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Original Article

Medical Assistance and Healthcare Services Facilitated by Self-Help Groups (SHGs) During COVID-19 in India

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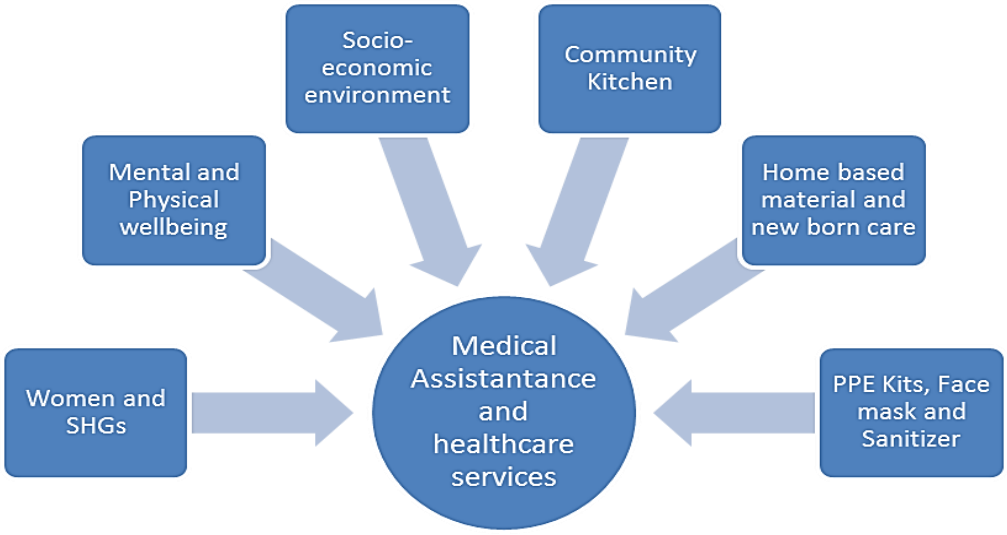
ABSTRACT

In India women, self-help groups have risen to the extraordinary challenges of the COVID-19(Coronavirus) pandemic. The COVID-19 and its crisis imposed lockdown and emerged with unique challenges for women's groups. In the health care sector, during the ongoing war against the COVID-19 pandemic, women played a more significant role in working as frontline staff and being exposed to the deadly disease in many ways. The SHGs being run and governed by women have a lot of contribution towards the more significant production of medical assistance, i.e., masks, sanitizers, PPEkit, and all other protective gear and measures to meet the required and ongoing demands of the health sector. During lockdowns, the women's group faced a significant challenge as almost all women's groups met physically. However, they contributed most during such difficult times. During this time there were significant disruptions in the supply chain and distribution of medical products, which has immensely affected and have caused hindrance in women's menstrual and reproductive health in India. More than 70% women are the world's frontline health care and social workers, which accounts for a staggering 88.8% of trained nurses. Rural women in Odisha have contributed and helped produce more than 1 million cotton masks for police personnel and healthcare workers.

GRAPHICAL ABSTRACT



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Introduction

Mahatma Gandhi has rightly quoted "Real India lives in its villages". The nation's overall development can be achieved only when there is a remarkable improvement in the nation's villages. Though villages in India suffer poverty, illiteracy, lack of skills, health care and education, most of them can be solved through effective collaboration efforts, not individually. As they are now known, Self- Help organizations have become a vehicle of change for the poor and oppressed. A self-help group brings together the poor and disenfranchised to overcome their particular problems [1]. The SHGs approach is implemented by the government, NGOs, and other organizations worldwide. The impoverished save their money and deposit it in banks, and in exchange, individuals have easy access to low-interest financing to help them start their micro-unit business.

SHGs performed a critical role during the Covid-19 pandemic. These SHGs have helped addressing the economic and social issues during the outbreak of COVID-19 that comprehensively arose in the community [2]. They're filling masks, sanitizer, and protective equipment shortages, organizing community kitchens, combating misinformation, and even offering banking and financial services to remote villages. The SHGs have also redoubled their efforts to address social separation, the use of masks, quarantine, and psycho-social issues among migrants, and care for the elderly, mental health, and well-being. Women in these SHGs use various methods to raise awareness in their areas, including various phone calls, writings in-wall, different booklets, and using social media platforms.

In rural India, approximately 7.6 crore women have taken self-help efforts, which have shown to be an effective tool in combating difficulties such as healthcare and food insecurity during the COVID19 pandemic [3]. Women in SHGs raised health awareness by organizing specific capacity-building programs linked to medical information and its applications in an emergency [4]. According to statistics from April, around 20,000 SHGs across India have produced over 19 million masks and 100,000 liters of sanitizer [5]. These things have been supplied to several masses without going through the shipping logistics because the manufacture is decentralized. During this crisis, SHGs have arisen as frontline workers and the last mile link between governments and the people. Prime Minister Narendra Modi has praised the contribution of women from self-help groups in helping the nation during the ongoing COVID-19 pandemic by supplying masks and sanitizers and raising awareness about infection prevention measures [6].

It was critical to manage the epidemic in the early days of the lockdown while preserving citizens' basic welfare and food security. Panchayats were urged to collaborate with frontline health workers such as Accredited Social Health Activists (ASHA), Auxiliary Nurse Midwives (ANM), women SHGs, local community members such as teachers, and others to achieve this goal. Panchayat level committees have been set up at different panchayat levels. Various control rooms and rapid response forces (RRF) have been established at the village level in Rajasthan and Odisha, respectively. Elected panchayat members, the village head, schoolteachers, heads of various Self-Help Groups (SHGs), ASHA, and ANM workers are among the essential members in Rajasthan and Odisha [7].

Odisha was one of the first states in the country to establish COVID-19 hospitals with ICUs in each district. Compared to other Indian states, and the state has done reasonably well in testing its populace for COVID-19[8]. To respond to the crisis, the government of Odisha has enlisted the help of millions of women workers in various capacities, including spreading virus awareness and addressing health needs with the help of Accredited Social Health Activists (ASHA) and Auxiliary Nurse Midwives (ANM) working with Gaon Kalyan Samitis in rural areas and Mahila Arogya Samitis in urban areas [9]. The Deendayal Antyodaya Yojana-National Rural Livelihood Mission (DAY-NRLM) has made an extra effort to bring the SHGs community together to provide livelihood stability, protection, and sustain promotional programs with associates. It has also taken steps to improve things, primarily the socioeconomic and health effects of the current

pandemic [10]. This study intends to reflect the kind of activities that self-help organizations are engaged in and the problems they faced during the COVID-19 pandemic.

Objectives of study

- ✓ To study the various activities carried out by SHG during COVID 19 pandemic
- ✓ To understand the kind of health care services extended by SHG members
- ✓ To know the challenges faced by SHGs during COVID-19 pandemic
- ✓ To contribute to the existing literature

Scope of the study

This paper tries to bring out the health care and medical facilities that are being provided during the COVID 19 Pandemic, especially in Coastal Odisha, and tries to bring out the initiatives and efforts taken by the State to prevent the virus and assistance from reaching people with all help as early as possible.

Literature Review

Self Help Groups and Health Care Services

India's key issue in achieving universal health care is to extend coverage to all individuals while also protecting them from the costs of essential health services. Setting up an appropriate health system responsive to community needs, especially for those living in poverty, necessitates deliberate government actions. They serve as a link between marginalized communities and healthcare institutions in this way. Self-help organizations may assist in providing health services to the poor community in the rural areas in a more decentralized and personalized manner [11].

Many SHGs provide health-related services, such as disseminating knowledge of home-based maternal and newborn care [12,13], children's health [14], family planning methods [15,16], household water treatment [17], and waste management [18]. The paper on the existing research indicates that the management of previous infectious disease outbreaks indicates that frontline health workers' contact tracing and isolation of potential cases – as a strategy that was widely used to control the spread of the Ebola virus disease (EVD) in West Africa – are effective in preventing and controlling the spread of the disease [19].

During the threat of the COVID-19 pandemic, the SHGs had demonstrated new horizons of women empowerment and added a new dimension to the formation of the SHGs concept. They truly reflected that when the need arises, they can come up front and stand at the firing line [20]. In the early stages of a pandemic, the only thing which was assumed to keep someone safe was “social distancing”, “regular sanitization” and “PPE”; and India was struggling hard to procure or manufacture the surgical masks and sanitizers [21]. At such an hour, the SHGs groups across the country played a vital role by manufacturing facial masks and hand sanitizers in adequate numbers and dispensing them across society. During the lockdown, when many workers lost their livelihood and food supply chains were disrupted, SHGs had set up community kitchens in a few parts of the country to facilitate the workers and their family members. They were struggling hard to overcome starvation [22]. They also did, a remarkable job in curbing down the rumors and misinformation circulated amongst the migrant labor. They also acted as a catalyst in spreading the government’s “Break the Chain” campaign in the hard-to-reach areas [23]. This signifies that SHGs meant for the empowerment of rural women by providing them a source of livelihood can also transform themselves as “Social Warriors” when the need arises. In the present COVID-19 scenario WSHGs run various community kitchens to ensure free foods, especially to the weaker section across different states, districts, and local self-governing bodies [24]. Odisha Mission Shakti and SHGshave engaged more than 70 lakhs of women to provide necessities during this crisis [25].

Self Help Groups and COVID-19

Natural catastrophes and pandemics are becoming substantial global dangers, posing a significant threat to social, economic, and environmental well-being [5]. During the COVID-19 pandemic, many countries imposed a statewide lockdown, and women's self-help groups assisted in managing of the village's health and nutrition difficulties [26]. During the covid-19 pandemic, self-help groups in South Korea instructed healthy

fruits and foods with the theme "remain well until the age of 100" [27]. With 67 million members, India's women's SHGs have a lot of potential for enabling women to make a living by diversifying their production and service activities [28].

The Haryana Government established canteens in which the SHGs and the women played a crucial role in providing food to the needy, poor, vulnerable, homeless, migrant laborers, and street vendors in the morning and evening. Every day, between 1000 and 1500 individuals came to the canteen for a meal or to take home packed healthy and hygienic food for their children. The SHG group members usually end their work in the canteen by 8:00 pm [29]. Both Government and Non-Government organizations are involving themselves to raise the standard of living of the people. Lack of proper education leads to less standard of economic rise. Government plans lack to provide more cultivable lands due to which the living standard of people detoriate and more percentage of people are found in BLP [30]. The Indian government has collaborated with SHGs to provide community-based responses to the epidemic and lockdowns in various states.With the support of non-governmental organizations (NGOs) and self-help groups, the government provides meals to those living in shelter homes. Furthermore, it has provided groceries and cash to persons with low socioeconomic levels[31]. In states where SHGs have a strong connection with the local government, such as Bihar, Jharkhand, Kerala, Madhya Pradesh, Odisha, and Tripura, over 12,000 community kitchens have been established. Other essentials are also delivered to SHGs doorsteps, such as dry ration and food by Mission Shakti SHGs in Odisha [32].

To compensate for the shortages and ensure members' livelihoods, groups have mobilized to produce personal protective equipment (PPE), such as masks. Millions of masks PPE, and liters of hand sanitizer, have been created by SHGs members grouped under the National Rural Livelihood Mission (NRLM).The tribal area needs to be more developed in comparison to the urban areas. Tribal women empowerment will impact the functioning of SHGs in the state of Odisha [33].

Material and Methods

This descriptive study was carried out using a field survey that included 248 people from 78 self-help organizations in rural parts of Odisha's coastal districts. Those members of the SHGs who were engaged in delivering health services to their local communities during the COVID-19 pandemic were chosen using the purposive sample technique. The study incorporated both primary and secondary data. Secondary data was gathered from newspapers, research journals, various research e-articles, and numerous government reports and regulations.

The primary data was collected using a structured interview schedule. The following are some examples of the interviewed questions: 1) However the communities affected by the COVID-19 pandemic? 2) How did the communities deal with all emerging issues in such a crisis? and 3) What kind of activitiesSHG group was engaged in during the COVID-19 pandemic? Since all the variables in each question were categorical, appropriate graphs and charts were prepared to communicate the results. SPSS 20 was used for coding and analyzing the data.

Inclusion criteria: the respondents include all age groups from 18 to above 61 yrs of age, both literate and illiterate, married, unmarried, and widows. Those involved in COVID-related activities have been included in the study.

Exclusion criteria: members who have not directly or indirectly contributed to COVID-related activities were excluded for the study.

The goal of the present study was explained to all the participants before the collection of data, and the same was explained in vernacular language.

Data Analysis and Discussion

The SHGs network in the states provides an institutional structure that can repeat the appropriate messages to members and the community to raise knowledge about maintaining social distancing, the benefit and use of face masks, suggested practices, being quarantined, or self-isolation, and prevailing other issues. SHGs volunteers actively maintain social distance at markets, PDS shops, and other public places.

When the task involves relatively modest levels of technology, raw materials are readily available, quality expectations are well defined, production instructions are unambiguous and straightforward, and production uptake is ensured, SHGs can expand into new areas more quickly.

Table 1: Demographic profile

Variable	Categories	Frequency	percent
Age	Below 20 years	25	9.5
	21 to 40	69	26.1
	41 to 60	157	59.5
	61 above	13	4.9
Education	literate	219	83.0
	illiterate	45	17.0
Caste	General	67	25.4
	OBC	115	43.6
	SC/ST	82	31.1
Religion	Hindu	145	54.9
	Muslim	63	23.9
	Other	56	21.2
Family structure	Joint	187	70.8
	Nuclear	77	29.2
Marital status	Married	232	87.9
	Unmarried	24	9.1
	Widow	8	3.0
On whose suggestion did you join SHGs	Area lady	30	11.4
	Friends	35	13.3
	NGO	87	33.0
	Relative	112	42.4
Monthly Income	Less than 4000	135	51.1
	4001-8000	50	18.9
	8001-12000	44	16.7
	12001 above	35	13.3

OBC- Other Backward Classes, **SC/ST-** Scheduled Caste/ Scheduled Tribes, **NGO-** Non-Governmental Organizations

Source: Primary data

It can be evident from the above table that the majority of the respondents (59.5%) were from age groups between 41 to 60. Regarding education, most subjects (n= 219, 83%) are literate. In regard to caste, the majority of the subjects (n=115, 43.6%) are OBC, followed by SC/ST (n = 82, 31.1%) and general (n=67, 25.4%). Regarding religion majority of the subjects (n=145, 54.9%) are Hindu. Subsequently, in the case of family structure, most subjects (n=187, 70.8 %) belongs to joint families. Regarding marital status, maximum (n=232, 87.9%) are married, (n=24, 9.1%) are unmarried and (n=8, 3%) are widow. Regarding monthly income, most of the subjects (n=135, 51.1%) are earning a monthly income of INR.4000 per month. For most respondents (n=112, 42.4), relative recommendations are the primary reasons to join SHGs.

Change in Activity

COVID-19 had a dramatic impact on everyone's social and economic life. Many SHGs members were forced to change their core activities to new activities that were needed during the COVID-19 pandemic. It can be observed from the table that the majority of the subjects (n=171, 64.8%) were engaged themselves in manufacturing a new type of product or services that were either had a massive demand in the market or provided a new

type of services to the local community during the pandemic.

Table 2: Change in the activities of SHGs during COVID-19 pandemic

Whether you have to change your core activities due to the COVID-19 pandemic		
Items	**Frequency**	**Percent**
Yes	171	64.8
No	93	35.2

Source: Primary data

Towards the betterment and engagement of the community for social and economic needs, the SHGs immensely and holistically contributed during the pandemic. They engaged themselves in various activities to manage their bread and butter. The activities primarily carried out by the SHG groups were preparing cooked food in community kitchens, stitching of masks and PPE kits, manufacturing sanitizers, and providing health services to the local community.

Table 3: Kind of activity carried out by SHG group during COVID 19 pandemic

Categories	Frequency	Percent
Preparing cooked food in community kitchens	11	4.2
supply of food grains, vegetables, and fruits to common people	35	13.3
stitching of masks and PPE kit	59	22.3
manufacturing of sanitizers	35	13.3
Health services to need once	124	47
Total	264	100

PPE – Personal Protective Equipments

Source: Primary data

It can be observed from the above table that the majority of the SHGs (n=124, 47.0%) were engaged in providing health services to the community. The activities broadly encompass surveillance, screening, isolation, and referral, performing Rapid Antigen Testing, COVID care isolation facilities in the house, monitoring oxygen saturation, and providing a Home Isolation kit.

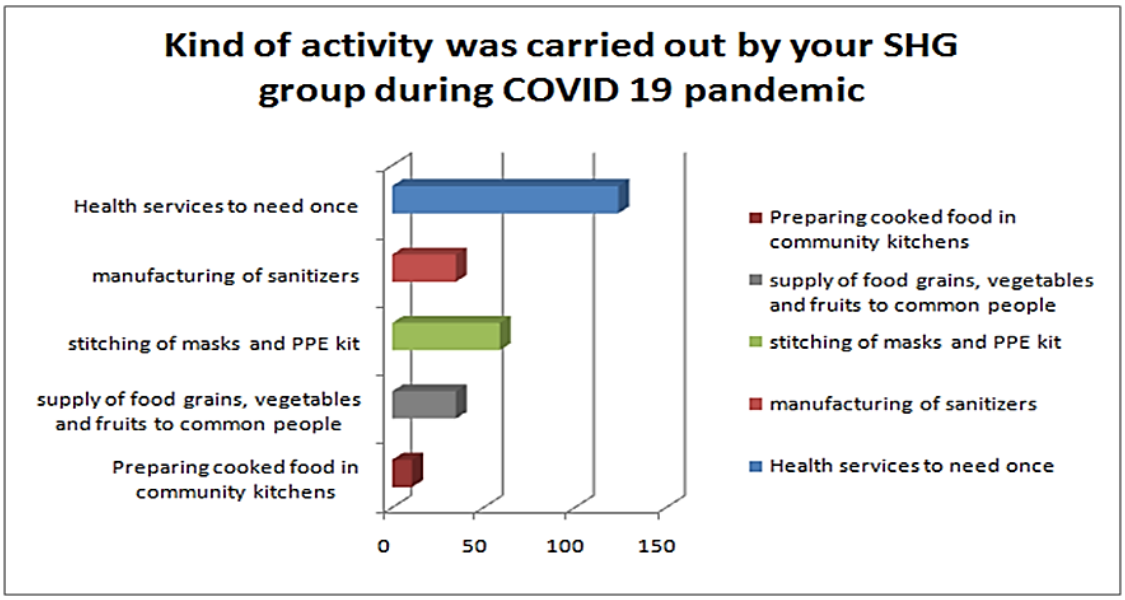

Figure 1: Kind of activity carried out by SHG group during COVID 19 pandemic

Kind of health services provided by the SHGs in rural areas

There are various questions as to why the whole system and majorly the healthcare is not enough or ready to curve the transmission of the virus in

the backward districts of coastal Odisha, and one of the most apparent reasons might be lack of basic medical amenities like insufficient hospital beds, medical equipment, high doctor to patient ratio, leading to overwhelming of doctors. Here SHGs are engaged by the local authorities to educate and provide basic health facilities to poor people in the state's rural areas. Since the SHGs were made to carry out several jobs during the pandemic, respondents were allowed to choose multiple responses to seem appropriate to them.

Table 4: Kind of health care services extended by SHGs members

Categories	Frequency	Percentage of cases
Providing medical assistance during the COVID- 19 situation	21	8
Convincing people to go to hospitals of Rural areas was easy	67	25.4
Creating awareness about the virus and precautionary measures	45	17
Medicines were made readily available	72	27.3
Taking care of Pregnant women, old age group, and children	36	13.6
Funeral of the COVID patient was carried as per government rules	6	2.3
Others	2	0.8

Source: Primary data

It can be evident that the majority of members (n=72, 27.3%) were engaged in distributing medicines to the needy people during the pandemic, followed by Convincing people to go to hospitals of Rural areas was easy (n=67,25.4%) and Creating awareness about the virus and precautionary measures to be taken were easy (n=45,17.0%) and Taking care of Pregnant women, old age group and children (n=36, 13.6%) which were considered to such health services which were had significant importance during COVID-19 pandemic. It can be clearly understood that these SHGs were playing an equally important role like other COVID warriors during the pandemic.

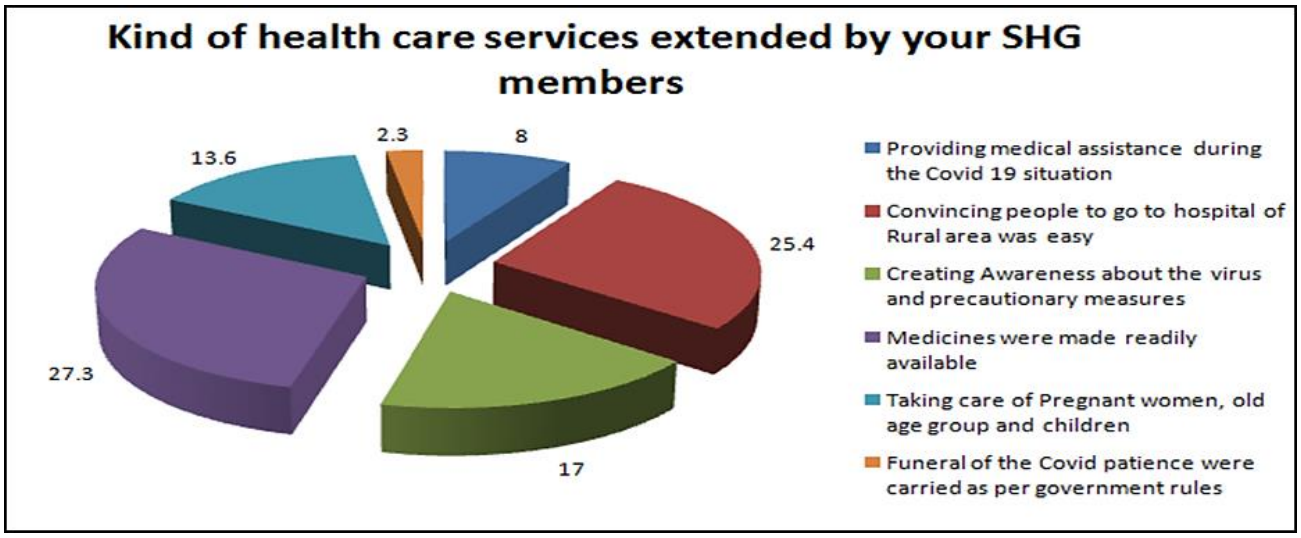

Figure 2: Kind of health care services extended by SHGs members

Challenges during COVID-19 for SHG members

The COVID-19 pandemic was deeply rooted in the country's economy, which adversely affected life in the rural areas. In more than 22 states and Union Territories of India, the government has strictly imposed the lockdown, which made the lives of rural people more miserable. Putting restrictions on the movement of vehicles across the country and shutting off all commercial institutions other than those dealing with necessary goods worsened the rural people who were dependent upon big cities for their livelihood. Many factors hampered the functioning of SHGs in rural areas of Odisha.

Table 5: Challenges of SHGs during COVID-19 Pandemic

Categories	Frequency	Percent
Lack of training facilities	59	22.3
Supply of funds	41	15.5
The problem isthe supply of raw materials	81	30.7
No support from the family members	36	13.6
Difficulty in group formation	21	8.0
Lack of Government support	19	7.2
Others	7	2.7
Total	264	100.0

Source: Primary data

From the above, it can be observed that 30.7 % of the respondents found the availability of raw material is the primary challenge for the SHGs in the state's rural areas. The data also indicates that 22.3% of the subject felt that lack of training was another problem for the SHGs during COVID-19. Subsequently, (n=41, 15.5%) considered that the availability of funds was one of the significant challenges for the SHGs during COVID-19.

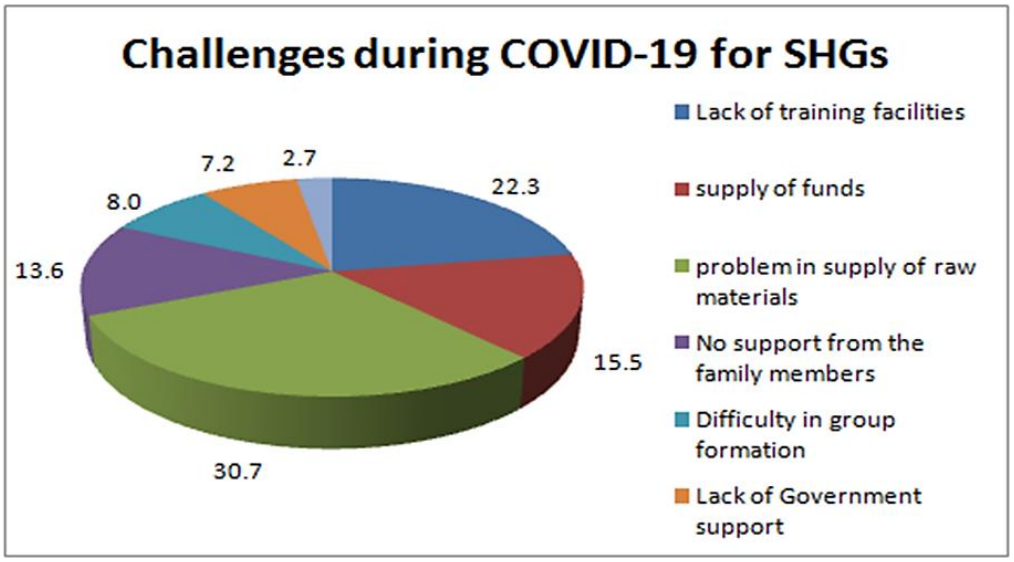

Figure 3: Challenges of SHGs during COVID-19 Pandemic

Suggestions

The state government must take strategic decisions to prepare health care providers, especially in the rural areas in the time of epidemic, by solid and outcome-based investment and preparation. Massive programs must be initiated to educate people and at the same time tap the exact spread and deduction in the fatality of the virus. Another issue that needs to be taken up is proper training and clinical guidelines to prepare the unregistered and untrained health care providers in rural areas. The local authorities must take appropriate steps to ensure that the SHGs are not encountering any difficulties procuring raw materials. The SHGs must be facilitated with bank loans at a cheaper interest rate. Since the members of the SHGs are putting their life at risk during this pandemic where chances of getting contaminated with the coronavirus are high, they must know the proper use of PPE kits, and government must introduce insurance packages for their safety. Further, the members should be trained with relevant skills used in manufacturing essential products such as PPE kits, face masks, and sanitizers by organizing virtual training sessions from certified government and non-government institutions.

Conclusions

SHGs change the community or society and the social institutions and ideas of the people living in the society. It cannot be denied that the Indian economy will never witness the third wave of the COVID-19 virus. Since researchers and experts are predicting India may experience the third wave by

the end of 2021. Now it is high time for government and local authorities to improve the capabilities of the SHGs and provide them appropriate support to mitigate the awful situation more effectively. However, the government should take adequate steps and measure decisions to benefit both government and the people.

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Authors' contributions
All authors contributed toward data analysis, drafting and revising the paper and agreed to responsible for all the aspects of this work.

Conflict of Interest
We have no conflicts of interest to disclose.

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