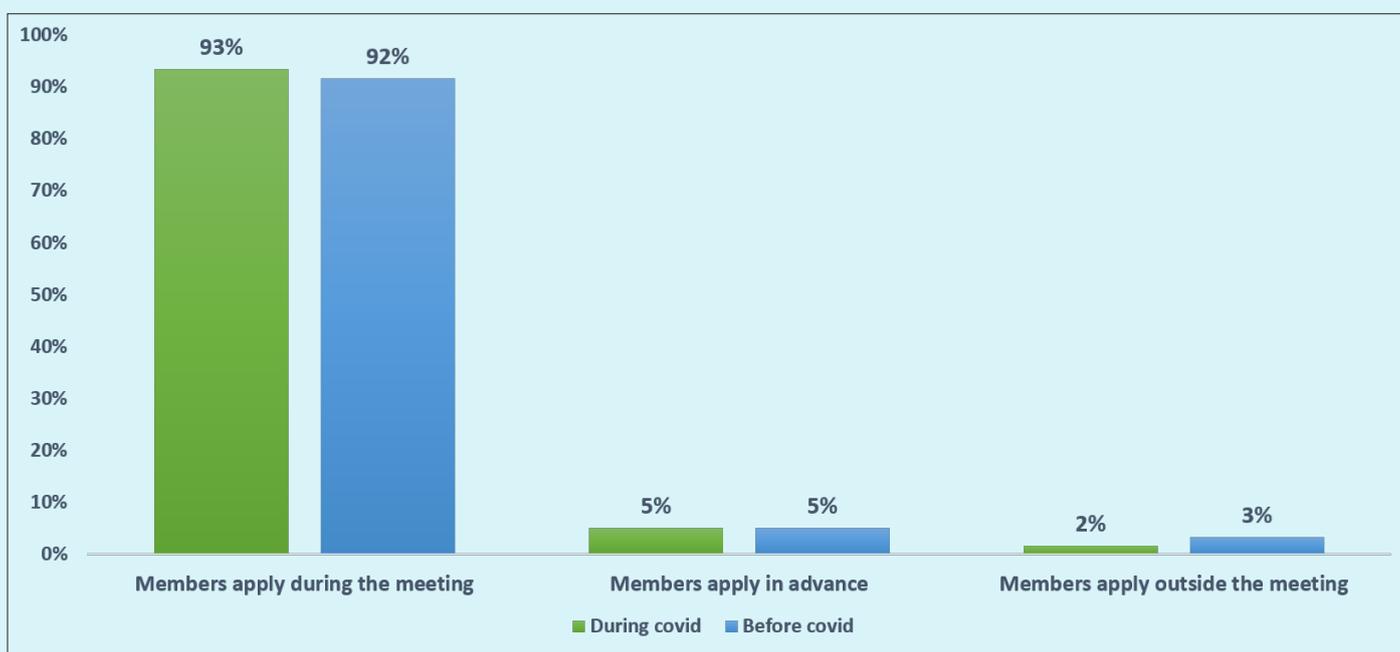
Figure 4.3 below shows the status of different books maintained by the SHGs before and during the covid period. The general books maintained by SHGs are cash book, loan ledger, minutes book and general ledger. However, some of the SHGs also maintain asset register. In the data, there were no much differences in the types of books maintained by these SHGs in both the time periods.

Figure 4.3 - Change in the Maintenance of Book of Records due to COVID-19



The process of lending by the SHGs was unaffected by covid-19. More than 90% of the SHGs had the provision of members apply during the meeting before covid and same continued in during the covid period as well. It was found that there were no covid induced changes in the process of lending by the SHGs (Figure 4.4).

Figure 4.4 - Change in the Process of Lending by the SHGs due to COVID-19



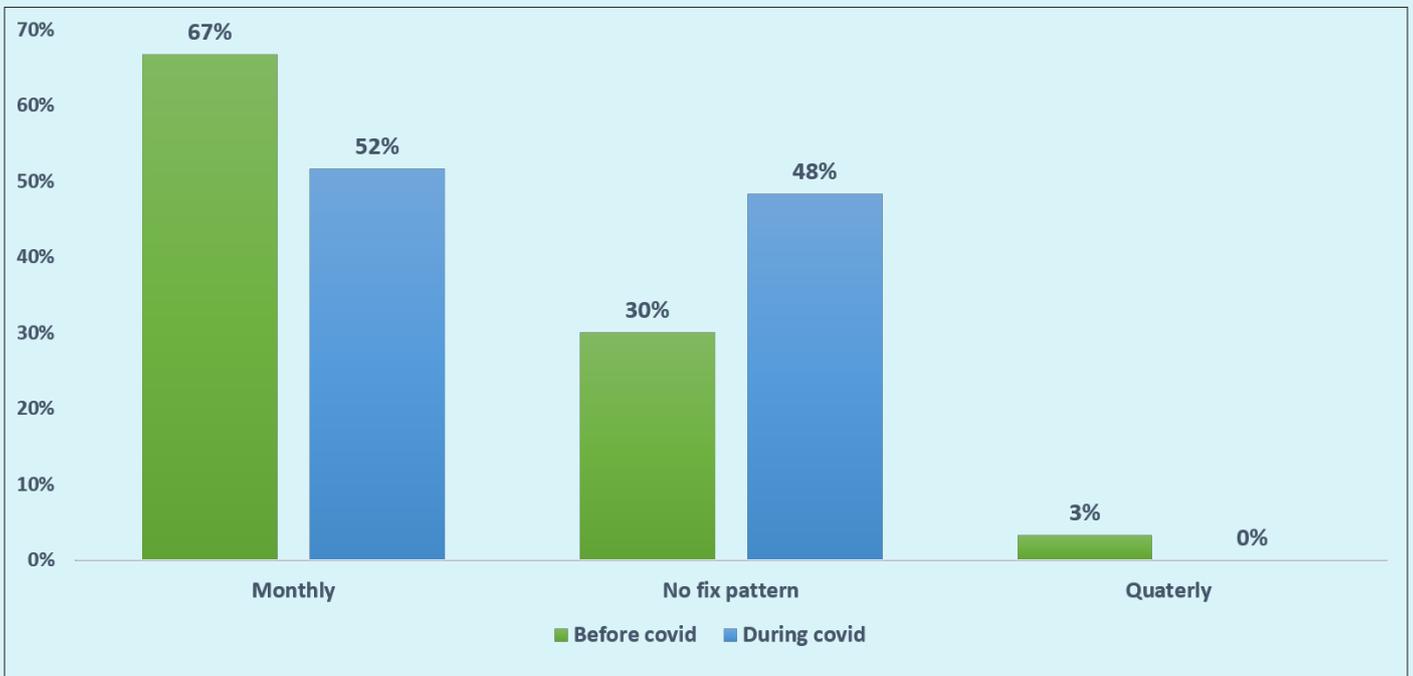
SHGs generally fine penalties if the members do not pay the loan timely or default and if they fail to save as well. The data shows that percentage of SHGs acting against the loan defaulters remained same i.e., 30% before as well during the covid period (Figure 4.5). The percentage of SHGs penalizing members if they do not save regularly fell by 8% in the covid period. Percentage of SHGs penalizing the members if there is a delay in loan repayment were 30% and 27% before and during the covid period respectively.

Figure 4.5 - Change in the Actions Taken by SHGs on Loan and Savings Default by the Members



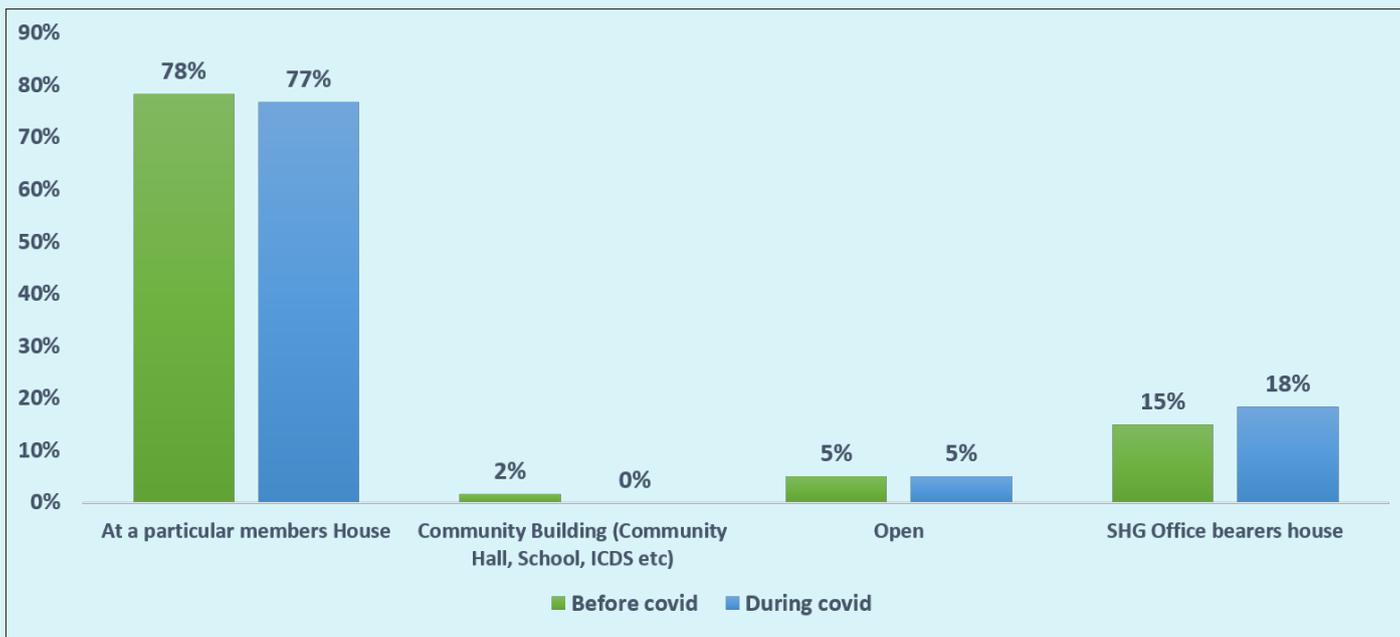
Figure 4.6 below shows the changes in the cycle of loan repayment by members to the SHGs. It is noticeable that the percentage of SHGs with the monthly cycle of loan repayment by members before and during the covid period were 67% and 52% respectively. The monthly loan repayment cycle by the members to the SHGs fell in 15% of the SHGs and with no fix pattern increased by 18%. Hence, it is evident that covid has severely impaired the regularity of loan repayments in the SHGs, and there was a noteworthy change in the cycle of repayment.

Figure 4.6 - Change in the Cycle of Loan Repayment by Members



We did not observe any changes in the place where the meetings are conducted before and during the covid period in the SHGs (Figure 4.7). More than three-fourth of the SHGs used to conduct meetings at a particular member's house in the pre covid period and the same continued in the covid period as well.

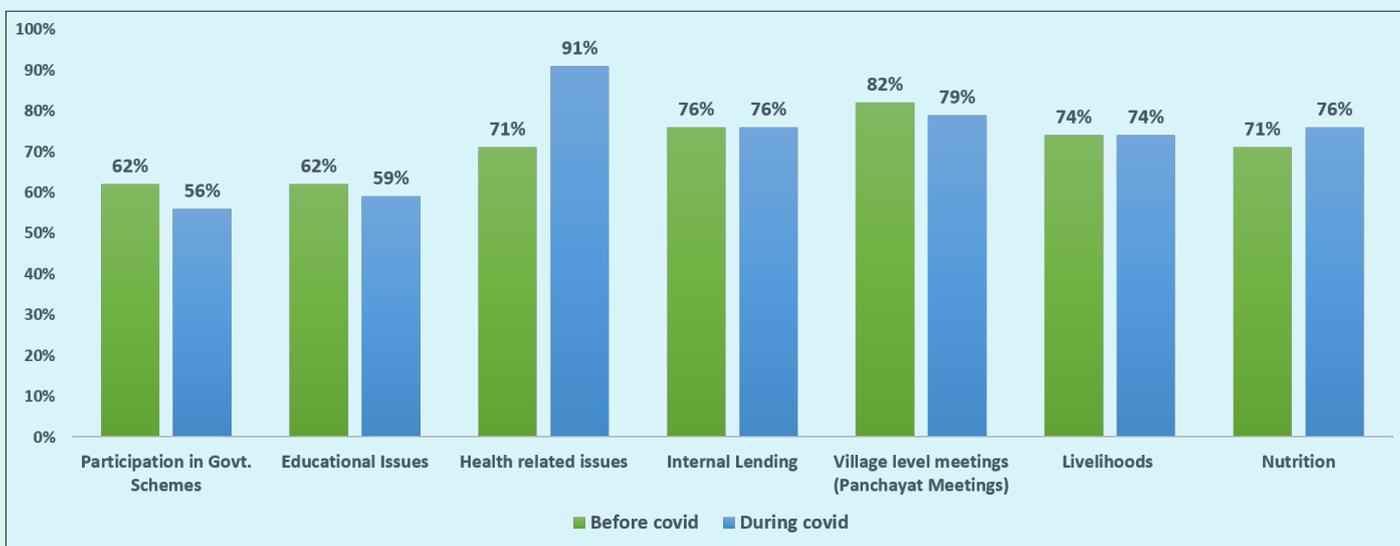
Figure 4.7 - Change in the Place of Meeting by SHGs



4.2 Changes in the Dasasutra Agenda Discussion of the SHGs

Dasasutra are the norms which the SHGs adhere to including the principles of Panchasutra. These are five other norms apart from the Panchasutra: discussion on participation in government schemes, educational issues, health related issues, livelihoods, and participation in village level meetings. In our sample 57% of the SHGs were aware about the concept of Dasasutra. Out of these, more than 50% of the SHGs were having discussion on all the sutras both before and during the covid period (Figure 4.8). The differences in the percentage of SHGs discussing on participation in government schemes, education, village level meetings, internal lending, and livelihoods very negligible. However, we do find that the percentage of SHG's discussing on health-related issues increased by 20% during covid period. Thus, it could be considered that the SHG's focus on health-related concerns increased in the pandemic.

Figure 4.8 - Change in the Dasasutra Agenda Discussion by the SHGs



4.3 SHGs Loan Status

Out of the 60 SHGs in our sample only 10% (6) applied for a bank loan in the covid period. Out of those 5 received bank loan to disburse to the members. Overall, 31% of the SHG members applied for loan from the SHGs during the covid period. This result is also consistent with the survey done with 300 households. Figure 4.9 shows the distribution of source of loan given by the SHGs to its members. Maximum percentage of loans were given from the savings of the members (also known as SHG internal loan), that is, 57%; 22% from the revolving fund (RF); 11% from community investment fund (CIF); and 10% from bank loans. Further, 60% of the loans were given exclusively for covid related reasons as requested by the households and the moratorium period was extended for 67% of the loans.

Figure 4.9 – Distribution of Source of Loan Given by the SHGs to Members

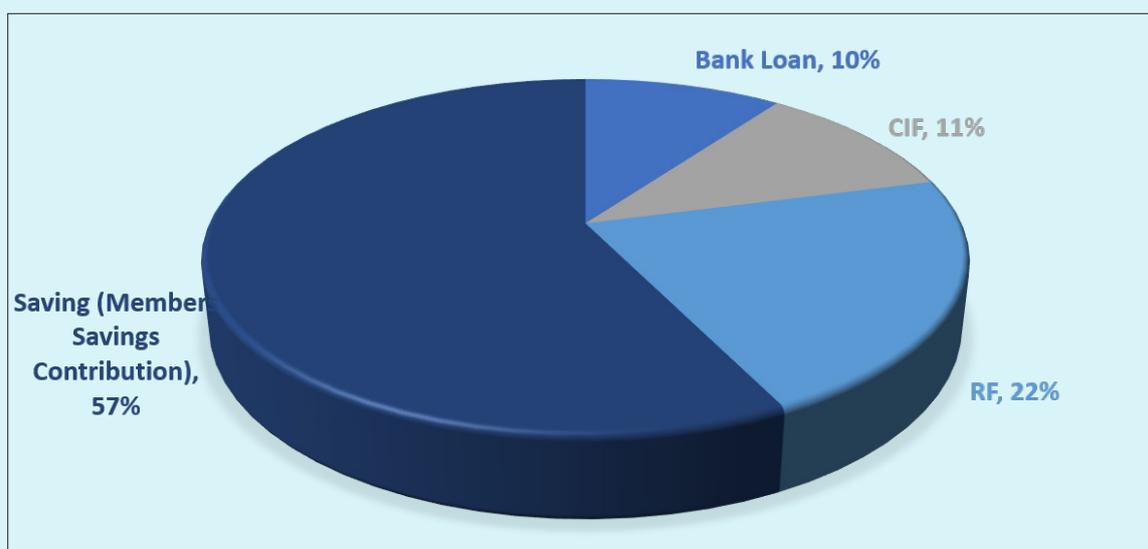
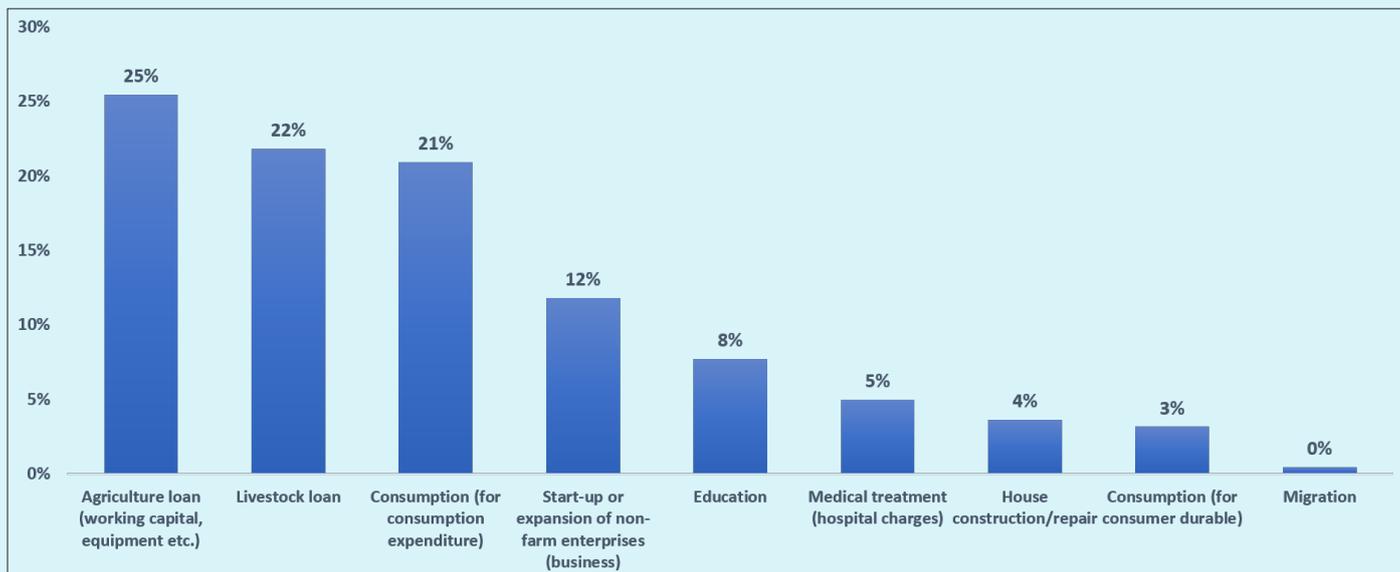


Figure 4.10 below shows the purpose/reason for which the loan was disbursed to the members by the SHGs. Maximum percentage of loans were given for agriculture purpose (25%), followed by 22% of livestock loans, 21% of consumption loans and 12% of business loans. The results demonstrate that households have a higher demand for agriculture, livestock, and consumption loans.

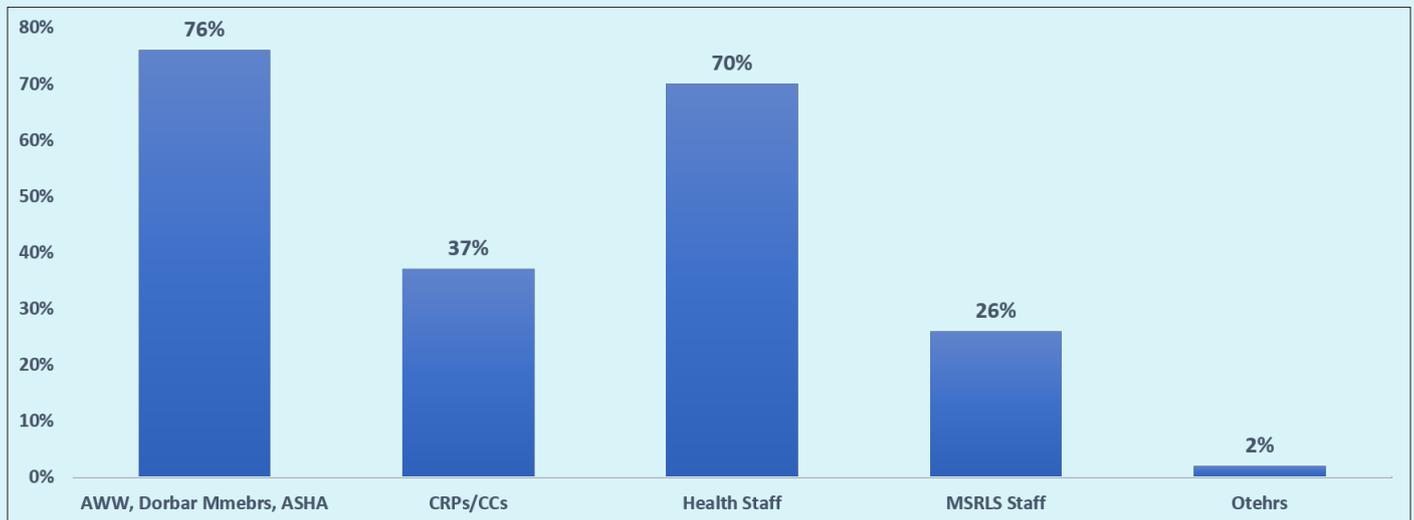
Figure 4.10 – Distribution of Purpose of Loan Given to the Members by SHGs



4.4 Initiatives Taken by the SHGs to Combat Covid

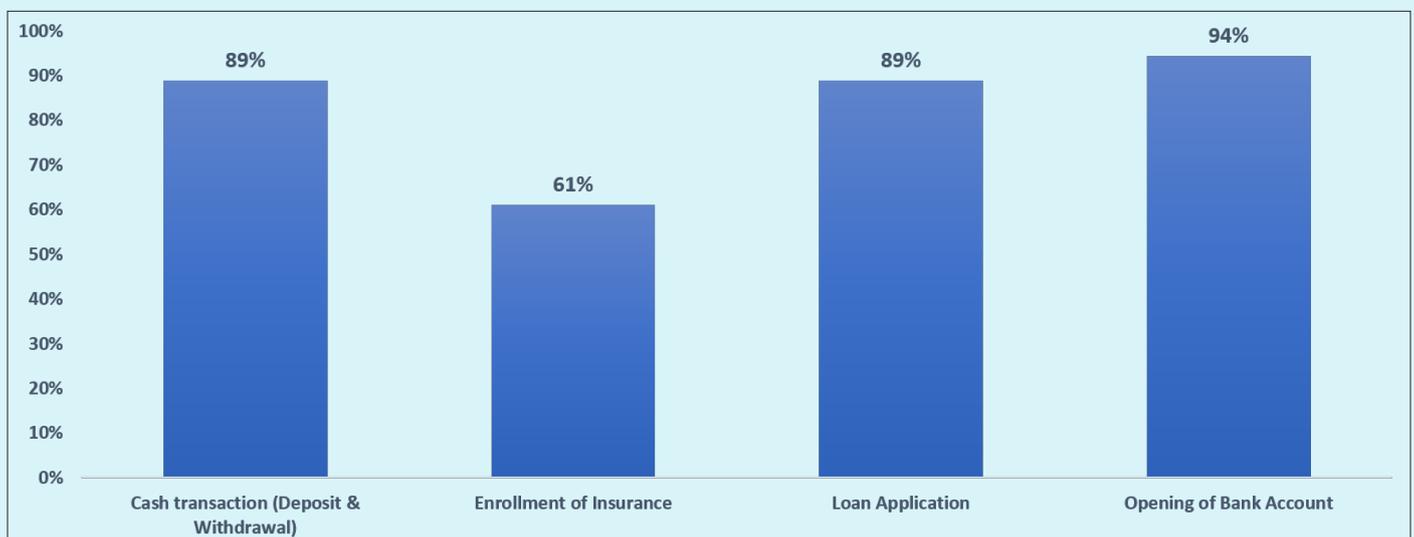
77% of the SHGs received awareness on vaccination. Out of these, 76% received awareness from Anganwadi workers, village panchayat members and ASHAs; 70% received awareness from health staff; and 63% received awareness from MSRLS staff (Figure 4.11). Vaccine awareness was given by 40% of the SHGs, out of which all of them gave awareness to SHG members, 50% gave to villagers and 8% gave outside the village.

Figure 4.11 – Awareness Given to the SHGs by Different Sources on COVID-19 (%)



Vaccination camp was conducted by 12% of the SHGs. 20% of the SHGs were involved in community crisis response like providing hand wash, producing sanitizers and masks and running vegetable delivery units in the village 30% of the SHGs were covered by the business correspondents. The services provided by business correspondents (BCs) to these SHGs were cash transaction, enrollment in insurance, loan application and opening of bank account for the members. The percentage of SHGs who received services of cash transaction, enrolment in insurance, loan application and opening of bank account by the business correspondents were 89%, 61%, 89% and 94% respectively (Figure 4.12).

Figure 4.12 – Type of Services Provided by Business Correspondents to SHGs



5. Qualitative Findings from FGDs

In this section, the findings of the 24 focus group discussions are presented, one each with 24 self-help groups. The basic idea behind doing qualitative analysis is that they help in triangulating the inferences and findings of the quantitative analysis. Thematic analysis of the FGDs has been done into seven themes which are described in Figure 5.1.

Figure 5.1 – Thematic Analysis of the FGDs

Covid-19 has Affected the Regular Practices of SHGs:



Regular meetings and savings practiced stopped during the lockdown



Loans not given to members in the lockdown period



Repayment of the loans from members delayed

Negative Impacts of Covid on SHG Members:



Fall in daily income



Livelihood of members negatively impacted



Disturbances in Child's education

Positive Impacts of Covid:



Increase in Time spend with the family



Maintenance of the house with enough time for work

Credit Facility to the SHGs Impacted:



SHGs unable to access bank and village organization loans due to existing loans still active

Support Received by the SHGs:



Covid Positive tested people received financial and food support



SHGs as a group received no support, however, the SHG households received food grains from public distribution system and MGNREGA jobs



Few cases of food and monetary support to poorest of the poor from local leaders, church and village organizations

Initiatives Taken by the SHGs to Combat Covid-19:



Distribution and making of masks and sanitizers to the community with the materials provided by the VOs



Spreading awareness regarding covid appropriate behaviour and vaccination along with the health department staff

Planning Regarding Crises in the Future:



Priority to be given to save more and not waste money in the future

Theme 1 - Covid-19 has Affected the Regular Practices of the SHGs

The regular practices of SHGs like meetings, savings and internal lending were affected and stopped in the lockdown period. Loans were not given to the members during the first lockdown period for 4-5 months in many SHGs. However, the loan practice started post the lockdown. SHGs reported that there was a delay in the loan repayments by a few members due to loss in income. As a measure to increase the savings in the group, few SHGs increased their savings.

Theme 2 – Negative Impact of Covid on SHG members

The significant negative impact of covid found across SHGs was the fall in the income of the members due to livelihood loss. Children's education was disturbed because of schools being closed and non-availability of virtual classes in the rural areas. SHGs reported that they had to rely on agricultural products of the past year for making ends meet due to unavailability of necessities in the lockdown.

Theme 3 – Positive Impact of Covid on SHG members

The major positive impact of covid found across all the SHGs members was the increase in time spend with the family members. Maintenance of the house along with enough time to do household work was also reported as a positive impact by the SHG women.

Theme 4 – Credit Facility to the SHGs Impacted

SHGs were unable to access loans from village organizations and banks in the covid period as there existed active loans and there was reluctance among members to take credits of higher value due to the lack of repayment capacity. Fear of not being able to pay loan by the members was the reason for reluctance of members in taking loans.

Theme 5 – Support Received by the SHGs

SHGs as a group did not receive any support from anyone apart from awareness regarding vaccination and covid appropriate behaviour to be followed in the community. The SHG households received free food grains from public distribution system and MGNREGA job as support to combat covid. Few SHGs reported that the poorest of the poor village households received food and monetary support from the local leaders, religious groups (church etc.) and village organizations. Covid positive patients, not only the group members but other villagers as well, received financial and food support from the government.

Theme 6 – Initiatives Taken by the SHGs to Combat Covid-19

Several SHGs were involved in distribution and making of masks and sanitizers with the materials provided by the village organizations. SHGs also reported that they were involved with the health department officials in spreading awareness regarding covid appropriate behaviour, following protocols and promotion of vaccination in the community. Some SHGs also stated that they took no initiatives as a group to combat covid-19.

Theme 7 - Planning Regarding Crises in the Future

SHGs have planned to increase the savings in their group to increase the lending habit within the group in case of any other crises or pandemic in the future. Very few of the SHGs in the sample had also saved one time savings in the SHG which is more than the regular savings. Members stated that they will not waste money on unnecessary things rather save it for future. However, some SHGs lacked plans to handle any similar contingencies, if they arise in the near future.

6. Conclusion

Our study has focused upon measuring the impact of covid-19 on self-help groups and their member households. The major objective of the study was to measure the impact of covid-19 on self-help groups regular practices, financial accessibility, and the impact on their members economic and social welfare. The study also focused upon in knowing the coping mechanisms and initiatives taken by the SHGs and their members to deal with covid.

The findings of the study show that the household finances and overall life of the SHG households were the most negatively affected and mental health was moderately negatively affected. SHG members' self-learning and physical health were positively affected but on a lower scale and the quality time they spend with their family was highly positively affected. The major impacts of covid-19 were the disturbances in the child's education, fall in income and difficulty in accessing necessities and public services by the SHG households. High percentage of households reported a fall in income and expenditure with high percentage reporting fall in their work hours as well. Agricultural wage labour households and households with farming as their source of income were the most affected.

Current challenges for the households are mainly the rising prices of daily essentials and low financial accessibility apart from SHGs. High percentage of households had to resort to negative food coping mechanisms in the form of reduction in meat/pork/eggs consumption and purchase of less appreciated products. However, the percentage of households resorting to negative livelihood coping mechanisms were less compared to households who had to resort to food coping mechanisms.

Households relied upon relatives/friends and SHGs for financial and behavioural support to combat covid. The reasons behind relying on SHGs were not only the access to savings and loan facility but also the social support which SHGs provide because of the formation of women groups. More than 80% of the households received free food grains through public distribution system (ration shops) and job opportunities through MGNREGA. However, the percentage of households receiving cash incentives were very less.

It was also found that the percentage of households taking loan fell by 26% but the main source of loan continued to be self-help groups before as well as during the covid period. Meetings and savings practice in most of the SHGs stopped during the lockdown. The percentage of households saving in the SHGs were more than the percentage of households attending the meetings regularly which shows that the members who were not able to attend meetings were sending their savings amount to the SHG through some medium.

No impact was seen in the number of members and amount of savings in the SHGs before and during period covid apart from lockdown period. However, the number of meetings and loan disbursement got affected negatively due to covid. The pandemic has reduced both SHGs' savings and frequency of meetings from weekly to fortnightly and in certain cases to monthly as well. The dominant source of loans distributed from SHGs were internal savings loan and bank loans were the least. High percentage of loans were distributed for agriculture, livestock, and consumption purposes.

SHGs were involved in spreading awareness on safe appropriate behaviour regarding covid and vaccination. Also, SHGs were involved in making and distribution of masks and sanitizers to the community. However, the percentage of SHGs involved in this process are less.

⁸India vaccinates 50% of its adult population, however some states lag behind. <https://www.businesstoday.in/coronavirus/story/india-vaccinates-50-of-its-adult-population-some-states-lag-behind-314688-2021-12-07>

Overall, it is evident that covid has a detrimental effect on the functioning of SHGs and their member households in particular. Most of the SHGs took measures to survive and to support their members during the pandemic. However, there were few positive impacts on the households

However, there is a need to increase SHG bank linkage in Meghalaya. In order to enhance household's economic welfare there is a need to increase loan sizes, which can be done through more and more SHG bank linkage. The SHG bank linkage will lead to an increase in the loan sizes of the members and bring desirable changes in the livelihood of SHG households.

The vaccination coverage in Meghalaya is less than 50% of the adult population⁸. However, moving forward SHGs can also be seen as a group who can play a very vital role in promoting vaccination and covid awareness program (like fighting misinformation, spreading covid appropriate behaviour) in the state at a large scale. SHGs as a group could also get involved in income generating activities, which might help members in coping up with the income loss.



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