

IMPACT OF COVID -19 PANDEMIC ON RURAL COMMUNITIES

A STUDY OF ONE SAMPLE VILLAGE "VISWESWARAPURAM" OF DR.B.R.AMBEDKAR

KONASEEMA DISTRICT

*Community Service Project work submitted to Adikavi Nannaya University in the
partial fulfillment of requirements for the award of the degree of*

BACHELOR OF SCIENCE

in

(CHEMISTRY, BIOCHEMISTRY, BIOTECHNOLOGY)

Submitted By

KUKKALA BHARATHI (Reg. 200597121162)

PIPPALLA HIMAVASI (Reg. 200597121170)



Under Guidance of

Mr. SND PRASAD ACHANTA

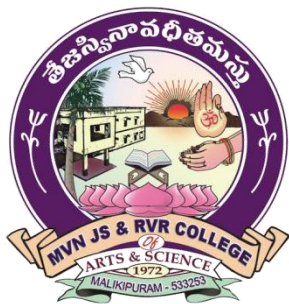
Lecturer in charge

DEPARTMENT OF BIOCHEMISTRY & BIOTECHNOLOGY

MVN, JS & RVR COLLEGE OF ARTS AND SCIENCES

Malikipuram, Dr.B.R.Ambedkar District, Andhra Pradesh, India.

2020-2021



DEPARTMENT OF BIOCHEMISTRY & BIOTECHNOLOGY

MVN, JS & RVR College of Arts and Science || Malikipuram ||

Dr.B.R.Ambedkar Konaseema Dt. || 533253 || A.P.

Re-accredited by NAAC with B grade (2.78 CGPA)

www.deptbiotechnologymvn.blogspot.com

CERTIFICATE

This is to certify that the Community Service Project work entitled **"IMPACT OF COVID -19 PANDEMIC ON RURAL COMMUNITIES"** A Study Of One Sample Village *"Visweswarapuram"* Of Dr.B.R.Ambedkar Konaseema District is an original work done by **PIPPALLA HIMAVASI** of **I B.Sc (CBCBT)**, Registration number: **200597121170** of the Department of Biochemistry & Biotechnology, MVN, JS & RVR College of Arts and Science, Malikipuram, under guidance of **SND PRASAD ACHANTA**, Designation, for partial fulfillment of the requirements for the degree of **Bachelor of Science** in Chemistry, Biochemistry & Biotechnology combination, **Adikavi Nanayya University**, Rajamahendravaram.

To the best of my knowledge, it is her original work and has not been submitted in any other college in Andhra Pradesh.

Evaluation Committee:

(A *SND Prasad*)

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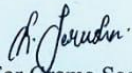


Government of Andhra Pradesh

**Grama Sachivalayam
VISWESWARAYAPURAM**

TO WHOM SO EVER IT MAY CONCERN

This is to certify that the students of **1st B.Sc** (CBCBT) of **MVN, JS & RVR College of Arts and Science, Malikipuram** has successfully completed their Community Service Project Work entitled **"Impact of Covid 19 Pandemic on Rural Community"** during the academic year **2020-2021** in our village "Visweswarayapuram" under the supervision of **S.N.D. Prasad Achanta**, Lecturer in charge in Biochemistry and Biotechnology.


For Grama Sachivalayam,

Visweswarayapuram
Panchayat Secretary (Gr-VI)
(Digital Assistant)
Visweswarayapuram Village Secretariat
Malikipuram Mandal, E.G.Dt.


Village Revenue Officer
Visweswarayapuram
Malikipuram Mandal E.G.Dt.

ACKNOWLEDGEMENT

The opportunity to be a part of a community service project entitled *“Impact of Covi-19 Pandemic in Rural Community Visweswarapuram Village”*. Studying a village is a very enriching experience for learning and knowledge development and we feel privileged to have had an opportunity to work on this project, i wish to thank the University for providing us this opportunity. I was thankful to our college Secretary and Correspondent **Mr. M. V.V.S.N.Murthy**, Principal, **Mr. T.V.V.Satyanarayana Rao**, and Mentor **Mr. ASND Prasad** lecturer in-charge in Biochemistry & Biotechnology who gave us this opportunity and we convey thanks to **Mr. Abhishek Kumar** lecturer in Biochemistry, **Mrs Heleena Harikrishna**, President of the Village Panchayathi, **Mr. T.Yesubabu** Secretary of the Panchayathi, Village Volunteers and other office staff of sachivalayam for supporting us. Last but not least we sincerely convey thanks to respondents of the village people without whose support our project would have neither begun nicely nor would have reached a fine ending.

PIPPALLA HIMAVASI

KUKKALA BHARATHI

DECLARATION

I, the undersigned do hereby declare that the evaluation embodied in this project is the original work carried out by me under the guidance of A SND PRASAD, Lecturer in charge, Department of Biochemistry & Biotechnology, MVN, JS & RVR College of Arts and Science, Malikipuram.

Place: Malikipuram

Date:

Signature of student

PREFACE

The study came as an opportunity for our college, MVN, JS & RVR College of Arts and Sciences, Malikipuram, Dr. B.R.Ambedkar Konaseema District. The department of Biochemistry and Biotechnology of the college has already been engaged in several community service activities along with students. Four villages have been adopted by our NSS Units and five villages have been adopted by the central government of India's "Unnat Bharat Abhiyan" teams of our college.

The guidelines and communications from Adikavi University were welcomed by the college. The research study was very relevant to the department of Biochemistry and Biotechnology because the outbreak of covid-19 pandemic is an unprecedented shock to one of the most prominent sectors.

The report will brief the impact of covid-19 pandemic in rural community of village Visweswarayapuram and try to analyze the policies that have been announced so far by the central and state governments to ameliorate the economic shock and put forward a set of policy recommendations for rural areas.

Chapter I describes briefly the profile of the village for study purposes. The profiling of village is given to develop a proper understanding of the socio-economic structure and demography of the village visweswarayapuram.

Chapter II provides an outline of objectives of the project described by CCE of AP, APSCHE and university illustrates the problems faced by the villages in farming, labour activity, market supply etc. due to pandemic, the chapter explains the methodology adopted for the study. The development of a questionnaire that was prepared for the conduct of the survey.

Chapter III provides an outline of the main topic: "Impact of covid-19 in rural community" covid-19 symptoms, investigations, precautionary measures, history challenges of pandemic etc

Chapter IV and V contains an analysis of data collected through structured by person to person direct interview of respondents of the village. Chapter VI contain findings, conclusions and suggestions and recommendations

We take the privilege to submit the report to our college MVN, JS & RVR College of Arts and Sciences, Malikipuram.

Malikipuram

11/08/2022

Team

PIPPALLA HIMAVASI & KUKKALA BHARATH

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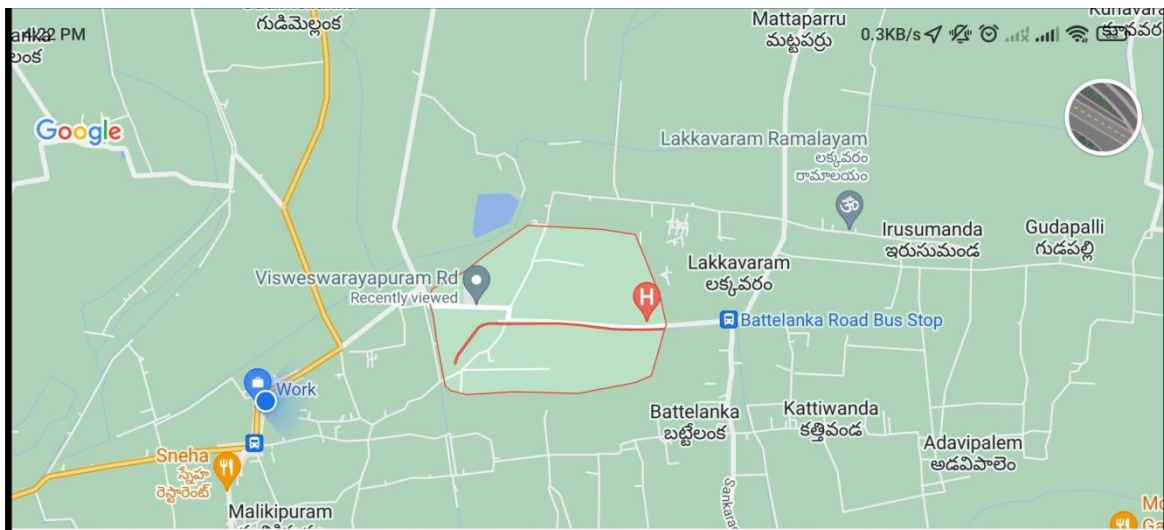
CHAPTER-1

PROFILE OF SAMPLE VILLAGE

1.1 ABOUT VISWESWARAYAPURAM:

Visweswarayapuram is a village in Malikipuram mandal in Dr.B.R.Ambedkar Konaseema District of Andhrapradesh state, India. It is located 36 KM towards south from district headquarter Amalapuram, 1 KM from Malikipuram revenue headquarter and 230 KM from state capital Amaravathi. As per the census 2011 the total population of the village is 4601 and number of houses 1256.

1.2 Village Location Map:



Source: Google maps

1.3 SOCIO ECONOMIC STATUS:

The total population of the villages is 4601 and number of houses 1256. Female population is 2318 (50.4%), male population is 2283 (49.6%). Village literacy rate is 74.5% (3430) and female literacy rate is 35.1% (1614). Scheduled tribe population is 1.5% (70) scheduled caste population is 20% (918)

Population(2021/2022) est.	4,509 - 5,153
Population(2011)	4601
Males	2283

Females	2318
Households	1256
Pincode	533254
Area	3.04 Sq Km
Density	2/Sq Km
Lat	81.8199726
Lng	16.4198613

1.4 EDUCATION:

The village has one ZPPH school which was built in 2009, the strength of the school is approximately 218, the school provides a mid day meal facility for students. The school has 11 Teaching staff. The village has 4 MPP School with 60 Students strength and 5 teaching staff, 1 private school, 4 ICDS Centers for pre primary education.

1.5 HEALTH AND SANITATION:

The village has an approximate population 4601, village has one Sub PHC Center and PHC in neighbouring village lakkavaram. It is the most easily reachable hospital services for the villagers. The village has one private first aid clinic. A part from this the "ICDS" is being implemented with 4 ICDS Centers. ASHA workers regularly visit the expected mother for the check-up both before and after the delivery of the child.

1.6 LAND RESOURCES AND UTILIZATION:

Total reported area of the village is 304Hectares, out of which 38 Hectares land is cultivated land, formers sow only one type of crop in a year i.e. Paddy.

1.7 WATER RESOURCES:

As part of the water resources village has 2 ponds. As per the record there are 12 wells. The water needed for the irrigation and other purposes is provided by the department of irrigation of the government of Andhra Pradesh.

1.8 OCCUPATIONAL STRUCTURE:

Most of the community people in this village are manual workers. Masonry work, carpentry work and iron welding work are more common. Most people go to daily work. In this town there are women who are skilled in knitting which is a handicraft.

1.9 INDUSTRIES AND OTHER

The villagers are engaged in seasonal agricultural production like paddy, vegetables like tomato, etc. Some villagers engaged in aquatic activities. Maximum householders have cattle like cows, buffalo etc. The village has one ice factory and one coir industry.

The village has an opportunity for sustainable aquaculture development because there is a National Center for Sustainable Aquaculture Development Laboratory very near to grama panchayathi office.

CHAPTER-2

OBJECTIVES, METHODOLOGY, SAMPLING

Community Service Project is an experiential learning strategy that integrates meaningful community service with instruction, participation, learning and community development. Community Service Project involves students in community development and service activities and applies the experience to personal and academic development.

As the world is facing the COVID-19 crisis, the government of India has been taking various measures to fight against the corona virus and to protect every citizen of India. The main focus of the Government is to control the spread of disease through proper communication and awareness about the pandemic. In this light, the Institute has taken up this study with the objectives:

2.1 OBJECTIVES OF THE PROJECT:

- To identify the socio economic status of the villagers
- To identify the awareness levels in the village regarding COVID-19
- To find the ways in which the village dealt with various challenges posed by COVID-19.
- To identify the best strategies or measures adopted by the villages to combat the Challenges posed by COVID-19.
- To identify the present status of vaccination in village

2.2 STATEMENT OF THE PROBLEM:

The outbreak of Covid-19 and the resultant total lockdown in India has greatly affected the livelihoods of rural communities across India. Quick and effective intervention is required for people of villages to minimize the disruptive effect on the livelihoods of vulnerable populations particularly on livelihood, farming and market chains. Villagers and migrant labourers are considerably affected due to the lockdown as there is no farming and labour activity and in some places only limited farming, market chains and other sources of livelihood are in process.

2.3 METHODOLOGY:

The institute has conducted a study to measure the Impact of COVID 19 Pandemic during the lockdown period. For this study we selected a village of Dr.B.R.Ambedkar Konaseema District namely VISWESWARAPURAM. The study has been conducted through direct door to door interviews with a selected region of the village. The study is based on the primary and secondary data. The primary data collected from respondents, secondary data has been collected from newspapers and websites.

2.4 QUESTIONNAIRE DEVELOPMENT:

The questionnaire was included 20 questions on socioeconomic status of the villagers, next 20 questions on main mini project work as follows:

1. Do you have any knowledge on COVID 19?
2. How do you get awareness about COVID 19?
3. Opinion on complete lockdown
4. Do you use mask regularly during pandemic
5. How did you get the mask?
6. Follow the physical distance during the pandemic
7. Do you use sanitizer
8. Measures taken to boosting immunity
9. Is anyone in your family working outside the village before pandemic
10. Has anyone in your family returned from outside the village during the pandemic
11. If yes response of the Grama Panchayathi regarding migrate people
12. Has anyone in your family been affected by the pandemic
13. Mode of treatment
14. Are you facing difficulties in getting the goods you need during the pandemic
15. How do you get the goods you need in the time of pandemic
16. Do you think business has been affected by Covid 19
17. Do you think farming has been affected by Covid 19
18. Are you facing financial difficulties due to Covid 19
19. Do you get any support from the government during covid 19 and type of benefit
20. Has your family been vaccinated?

2.5 Area of study:

The area we studied was the habitation "SC Colony" of village Visweswarayapuram, Dr.B.R.Ambedkar Konaseema District, AP. This village was adopted by the college under Unnath Bharath Abhiyan. My habitation is located 500 m from the grama panchayathi office and it belongs to ward number 5 of the grama panchayathi.

2.6 Limitation of the study:

We collected the primary data through face to face interviews in our habitation from Door No: 5-67 to 5-109. We collected the data from the 50 respondents in two weeks (daily at evening time).

2.7 Community awareness programmes conducted by team:

As a part of Community Service Project (CSP) the second day the I B.Sc CBCBT students went to do a door to door survey on team topics in Visweswarapuram. They left the college at 1:15 and reached the village at 1:30. Each team visited 10 to 15 houses. The survey was conducted till approximately 3:00 pm.

As a part of CSP they went to high school today and spoke to 10th class students on how to study for exams and conduct some events and activities, those are::

1. Just A Minute (JAM) on Covid 19.
2. Spot writing skill on Freedom Fighters names.
3. Create awareness on Health and Hygiene
4. Running competition
5. Blood Grouping
6. Free medical camp in association with our linkage hospital "Sri Subhodaya Nursing Home" Malikipuram.

CHAPTER-3

MINI PROJECT ENTITLED "IMPACT OF COVID 19 PANDEMIC ON RURAL COMMUNITY"

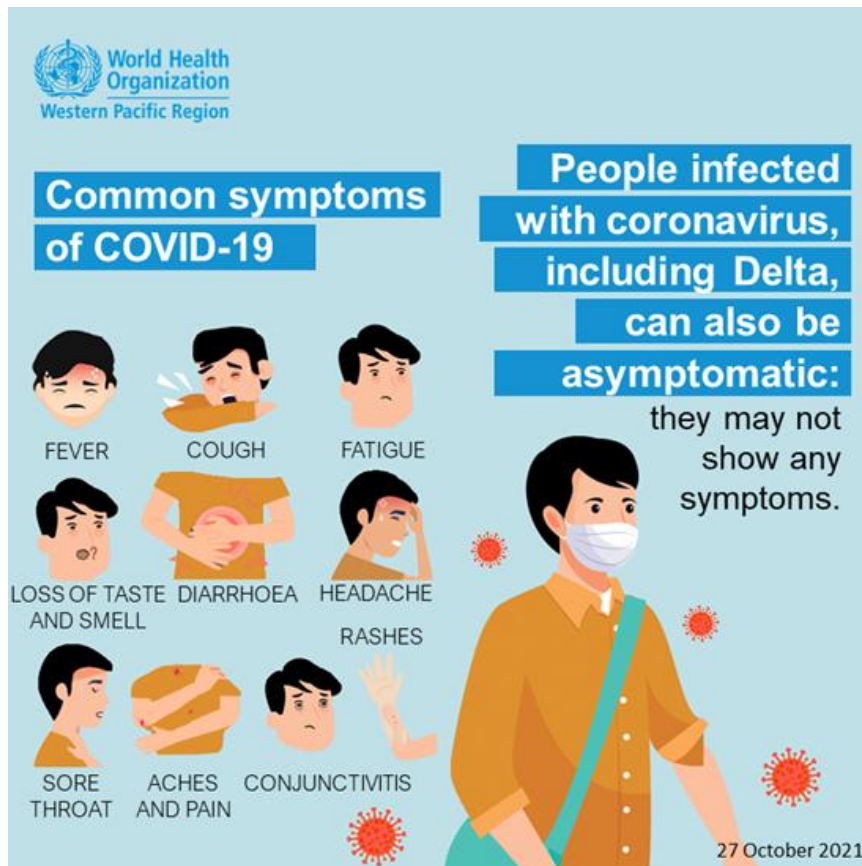
3.1 The Pandemic Covid-19

There is a new public health crisis threatening the world with the emergence and spread of 2019 Novel Coronavirus (COVID-19). The virus originated in bats and was transmitted to humans through yet unknown intermediary animals in Wuhan, Hubei province, China in December 2019. There have been around 4.92Cr reported cases of COVID-19 and 5.27 L deaths (as on 7 August, 2022) in India. The disease is transmitted by inhalation or contact with infected droplets and the incubation period ranges from 2 to 14 days. The disease is mild in most people; in some (usually the elderly and those with co-morbidities) it may progress to pneumonia, acute respiratory distress syndrome (ARDS) and multi organ dysfunction. Many people are asymptomatic. The case fatality rate is estimated to range from 2 to 3%. (www.icmr.gov.in).

Corona viruses are a large family of viruses which may cause illness in animals and humans. In humans, several corona viruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most recently discovered corona virus causes corona virus disease COVID-19 (www.who.int). This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019. COVID-19 is now a pandemic affecting many countries globally (www.who.int).

The most common symptoms of COVID-19 are fever, dry cough, and tiredness. Other symptoms that are less common and may affect some patients include aches and pains, nasal congestion, headache, conjunctivitis, sore throat, diarrhea, loss of taste or smell or a rash on skin or discoloration of fingers or toes (www.medrxiv.org). These symptoms are usually mild and begin gradually. Some people become infected but only have very mild symptoms.

Figure 3.1



Source:<https://www.who.int/westernpacific/emergencies/covid-19/information/asymptomatic-covid-19>

3.2 History of Pandemics in India:

India has been fighting against the pandemics since 19th century. The 3rd great plague pandemic in the world that spread from China in the late 19th century came to India on a ship to Bombay in 1896 and from there it spread to the rest of India. India accounted for 95% of the total worldwide fatalities. Bombay was the worst hit city. To prevent contagion, those infected were forcefully taken to a special hospital of Arthur Road. Clothes and other objects suspected of being infected were burnt. Houses were disinfected or broken, commercial establishments were closed, pilgrimages and celebration of festivals were banned. This resulted in riots everywhere which ignited from Bombay. A group of thousand mill workers attacked Arthur Road Hospital. In 1897, W C Rand, the officer in charge of anti-plague measures, was assassinated in Pune. With fatalities at about 500 in a week, the people

panicked and crowded the railway and bus stations to leave the infected city much like the thousands of migrant workers of today, who thronged the Mumbai stations and the Delhi bus terminals in April 2020. Hundreds and thousands had fled Bombay mostly by trains taking the plague with them. Ships carried plague around the world from Hong Kong but within India it was the railways. Probably, this was one of the reasons why the trains were not running in this pandemic which caused lots of inconvenience to migrant laborers.

Another outbreak of the plague occurred in Surat in 1994. This was caused by ecological disturbances due to the earthquake of 1993 in Latur and Beed of Maharashtra. It resulted in people fleeing homes leaving behind stored grains. The ecological disturbance caused growth in breeding of infected rats that led transmission of infection in humans. People from Latur and Beed then attended a religious gathering in Surat that led to the outbreak in the city.

Figure 3.2 Timeline of the pandemics

Years	Pandemics	Pathogens	Vectors
541–543	Plague of Justinian	<i>Yersinia pestis</i>	Fleas associated to wild rodents
1347–1351	Black Death	<i>Yersinia pestis</i>	Fleas associated to wild rodents
1817–1824	First cholera pandemic	<i>Vibrio cholerae</i>	Contaminated water
1827–1835	Second cholera pandemic	<i>Vibrio cholerae</i>	Contaminated water
1839–1856	Third cholera pandemic	<i>Vibrio cholerae</i>	Contaminated water
1863–1875	Fourth cholera pandemic	<i>Vibrio cholerae</i>	Contaminated water
1881–1886	Fifth cholera pandemic	<i>Vibrio cholerae</i>	Contaminated water
1885–ongoing	Third plague	<i>Yersinia pestis</i>	Fleas associated to wild rodents
1889–1893	Russian flu	Influenza A/H3N8?	Avian?
1899–1923	Sixth cholera pandemic	<i>Vibrio cholerae</i>	Contaminated water
1918–1919	Spanish flu	Influenza A/H1N1	Avian
1957–1959	Asian flu	Influenza A/H2N2	Avian
1961–ongoing	Seventh cholera pandemic	<i>Vibrio cholerae</i>	Contaminated water
1968–1970	Hong Kong flu	Influenza A/H3N2	Avian
2002–2003	Severe acute respiratory syndrome (SARS)	SARS-CoV	Bats, palm civets
2009–2010	Swine flu	Influenza A/H1N1	Pigs
2015–ongoing	Middle East respiratory syndrome (MERS)	MERS-CoV	Bats, dromedary camels
2019–ongoing	COVID-19	SARS-CoV-2	Bats, pangolins?

CoV, coronavirus; COVID-19, coronavirus disease 2019.

Source: <https://www.frontiersin.org/articles/10.3389/fmicb.2020.631736/full>

3.2 Methods used as precautions are:

- Ban on people from stepping out of their homes.
- All services and shops closed except pharmacies, hospitals, banks, grocery shops and other essential services.
- Closure of commercial and private establishments (only work-from-home allowed).
- Suspension of all educational, training, research institutions.
- Closure of all places of worship.
- Suspension of all non-essential public and private transport.
- Prohibition of all social, political, sports, entertainment, academic, cultural, religious activities.

Figure 3.3



Source: www.who.in

3.4 Management policies by the Government of India through proposed lockdowns:

The government is taking all steps to prevent spread of coronavirus in India and the scale of interventions have been increased in alignment with the evolving situation in India. Some important initiatives have been listed below -

- India's Prime Minister Shri Narendra Modi had appealed to Indians to avoid mass gatherings. He requested all citizens of India to observe a nation-wide curfew or Janta Curfew on 22nd March, 2020 from 7 am to 9 pm (www.thehindu.com).
- A 21-day lock-down across the country was imposed from 25th March, 2020 to 14th April, 2020 to curb the spread of the coronavirus in India.
- All factories, schools, colleges, offices and transportation services had been closed, while essential services such as food and civil supplies, and pharmaceuticals etc. remained open.
- A control room operational 24×7 to address queries had been launched. (www.economictimes.indiatimes.com)
- The Indian government announced a \$22.6bn stimulus package to aid the poor who are worst hit by the coronavirus outbreak (www.economictimes.com).
- The government is also providing wheat, rice and pulses free of cost to approximately 800 million low-income families which was launched for three months and later increased for 3 more months. Further, cooking-gas cylinders will be provided to 83 million poor families and a \$13.31 cash-transfer is made to 30 million senior citizens. The government will provide Rs. 500 per month to approximately 200 million poor women for three months. (www.wionews.com)
- Medical insurance worth five million rupees (\$66,000) will be provided for healthcare workers including doctors, nurses and paramedics (www.pharmaceutical-technology.com)
- The Indian government arranged for the evacuation of Indian citizens from Wuhan (China), Iran, France and other nations. The health condition of all of them being monitored on a daily basis.
- India temporarily suspended visa on arrival for Japanese and South Korean nationals on 27th February, 2020. India announced the cancellation of existing e-visas issued to all foreign nationals of China(www.timesofindia.indiatimes.com).
- On 3rd March, 2020, India announced the suspension of all visas issued to nationals of Italy, Iran, South Korea and Japan who have not yet entered the country(www.thehindubusinessline.com).

- Starting from 4th March, 2020, India mandated universal screening at all airports in the country given the rise in corona virus imports.

3.5 Challenges:

- Restrictions on movement of people and transport vehicle during the lockdown period have raised negative implications on the economy.
- The migration of workers from few parts of the country to their native places had also triggered panic buttons.
- Making the food grains, fruits and vegetables and other essential items available to consumers both in rural and urban areas was the most challenging during the lockdown period.
- The sale of dairy products, fish, poultry etc had also been hit during the lockdown period.

3.6 Vaccination:



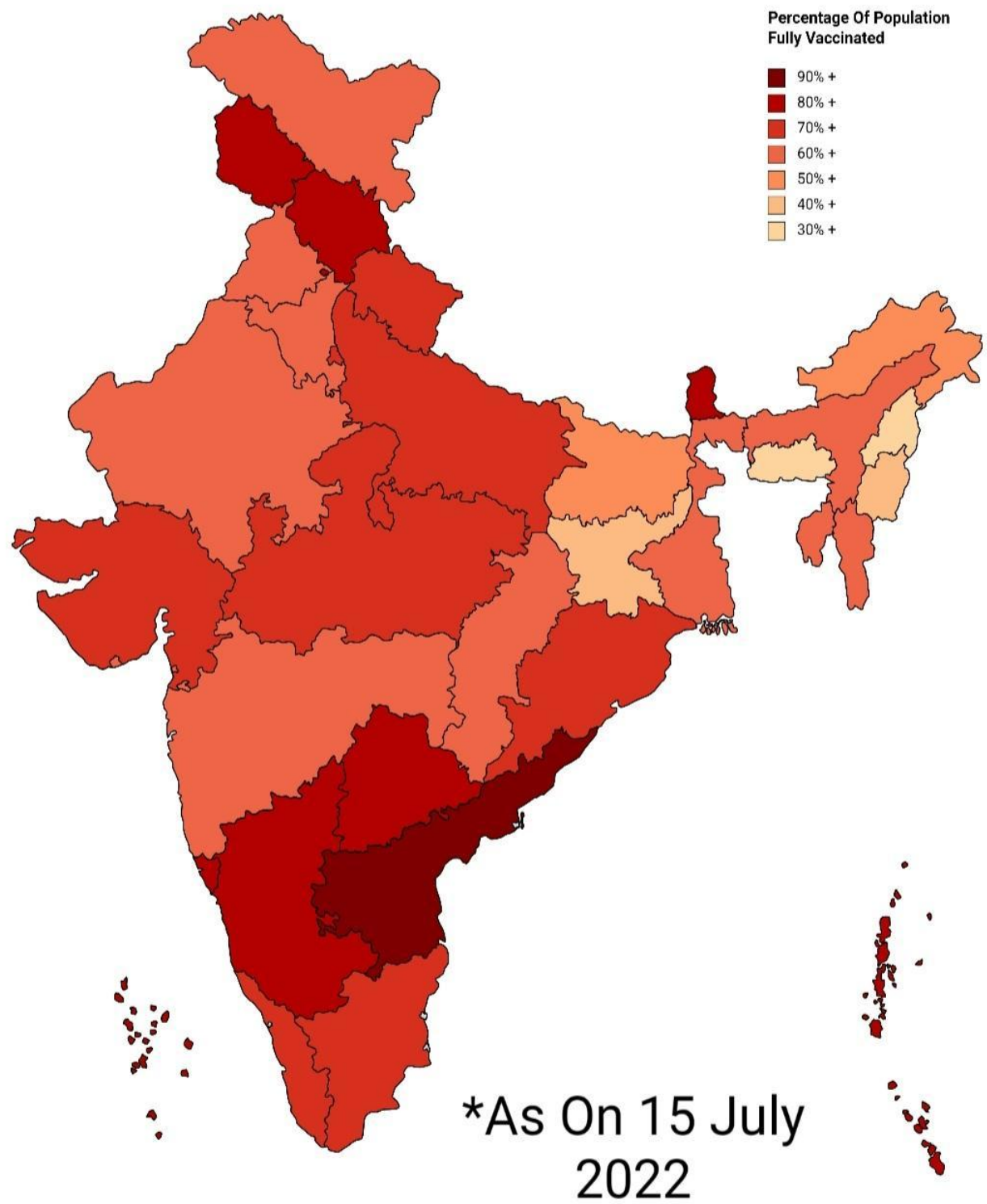
Figure 3.4

India began administration of COVID 19 vaccines on 16th January 2021. As of 1st August India has administered over 2.04 billion vaccine doses overall including first, second and precautionary (booster) doses of the currently approved vaccine. In India 94% of the eligible population has received (12+) at least one shot and 86% of the eligible population is fully vaccinated.

Source: Times of India

India initially approved the Oxford Astrazeneca vaccine manufactured by "Serum Institute of India" under trade name "Covishield" and "Covaxin" is a vaccine developed locally by "Bharat Biotech". According to June 2022 study published in "*The Lancet*" Covid 19 vaccination in India prevented an additional 4.2 million deaths from december 8th 2020 to december 8th 2021.

Figure: 3.5



Per capita fully vaccination map as on 15th July 2022. Source: wikipedia



Figure 3.6

The Secretary and Correspondent of College Sri. MVV Satyanarayana Murthy getting booster dose vaccine

<https://youtu.be/CeDzogAM1ys>

Link contains a video on awareness on vaccination by ASND Prasad, Lecturer in charge, Department of Biochemistry and Biotechnology of our college.

CHAPTER-4

IMPACT OF COVID-19 ON VILLAGES: AN ANALYSIS

4.1. Profile of Sample Respondents:

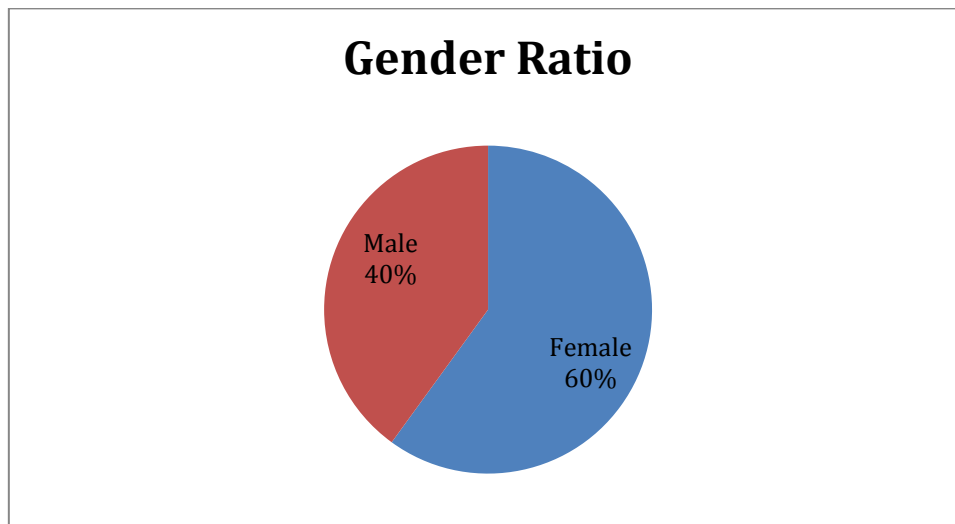
4.1.1. Gender

Table-4.1: Classification of respondents by gender

Total number of respondents: 50

Gender	Count	Percentage
Female	30	60%
Male	20	40%

Figure 4.1



If we analyze the above data we can easily find the percentage of male and female population who participated in the survey. In the village Visweswarayapuram the total respondents of my habitation 50, out of 50 male accounted to 40% (20) and female accounted to 60% (30).

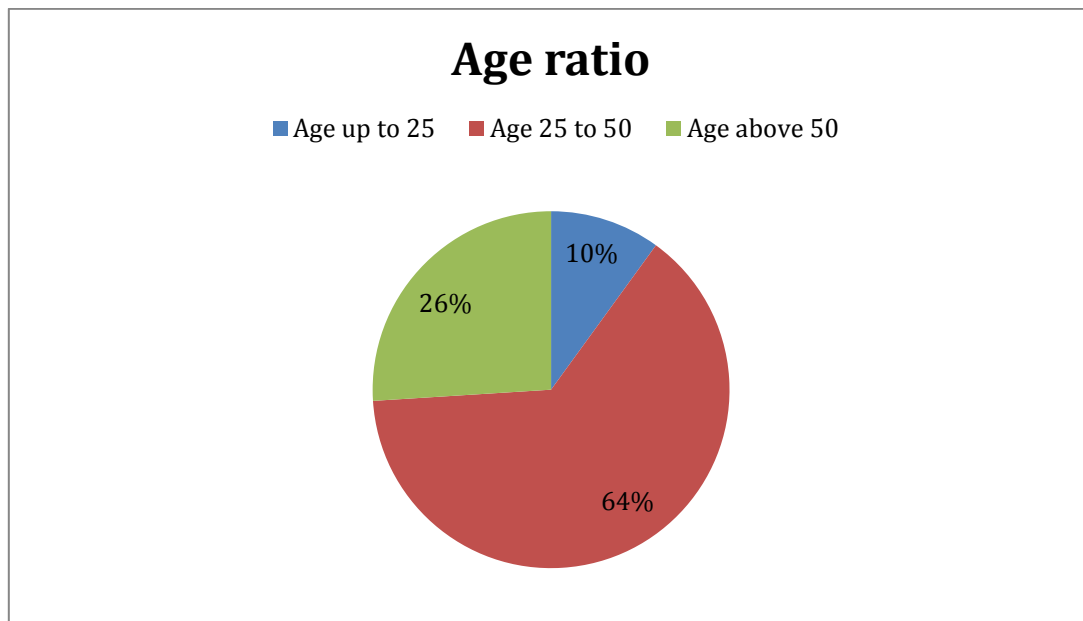
4.1.2. Age group

Table: 4.2

Age Group	Count	Percentage
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Age up to 25	5	10%
Age 25 to 50	32	64%
Age above 50	13	26%

Figure: 4.2

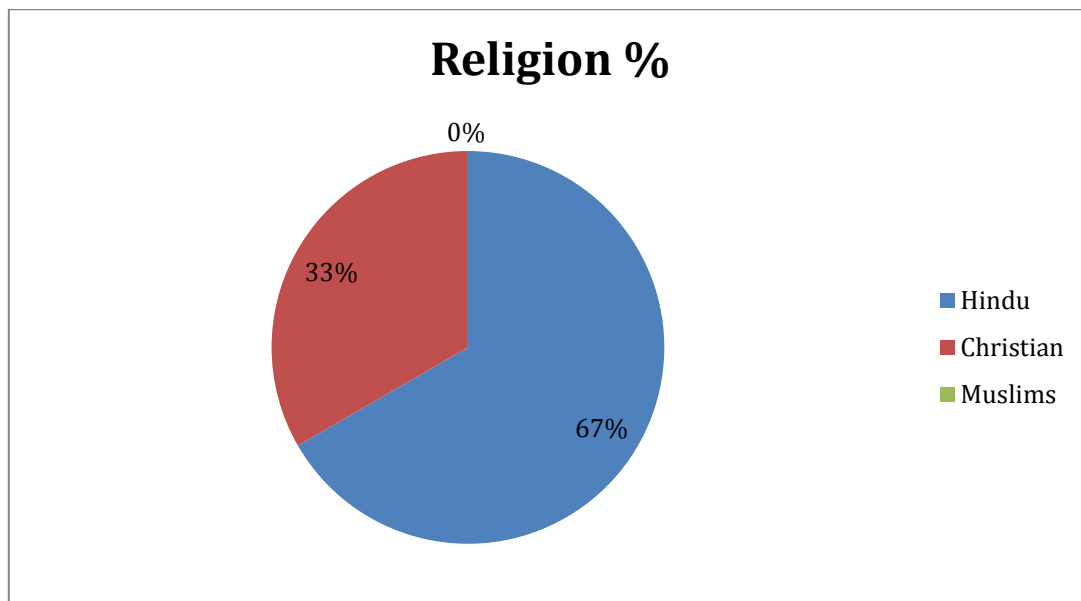


If we analyze the above data we can easily find the percentage of different age groups who participated in the survey. In my habitation all the respondents within age group of 25 stood at 26% (5) and between age group of 26-50 were 64% (32) and above 50 accounted to 26% (13).

4.1.3. Religion

Table: 4.3

Religion	Count	Percentage
Hindu	34	68%
Christian	17	34%
Muslims	0	0%

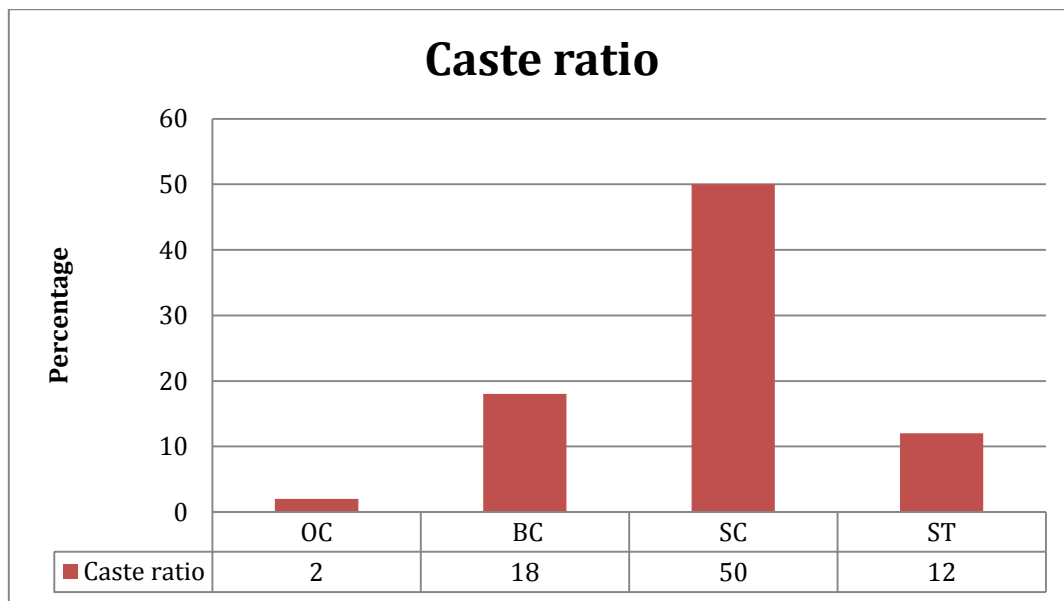


If we analyze the above data we can easily find the percentage of religion who participated in the survey. In my habitation the respondents were 50, out of 50, 34 respondents belongs to Hindus (67%), 17 respondents belongs to Christian (33%). There are Muslim community in my habitation.

4.1.4 Caste criteria

Table: 4.4

Caste	Count	Percentage
OC	1	2%
BC	18	36%
SC	25	50%
ST	6	12%

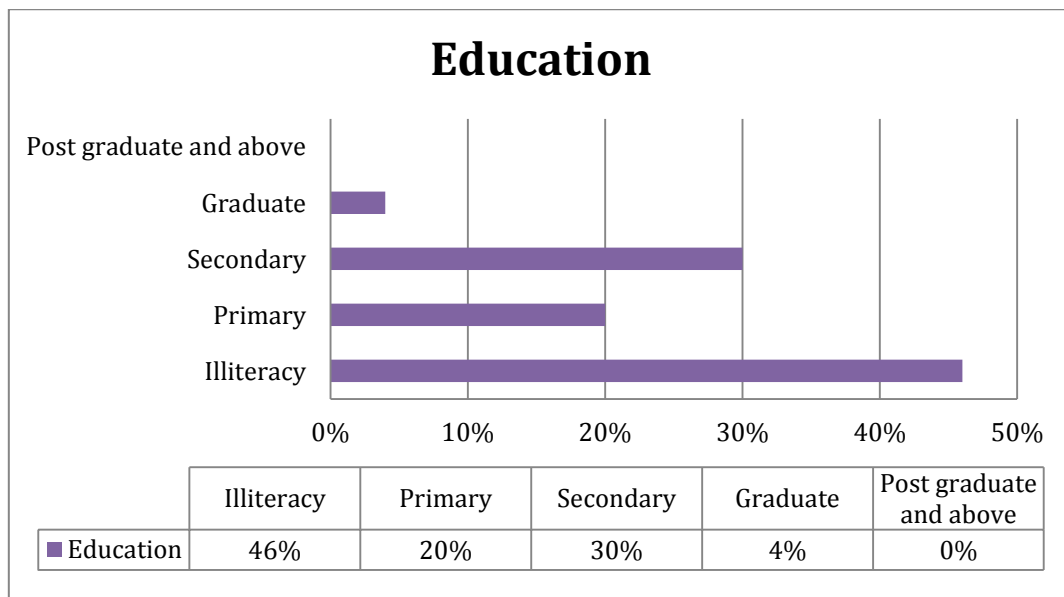


If we analyze the above data we can easily find the percentage of caste who participated in the survey. In my habitation the respondents were 50, out of 50, 25 respondents belongs to schedule caste (50%), 18 respondents belongs to Backward caste (36%), 6 respondents belongs to schedule tribe (12%), very less only 1 respondent belongs to Open category (OC) (2%).

4.1.5 Education

Table: 4.5

Education	Count	Percentage
Illiteracy	23	46%
Primary	10	20%
Secondary	15	30%
Graduate	2	4%
Post graduate and above	0	0%

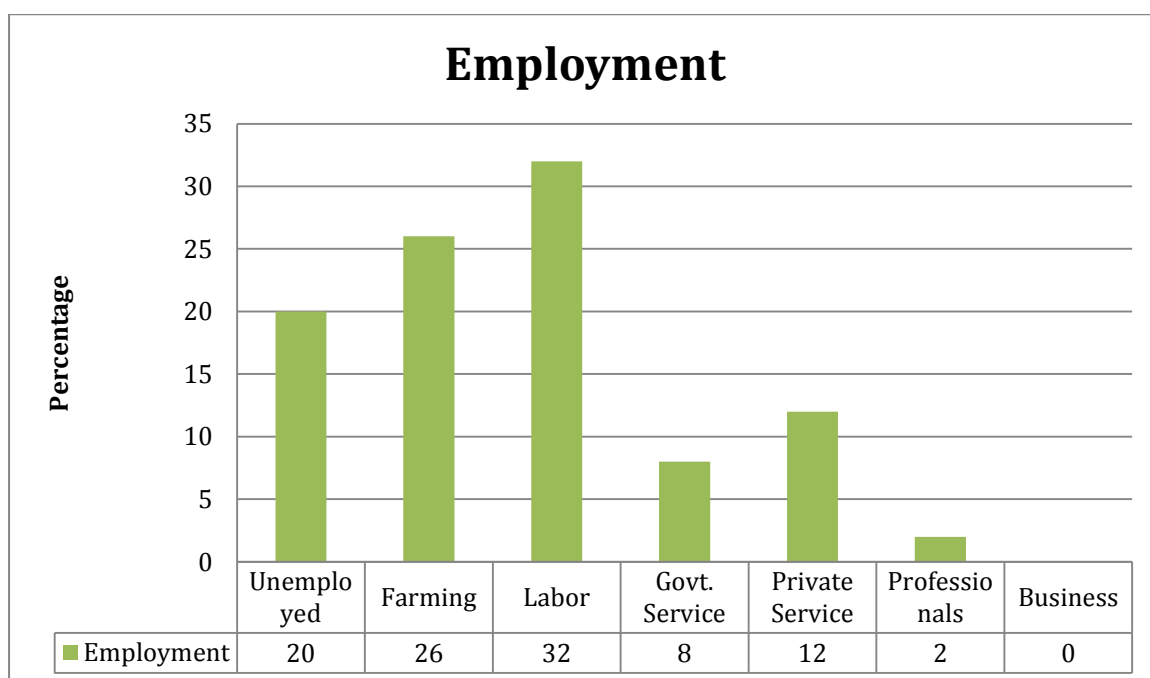


If we analyze the above data we can easily find the percentage of educational qualification of the respondents who participated in the questionnaire. In our habitation all the respondents who were illiterate stood at 46%, who completed their primary stood at 20%, who completed their secondary education stood at above 30%, who completed their graduate and above stood at 4%, 0% respectively. The data shows that in our study highest numbers of participants were illiterate.

4.2 Socio economic status of households

4.2.1 Employment

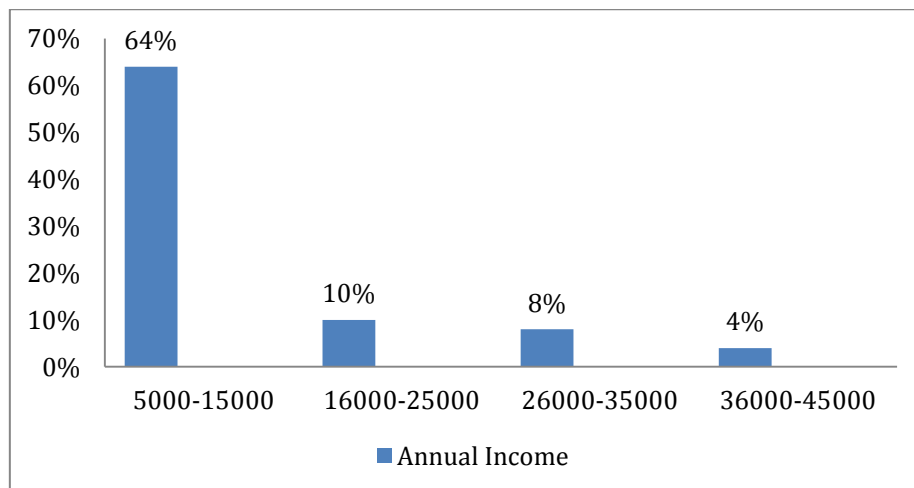
Employment	Count	Percentage
Unemployed	10	20%
Farming	13	26%
Labor	16	32%
Govt. Service	4	8%
Private Service	6	12%
Professionals	1	2%
Business	0	0%



If we analyze the above data we can easily identify the employment scenario of the respondents who participated in the questionnaire. In our habitation all the respondents who were unemployed and who were engaged in farming stood at 20% and 26% respectively and those who were labourers estimated at 32%, who were engaged in govt. Services and private services estimated at 8% and 12% respectively, who were engaged in professional work and business sector stood at 2% and 0% respectively. Out of total 50 responses, maximum numbers of respondents were engaged in daily labour as their main profession.

4.2.2 Annual income of family

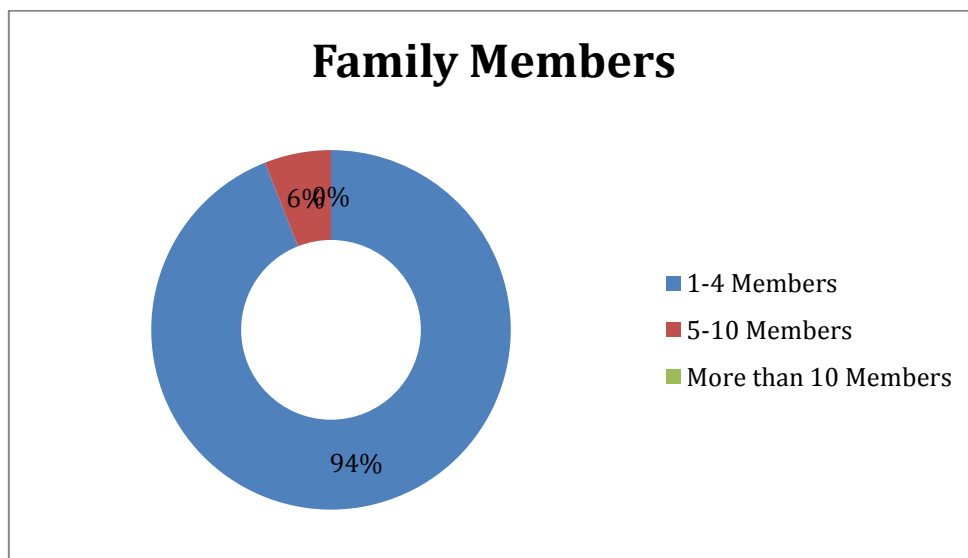
Annual Income	Count	Percentage
5000-15000	36	64%
16000-25000	5	10%
26000-35000	4	8%
36000-45000	2	4%
46000-65000	5	10%



If we analyze the above data we can easily identify the annual income scenario of the respondents who participated in the questionnaire. In our habitation all the respondents who were under below poverty line. The average annual income of householders was Rs.32333/-.

4.2.3 Family members group

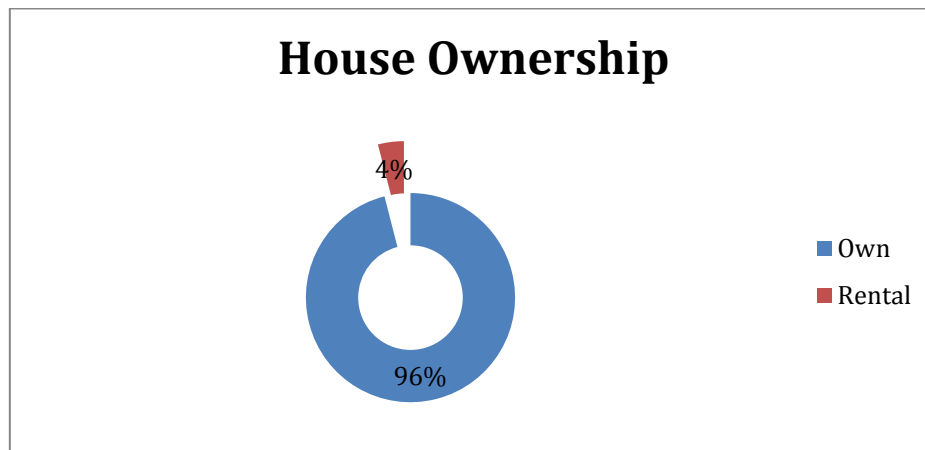
Family Members	Count	Percentage
1-4 Members	47	94%
5-10 members	3	6%
More than 10 Members	0	0%



If we analyze the above data we can easily identify the family members scenario of the respondents who participated in the questionnaire. In our habitation out of 50 respondents 94% of families are nuclear family and only 6% of families are combined families.

4.2.4 House ownership

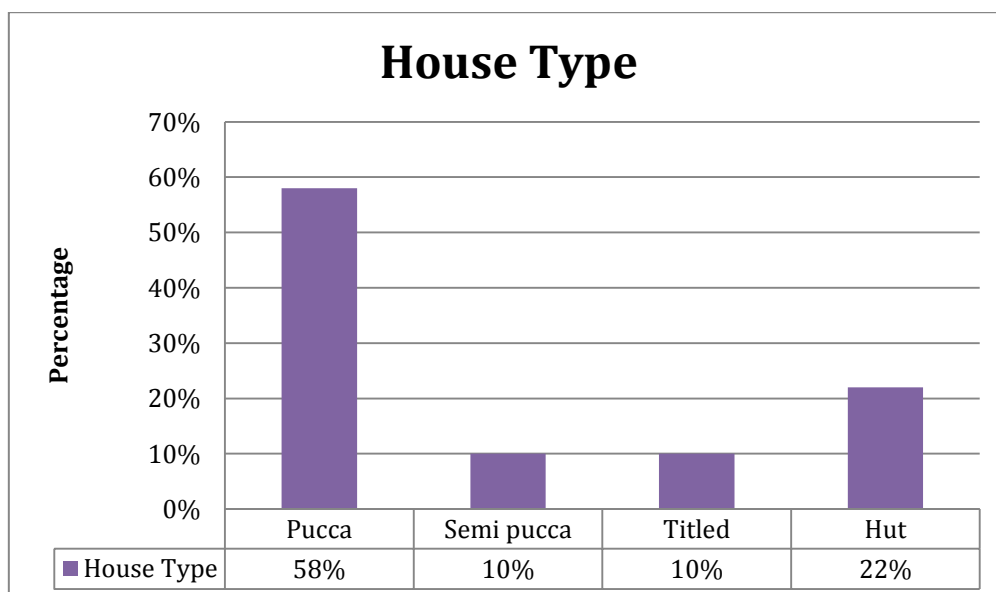
House ownership	Count	Percentage
Own	48	96%
Rental	2	4%



If we analyze the above data we can easily identify the house ownership scenario of the respondents who participated in the questionnaire. In our habitation out of 50 respondents 98% (48) live in their own homes and only 4% (2) live in rented house.

4.2.5 House type

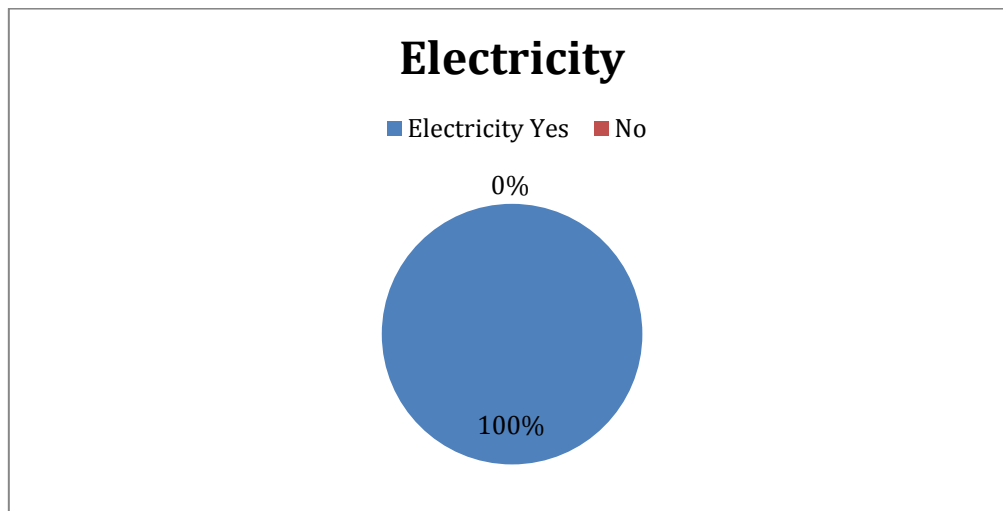
House Type	Count	Percentage
Pucca	29	58%
Semi pucca	5	10%
Titled	5	10%
Hut	11	22%



If we analyze the above data we can easily identify the house type scenario of the respondents who participated in the questionnaire. In our habitation out of 50 respondents 58% (29) live in pucca, 10% (5) live in semi pucca houses and tiled houses and 22% (11) live in huts.

4.2.6 Electricity to house

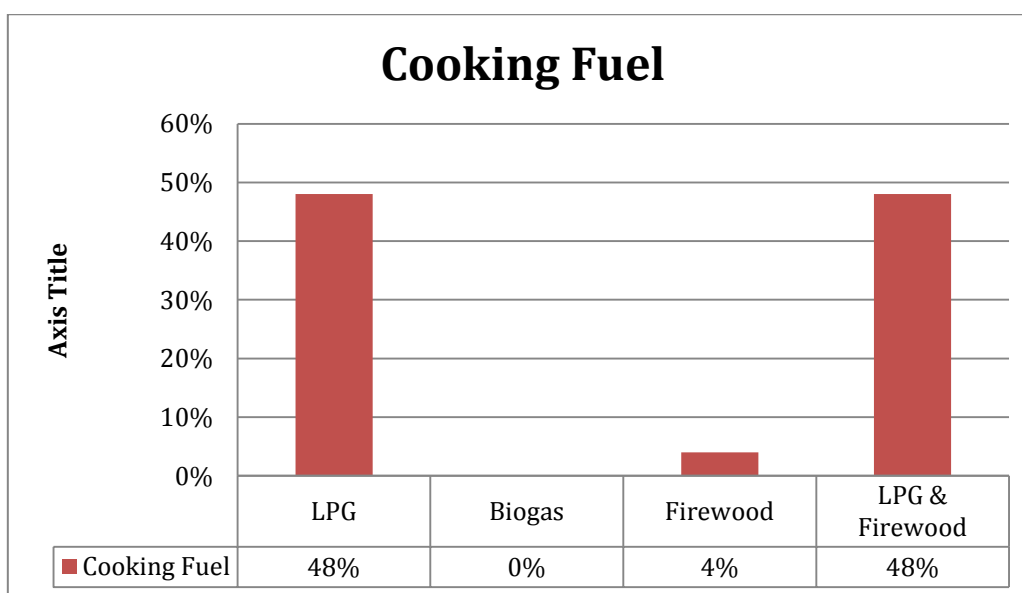
Electricity	Count	Percentage
Yes	50	100%
No	0	0%



If we analyze the above data we can easily identify the house type scenario of the respondents who participated in the questionnaire. In our habitation all respondents have electricity connection.

4.2.7 Type of cooking fuel

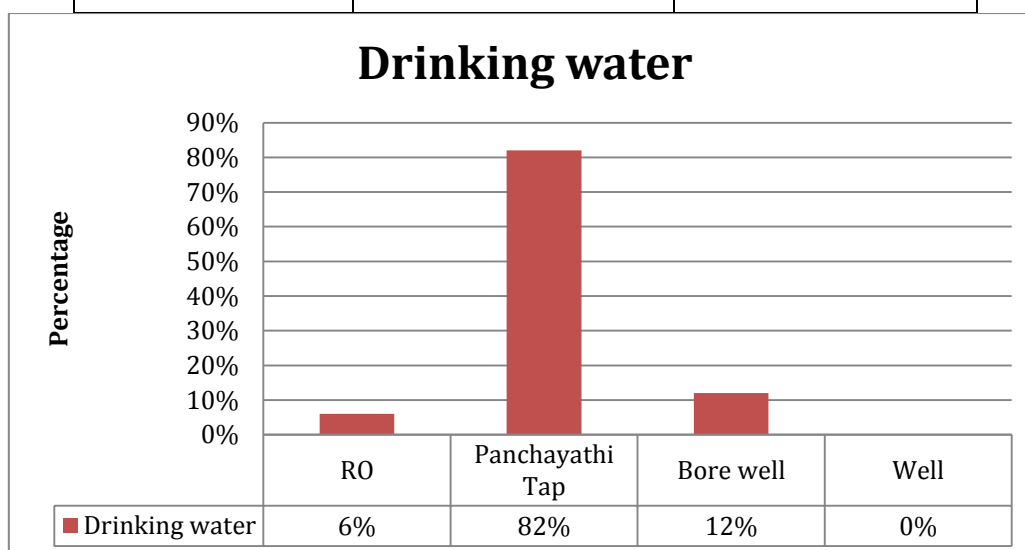
Cooking Fuel	Count	Percentage
LPG	24	48%
Biogas	0	0%
Firewood	2	4%
LPG & Firewood	24	48%



If we analyze the above data we can easily identify the cooking fuel scenario of the respondents who participated in the questionnaire. In our habitation out of 50 respondents 48% using LPG, 4% using firewood and 48% using both LPG and firewood. But no one is using biogas.

4.2.8 Drinking water availability

Drinking Water	Count	Percentage
RO	3	6%
Panchayathi Tap	41	82%
Bore well	6	12%
Well	0	0%



If we analyze the above data we can easily identify the drinking water scenario of the respondents who participated in the questionnaire. In our habitation out of 50 respondents

82% peoples are using Panchayathi water for drinking, 12% people are using bore well, and only 6% people are using RO water for drinking. But no one is using well water for drinking due to ground water pollution.

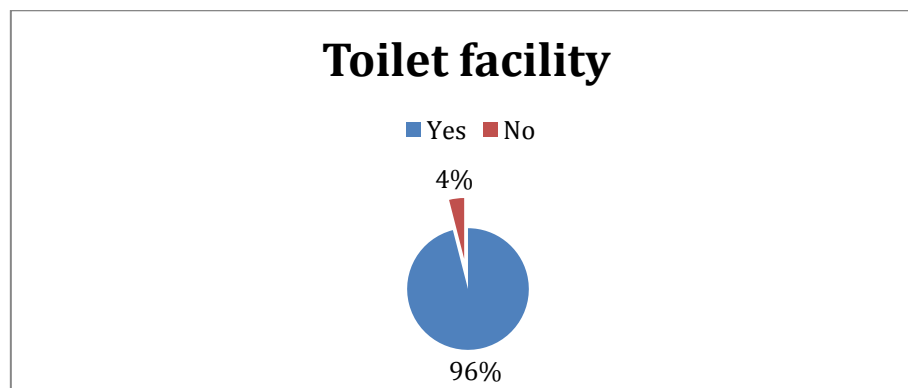
4.2.9 Live stock

If we analyze the above data we can easily identify the live stock scenario of the respondents who participated in the questionnaire. In our habitation out of 50 respondents 8 % (4) respondents have live stock like buffalo, cows, goat etc.

4.2.10 Land ownership

If we analyze the above data we can easily identify land ownership scenario of the respondents who participated in the questionnaire. In our habitation out of 50 respondents 4% (2) have own land.

4.2.11 Having toilets



If we analyze the above data we can easily identify the toilets scenario of the respondents who participated in the questionnaire. In our habitation out of 50 respondents all the respondents have own toilets.

4.2.12 Having Rice card

If we analyze the above data we can easily identify having rice card scenario of the respondents who participated in the questionnaire. In our habitation out of 50 respondents all the respondents having rice card

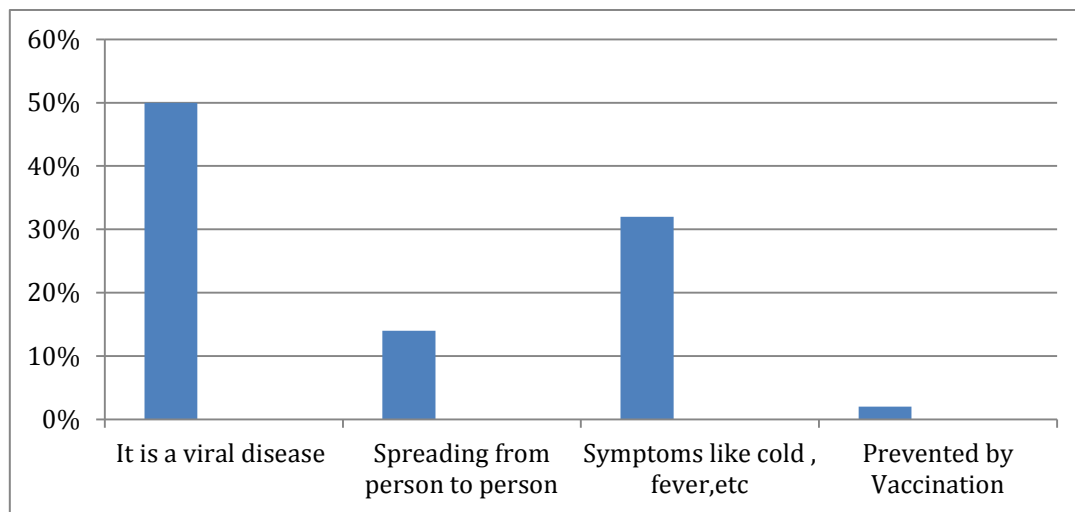
4.2.13 Having Aarogyasri card/health card

If we analyze the above data we can easily identify having Health card scenario of the respondents who participated in the questionnaire. In our habitation out of 50 respondents 98% (49) the respondents having health card, only 2% (1) don't have any health card.

4.3 Awareness about covid 19

4.3.1 Knowledge about the disease

Knowledge	Count	Percentage
It is a viral disease	25	50%
Spreading from person to person	7	14%
Symptoms like cold , fever,etc	16	32%
Prevented by Vaccination	1	2%
I don't know	1	2%

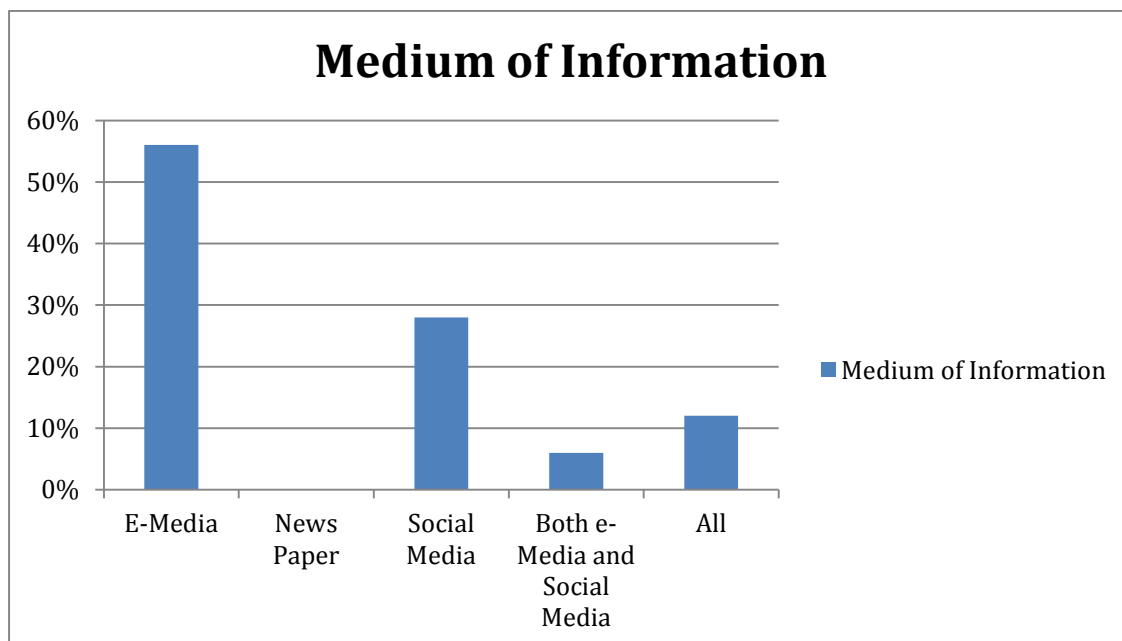


After questioning them we gave them a chance to express their views on this pandemic freely, so under this section we got a variety of responses, half of them i.e., 50% stated that this is viral disease, spreads through contact 14%, symptoms like fever and cold stated that 32%, prevented by vaccination stated that 2% only and don't know stated that 2% only.. Hence we can clearly interpret that people had a lot of knowledge about this pandemic COVID-19.

4.3.2 Medium of information

Medium of information	Count	Percentage
E-Media	28	56%
News Paper	0	0%
Social Media	14	28%

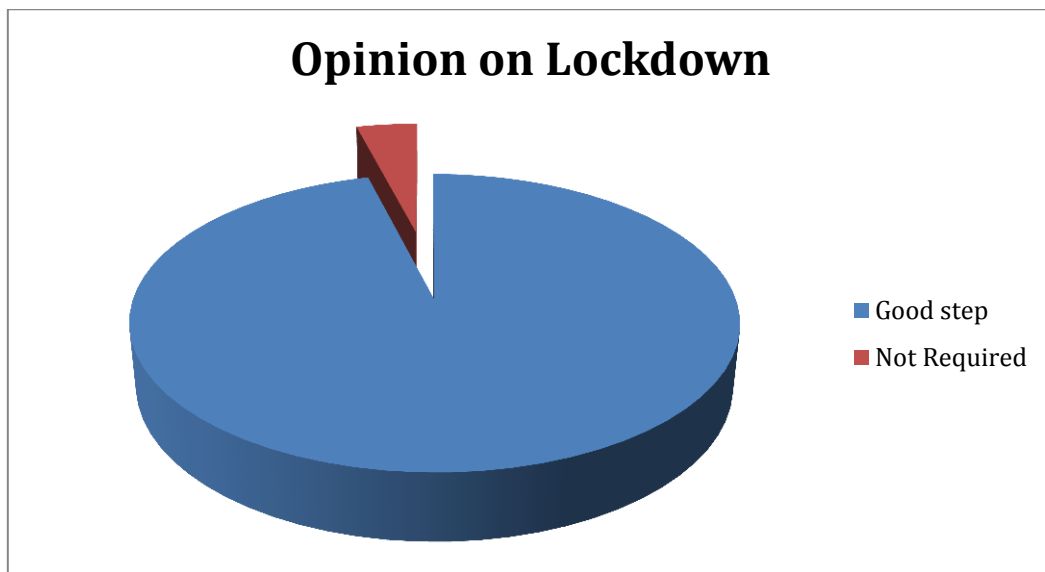
Both e-Media and Social Media	3	6%
All	6	12%



If we analyze the above data we can easily identify the source of medium of information for each respondent who participated in the questionnaire. In my habitation maximum source of information was TV at 56% and social media at 28%, both e-media and social media stated that 6%, All media stated that 12%. Accounting to our observation no one is using news paper for media information.

4.3.3 Views on Lockdown

Opinion on Lockdown	Count	Percentage
Good Step	48	96%
Not Required	2	4%



As we know that the decision of the complete lockdown by the government was a historical decision. But it was also very much necessary to tackle the spread of virus and due to this the most vulnerable section of the society, who lost their jobs and were left with little or no saving at all were most affected. So getting their view on full lockdown was necessary as they are the most affected ones. While questioning them on this, surprisingly 96% of the respondents appreciated this step of government, from which we can infer that they were quite aware that lockdown was a compelled decision and necessary as well. On the contrary, 4% of the respondents thought that it was “not required” step. The village communities were in favour of lockdown since they were aware about the nature of the virus and knew that Government had taken the decision of lockdown for their safety.

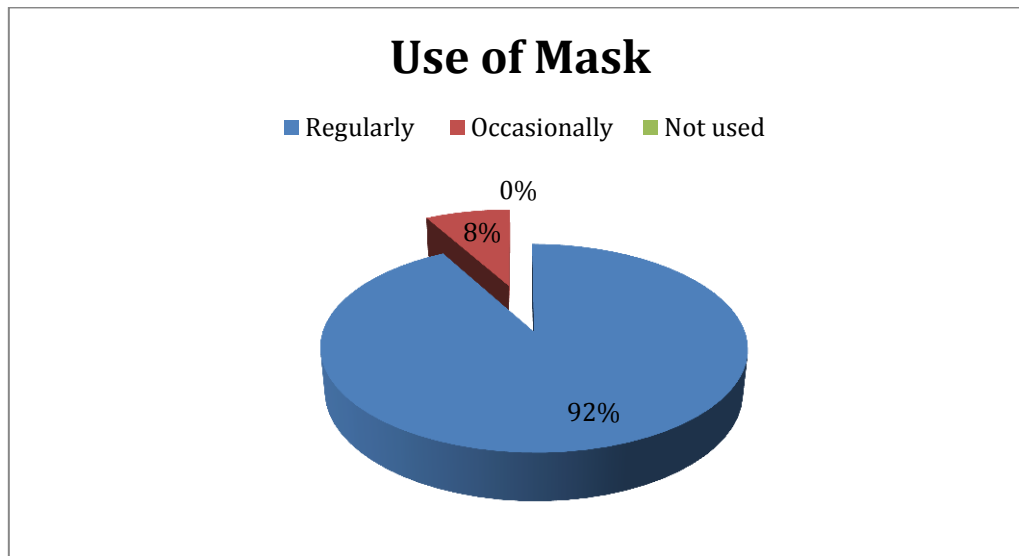
4.4 Protective measures

4.4.1 Steps taken to prevent family from corona:

The Government of India had been taking several measures to protect its citizens from the deadly corona virus. Self-awareness towards this pandemic and knowledge about the precautionary measures were very essential to save communities. The village areas where some vulnerable sections live are still very backward and are the easiest target of this pandemic. Steps taken by the Government and due to various electronic media, social media platforms and also word of mouth awareness had played an important role in making them aware about this situation. And this thing is reflected in our responses also where 70% of the respondents were aware that they had to follow social distancing and hygiene and had to stay at home to control the spread of virus. People were also following the government guidelines and were outing only for essential work.

4.4.2 Use of mask

Use of Mask	Count	Percentage
Regularly	46	92%
Occasionally	4	8%
Not used	0	0%



Mask, that is acting as a shield against this virus is highly essential today. Wearing mask is the new normal. People in cities are highly aware about the usage of the mask but checking the level of awareness for the mask usage in villages was very important. So from the given pie chart we could easily interpret that 92% of the people were using mask regularly which is quite satisfactory. The fear that the pandemic had created was compelling everyone to follow the guidelines and practice personal hygiene. The percentage of people not using mask or using it occasionally were very low, which a good sign.

4.4.3 Availability of mask

Mask Availability	Count	Percentage
Personally	40	80%
Supplied by govt.	10	20%



The high demand of mask had created a crisis, as everyone needed at least one or two mask individually. So in the initial days, the rapid increase in demand of mask was unfulfilled and lead to a hike in the price of mask. Many of the micro and small enterprises have taken this as a new opportunity and started preparing masks so, gradually the demand is now fulfilled and the prices are back to normal, many people had prepared their mask at household level, government had also distributed mask at the gram panchayat level for free of cost. But, still 80% of our respondents had purchased the mask from the nearby market and distribution by Gram Panchayat was 20% which again put a question mark either on the schemes of the government or the loop holes in the distribution channel.

4.4.4 Physical distancing

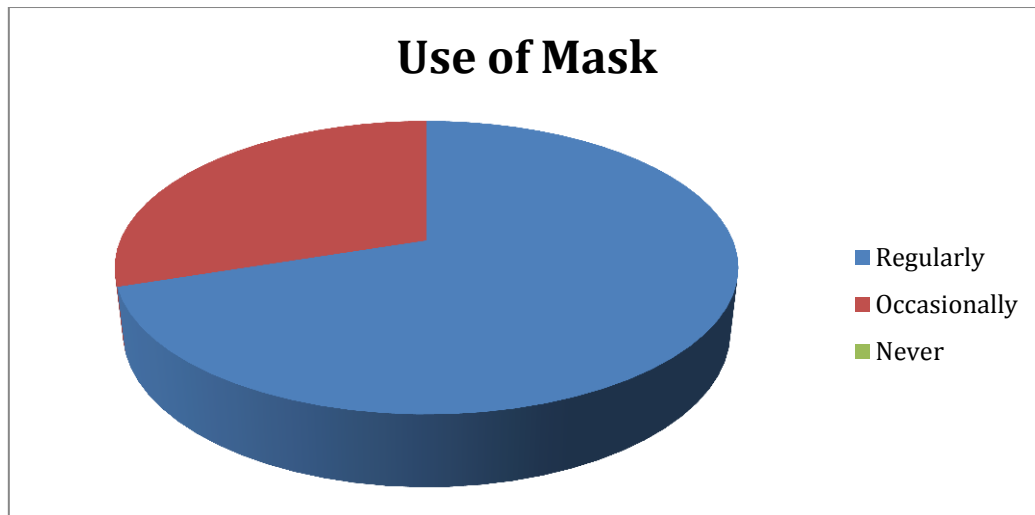
Physical Distance	Count	Percentage
Yes	50	100%
No	0	0%

Given table reveals that out of total 50 respondents, 100% respondents responded that they follow social distancing, it is appreciable that all 100% people followed the prescribed guidelines and were aware of virus spread.

Hence, our study shows that majority of people were aware of pandemic and were trying to get away from the disease by following social distancing which was the need of the hour during this pandemic, as it is known to everyone that virus spreads through contact.

4.4.5 Use of Sanitizer

Use of Sanitizer	Count	Percentage
Regularly	35	70%
Occasionally	15	30%
Never	0	0%



As per the shown data, out of 50 respondents 35 respondents used sanitizer regularly, 15 respondents used sanitizer occasionally.

4.5 Measures taken to boost immunity system of family

4.5.1 Response on measures taken to boosting immunity

Through our study we come to know about the fact that majority of respondents were doing nothing to boost immune system of their family in first wave due to lack of knowledge but even after the second wave came, every one took protein rich food like eggs, chicken, meat, fruits, dry fruits and vitamin tablets for immunity boosting.

4.6 Migration issues

4.6.1 Before pandemic employment in the city

If we analyze the above data we can easily identify if there was anyone among the respondents employed in the city or not. Only 4% (2) respondents from our habitation affirmed that their family members were employed in city but due to pandemic they had to return to their native place.

4.6.2 Family members return to home due to lockdown

If we analyze the above data we can easily identify if there was anyone among the respondents employed in the city or not. Only 4% (2) respondents from our habitation affirmed that their family members were employed in city but due to pandemic they had to return to their native place.

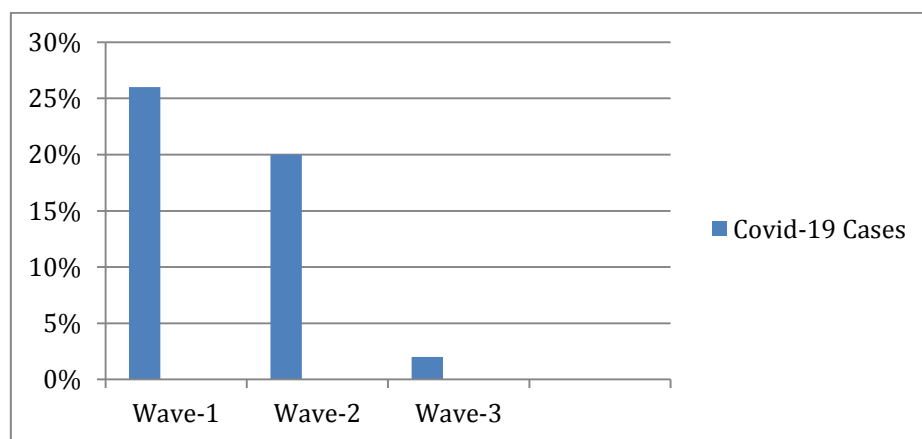
4.6.3 Response of Panchayathi

From the number of migrant people who had returned, in all the cases Gram Panchayat didn't react at all. But 4% returned people were in self quarantined.

4.7 Survival during lockdown

4.7.1 Family members affected by the pandemic

Cases	Count	Percentage
Wave-1	13	26%
Wave-2	10	20%
Wave-3	1	2%

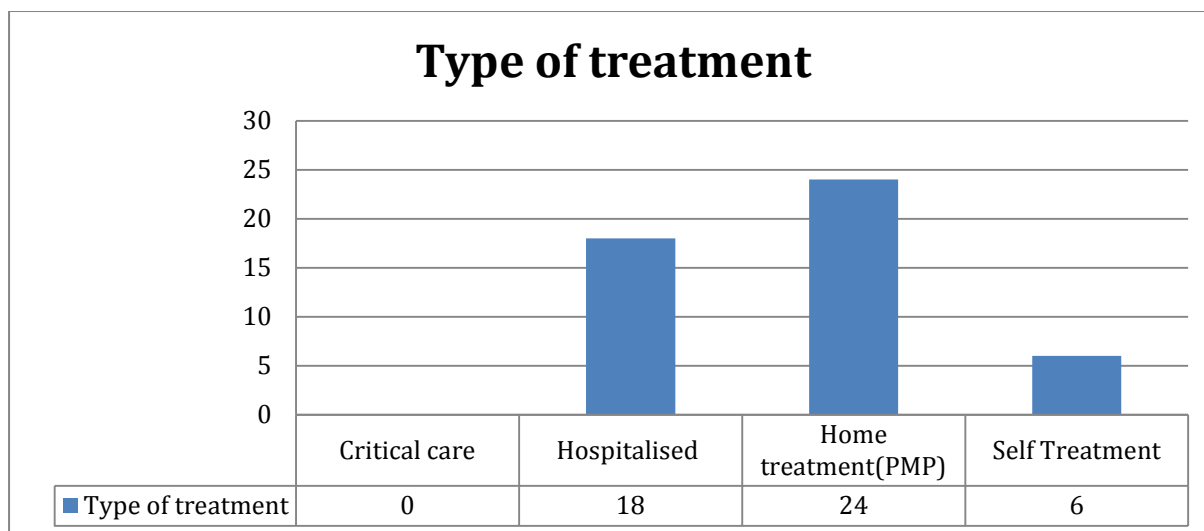


If we analyze the above data we can easily identify the respondents affected by covid in wave 1 stated 26% (13), in wave 2 stated 20% (10) and in wave 3 only 2% (1). Our observation by analysing the date most people affected in first wave and after vaccination the people affected very less i.e. 2%.

4.7.2 Type of treatment

Treatment	Count	Percentage
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Critical care	0	0%
Hospitalised	9	18%
Home treatment(PMP)	12	24%
Self Treatment	3	6%



If we analyze the above data we can easily identify the respondents treatment for covid most of the people are treated by PMP stated 24% (12), Private and govt hospitalised treatment stated 18% (9) and 6% (3) respondents preferred self treatment. .

4.7.3 Facing difficulties getting goods

Accounting to our study in our habitation 76% (38) respondents were suffered difficulties for getting daily needs and good, 24% (12) respondents were not suffered in pandemic for getting goods.

4.7.4 Medium of obtained goods and other needs

Accounting to our study in our habitation all respondents were arranged their own medium for getting goods in pandemic. But accounting to our observation and report received from village officers some NGOs were arrange and distribute vegetables and groceries.

4.8 Impact on livelihood

4.8.1 Affect on business

The pandemic has affected the world. The Indian economy is declining at an alarming rate but the most affected in this situation are the vulnerable or poor section of our society, as they

have lost their jobs they hardly have any savings left. Thousands of them were forced to migrate back to their home town for their survival. Our study finds that 82%(41) of the respondents were badly affected, as per their responses they are facing different issues such as reduced income, closed shops, problem in farming, earning members of family lost jobs, closed schools, business affected due to low demand and financial crisis. However, there were also 18% (9) of the people who were comparatively less affected due to lockdown

4.8.2 Affect on farming

Accounting to our study in our habitation out of 50 respondents 86% (43) people were told that farming was badly affected in Pandemic. 14% (7) people were told farming was not affected. Through our study we come to the point that so many people of village are engaged in farming activity and dependency on other sources of income is very less.

4.9 Economic crisis

4.9.1 Affect on your financial support:

Accounting to our study in our habitation all the respondents were affected in financial issues. Through our study we come to the point that so many people of village are engaged in farming activity and dependency on other sources of income is very less.

4.10 Government support

4.10.1 Support from government

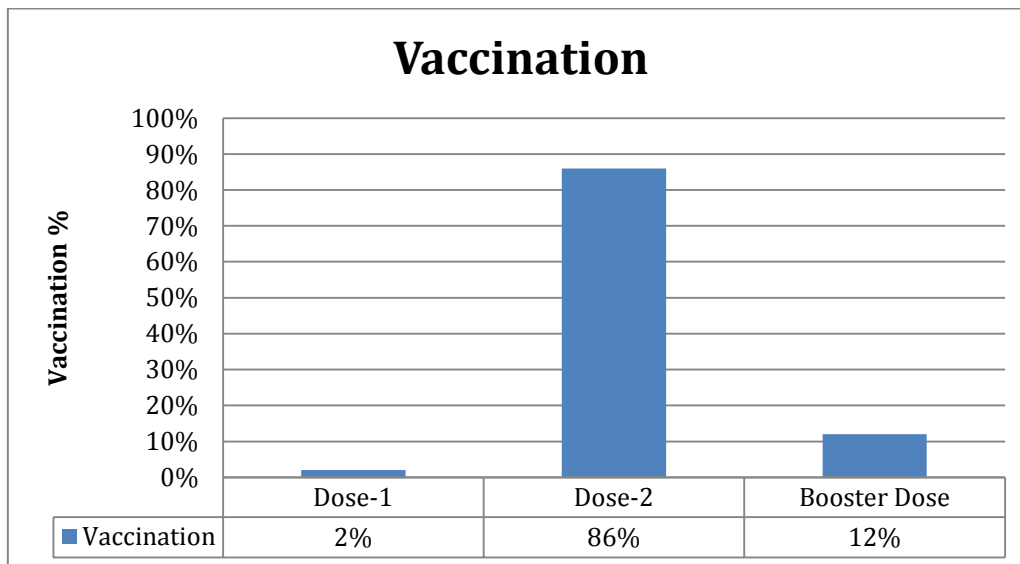
Accounting to our study in our habitation out of 50 respondents 36% (18) people were received support from the government in medicinal aspects and some financial aspects and the central and state govts supplied free rice for all respondents.

4.11 Vaccination

4.11.1 Family vaccination

Vaccination	Count	Percentage
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Dose-1	1	2%
Dose-2	43	86%
Booster Dose	6	12%



Accounting to our study in our habitation out of 50 respondents 86% (43) people were received second dose of covid vaccination, only one respondent's received single dose of covid vaccination. But 12% (6) people were fully vaccinated.

CHAPTER-5

FINDINGS, CONCLUSION AND POLICY SUGGESTIONS

The study was conducted to see the impact of COVID-19 pandemic on our selected village Visweswarayapuram of Dr.B.R.Ambedkar Konaseema District, Andhra Pradesh. For the purpose of study total 50 respondents were obtained through purposive sampling technique. Majority of respondents were females in the respondents. Out of the total respondents majority were in category of age group between 26-50 years. Major portion of respondents were illiterates.

5.1. FINDINGS OF THE STUDY

SOCIO-ECONOMIC STATUS OF RESPONDENTS

The study reveals that majority of villagers were involved in multi occupational economic activities, some were engaged in farming as their main occupation, some were working as unskilled wage labour, some were in service and very few were engaged in small businesses.

The most prominent occupation of the households was farming in our selected area. The study finds that very fewer families in every village had land ownership and village.

The Study finds that maximum number (94%) of villagers had 1-4 members in the family. 100% villagers in our study possessed priority ration cards and 98% possessed the health cards. This shows that the Panchayati raj System was functional in the villages and there was proper distribution of cards.

AWARENESS ABOUT COVID-19

The study reveals that villagers were aware of the seriousness of Covid-19 and were taking precautions as directed by the government and had knowledge about the disease that it originated from Wuhan city of China, large number of responses were obtained regarding the awareness of Covid-19. They were well aware that it spreads through contact, has no medicine for cure, symptoms are cough and high fever, very dangerous and fatal and people are affected globally. The study reveals that majority of villagers got the information about the deadly disease through TV and social media. It was also very striking to find that maximum number (96%) of villagers were in favour of the lockdown imposed by Government of India as in their view this had protected their families from infection of the corona virus but 4% said it was not required as they were having problems in income generation for their livelihood.

PROTECTIVE MEASURES

The study reveals that 100% of communities were aware that they had to maintain social distancing in order to cope up with the attack of COVID-19 on themselves and 100 % stated that they used masks for protection ,in which 92% regularly used it while some respondents still say they don't find it comfortable wearing mask. It was surprising to know that only very negligible number of villagers received mask from the Gram Panchayathi. It was also interesting to find that 75% of the villagers used sanitizer regularly, 30% of the peoples used occasionally.

MEASURES TAKEN TO BOOST IMMUNE SYSTEM OF FAMILY

The study finds that significant numbers of villager were doing several things to boost the immune system of their family like, eating fruits, dry fruits, and vegetables, taking milk with turmeric, avoiding crowded places, drinking warm water, taking ayurvedic concoction and eating healthy food. Some of the villagers were reluctant towards boosting their immune system, reason being unawareness or lack of money or both.

MIGRANT ISSUES

The study reveals there were very few respondents employed in the city. Only 4% (2) respondents from our habitation affirmed that their family members were employed in city but due to pandemic they had to return to their native place.

Post return of the migrants to their native villages, majority of them were home quarantined and a significant number of villagers also reported that they had no positive support from the Gram Panchayathi.

SURVIVAL DURING THE CRISIS

The respondents affected by covid in wave 1 stated 26% (13), in wave 2 stated 20% (10) and in wave 3 only 2% (1). Our observation by analysing the date most people affected in first wave and after vaccination the people affected very less i.e. 2%.

the respondents treatment for covid most of the people are treated by PMP stated 24% (12), Private and govt hospitalised treatment stated 18% (9) and 6% (3) respondents preferred self treatment.

IMPACT ON LIVELIHOOD

The study shows that there were two types of impact on the village communities:

1. People engaged in agricultural activities had to face lighter impact as there was continuous demand for vegetables and food grains during the lockdown.
2. People engaged in non-agricultural activities like wage labourers, semiskilled and unskilled workers faced harmful repercussions since their jobs were lost during lock downs.

The survey reveals that businesses were badly affected during lockdown in almost all the villages. Some of the small businesses like mobile shops, coaching centres, cloth shops etc were deeply affected.

ECONOMIC CRISIS DURING LOCKDOWN

As the pandemic started capturing around every nook and corners of the country, economic crisis was the first thing to knock doors of every poor households and as the survey reveals 100% of the communities suffered huge economic crisis during the COVID-19 global pandemic.

GOVERNMENT SUPPORT

The study also reveals that significant number of villagers in our selected area out of 50 respondents 36% (18) people were received support from the government in medicinal aspects and some financial aspects and the central and state govts supplied free rice for all respondents

VACCINATION

Accounting to our study in our habitation out of 50 respondents 86% (43) people were received second dose of covid vaccination, only one respondent's received single dose of covid vaccination. But 12% (6) people were fully vaccinated.

5.2. CONCLUSION

- The present study aimed to identify the Impact of Pandemic COVID-19 on Indian villages. The study attempts to provide a complete understanding of all the aspects of the pandemic in our Indian villages:
- One most exciting thing about the study was the awareness about the disease among the village communities. They were all well informed about the origin, safety measures and other details about the pandemic.
- The primary information about the pandemic and the lockdown came through TV, the Internet, and social media.
 - Our study indicates that financial relief packages had made their way to a majority of the intended beneficiaries (at the time the survey was conducted). Majority of the family members of the village communities not received financial aid from the Government as per the Central and State Government.
 - Majority of villagers supported the measure of complete lockdown taken by the Government of India though, they had to face economic crisis due to it. They were

aware that it was for their benefit to protect their lives and understood the importance of lockdowns and restrictions imposed by the Government for their safety.

- There was widespread awareness about physical distancing, the use of masks, the necessity of hand hygiene, and the symptoms of COVID-19 infection in all the villages.
- The responses we received on the functioning of the Public Distribution System (PDS) has been quite satisfactory, all the villages had a well-functioning PDS.
- The food items they received during the pandemic were a big support for their families to survive. The village communities residing in majority of villages took measures to boost their immune system by drinking warm water, eating healthy food, etc while in some villages they showed reluctance.
- The village communities reported that grocery stores, other village shops, and ration shops were open for a few hours in all villages, from where residents could buy food essentials. The communities faced problem during working in fields due to strict approach of policemen.
- Enforcement of physical distancing by the administration was hard in preventing inter-village mobility. As informed by the communities, the Village Panchayathi did not play responsible role in the quarantine of migrants. The communities were divided into two groups over the issue of impact on livelihood.
- People engaged in agriculture activities faced lighter impact as there was huge demand for vegetables and food grains but the people engaged in non- agricultural activities like daily wage labourers in the nearby cities and other unskilled and semi-skilled labourers had to face severe repercussions of the lockdown.
- It is yet to be studied whether they shifted towards farming or are still waiting for some good opportunity for them.
- The village communities faced economic crisis during lockdown though the food grain distribution through the PDS system and financial assistance by the Government helped them to overcome the hardships the village communities were engaged in farming as their main occupation and therefore they did not face unemployment issue.
- The village communities who were involved in small businesses and professions like teaching had to face job crisis and economic losses.

5.3. POLICY SUGGESTIONS

Based upon the above findings we recommend the following policy suggestions

- Especially labour-intensive sectors like livestock, fisheries and food processing have not developed over the years, and the labourers who have returned can be used to reverse this trend.
- Labourers can also be involved in creation and renovation of rural infrastructure. Government needs to take steps for the promotion of non-farm activities.
- The most important thing that Covid-19 revealed is the importance of agriculture sector. Reviving this sector will be the key in the post-COVID-19 phase of the Indian economy.

The study suggests the following steps for revival of the rural economy during this unprecedented crisis:

- Farmers need assistance in Supply chain logistics. They can be trained for value addition and proper packaging of their products. Intermediaries need to be removed so that the farmers get the best price of their products.
- Growing cash crops and seasonal vegetables will enable them to earn cash on daily basis and have liquidity in their establishment.
- Plantation of herbs like Aloe Vera, Tulsi, Peppermint etc, and vegetables like Mushroom will help them to gain more profit as investment in these crops are less and are on high demand.
- Creating a proper supply chain in villages, especially for the perishable products like vegetables will enable them to sell it on better rates which will increase their profits automatically.
- Selling of non-perishable products like wheat and paddy to the government is not very suitable for marginal farmers because there is delay in the payment and also no transportation facility is provided, hence government should reform its policy especially in case of marginal farmers.
- Government should put a check on the mass dumping of the agricultural products by the local traders as these create a sudden drop or hike in the price of commodities. There is a large margin in the price at which they buy from the farmers and at which they sell in the market. Hence there should be proper regulation on dumping and license can be provided to the local traders.

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Free Medical Camp in association with “Sri Subhodaya Nursing Home”



Dr. P.Bala Venkataramana M.S.,



Free Blood Sugar Test for Villagers



Meeting with Villagers & ANMs



Rally with Students



ICDS Staff and ANMs with Doctors



Students



Orientation Programme for Xth Class

Just A Minute (JAM) on Covid-19 & Pollution



Running Competition



Spell Bee on Freedom Fighters



Prize Distribution for Winners and Runners on August 15th Celebration



Blood Grouping Programme for Xth Class Students





