



Lived Realities

The impact of Covid- 19 on the Wellbeing of Adolescent Girls and Women in India



Centre for
Catalyzing
Change

EveryGirl EveryWoman EveryWhere

Acknowledgments

This report would not have been possible without the support and collaboration of a broad range of individuals and organizations.

- C3's survey was supported by the David and Lucile Packard Foundation. C3 is grateful for their support.
- Leadership for survey design and the report- Dr Aparajita Gogoi, Executive Director, C3. Ms. Mercy Manoranjini, Senior Advisor- Monitoring and Evaluation, C3 and Devaki Singh, C3 and Shveta Kalyanwala, Consultant for writing the report.
- Development of the survey instruments for qualitative assessments- Anamika Priyadarshini, Lead Researcher, Sakshama, C3, and Sonmani Choudhury, Technical Expert – Economic Empowerment, C3
- Madhu Joshi, and Vandana Nair, Senior Advisors, C3 for an advisory role C3's local data collection partner, Charusheela, Vrij Bala, and Varun Kumar from Crafts consultancy for piloting survey instruments, and providing comprehensive and in-depth training to C3's cluster and block coordinators,
- Ajay Kumar, Senior Program Officer - Knowledge Management, C3 and Pratyaya Mitra, Senior Program Officer - Knowledge Management, C3 for data programming tasks.
- We would like to thank C3 state teams from Jharkhand, Bihar, Odisha, and Chhattisgarh for data collection
- And finally, we are grateful to all the women, adolescent girls, and boys for their participation in the study. We are thankful to the teachers, Elected Women Representatives, Frontline Workers for willingly responding to the survey

Contents

Executive Summary	.... 3
The India Pandemic Story: Highlighting Women and Girls' Vulnerabilities	.... 4
Objectives and Methodology	.... 5
Findings	.... 7
Loss of Livelihoods and Incomes	.... 7
Food Insecurity	.... 9
Regressing Gender Norms: Agency, Mobility, Violence, and Safety	.... 11
Sexual and Reproductive Health and Rights	.... 15
Mental Health	.... 16
Access to Health and Education Services	.... 17
Reverse Migration	.... 19
Conclusions and Recommendations	
Ensure Continuation of Essential Health Services	.... 20
Prioritize Addressing Hunger and Livelihoods Loss	.... 21
Address Gender-based Violence and Safety and Security of Women and Adolescent Girls	.... 22
Focus on Education and Vocational Training Needs of Adolescents	.... 23
Prioritize Mental Health Support and Services	.... 24
Bridge the Digital Divide	.... 25
Decentralize, Promote, and Empower Panchayati Raj Institutions (local government)	.... 26



Executive Summary

The COVID-19 pandemic story in India is as much about the unintended impact of containment measures, like the national lockdown, as much as it is about the rapid spread of the disease. This pandemic has exacerbated broader systemic deficiencies. Further, it has highlighted how socio-economic inequities make certain population groups more vulnerable to the detrimental impact of crises.

Centre for Catalyzing Change (C3) undertook a multi-phased tele-survey to understand how COVID-19 has altered the lives of women and adolescent girls in India, including the loss of livelihoods and incomes, limited or no access to sexual and reproductive health services, lost education opportunities, experiences of gender based violence, and the profound impact on their mental health. This report captures lived experiences of women and adolescent girls, through data gathered from quantitative and qualitative interactions, with a range of respondents including women, young girls, Elected Women Representatives, Front Line workers and government-school teachers between April-May 2020.

Section 1 gives a brief introduction of the pandemic in India. Section 2 presents the objectives and methodology followed; Section 3 highlights key findings from the data, highlighting key challenges faced by women and adolescent girls during this period; Section 4 provides recommendations for way forward, including actions to be taken post the COVID-19 period.

We hope this document provides an understanding of the complex implications of COVID-19 and the challenges and trauma faced by women and young adolescent girls during the pandemic. We hope that these narratives amplify the lived realities in global and national advocacy, and guide comprehensive policy responses.



The India Pandemic Story: Highlighting Women and Girls' Vulnerabilities

COVID-19 has not only put pressure on an already burdened public health system, but has exacerbated broader systemic vulnerabilities, and thus exposed the damaging impact of existing socio-economic inequities. Nowhere is this detrimental impact more evident than in the lives of women and girls in India, where their access to reproductive, maternal, newborn, child health (RMNCH) care, formal education, and livelihood opportunities has been significantly curtailed.

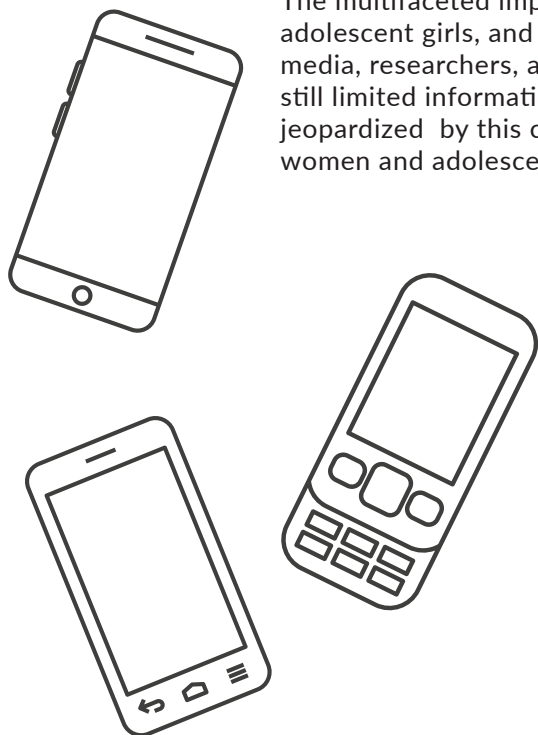
In times of crisis, we often see restrictions on some rights of citizens, on the ground that they are secondary to security, safety, or emergency resource management. However, maintaining the right to essential RMNCH services, while ensuring quality, continuity, and respectful care, is critical to prevent death and disability. This is especially crucial, given that early models estimate significant increases in mortality due to the reduced RMNCH service availability resulting from COVID-19.

In addition, young people's formal education has been severely impacted by the pandemic. Even closures of non-formal education opportunities has dealt a massive blow to young people, depriving them of social engagement with their peers and educators, which is crucial to their development. Prolonged periods of closures and movement restrictions may lead to additional emotional unrest and anxieties. Adolescents and youth, especially adolescent girls and young women, who already tend to face very high levels of domestic and intimate partner violence, may experience even higher levels of violence driven by quarantine and isolation.

Moreover, containment measures like social distancing and lockdowns have had an adverse impact on women's livelihoods as well, especially since most women in India work in the unorganized or informal sector. The loss of jobs has compelled many women and men, and their families, to return to their home states from urban employment centres, resulting in a widespread migrant movement crisis. The crisis has also increased women's care work burden, even for women in the formal sector who may now be working from home, since gendered expectations put the responsibility of household work or domestic chores solely on women.

The multifaceted implications of the COVID-19 pandemic on the wellbeing of women, adolescent girls, and children, are being increasingly reported and documented by the media, researchers, and civil society organisations, among others. Despite this, there is still limited information about how the status of women and adolescent girls has been jeopardized by this crisis. Much more needs to be done to amplify the lived realities of women and adolescent girls in global and national advocacy and policy responses.

Centre for Catalyzing Change (C3), undertook a comprehensive multi-phased tele-survey with women and young people in April and May 2020, to understand the ground situation. C3 documented lived experiences, to highlight how these groups are affected by COVID-19, and what measures are needed to address the short term and long-term implications of stigma and discrimination, violence against women, and the socio-economic impact on these vulnerable populations. These grassroots insights will strengthen systematic advocacy efforts, as it is vital for all post-COVID-19 public health preparedness and socio-economic recovery plans to consider and address the impact on women and girls.



¹ A national lockdown was announced on March 24, 2020 to control the spread of Coronavirus in India. On May 31, a gradual opening was initiated, easing 68 days of shut down curbs significantly, with a view to restart India's economic activities. However, recurring regional lockdowns continue in locations with a high or increasing caseload.

Objectives and Methodology

This assessment sought to:

- ➔ Present findings from quantitative and qualitative interviews undertaken to better understand the impact of Covid-19 on women and adolescent girls.
- ➔ Identify specific needs of this population and document their lived experiences, including the status of health and essential service delivery.
- ➔ Highlight the reach of relief work and entitlements announced by National and State level governments.
- ➔ Advocate for the prioritization of policies and programmes that respond to the specific needs of women and adolescent girls.

Data was collected using quantitative and qualitative methodologies. Interviews were completed in Three Phases (See Table 1). Additional inputs on what worked in assisting women and adolescent girls deal with the prevailing challenges comes from C3's insights and years of experience of working in the field. To obtain insights from respondents of varied circumstances, nine states across India were specifically selected for this assessment.

Phase 1 primarily collected quantitative data, and was conducted in early April 2020. C3 reached out to 3329 young girls and boys between the ages of 10 and 20 years in Jharkhand (N=2613) and Chhattisgarh (N=716)¹. This phase gathered information on demographics, knowledge about COVID-19, access to basic health & essential services in rural areas during the lockdown phase, education, mental health, early marriage and migration. The information was collected through mobile application, administered by C3's field coordinators. The data collection was monitored on a real-time basis via monitoring dashboards.

Phase 2 was also completed in April 2020. In this phase, a tele-survey with Government school teachers² in Bihar and Chhattisgarh (N= 51 and 62 respectively) and with Front Line Workers (FLWs) in Chhattisgarh and Jharkhand (N= 100 and 164 respectively) was undertaken. The aim of this phase was to assess the reach of services and government schemes launched during COVID-19 and to better understand the perceived impact of the national lockdown on service delivery. Issues faced by on adolescents during the lockdown and risk factors for school dropouts and early marriage was also addressed.

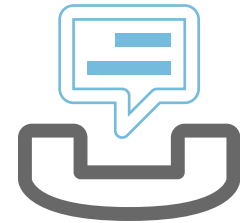
These include Madhya Pradesh and Tamil Nadu (high caseload of COVID-19), Chhattisgarh and Odisha (low caseload of COVID-19), Jharkhand, Bihar and Uttar Pradesh (high number of returning migrants), Maharashtra and Delhi (high COVID-19 caseload and stranded migrants). The research team leveraged C3's network of community contacts (associated with C3's existing programming for women and adolescents) to identify study participants.

Table 1. Sample Size		N
Total Sample		5671
Phase 1		3329
Jharkhand	Adolescent Girls and Boys	2613
Chhattisgarh	Adolescent Girls and Boys	716
Phase 2		2282
Bihar	Government School Teachers	51
	EWRs/ Civil Society Org. Representatives	755
	Community Members	1150
Jharkhand	FLWs	164
Chhattisgarh	Government School Teachers	62
	FLWs	100
	Phase 3		60
Uttar Pradesh	Women	3
	Adolescent Girls	3
Jharkhand	Women	3
	Adolescent Girls	3
Chhattisgarh	Women	3
	Adolescent Girls	3
Odisha	Women	3
	Adolescent Girls	3
Maharashtra	Women	3
	Adolescent Girls	3
New Delhi	Women	3
	Adolescent Girls	3
Madhya Pradesh	Women	3
	Adolescent Girls	3
Tamil Nadu	Women	3
	Adolescent Girls	3
Bihar	Women	12
	Adolescent Girls	2

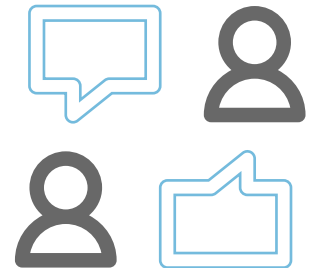
¹ These young people are part of C3's adolescent education programming in these states.

² These Government School Teachers are nodal teachers associated with C3's adolescent education programming.

In this phase, information was also gathered via a tele-survey in 10 districts of Bihar, where the respondents included Elected Women Representatives³, civil society influencers (N=755), and community members (N=1150). This exercise gathered information on the impact of COVID-19 and the subsequent lockdown on incomes and coping mechanisms of the communities, reach of relief work and entitlements announced by governments, and the status of health and essential service delivery. Knowledge levels of leaders and members were also assessed. (Table 1)



Phase 3 of data collection was completed in May 2020. A qualitative approach to understand the implications of the COVID-19 pandemic on the wellbeing of women and adolescent girls was adopted in this phase. An interview guide was prepared to understand issues faced by respondents, their biggest fears, and their perspective on what worked in their respective areas or what more could be done to support them through this crisis. The tools were revised as per specific context of the states. Three women and three adolescent girls were identified from each of the states, except for Bihar, where the team interviewed ten women and two adolescent girls. A total of 34 women and 26 adolescent girls were interviewed in Phase 3. (Table 1)



Informed oral consent was sought from all respondents prior to the interviews. For adolescents below the age of 18, consent was first taken from their parents or guardian (whoever was available at the time of the interview), before taking consent from the participant themselves. All interviews were audio recorded after taking consent from the respondents. No personal details of the respondents or other identifiers were recorded to minimize the risk of exposure.

All data was secured on password-protected servers and computers and was kept confidential.. Respect for human rights of the participants and ethical considerations were kept in mind by the study team at all time. All interviews were transcribed, and entered into the content analysis matrix developed. Finally, all data were compiled into the matrix entitled “COVID-19 lived experiences” to prepare this comprehensive report.

The analysis frame for the report, covers the three main themes of the matrix:

- ➔ Key challenges faced by women and adolescent girls;
- ➔ Examples of what worked on the ground in responding to the challenges;
- ➔ Recommendations on programmes/policies during Covid -19 and beyond to address these challenges.



³ These are women elected to the rural grassroots government system, called Panchayati Raj Institutions (PRIs), and are part of C3's mentoring and capacity building programming

Findings

The declaration of the national lockdown on 24 March 2020, as a means to control the spread of COVID-19, gave only four hours' notice to people across India, with no indication of how long it would be imposed. Public life in India came to a standstill. Restrictions and strict regulations on public movement greatly affected businesses and the agrarian sector, hampering the availability of essential commodities at all levels, and increasing vulnerability of already marginalised populations including migrants, women and children, urban poor, and those living in rural areas.

These findings are centred on the testimonies of respondents from 9 states and 3 phases of tele-surveys conducted in April and May 2020

Loss of Livelihoods and Incomes

Concern regarding lost, or potential loss of livelihoods and jobs due to COVID-19 and the subsequent lockdown, was emphasized by both women and adolescent girls.

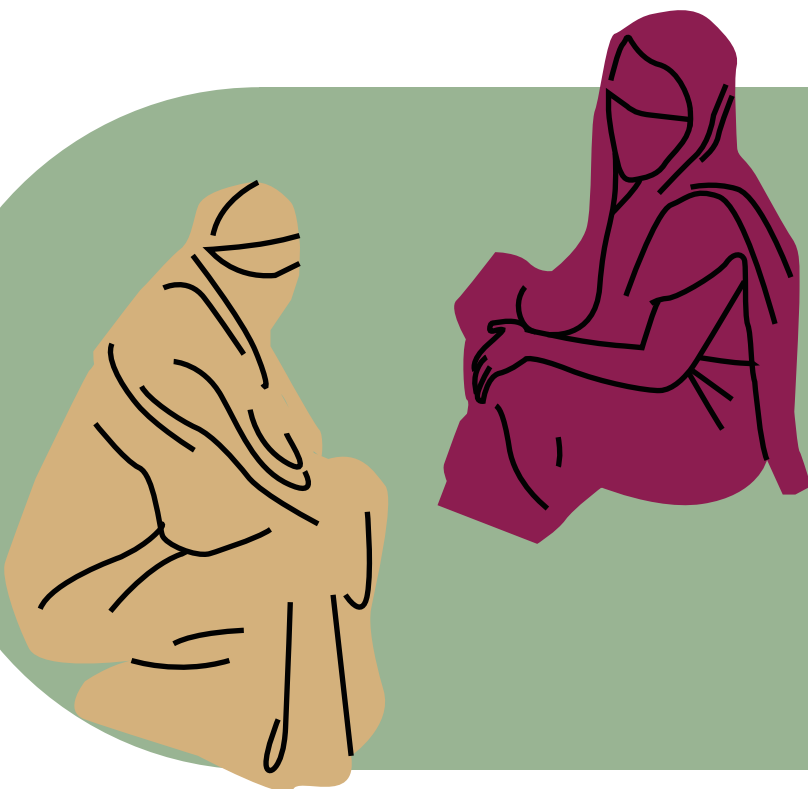
The tele-survey with community members in Bihar showed that 91% of respondents said that COVID 19 and lockdown had an adverse impact on their income. This was reported irrespective of caste identity or occupation ⁴.



Regardless of occupation or source of income, the lockdown has affected respondents' incomes and had an adverse impact – be it daily wage earners or small businesses or cultivators.

Negative impact was also reported in the tele-survey in Bihar where **78%** community members said their daily wage work has stopped, **42%** said that remittances have ceased, **25%** pointed to their inability to sell their produce or goods ⁵.

The prospect of delayed harvests, loss of jobs, or job uncertainty for those engaged in daily labour or among those who worked in cities, and the concurrent rise in debt, was also mentioned by respondents. For those who were employed and were not paid their salaries, particularly for those living away from their home states, it has been challenging to sustain themselves in the absence of wages. Closure of factories had also resulted in job losses and reduction of income and employment opportunities.



"Father's job is on hold, my job and my brother's job is also on hold as the employer has not given salary and not given any clarity to join back anytime soon" (Adolescent respondent, Maharashtra)

"Just after the lockdown the factories were closed so my work, my father and my brothers work is stopped as we all work in factories and now the income flow is completely stopped during the lockdown" (Adolescent girl, Madhya Pradesh)

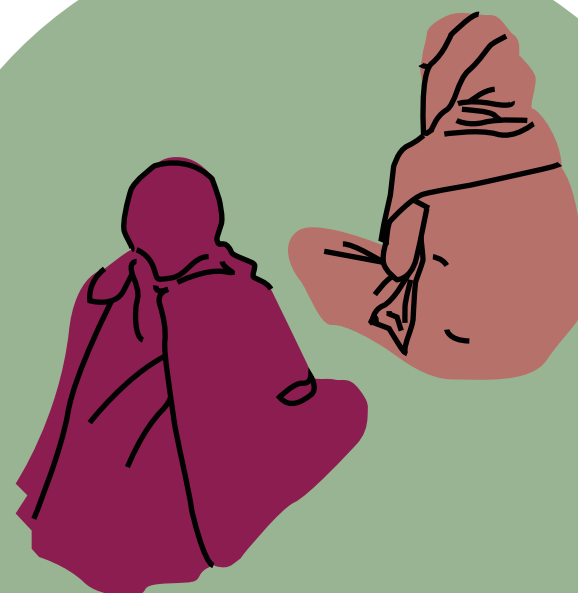
⁴ Centre for Catalyzing Change (C3): COVID -19 Impact Assessment Brief: Grassroots Insights from Bihar. April 2020.

⁵ Ibid.

Those engaged in agriculture and allied activities, reported that they had to throw away their produce because they were either unable to reach the markets to sell it, or that the markets were closed. Further, during the lockdown period, there were no jobs for agricultural or construction site labour, and hence no source of income for many households.

“We were not allowed to go out of our houses; there was no transport to take us anywhere. As a result, our produce was destroyed as we could not sell it.”
(Woman respondent, Jharkhand)

“We work in our farm and also work in other farmer’s farm to get more income. But due to lock down the farmers do not have fertilizers or seeds. So they are not employing us for work which led to loss of earning to us.”
(Woman respondent, Chhattisgarh)



What Worked:

Several schemes and support programs have been launched by the Government of India to support those who have lost livelihoods and are on the margins. C3’s assessment showed that there is widespread awareness about the schemes launched by the government during the COVID-19 lockdown.

The tele-survey conducted among Government teachers in Bihar and Chhattisgarh indicates that overall, **97%** of the respondents knew about government schemes launched during the COVID-19 period, including Dry Ration, Jan Dhan Account ⁶, and free cooking gas cylinder through Ujjwala Yojana ⁷.

While the national government announced relief packages, it was the purview of respective state governments to implement these. Hence, there were variations in steps taken by the state and local governments. Responses in this assessment varied, from some saying that nothing has been done, to others acknowledging the substantial support they have received. As such, it is important to recognize that ambitious schemes announced by some state governments to create employment opportunities will take time to operationalize.

For example, the Government of Bihar announced the initiation of **40,000** projects across all **8396** Gram Panchayats (local government bodies) to create jobs, and to provide livelihoods to **500,000** people - however, the implementation of this has not yet begun.

⁶ Pradhan Mantri Jan-Dhan Yojana (PMJDY) is a National Mission on Financial Inclusion. The plan envisages universal access to banking facilities with at least one basic banking account for ‘every adult’, financial literacy, access to credit, insurance and pension facility.

⁷ The Pradhan Mantri Ujjwala Yojana was launched on 1 May 2016, to distribute 50 million LPG cooking gas connections to women of Below Poverty Line families.

In Jharkhand, women reported that the district government started Bagbani Karyakram (Home Gardening program) to help in income generation. There were reports of people receiving dry ration from the government or cooked food through NGOs working on the ground as well.

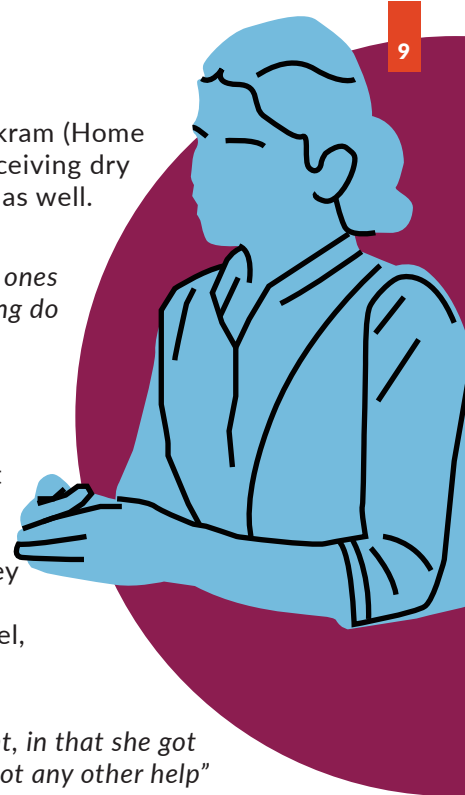
"We got free dry ration for 3 months with help of the Mukhiya (Village Elected Leader) and the PDS (Public Distribution System)." (Woman respondent, Jharkhand)

"Government is giving ration. The ones who have lost their jobs are making do with it." (Woman respondent, Delhi)

Other benefits that helped families, were the Direct Benefit Transfers made through Jan Dhan Account and free cooking gas through Ujjwala Yojana. The direct cash transfer of Rs. 500 (approximately USD 6.70) in Jan Dhan accounts of women account holders have helped many families tide over these challenging times. However, this was not universal, and women and adolescent girls reported that they had heard of this but not received it. While the Mahatma Gandhi Employment Guarantee Scheme (MGNREGS)⁸ has helped in registering names at the village level, at the time of the survey this had not translated into action or employment.

"People are getting money in Jan Dhan account. Neighbours tell me. My mother-in-law has also got it." (Woman respondent, Delhi)

"My mother has Jan Dhan account, in that she got Rs. 500 only once. We have not got any other help" (Adolescent girl, Maharashtra)



Food Insecurity

Difficulty in obtaining essential food supplies like milk, vegetables, and other groceries was reported across all nine states included in the study.

Difficulty in obtaining essential food supplies like milk, vegetables, and other groceries was reported across all nine states included in the survey. Some differences in access based on demographic characteristics like gender, caste, and occupation were reported, especially in Bihar— difficulty in accessing essential commodities during lockdown was reported by 65% women compared to 56% men; 68% daily wage labourers and 52% of cultivators and small business owners. In terms of caste, those belonging to marginalized castes reported poorer access than others did⁹.



Relief measures announced at national level did not translate into reality on the ground, particularly the distribution of dry ration. Interviews with community leaders suggest that chaos ensued once centre and state governments announced relief measures. Not everyone received benefits because there are multiple factors at play. Reasons for not getting entitlement included caste and religious identity, ownership of ration card¹⁰ or Aadhar card¹¹, ineligibility, inaccessibility of a bank, place of residence, and so on.

Messaging about benefits and subsidies also did not reach everyone. Some communities got multiple messages about ration distribution, while others did not get any communication or information, nor were they included in distribution lists, particularly those at the bottom of the pyramid, reflecting caste based discrimination by those in-charge. The government then took a step of removing ration card as a mandatory requirement for receiving rations.

⁸ Mahatma Gandhi Employment Guarantee Scheme (MGNREGS), is an Indian labour law and social security measure that guarantees at least 100 days of wage employment in a financial year to every rural household whose adult members volunteer to do unskilled manual work

⁹ Centre for Catalyzing Change (C3): COVID -19 Impact Assessment Brief: Grassroots Insights from Bihar. April 2020.

¹⁰ Ration cards are proof of identity for obtaining various subsidies on food, fuel and other goods for people living below poverty line.

¹¹ Aadhaar number is a 12-digit random number issued by the UIDAI ("Authority") to the residents of India after satisfying the verification process laid down by the Authority. It is mandatory for availing public subsidy and unemployment benefit schemes such as the domestic LPG scheme and MGNREGA



"People who were daily wage labourers from scheduled caste (marginalized caste) and they were not having Ration Card have become more vulnerable. Rich and wealthy people got new ration card whereas after all my efforts, poor and needy people didn't get new ration card."

(Woman respondent, Bihar)

"Relief is not reaching to those who do not have ration card. Extremely poor communities like Musahars and bidi maker are possibly the hardest hit in this crisis." (Woman respondent, Bihar)

The women and adolescent girls interviewed reported that even when they had a ration card, they could not get essential items, either because the shop was closed or there was a long line and hence difficulty in maintaining social distancing. Quality and quantity of food/ration distributed by the government was also an issue.

Additionally, closure of markets due to lockdown and stock outs in the small shops at village level made it difficult for people to access food. Just **15%** and **26%** of government teachers from Chhattisgarh and Bihar respectively report that people received cooked food ¹².

"Was unable to get ration in the village during lockdown because of crowd and timings. Even after going and waiting, the distribution was stopped after some time." (Adolescent girl, Maharashtra)

"The quality of rice was pathetic. It should have been of better quality and could have continued to provide free rations in the following month or so too." (Woman respondent, Tamil Nadu)

Further, food consumption, ability to purchase food and essential items, has been impacted by a loss of income. Home budgets have been revised - limiting both the quantity and variety of food cooked. Adolescent girls said that the families are cooking lesser number of items, less quantity and minimising snacks etc. Children are being given less milk and vegetables and fruits are almost out of the menu.



"Earlier sometimes we could afford to eat meat, fish etc. which our children liked. But now, we cannot afford to buy all this. We have to manage within our limited means. (Woman respondent Jharkhand)

"Earlier we used to have two side dishes for a meal; but now we manage with only one dish. We do not prepare any snacks like pakodas etc. My younger brother used to have milk twice a day, now he has only once a day. Thus, we have minimized our food consumption to manage within the available resources" (Adolescent girl, Uttar Pradesh)

"Earlier we use to cook variety of food but now we are just cooking pulses, rice and rotis and have cut down on vegetables" (Adolescent girl, Madhya Pradesh)



What Worked:

Given this situation, certain independent agencies, civil society and humanitarian organisations and NGOs initiated relief activities, especially for distribution of hygiene items, food (both dry rations and cooked meals), and other essentials. However, respondents said that essentials supplied through such channels were concentrated in certain pockets, and the distribution in remote villages was limited.

In this regard, the role of Elected Women Representatives (EWRs), Front Line Workers (FLWs), and women's Self-Help Groups (SHGs) must be acknowledged. EWRs have followed up with the local government officials to ensure regular distribution of rations, identifying families without a ration card and following up on alternatives on how to deliver rations to them.

Overall, **86%** of front line workers in Jharkhand and Chhattisgarh indicate that grassroots local government representatives were involved in COVID-19 management with their key role in providing dry ration to the community (**84%** in Jharkhand and **87%** in Chhattisgarh) ¹³.

FLWs, particularly Anganwadi Workers (AWW) ¹⁴ have taken on the responsibility of distributing food to children, as schools are closed. They are also providing Take Home Ration (THR) to pregnant and lactating mothers. SHGs have also played a key role in facilitating distribution of dry ration and cooked food for those who do not have the means to buy food, especially those from marginalised groups.

"I have identified 32 families without a ration card and shared the list with the Mukhiya, so that benefits can be provided. The Mukhiya distributed ration and vegetables along with soap and mask. I have also distributed soap to the community members." (Woman respondent, Bihar)



Regressing Gender Norms: Agency, Mobility, Violence, and Safety

In a context like India's, where women and girls' agency, mobility and safety are already constrained, the pandemic and subsequent lockdown have hampered the progress made on shifting gender norms.

Women have found their agency further stifled. For women whose husbands are living in other locations, decision-making, especially related to children's marriage, has become more challenging. Loss of jobs and income has reduced the limited control women had over their assets. Further, the lockdown and threat of infection has played a key role in curtailing mobility. On the other hand, with men returning to their homes, women who were taking decisions earlier have now had to cede that authority to them.

¹³ Centre for Catalyzing Change (C3): Reality check for on ground COVID19 lockdown situation: Close interaction with Nodal teachers and FLWs. May 2020.

¹⁴ The Anganwadi worker is a community based front line worker of the Government of India ICDS (nutrition and early child development) program.

“My husband is not here and I am not able to take important decisions like marrying my daughter... Right now, I need support for my daughter’s marriage. Second one is more “jawan” (literally young, but here it implies physical maturity) than the older one. I am scared.” (Woman respondent, Bihar)

“Parents will not allow to go anywhere soon to any place due to the COVID threat. How would I go to work now I don’t know?” (Woman respondent, Maharashtra)

“Husbands have returned and even women PRI members and local leaders associated with Jeevika (Self Help Groups) etc. will be discouraged or even forbidden from going out of home or doing their work. (Woman respondent, Bihar)

For adolescent girls, there are setbacks in decision-making and mobility too. They reported that they were not allowed to step out of the house because of fear of contracting the virus. Decisions regarding their future, be it academics or pursuing a career they dreamt of, employment or even marriage, are on hold till the financial situation of the family improves.

Girls are unsure if they would be permitted to go back to their place of work, or go back to school. There is a fear that because of COVID-19 crisis, the problems would increase, affecting the ability to realise their aspirations.

“COVID will have an effect on decisions and even if I put my opinion across, decision will depend on situation, what the income is. I am not the only child, there are two more.” (Adolescent girl, Maharashtra)

“I wanted to enrol for school. But it is closed and there are no admissions right now.” (Adolescent girl, Jharkhand)



Alarming, instances of Gender Based Violence (GBV) have increased, triggered by confinement at homes, making women and young girls more vulnerable than before ¹⁵. There is physical and emotional abuse, further amplified because of economic and financial situation of the family.

Women and young girls across the nine states reported an increase in instances of GBV - both verbal and physical abuse. The reasons included, anger and frustration of men in the household because of loss of job or income, fear of future, continuous need to limit spending and increased indebtedness. With entire families at home, not only did they have an increased burden of household chores, they have lost control over their privacy, and were without any access to support.

“We (women) are hit by men for giving less to eat where there is shortage in the food. There is increase in the number of cases physical abuse by male partners during the lockdown situation.” (Woman respondent, Odisha)

“At home also sometimes, there are fights between mother and father. They fight over small things like, things are not there what are we going to do. Mother also remains in tension. If corona virus had not been there, I would have earned some money by providing tuitions.” (Adolescent girl, Maharashtra)

A trigger to increased violence was the opening of liquor/wine shops in the country. There was a unanimous call against this decision, and there is anecdotal information to suggest that it has led to an increase in instances of rape and sexual abuse during the lockdown period.

¹⁵ Banerjee, S. (2020). Coronavirus lockdown: Pune zila parishad plans tough action to check domestic violence. In The Hindu, April 18, 2020. Retrieved from, <https://www.thehindu.com/news/national/other-states/coronavirus-lockdown-pune-zilla-parishad-plans-tough-action-to-check-domestic-violence/article31371216.ece>

"When selling alcohol was closed why did the government open it? If they had not opened it would have been fine. Because when they sit, jobless, don't know from where they get the money. They get drunk and create ruckus. It has a lot effect. They give dirty abuses which is hard to explain to my younger siblings." (Adolescent girl, Maharashtra)

Women and young girls, especially those who are staying away from home, reported safety and security issues. There were instances of receiving threatening calls from property owners for payment of rent, or of girls being evicted, once they had lost their jobs and were unable to pay rent. Girls expressed fear when travelling home in vehicles arranged by the government. Fear of rape, police questioning them about why they wanted to go home, fear of contracting the virus – all played on their minds.

"After hearing about of incident of rape of a girl who was going from Rajasthan. I was crying thinking about how we will go home. Because I was so far away from home. I couldn't have walked back home also." (Adolescent girl, Uttar Pradesh)

"Some of my friends stay away from home and living on rented rooms, so they face safety issues and threatening calls from landlords due to non-payment of rent " (Woman respondent, Madhya Pradesh)



There is also a fear of increased instances of dropping out of school, early marriage, and trafficking due to lack of income and unemployment. There is anecdotal evidence that the lockdown has led to an increase in early marriages, but one is not sure if this is a cover up mechanism for a case of trafficking. Parents may see this as an opportunity to arrange marriages at low cost, with agreements being signed of promises of large dowry like a refrigerator, car etc. post lockdown.

"We were supposed to go and see a boy for marriage. But then lockdown happened. Talks were happening, then we all thought that we should not think of all this now as corona is there, and nothing should happen. So, we'll think after lockdown only." (Adolescent girl, Delhi)

"We want to get our daughter married with spending less. (Saste me beti ki shadi nipta rahe hain)" (Woman respondent, Bihar)

The safety and security of front line workers including Anganwadi Workers, Accredited Social Health Activists (ASHA)¹⁶, and Auxiliary Nurse Midwives (ANMs) has been affected in this period as well. They face an increased pressure, burdened with an increased professional workload, as well as chores at home.

During COVID-19, FLWs have been tasked with not only continuing with their designated tasks, but have taken on additional duties of tracking and tracing suspected patients, and delivering essential health care services.

¹⁶ ASHAs are health activist(s) in the community who will create awareness on health and its social determinants and mobilize the community towards local health planning and increased utilization and accountability of the existing health service

The respondents to the tele-survey of FLWs in Chhattisgarh and Jharkhand, nearly 4 out of 10 FLWs reported that they are involved in contact tracing; 36% are involved in identifying people for quarantine/isolation centres, and 30% are escorting people to these centres.

The same survey reports the challenges faced by these workers including extended time away from families (46%), lack of protective gear (42%), long and stressed duty hours (34%). A major fear was of contracting the virus in absence of proper protective gear (72%)¹⁷.

Several schemes and support programs have been launched by the Government of India to support those who have lost livelihoods and are on the margins. C3's assessment showed that there is widespread awareness about the schemes launched by the government during the COVID-19 lockdown.

Prior efforts by governments, like reservation for women in local governing bodies; engaging women as FLWs; recruiting women teachers etc. have been effective to an extent in shifting gender norms. Further, the schemes announced by the government during the pandemic have been targeted towards women.

For example, Direct Cash Transfers through Jan Dhan Yojana, LPG cooking gas through Ujjwala, etc. are all women-focused. As such, at this time women are the key support for men who have lost their jobs. However, long-standing societal patriarchal norms continue to give precedence to male decision-making on matters of household importance.

"These schemes have strengthened women during the locked down as women received money in their Jan Dhan account or Ujjwala Yojana and girls who are enrolled in school have also received money. So at the time of crisis when men have lost their income, these women are the support system for their family. [But] It is the husband or father who decides how to spend the money. (Woman respondent, Bihar)

However, when it comes to violence, safety, or early marriage, there has been an absence of comprehensive support mechanisms during the lockdown period. The police and the administration have been overwhelmed with tasks related to COVID-19 including tracking cases and maintaining law and order in the country. GBV support was not classified an essential service during these times, but there are a few examples of NGOs and social workers who reached out to women in distress. EWRs, Self-Help Groups and FLWs have all also supported survivors wherever possible.

On their part, the National Commission for Women, and various state governments heavily advertised the helpline numbers, including WhatsApp based support services, and there was even an increase in calls and messages received. As such, while an increase in complaints have been recorded, action taken on these remains unclear. It is also important to note here, that the lockdown meant that women and adolescents had to be confined with their abusers, and many survivors thus may not have had the privacy to register complaints or seek help via helplines

With regards to early marriage, even though instances have been reported, long-standing Government campaigns against the practice have made parents sceptical of the practice, and even fearful of the legal consequences. In Bihar specifically, an app called Bandhantod ("break the bond") reported an increase in complaints of child marriage during the lockdown, which were then prevented. With the relaxation of lockdown restrictions, ensuring that community and peer support forums through channels like EWRs, FLWs, and Self-help groups are operational again is vital.



¹⁷ Centre for Catalyzing Change (C3): Reality check for on ground COVID19 lockdown situation: Close interaction with Nodal teachers and FLWs. May 2020

¹⁸ Centre for Catalyzing Change (C3): Reality check for on ground COVID19 lockdown situation: Close interaction with Nodal teachers and FLWs. May 2020

Sexual and Reproductive Health and Rights

During lockdown period, Sexual and Reproductive Health services came to a halt. There were reports of restrictions in Ante-natal check-ups (ANC); Post-natal check-ups (PNC); distribution of Take Home ration (THR); family planning services, and reduction in institutional deliveries.

For example, In Bihar, **87%** of EWRs reported that women did not receive Iron Folic Acid (IFA) tablets; **65%** reported that women did not receive THR and **81%** reported that ANCs were not performed during the lockdown period ¹⁸. Three out of four FLWs in Bihar and Chhattisgarh completely agreed that children's and pregnant women's health would suffer as a consequence of these service restrictions ¹⁹.

Among the vulnerable sections of population, limited financial resources and no access to transport meant that they could not reach the facility on time for delivery.

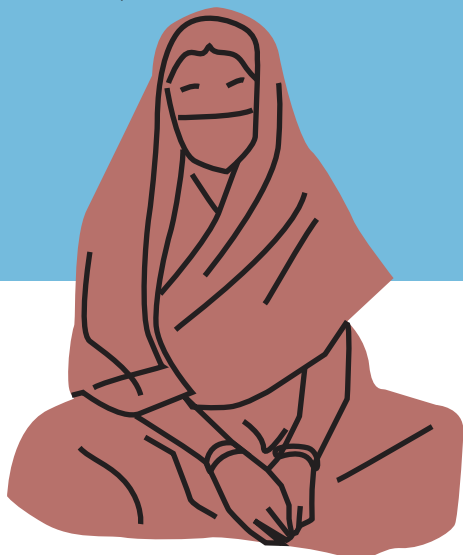


For adolescent girls, an additional source of anxiety was non-availability of sanitary napkins at community centres or medical shops during lockdown. Those who have been quarantined were forced to tear their clothes and use that as a substitute. Only **10%** of government teachers in Bihar and **19%** in Chhattisgarh reported that sanitary napkins were available in their communities ²⁰. In Jharkhand and Chhattisgarh, only **1%** girls reported receiving sanitary pads during lockdown ²¹.

"We are anticipating birth of about 2 crore children in December and January. I am worried how our health system would respond to such situation. We need to be prepared for it." (Woman respondent, Bihar)

"She (woman in labour) was even stopped by the police on the way to the Hospital, in spite of knowing that the lady was pregnant and had to rush to the Hospital for delivery" (Woman respondent, Maharashtra)

"Managing menstrual hygiene without access to sanitary napkins was a huge challenge faced by us. Shops were closed and government supply was not available during this period." (Adolescent girl, Odisha)



¹⁸ Centre for Catalyzing Change (C3): COVID -19 Impact Assessment Brief: Grassroots Insights from Bihar. April 2020.

¹⁹ Centre for Catalyzing Change (C3): Reality check for on ground COVID19 lockdown situation: Close interaction with Nodal teachers and FLWs. May 2020

²⁰ Centre for Catalyzing Change (C3): Reality check for on ground COVID19 lockdown situation: Close interaction with Nodal teachers and FLWs. May 2020

²¹ Centre for Catalyzing Change (C3): Understanding the on ground COVID19 lockdown situation: Survey with Young People in Jharkhand and Chhattisgarh. April 2020

What Worked:

Areas where C3 works reported that regular meetings were organised on mobile phones about menstrual hygiene, Sexually Transmitted Infections (STIs), etc. Those involved in C3's EWR programming also reported that they were getting relevant information on services and spread awareness about ANC, IFA etc. Self-Help Groups have also been lauded for their SRH related community engagement activities.

"We are engaged in Champion [a project of C3 aimed at capacitating and facilitating EWRs] Project through which we get information about the health facilities, services and importance of ANC, IFA, nutrition etc. We also learn how to access the health services, toll free number 104 etc. (Woman respondent, Bihar)

Mental Health

Given these extraordinary times, there is fear and a sense of foreboding among people resulting in stress, anxiety, and depression. All respondents talked about the stress and anxiety they were currently experiencing. From the quantitative survey with young people, both boys and girls (31% boys and 35% girls) reported increased stress at home during lockdown ²².

Key triggers for these feelings as articulated by women and adolescent girls were financial, social, and health-related. At the financial level, concern and worry was around loss of livelihood and source of income for the family, and stress about managing day-to-day living in absence of remittances by those working elsewhere, were expressed by many.

At social level, increased burden of household chores including care of siblings, pressure to protect family, especially children, from COVID-19, striking a balance between household chores and professional responsibilities (FLWs are working under tremendous pressure in COVID times), daughters' marriage, revival of stringent patriarchal norms with the return of migrant men were highlighted across the 9 states. Overarching all of this is the health-related fear of contracting the virus.

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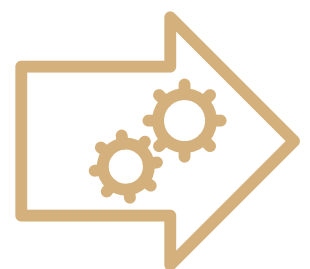
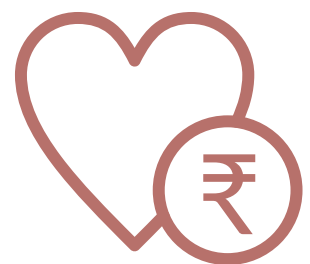
"Fathers job is on hold, my job and my brothers' job is also on hold as the employer has not given us salary and not given any clarity to join back anytime soon. There is a lot of mental stress. Due to the mental stress of joblessness my father has started drinking alcohol and there are lots of fights at home on daily basis." (Woman respondent, Maharashtra)

Adolescent girls are also worried about their future – their fears revolved around whether or not they would get a job, whether or not they would be able to complete their studies, and so on. Aspirations and learning new skills have been put on hold during this period. Adolescents and young women also reported feeling isolated because they cannot meet their friends or attend programmes organised by NGOs or the government.

“

"There is tension because of lack of money and no employment. (Adolescent girl, Jharkhand)

"I am very worried about my future. I am scared to go away from home again for a job. I don't know what job I would get near my home." (Adolescent girl, Uttar Pradesh)



²² Centre for Catalyzing Change (C3): Understanding the on ground COVID19 lockdown situation: Survey with Young People in Jharkhand and Chhattisgarh. April 2020

What Worked:

Community participation and collectivization has helped women share their stress and anxieties with other women. Such forums were also helpful in reaching out to women who need help and support.

Similarly, counselling services and peer support has helped girls cope with stress in adolescent programmes in the past. However, due to the lockdown such forums were disrupted. Some have suggested shifting to digital platforms, however this is only feasible in situations with ample access to mobile devices and internet connectivity.

In some states, helplines have been active during the lockdown, however the nature of support offered is varied, and women and girls' ability to contact them is contingent on their access to mobile phones. With the relaxation of lockdown restrictions, ensuring that community and peer support forums are operational again is required.



Access to Health and Education Services

Lockdown hampered access to many social services, be it immunization, formal education, vocational training. In terms of health services, the FLWs surveyed reported that immunization services had stopped completely, except for BCG vaccinations for children delivered at a facility.

In the early-April quantitative survey, young people were asked if Adolescent Health Day/ Kishore Swasthya Divas was organized in their village during this phase and **83%** said that no such event had happened during the COVID-19 lockdown

²³.

In the survey conducted in late April, **80%** of FLWs said that they are conducting home visits without Proper PPE kits, while **80%** did have masks and **40%** had gloves ²⁴.

Women and adolescent girls expressed great concern about education and skills training, since both ceased during the lockdown. Schools and colleges closed indefinitely, affecting education of children and adolescents adversely. Teachers were also unable to reach the school, and private tuitions also stopped.

Even though some teachers provided counselling and guidance during lockdown, there were major concerns around going back to school and college. The government decided to have on-line classes, but this has been challenging for teachers as well as students, given limited internet connectivity.

The teachers do not have the resources to conduct on-line classes or pre-recorded classes, nor have they been trained to conduct on-line sessions effectively. In Bihar and Chhattisgarh, 8 out of 10 government school teachers said that they do not have access to essential resources to conduct online classes.

In the same survey, challenges expressed by the teachers included completing syllabus in short time, student's ability to learn via on-line classes, lower engagement and interest levels

²⁵.

Teachers also felt that the possibility of students, especially girls, dropping out of school had increased. 3 out of 4 government school teachers felt children from poor households, those with more siblings and those with no parents, were more vulnerable to drop-out of school after lockdown ²⁶.



²³ Centre for Catalyzing Change (C3): Understanding the on ground COVID19 lockdown situation: Survey with Young People in Jharkhand and Chhattisgarh. April 2020

²⁴ Centre for Catalyzing Change (C3): Reality check for on ground COVID19 lockdown situation: Close interaction with Nodal teachers and FLWs. May 2020

²⁵ Centre for Catalyzing Change (C3): Reality check for on ground COVID19 lockdown situation: Close interaction with Nodal teachers and FLWs. May 2020

²⁶ Centre for Catalyzing Change (C3): Reality check for on ground COVID19 lockdown situation: Close interaction with Nodal teachers and FLWs. May 2020

For the students, challenges included limited resources to take on-line classes including no access to internet or laptops, no textbooks, lack of interest, and growing burden of household chores and income generating activities during lockdown. There was also a clear gender difference in access to digital resources, which influenced girls' ability to participate in learning. In the quantitative survey in Jharkhand and Chhattisgarh, fewer girls reported having access to phones or laptops than boys did.

Only **20%** girls owned a mobile phone compared to **39%** boys.

55% boys reported receiving mobile SMSes from teachers as compared to just **44%** girls.

17% girls said they have no access to internet to continue their education, while **14%** boys had no access.

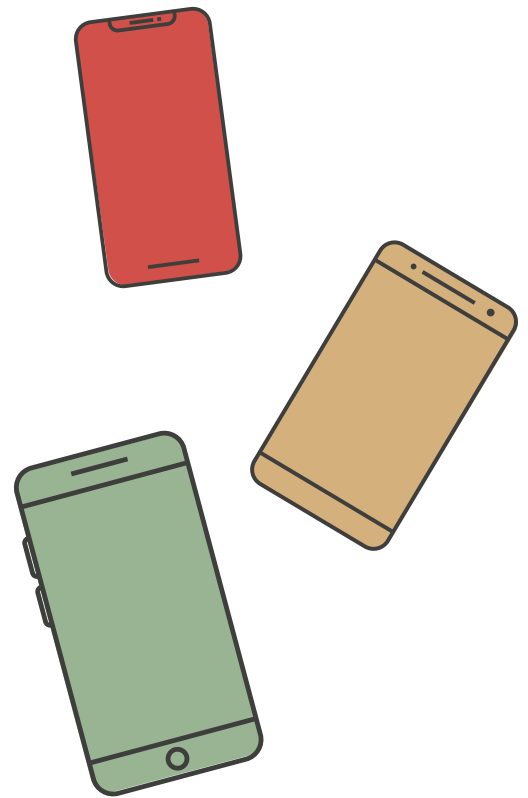
More girls (**46%**) as compared to boys (**43%**) felt that COVID-19 and lockdown would impact their future plans to study ²⁷.

"I was about to join a course in animation to build my career in that field but could not go ahead due to lockdown" (Adolescent girl, Tamil Nadu)

"COVID will affect my studying plans a lot. I had joined coaching, but I am not able to go for those classes. Coaching would have helped me a lot. Because there is a lot of difference in studying from YouTube and in face-to-face classes." (Adolescent girl, Maharashtra)

What Worked:

Despite the many challenges, several teachers have adapted to the lockdown situation. Teachers reported using mobile phones to send messages and deliver essential guidance. They have also reported successes in using selected on-line platforms developed by the State and National Governments. **67%** from Chhattisgarh adopted DIKSHA, an educational platform by NCERT ²⁸, **55%** from Bihar adopted Swayam Prabha, an educational channel (Doordarshan - national TV channel) to conduct classes ²⁹.



²⁷ Centre for Catalyzing Change (C3): Understanding the on ground COVID19 lockdown situation: Survey with Young People in Jharkhand and Chhattisgarh. April 2020

²⁸ National Council of Educational Research and Training is a national school curriculum development agency.

²⁹ Centre for Catalyzing Change (C3): Reality check for on ground COVID19 lockdown situation: Close interaction with Nodal teachers and FLWs. May 2020

Reverse Migration

Due to the halt in economic activities and loss of incomes, a large number of people working in urban centres of Delhi, Mumbai or Bengaluru, decided to return to their home states. A lack of coordination between state and national governments meant that their movement was filled with difficulty, especially given the complete shutdown of trains and buses.

A criticism from the respondents was that migrants should have been given adequate time to reach their homes before the country came under complete lockdown. The journey home has been trying and challenging – many migrants had no food, or transport, and they were forced to spend a lot of money to hire transport. Some had to ask their families to send them money to cover the cost of transport.

However, their problems did not end once they reached home. They dealt with stigma and were looked at with suspicion. There was a fear of being quarantined because of rampant myths like -they will not return home from it, they will die and their bodies will be discarded, etc. There was also fear within these communities that the migrants returning home were all carrying the virus. Respondents also suggested that not all people were consenting to being tested and quarantined once they reached their village/home, creating further fear and misinformation within their communities.

Concerns were also raised about the prospect of competition for jobs in rural areas, where many workers have returned from urban centres. Respondents felt that problems will arise once the lockdown is opened, contractors and middle-men or agents who provide labour will benefit as they will get the workers at low wages.

What Worked:

State and local level efforts ensured that returning migrants were quarantined for 14 days. Schools, local government buildings were converted into designated isolation centres in Bihar, Jharkhand, and Uttar Pradesh. However, there were differences in facilities provided during the quarantine with reports ranging from good to very poor. Either the Panchayat or the families of returnees arranged for food. Though not universal, provisions for skills training for migrants in the quarantine centres helped keep them occupied and learn a new skill.

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“We had to shell out from their hard-earned savings to hire a cab and return to hometown. We had nothing on the way by way of free meals, shelter, water, etc. arranged by the local authorities.” (Woman respondent Tamil Nadu)

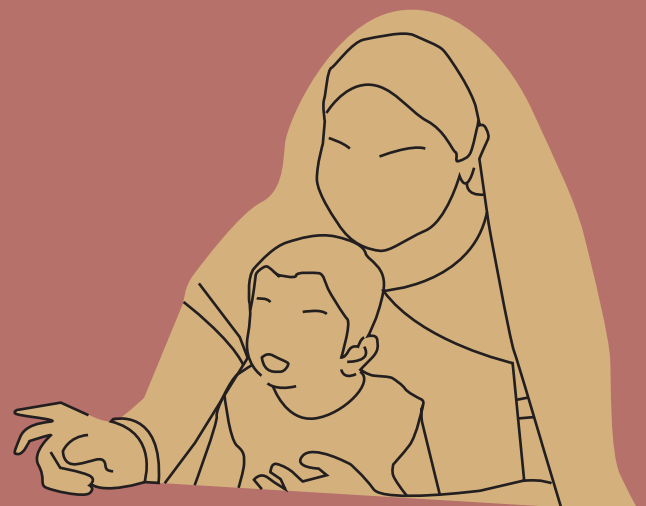
“(I) asked for money from home and 8-10 of us hired a vehicle and somehow reached home. We had to stay in quarantine before reaching home.” (Adolescent girl, Uttar Pradesh)

“Our travel journey was exhausting especially for the children, as we did not get any food, or even water throughout the journey.” (Woman respondent, Uttar Pradesh)

“The fact that the migrants were there was known to the Government officials and even then they could not handle the migration back to their respective states, etc. properly and efficiently. They could have been looked after better with more free food distribution, easy access to transportation, etc.” (Woman respondent, Tamil Nadu)

“Nobody coming from outside are being tested or being quarantined, so there is a threat of virus” (Woman respondent, Maharashtra)

“People are returning are not being kept quarantined and not being tested which is a big threat as we don’t know if they have brought virus with them which can affect our area and people will be effected. This will also not make things better here but only worse as the lockdown will get extended and then it will be difficult to survive without any income for very long.” (Woman respondent, Madhya Pradesh)



Conclusions and Recommendations



COVID-19 and the subsequent lockdown affected people across the country, with women and girls bearing a disproportionate burden of this crisis. Loss of livelihood due to delayed harvests, loss of jobs, and return of migrants to their native homes has caused anxiety and uncertainty in the minds of people. Family budgets have had to be recalibrated to ensure that limited resources last for a longer time. Anger, anxiety, frustration have contributed to increased gender based violence during this period.

With entire families at home, not only do the women and girls have an additional burden of household chores, sibling care, and managing provisions and meals with minimum resources, but they have also lost their privacy and mobility. Mental health issues are a neglected spectrum of health care system in India, the impact of which is being felt during and after the lockdown. The immediate effect of the pandemic is on mental health because of poverty, debt, unemployment and loss of income, quarantine, physical distancing, and physical inactivity.

Access to sexual and reproductive health services has come to a standstill with no ANC, PNC or immunization services available in communities, but these services are being resumed gradually. There is fear of contracting of virus if the community visits the health facility. Absence of transport and limited financial resources due to the lockdown has also meant that vulnerable population could not reach facilities on time for delivery. This will impact the health of mothers and children in the long run.



Educational institutions including schools, colleges and vocational training centres were closed, jeopardizing the futures of many young people. While teachers have been asked to conduct on-line classes, there is a serious concern about non-availability of internet and computer or tablets in resource poor areas. Finally, men and women who returned home, after gruelling journeys are facing with stigma and suspicion, as well as uncertainty about what they will do to earn a livelihood, especially those who returned to their villages from urban centres.

Given the varied ramifications of this socio-economic crisis, the response to it must also be multi-pronged, leveraging existing systems wherever possible, in order to achieve the required outcomes on the ground. Some recommended actions are listed below. These are classified as 'immediate' or 'medium to long term'; the former are steps required urgently, while the latter include recommendation for the 6 months to 2 years' period

Ensure Continuation of Essential Sexual, Reproductive, Maternal, Nutrition, Child and Adolescent Health Services

Immediate Actions

There is an urgent need to ensure access to maternal health services to prevent maternal and child deaths. In addition, access to safe abortion and family planning services needs to be reinstated and strengthened.

At the state level, guidance and notices must be circulated in all public and private facilities to reflect this. Given the very large gap between desirable infrastructure and human resources, state governments need to make the best use of available resources, for which robust monitoring and ensuring accountability is important.

To ensure safety of the FLWs, and all other health workers, states must provide good quality PPEs, regular testing, isolation facilities, and adequate remuneration and social security. Additionally supporting FLWs with psychological help to strengthen their ability to cope with work related stress, stigma, and violence, is required.

Despite closures, in-school and out-of-school and college going adolescent girls should continue receiving sanitary napkins, iron folic acid (IFA) and supplementary nutrition under Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG) or Sabla ³⁰, and Rashtriya Kishor Swasthya Karyakram (RKSK)³¹. Further, sanitary napkins and IFA supplements must be classified as essential services, and home delivery of these products can also be initiated.

At the community level, Panchayat (local government) representatives can play an active role in monitoring and ensuring accountability by facilities and health care service providers. FLWs (ASHAs, AWW and ANMs) need to be deployed to encourage access to regular services like institutional delivery, contraception and family planning, and nutrition.

³⁰ The Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG) or Sabla, was launched in 2010 to improve nutrition, health, life skills and vocational skills of adolescent girls aged 11 to 18, through services at Anganwadi Centres.

³¹ The Rashtriya Kishor Swasthya Karyakram was launched in 2014, and aims to ensure holistic development of adolescent population through community based interventions like, outreach by counselors; facility based counselling; Social and Behavior Change Communication; and strengthening of Adolescent Friendly Health Clinics across levels of care.

Medium to Long Term Actions

Digital tools and social media have been used creatively in spreading awareness about COVID-19, as well as information on availability of services. There is a need to advocate and encourage the state governments to include training in effective use of digital and social media in Programme Implementation Plans (PIP).

Prioritize Addressing Hunger and Livelihoods Loss

Immediate Actions

At the national level, mechanisms for Direct Cash Transfers through schemes like Jan Dhan Yojana and a safety net for the most marginalised who may not even have a ration card or a bank account, need to be ensured. An emergency basic income until the end of 2020 should be considered.

Robust monitoring and ensuring effective implementation of schemes like MGNREGS is required. Increasing the number of workdays under the scheme from 100 to 200 will also be beneficial.

To ensure food security, the Public Distribution System (PDS) needs to be universalized, guaranteeing access to subsidised food grains for all, without the burden of documentary proof. Building on the existing PDS by expanding quantity of benefits and diversifying the product basket to include different foods like pulses, oil, spices, potatoes and onions, and fortified staples, is essential too. In parallel, it is important to explore opportunities to scale up food voucher programs and continue community kitchens in both urban and rural areas until December 2020.

Removing Aadhaar-enabled biometric authentication at the point of sale (PoS) for pick-up of food rations can also be undertaken in the short term. This is not just for reducing spread of infection, but also can address authentication errors in targeting.

India's budgetary allocations need to pivot towards building a strong public health and education framework. This pandemic has underscored the importance of investing in healthcare infrastructure and services, not after a crisis has occurred, but rather before such situations arise. Currently, India's public expenditure on health stands at 1.3% of GDP³². Rebuilding the public health system through substantial increase in public expenditure (3-5% of GDP) and direct investment in the public health system is imperative.

Medium to Long Term Actions

At the state level, governments should provide realistic livelihood options, prioritizing women-led initiatives, so that family needs can be fulfilled. This implies generating rural and urban employment opportunities which guarantee social security.

For adolescents and young people, skills building programs for alternate occupations like carpentry, electrician, tailoring, improving agriculture facilities, including use of mobile technology to sell the produce, need to be incentivized.

At the community level, Elected Women Representatives, ASHAs and Self Help Groups play a crucial role. They can be mobilized to spread awareness about different schemes announced; facilitate loans from SHGs and banks for those who need loans to tide over the current crisis at low interest. These loans could also be used to start a new business or improve agricultural yield.

There is a need to provide detailed information and support to all Gram Panchayat (local government) members including Mukhiyas (village group head), so that the processes are streamlined and transparency ensured for benefits to reach the poorest of the poor.

Post-COVID economic rebuilding needs to be gender transformative and inclusive. A large percentage of the female workforce in India works in the unorganized sector, their labour often invisibilized. The focus of addressing these socio-economic impacts should be on reviving the rural and agrarian economy, with an emphasis on economic and social policy support for women farmers and workers, and their collectives and networks. Resources and opportunities must be targeted towards women and should be centered around their needs, and with women's empowerment collectives/Self-Help Groups steering this at the forefront, this could become a moment of transformation.



³² Ministry of Health and Family Welfare, Government of India (2018). National Health Accounts Estimates for India. Retrieved from https://main.mohfw.gov.in/sites/default/files/NHA_Estimates_Report_2015-16_0.pdf on July 15 2020

Immediate Actions

Given recurring regional lockdowns, the first step should be classifying prevention and redressal services that reach out to women facing violence and distress as 'essential services' and ensuring they are kept fully functional. These services, including One Stop Centres, women's helplines, counselling, police intervention, shelter homes, legal aid and advice, access to courts, health services, skill upgradation and economic support, must be made easily accessible and be well-funded. Official guidelines and advisories should be released to ensure that these are implemented in partnership with women's organisations working on the ground.

Services of a Protection Officer, as under the Protection of Women from Domestic Violence Act, should remain available as part of emergency support services and they should be provided the resources to deliver counselling and redressal services effectively..

The One Stop Centres (OSCs)³³ must be expanded to all districts in the country, and remain fully functional and strengthened to provide a holistic, multi-agency coordinated response to survivors. Pandemic related protocols must be issued for admission to and provision of services for OSCs and all other shelter homes, as most shelters are currently refusing admission fearing COVID-19 infections or insisting on COVID-19 test reports.

The national women's helpline 181 needs to be scaled-up and operational in all states and linked to survivor support services including provision of transport.

State governments, which have not yet issued notifications to implement guidelines and protocols on medico-legal care for survivors/victims of sexual violence released by Ministry of Health and Family Welfare, must be directed to put into effect these guidelines.

Support and care must be offered through a dedicated campaign by local authorities such as the District Child Protection Units (DCPU) to identify and support adolescents at risk of early marriage.

It must be ensured that there is at least one internet enabled mobile phone in each village specifically for use by girls to access helplines, information and counselling support. A local ASHA worker, teacher or Kishori Samooh can be the custodian of the phone.

At the community level, EWRs, SHGs, ASHAs, peer mentors, under government run programmes like RKSK and others, play a key role in keeping a vigilant eye on issues of violence, early marriage, school drop out of adolescent girls and trafficking. They need to be empowered through training not only in legal procedures but also in counselling, addressing the issue with concerned parties in an unbiased manner, sensitively dealing with the issue.



³³ The Ministry of Women and Child Development, Government of India, to support women affected by violence, in private and public spaces, within the family, community and at the workplace, instituted One Stop Centres in 2015.

Address Gender-based Violence and Safety and Security of Women and Adolescent Girls

Medium to Long Term Actions

At every level - national, state and community - there should be deployment of women police officers who have been trained to work sensitively with women and adolescent girls in need of help. Police must be sensitised and directed to register and act on all complaints of gender-based violence in the domestic or the public sphere. The Director General of Police/Superintendent of Police in each district must issue a circular to this effect.

Programs to increase community level awareness of what constitutes gender-based violence, including physical abuse, emotional abuse, sexual abuse; legal provisions and rights of victims of abuse and places where help could be sought including Helplines and information on how to file cases at police stations, are required. In all this, women and girls need the guidance and support of the ASHAs, SHG members as well as the PRI (local government) members, especially EWRs.

Long term, special attention should be paid towards increased allocation and effective utilisation of the 'Nirbhaya Fund'³⁴.

Focus on Education and Vocational Training Needs of Adolescents

Immediate Actions

Budgetary allocations and prompt implementation to ensure proper sanitization, spacing and safety mechanisms and protocols in schools are required. This is a vital first step to ensure that schools are re-opened.

In case school closures need to continue, developing alternate ways of young people to engage with peers and the larger community to enable their continued access to informal opportunities for learning and psychosocial development is also essential. These include mobilizing resources, developing remedial courses and blended solutions to provide education depending on the learner's context. This can be done either remotely, leveraging hi-tech (through digital mediums), low-tech (using simple SMS and phone calls), and no-tech (using already existing governance structures like School Management Committees, teachers group, parents groups, Gram Sabhas). This is essential for continued learning of the children, and for addressing the diverse and new challenges that children, parents and teachers across rural areas are facing.

Once schools begin reopening, the priority must shift to reintegrating students and teachers into a school setting and ensuring that students return to schools. This could be through re-enrolment campaigns for students, professional development workshops for teachers, participatory community action, employing financial and non-financial incentives (through mid-day meals programmes, direct cash transfer, conditional cash transfer etc.).

It is essential to issue clear guidelines to School Management Committees, PRIs, Bal Sansads and Self Help Groups to ensure that community-level efforts are made to prevent dropouts, and measures are taken to ensure attendance. Supporting those at-risk of dropping out through tailored interventions, such as part-time school, night school, etc. - can help navigate their other commitments.

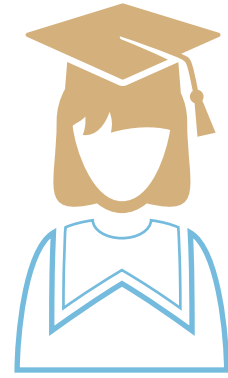
Panchayat, municipality, and community level campaigns should be designed to disseminate the message that children and adolescents, especially girls, must be sent back to school once they reopen.



³⁴ Announced in the aftermath of the horrific gang rape of a student in 2012 in Delhi, the Nirbhaya Fund is a budgetary corpus announced in 2013, to support government and civil society initiatives working towards women's safety in India.

Medium to Long Term Actions

At the national level, advocating with National Council of Educational Research and Training (NCERT) and State Council of Educational Research and Training (SCERT) to develop on-line education programmes can be a major step forward. There are existing programmes like DIKSHA and Swayam Prabha, to mention a few. Working with the concerned agencies to develop more programmes that are relevant and user friendly can also benefit adolescents. While most of the conversation is around digital and on-line teaching, one must be cognisant of the fact that a vast majority of children, especially those studying in government schools or small private schools, do not have access to smart phones or computers³⁵. There is a need to engage with NCERT and SCERT, and other education experts to better understand ways in which digital education can be promoted. To fill the gap of resources required for on-line teaching, there is a need for increasing budget allocations on education.



At the state level, there must be allocation of resources through PIP budget to conduct skills building initiatives for teachers to enhance their on-line teaching. Teachers need to be sensitised and trained to deal with the emotional trauma of new enrolled students, as well as those who were already in school.



Setting up skills building programmes or vocational training programmes for adolescents, which would help them get a source of livelihood, is also required.

The Union Budget on Education must maintain the allocations of the previous year. It must not be lower than 3.5% of GDP, allocated as part of the interim budget of 2019-20.

Prioritize Mental Health Support and Services

Immediate Actions

There is an urgent need to advocate for increased attention to the mental health needs of people from all walks of life. The uncertainty of future, loss of livelihood and jobs, increase in gender-based violence faced by women and adolescent girls, inability of young people to pursue their aspirations, and the trauma faced by returning migrants need focussed planning.

At the state level, there needs to be toll-free help line numbers that are functional with trained people to attend to the calls and refer them appropriately.

At the school level, teachers need to be sensitive to the emotional needs of the students. Focus needs to shift from completing the syllabus to spending time with the students, talking to them or conducting activities aimed at catharsis, wherein students share their grief or anxieties³⁶. There are existing modules available, which could be used effectively for this purpose.



³⁵ Here's how we can gear up to open schools after the lockdown: Vimala Ramachandran. June 9 2020. <https://thewire.in/education/reopen-schools-lockdown> - Accessed on June 9 2020

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Medium to Long Term Actions

The community also plays a critical role, especially the Elected Women Representatives, school management committees, ASHAs, AWWs. There should be sensitising and training programmes to help them identify people at risk and in need of help.

Importantly, primary public health services must expand to include psychosocial counselling services. This would require additional human resources and hence, budgetary allocations for training and getting specialised personnel on board



Bridge the Digital Divide

Immediate Actions

It is important for women and girls have access to phones and internet to gain access to digital means of education and economic opportunities, as well as to reach out for safety and support. Access to phones is also essential to claim several public entitlements, as well as for filing FIRs in cases of violence against women and girls. It has been seen that even when women have phones, because of the financial implication, they are unable to fully use phones to make calls or send texts messages. Envisioning the digital as a 'public good', rather than a privatized service is also essential.

Creating digital literacy courses and skilling opportunities across the rural-urban, male-female, and rich and poor divides, can help bridge socio-economic inequities



Medium to Long Term Actions

It is important to invest in developing digital hardware as a common resource available to women and girls over the next two years.

For women with different literacy levels, different digital capacity building approaches are needed. IVR training and surveys could be used to provide the majority of low literate, low income women in groups with distance learning, while learning management systems and chatbot-based learning could be rolled out to the Elected Women Representatives, leaders of women's groups and women in higher levels of SHG, collective hierarchies.

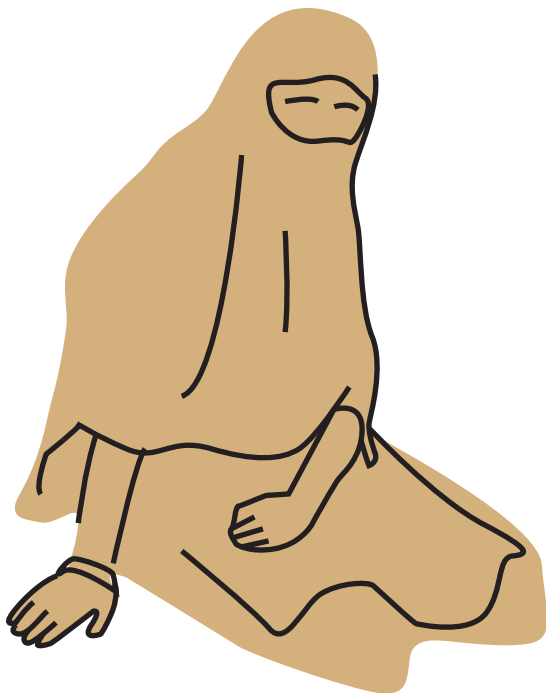
Different curriculums are also required for women in different circumstances on farm-related entitlements, digital financial literacy, digital marketing, distribution, sales, leadership and vocational skills to enhance community resource people like Bank Mitras/Banking Correspondents.

Immediate Actions

India's decentralized governance structures are well positioned to provide customisable solutions-for adolescent and women's wellbeing, while simultaneously reducing the strain on central resources. For example, encouraging and enabling local institutions like PRIs, SMCs, Village Level Child Protection Committees, etc. to work together to address the needs of women and adolescents in their jurisdiction – tracking vulnerable communities, taking immediate preventive actions like stopping child marriages, ensuring that girls go to school, track trafficking networks, etc.

Medium to Long Term Actions

At the community level, there needs to be advocacy around PRIs and EWRs to be fully equipped with information, relevant administrative support, and resources to deliver recovery programmes, observe protocols and guidelines, and build community ownership and solidarity for a collective response to the crisis. Ensuring support for women PRI leaders, especially those from hard-to-reach, remote and vulnerable populations, can go a long way in achieving this



**We are C3. Centre for Catalyzing
Change. We are for EveryGirl.
EveryWoman. EveryWhere.**

We are a committed organization working in India to make sure no woman or girl is denied her basic rights. We design and implement interventions that work with the existing systems to deliver solutions at scale

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