



GENDER IMPACTS OF COVID-19: PREVENTION AND MITIGATION

WEBINAR

Co-convened by Martha Farrell Foundation and PRIA
International Academy

11 APRIL, 2020

The devastating effects of the Novel Coronavirus (nCoV2019) outbreak have been felt across the world. While impartial in its devastation of Global Health, it has had a disproportionate impact on the socio-economically vulnerable, owing largely to the unprecedented emergency measures that have been put in place to contain it. The burden is perhaps the heaviest on single women and widows, sanitation workers, domestic workers, sex workers, daily wage earners, the homeless, the incarcerated, disabled people, women and girls in urban informal settlements, and those situated outside the Public Distribution System (PDS). Official statistics place the numbers employed in India as 4.75 million, (of which 3 million are women) but this is considered as a severe underestimation and the true number to be somewhere between 20 million to 80 million workers.¹ Further, the International Labour Organisation (ILO) estimates suggest that 94% of total women workers in India are engaged in the informal sector, of which, about 20% are in urban centres.^{2 3} With the country in a lockdown situation, loss of jobs, homes, shortage of food, health care and access to information and relief can in no way be gender neutral.

The COVID Crisis is a multi-dimensional one. There is an urgent need to influence gender sensitive State Policies and build evidence on the growing gender divide in the face of COVID-19 management.

Martha Farrell Foundation co-convened a webinar on “Gender Impacts of COVID-19: Prevention and Mitigation” with PRIA International Academy (PIA) on April 11, 2020. Dr. Neelam Singh (Secretary/Chief Functionary, Vatsalya, Lucknow), Ms. Bhanuja Cheruvu (Director, Rural and Environment Development Society (REDS), Ananthapur), Ms. Anju Khewar (Programme Coordinator, State Health Resource Centre, Jharkhand) and Dr. Indu Prakash Singh (City Makers Mission International, New Delhi) participated as panelists. Ms. Indu Saraswat, (State Program Manager, Mamta Health Institute for Mother and Child, Bhopal), Ms. Yousa Lachenpa (Member Secretary, Sikkim State Women’s Commission) and Ms. Sonia Khatri (Program Officer, PRIA, Haryana) provided valuable inputs from Madhya Pradesh, Sikkim and Haryana. Nearly 300 participants joined the session and raised salient questions after the panel discussion. Dr. Rajesh Tandon, Founder-Director, PRIA, offered a summation of the key takeaways in his closing note. The webinar focused on the following questions:

¹ https://www.ilo.org/newdelhi/areasofwork/WCMS_141187/lang--en/index.htm

² <http://www.ipedr.com/vol4/106-M00051.pdf>

³ https://shodhganga.inflibnet.ac.in/bitstream/10603/225415/13/13_chapteriii%20unorganized%20sector%20women%20workers%20problems.pdf

- Challenges women and girls are facing, threats to their safety in the current scenario – during migration, in their home, in isolation wards and quarantine
 - Effects of lockdown on the way women and girls are accessing essential services like health services, Government-sponsored relief and entitlements such as old age or widow pensions
 - Concrete steps and guidelines that can be practiced to ensure that women and girls do not face violence and harassment during lockdown and in its aftermath
 - Measures to support more active leadership of women in responding to crisis situations in their communities as they deal with the pandemic
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KEY MESSAGES

- The representation of women in Empowered Task Forces and Policy Task Forces at District, State and National levels must be increased. All Advisories for COVID-19 measures must be gender sensitive and must include protection of women and girls from violence as an essential service.
- Institutional commitment of Local Governance Institutions (Panchayats and Urban) to ensure the safety of women and children must be reiterated through Directives and Advisories. A workable, practical and safe channel for addressing issues of violence against women that is accessible to all must be established.
- Decolonise the available body of information about COVID-19 making them available in all vernacular languages. Encourage and promote messaging that underlines gender equality and more equitable sharing of domestic tasks.
- As 'Work from Home' blurs workplace boundaries, Internal Committees (ICs) and Local Committees (LCs) must be activated. District Officers must be alerted to their roles in the prevention, prohibition and redressal of sexual harassment at workplace.
- Ensure women's timely access to necessary and comprehensive sexual and reproductive health services during the crisis, such as emergency contraception and safe abortion.

OPENING COMMENTS BY MS. NANDITA BHATT (Operations Director, Martha Farrell Foundation)



Martha Farrell Foundation is committed to promoting Gender Equality and Women's Empowerment through rigorous Dialogue, Research and Action. Hosted by Martha Farrell Foundation in partnership with PRIA International Academy, this webinar on the **"Gender Impacts of COVID-19"** is the first in a series of webinars we have planned on the intersections of gender, policy and health.

According to the last published Census of India data, there are as many as 480.2 million workers in India. It has also been estimated that 94% of working women are engaged in the informal sector and nearly 50% of these women workers are sole supporters of their families.⁴ The extent of devastation that the Lockdown has had on their lives is not difficult to gauge. Additionally, the unprecedented spike in the reporting of intimate partner violence during the Lockdown, demands a reassessment of gender relations at home. Soon after activists began to question the 'Stay at Home' framework - which put domestic violence victims in a precarious position - Dr. Tedros Adhanom, Director General of World Health Organization (WHO), made a global call to include services in response to domestic violence as an essential service.

In India, the National Commission for Women (NCW) reported having received 257 complaints of domestic violence in the first 10 days of the Lockdown, an increase of 161 cases from the first week of March during which NCW had received 116 complaints of crimes against women from across the country.⁵ Additionally, the impacts of the Lockdown and Quarantine period also pose challenges to those who work from home in safeguarding employees while they perform office work from home. In this light, the webinar explores the gender impacts of the enforced Lockdown and beyond, on the lives of women and girls, and envisioned ways in which we can integrate gender analysis into the response mechanisms.

Some questions regarding the safety of women and girls in the current scenario come to mind:

⁴ https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_626831.pdf

⁵ <https://www.bloomberquint.com/coronavirus-outbreak/spike-in-domestic-violence-cases-since-lockdown-69-complaints-received-ncw>

- We read the horrific report of a returning migrant woman being sexually abused in an isolation ward in a hospital in Gaya by three men who posed as doctors (she died 3 days later due to hemorrhaging).⁶ How was the possibility of something like this happening not envisaged and mitigated?
- 'Limited gains made in the past decades' toward gender equality 'are at risk of being rolled back', the United Nations warns. The changing gender dynamics at home and the inadequate focus on women in the management of the current crisis situation threatens to undermine generations' of work on gender equality and women's empowerment. Girls staying home from school may not have the opportunity to study while at home or return to school post-lockdown. Patriarchal gender roles at home that were painstakingly dismantled may have been reinstated while people are in the crisis management-mode. Young girls that Martha Farrell Foundation works with in rural Haryana fear that this crisis will reverse the progress that they have made thus far, in equalising gender relations at home and in public spaces.
- Though the Lockdown might have been necessary at the time, the impacts on the lives of female workers in the informal sector have been devastating. Estimates from the National Domestic Workers Movement suggest that the number of domestic workers in India range from official estimates of 4.2 million to unofficial estimates of more than 50 million.⁷ Domestic workers that Martha Farrell Foundation has been working with have reported saying they have not received any relief (free rations or direct bank transfer) so far⁸. Lack of ration cards, smart phones to avail e-ration cards and having Aadhaar cards from other States has meant that many are without food and resources. How can these gaps be plugged? Do we have enough data from across the country of how Domestic Workers are experiencing the Lockdown?

⁶ <https://www.indiatimes.com/news/india/migrant-woman-dies-of-excessive-bleeding-after-allegedly-being-raped-in-isolation-ward-in-bihar-510562.html>

⁷ <http://ndwm.org/domestic-workers/>

⁸ <http://www.marthafarrellfoundation.org/blog/domestic-worker-and-community-leader-sarita-applies-a-gender-lens-to-covid-19/>



Dr. Indu Prakash Singh

Ms. Bhanuja Cheruvu

Dr. Neelam Singh

Ms. Anju Khewar



Ms. Indu Saraswat

Ms. Sonia Khatri

Ms. Yousa Lachenpa



HOW CAN WE ENSURE WOMEN'S ISSUES ARE FRONT AND CENTRE IN PANDEMIC MANAGEMENT?



BY DECOLONISING KNOWLEDGE ABOUT COVID-19

Promote messages encouraging equitable sharing of domestic tasks, in regional languages



BY INCREASING FEMALE REPRESENTATION ON POLICY TASK FORCES

Ensure women's and marginalised voices are integrated meaningfully into pandemic response

BY ENSURING SEXUAL AND REPRODUCTIVE HEALTH IS MET

Make maternal, prenatal, post-natal and abortion services accessible during lockdown



BY ENSURING WOMEN'S SAFETY AT WORKPLACE DURING WORK-FROM-HOME

Activate Internal Committees, Local Committees, District Officers during lockdown

BY ENSURING WOMEN AND CHILDREN'S SAFETY AT THE LOCAL LEVEL

Panchayats and Urban Local Bodies must set up a safe channel to address gender-based violence



What are the threats to the safety of women and girls in the current scenario?

- Working at great personal risk, frontline health workers have reported multiple accounts of obstruction by police and village officials while dispensing their duties. They have reported being physically beaten for violating Lockdown rules and several occasions when they were refused entry into villages. They have also reported harassment on themselves and their families by landlords and neighbors who suspect them of carrying the virus.
- Violence against women and girls was referred to as the “silent epidemic” during the Ebola outbreak. India too is witnessing an unprecedented spike in the reporting of intimate partner violence in the Lockdown situation. The situation is acute for women who are currently out of work and dependent on (abusive) family members for their survival. The situation is also dire for female domestic workers who are often the sole earning members of their families. With the only available reporting options under the current scenario being through social media, email or online registration, women with no access to digital or online services find themselves helpless in filing formal reports or sharing with their friends or families. Additionally, with the police department under-resourced and over-worked during the current crisis situation, it is difficult for survivors of violence to file complaints and expect urgent action. Safety of women in isolation wards, shelter homes and quarantine centers is of concern too. It is still easy for unknown men to enter these spaces and sexually assault female patients.
- **Indu Saraswat** raises alarms about the pandemic of child trafficking, child marriage and child labour that Madhya Pradesh has historically grappled with. The lack of resources and helplessness of hunger in the current scenario might exacerbate this challenge and pose great threats in the post-COVID phase. She also raises an alarm on the inadequate capacities of quarantine centres to protect women and children from violence.
- The feeling of insecurity while walking long stretches (from the village to markets, or hospital) due to unavailability of public transport services during Lockdown was reported by Domestic workers from Martha Farrell Foundation’s #DignityOfMyLabour network.⁹
- With Workplace boundaries being redefined in the new work-from-home situation, sexual harassment of women at workplace has taken on new forms and expressions. The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act 2013

⁹ <http://www.marthafarrellfoundation.org/blog/domestic-worker-ruhima-bibi-reports-from-burdwan-about-her-covid-challenges/>

mandates the formation of an Internal Committee in all workplaces with 10 or more employees and a Local Committee at the District Level to be formed by the designated District Officer. The purpose of such committees is to Prevent, Prohibit and Redress Sexual Harassment faced by women informal workers, consultants and in the absence of an Institutional Internal Committee, female employees of workplaces. At this time of Lockdown, the absence of Institutional Internal Committees and District level Local Committees is conspicuous.

Yousa Lachenpa (Member Secretary of State Women's Commission, Sikkim) discusses how the Sikkim government has set up a WhatsApp group in coordination with other agencies. The support group comprises of police personnel from all the police stations, panchayats, NGOs, officials from Social Welfare Department, Women and Child Commission among others. Their one-stop crisis center has been directed to provide immediate response to survivors of domestic violence and other forms of abuse. Contact details of officials of the Women Commission and other Helpline numbers have also been circulated through social media, and to Panchayats in rural areas. Clinical psychologists have been requested to be available over the phone for counselling too.

Effects of lockdown and women's access to essential services:

Healthcare, Government-sponsored relief and Entitlements

- As of April 10, 2020, India reported 6,761 positive cases with an increasing number of them in smaller Districts and Towns. This has generated a huge demand for Personal Protective Equipment (PPE) for Health Workers that State Governments are struggling to provide. In consideration of this data, there are grave concerns regarding inadequate medical staff and increased burden of work on available medical staff in public hospitals, paucity of protective gear, and a complete absence of any dialogue around the mental health of medical practitioners.
- The impacts of COVID management measures have been especially traumatic in urban areas. **Dr. Indu Prakash Singh** expresses that while the decision for Lockdown came as a shock to the thousands of homeless living on the streets, it also presented them with a two-pronged challenge. With homeless shelters being converted into quarantine centres, those

without permanent homes or liquid cash have not only been stripped of their last resort to protection overnight, but many of them are now housed together in wards measuring 800 square feet in total area, rendering hygiene and physical distancing a myth. Due to the paucity of space, there is little or no possibility of providing sex-disaggregated space, neither has there been any efforts to mitigate incidences of violence against women within these spaces.

- **Dr. Neelam Singh** shared concerns regarding the adverse impact of the State's COVID response on women's health. With funds and services for maternal, prenatal and postnatal-care facilities being steadily diverted to the outbreak response, there is a severe lack of focus on women's sexual and reproductive health services. This means maternal, prenatal and postnatal services have been severely affected in a country that registers an average of 50,000 births a day. With Out Patient Departments of most Hospitals now being shut, lack of public transport services, and with the discontinuance of ANC and ANM, pregnant women are unable to go to hospitals. Therefore, deliveries are being accompanied by considerable risks. During the Ebola outbreak in 2014, maternal health clinics across West Africa were closed for the same purpose, resulting in a 70% increase in maternal mortality rate in the region.
- Panelist, **Anju Khewar** reports that due to the economic crisis within families, nutritional needs of women and girls in families are being neglected. The closure of Aanganwadi centres has meant that malnourished expecting mothers are deprived of Hot Cooked Meals (HCM) under the ICDS programme for supplementary nutrition. Speaking from Madhya Pradesh, **Indu Saraswat** corroborates that malnourishment is common among women in rural Madhya Pradesh, especially among those who aren't ration card holders. Ready-to-eat meals are being provided by the Government under Deen Dayal Yojnaa, only in some areas.
- Lack of basic facilities of hygiene (including menstrual hygiene) and sanitation at the isolation centers will put at risk the health of women who are housed in these spaces.
- Access to government-sponsored relief and entitlements for women such as old age and widow pensions, direct emergency cash transfers to bank accounts, dry ration collection is especially challenging for women, as it requires travelling out of their homes and negotiating spaces that are largely male-dominated spaces.

- Speaking of safety in public spaces, **Ms. Sonia Dahiya Khatri** recounted some of the issues young girls and women of the Bawaria Basti (Manana, Panipat) are experiencing. Already experiencing caste-based 'social distancing', lack of access to essential services of water, sanitation facilities, education and health care, the Lockdown has been especially hard on them. They have no access to money, dry ration, or cooked meals, and the lack of food has led to an uptick in violence against the women in this community.
- Most farm work has been halted. A case example from Ananthapur was shared by Panelist **Bhanuja Cheruvu** who leads an organisation that works for advancing the Rights and Dignity of women farmers in the region. She highlighted how children and the elderly are among those battling poverty and hunger on a daily basis. Malnutrition is particularly acute for those situated outside the ration card system; many of them also lack a 'Jan Dhan' account under the PMJDY scheme, making them ineligible for the emergency cash transfers. She also mentions that women (who constitute 75% of the area's agricultural labour force) have to walk to the fields and back. In the absence of transport services, they are also unable to travel to the markets to sell their produce. The existing problems of these working women have exacerbated since the Lockdown.
- The availability of clean drinking water continues to be a problem in many parts of rural India. **Bhanuja Cheruvu** reports that drinking water is expensive in Ananthapur and beyond the reach of EWS.

KEY DIRECTIONS

Dr. Rajesh Tandon, Founder-Director, PRIA



- There is a lot of work to be done, both during the Lockdown and after it has been eased. The impact of the Lockdown, especially on girls and women will be more prominently visible after it is lifted.
- What happens when men and women are sharing a limited space? The situation in high density urban slums or informal settlements is vastly different from that in rural areas. Encroachment on domestic space by boys and men has taken a considerable toll on the mental and physical wellbeing of women. It is essential to contend with the issues of alcoholism and withdrawal, overcrowding and all those spaces where social (physical) distancing is absent, and figure out how we can make safe shelters accessible to all who need it.
- Household dynamics are changing, informal workers, women farmers and small business owners are threatened with a loss of livelihood. Women's sudden lack of resources and mobility restrictions changes power dynamics in the house, decreasing women's decision making role while increasing their vulnerability to abuse. Special measures that take into consideration this fact have to be adopted to prevent long term impacts. The failure to acknowledge this and adopt a gender sensitive approach in the management of the pandemic will have lasting impacts that will make recovery challenging.
- A cursory survey of the Policy Task Forces at the District, State and National levels reveals a lack of women in the leadership of COVID crisis management. The representation of women and gender sensitive members in the Empowered Task Forces must be ensured.
- Lockdown measures and restrictions on mobility are having a disproportionate impact on women. The paucity of authentic data on the same is a glaring gap that threatens to disregard the experiences of women. There is a need to ensure gender disaggregated information of the economic and social impacts within households, among returning migrants, the homeless, the informal workers, among front line defenders of the health

crisis. Local Governance institutions (urban and panchayat), women's groups, students and youth leaders must be enabled to harvest this information.

- The responsibility and burden of care of the sick in formal health settings and at home is with the women. Being at the frontline while taking care of family and the sick makes them vulnerable and at greater risk for contracting the virus. It is imperative that they are empowered with a protective framework that ensures their protection and the protection and care of their families. The framework should enable safe accommodation, health insurance, safe transport and home care assistance for frontline health workers. Strengthening the structure and equipment for frontline health workers, 70% of whom are women, is imperative – more attention needs to be paid towards their protection and safety.
- With the pandemic on our hands, the focus has shifted almost entirely from sexual and Reproductive Rights and Health to COVID management. There are 50,000 infants being delivered every day - are the deliveries being done in a safe manner, especially in vulnerable communities?
- The Local Governance institutions (Panchayats and urban local bodies) must be at the forefront in a crisis like this. The leadership of women in self-help groups, adolescent boys and girls, volunteers and health workers must be recognised, promoted and nurtured. They must be capacitated to adopt a gender-sensitive approach to planning relief and mitigation measures. They must also be capacitated to recognize, respond to, and address issues of safety and violence against women and girls with empathy and compassion.

GOOD PRACTICES

“State Health Resource Centre (SHRC) is currently mobilising CSOs and corporations in the state to provide relief across informal urban settlements. Considering the challenges frontline health workers are facing in the field, the government must support them with greater incentives.”

- Ms. Anju Khewar, Programme Coordinator, SHRC, Chhattisgarh

“City Makers which works closely with the Delhi Government has been able to conduct some intensive relief work with the homeless in the National Capital, but the situation in other urban centres is much more dire.”

- Dr. Indu Prakash Singh, Facilitator, City Makers International, New Delhi

“In terms of pandemic management, quarantine spaces have been set up in all the four districts of Sikkim, preparation for immediate response is in place, and District Collectors are monitoring it. Pensions for widows were disbursed before the lockdown.”

- Ms. Yousa Lachenpa, Member-Secretary, State Women’s Commission, Sikkim

“REDS is closely working with the State Government of Andhra Pradesh, to extend the Public Distribution System (PDS) and Mid-Day meal scheme to those without ration cards.”

- Ms. Cheruvu Bhanuja, Secretary, REDS, Ananthapur

“Vatsalya is leading an effort to disseminate information on how to make masks and sanitary pads at home, to avoid a health and menstrual hygiene crisis due to the Lockdown.”

- Dr. Neelam Singh, Secretary, Vatsalya, Lucknow

IMMEDIATE MEASURES

- All Advisories for COVID-19 measures must be gender sensitive and must include protection of women and girls from violence as an essential service.
- Sex-disaggregated mortality and morbidity surveillance data should be a priority in COVID-19 research. We must encourage a gender focus in all research efforts. Obscuring sex and gender differences in treatment and vaccine development must be avoided at all cost.
- To decolonise the available body of information about COVID-19, a collective appeal was made to make all knowledge resources and sensitisation material (helplines, training kits such as 'how to make menstrual hygiene products at home', etc.) available in vernacular languages. In rural areas, there must be information programmes specifically for women in their local languages, to reinforce the message of distancing across to them.
- Institutional commitment of Local Governance Institutions (Panchayats and Urban) to ensure the safety of women and children (in their homes, on the roads, in market places, in isolation wards, food distribution centres, shelter homes and quarantine centres, including safe passage for female farmers to go to their fields for harvesting and to the market for selling their produce) must be reiterated through Directives and Advisories.
- Encroachment on domestic space by boys and men has taken a considerable toll on the mental and physical wellbeing of women. It is essential to contend with the issues of alcoholism, overcrowding and all those spaces where social (physical) distancing is absent
- Acknowledge that the internet, phone lines, and text messaging / email are accessible only to few women. A workable, practical and safe channel for addressing issues of violence against women that is accessible to all must be established.
- Encourage and promote messaging that underlines gender equality and more equitable sharing of domestic tasks.
- Work from Home has blurred workplace boundaries, Internal Committees, Local Committees must be activated. District Officers must be alerted for the role in the prevention, prohibition and redressal of sexual harassment at workplace. There is an urgent need for the judicial intervention to address the issue of sexual harassment of women at workplace. Judges

must actively open the dialogue on SHW and put guidelines in place for preventing the same during the pandemic.

- Increase availability and delivery of healthcare services, medical supplies, and medication for women.
- Issue Guidelines for Health Ministry to categorize Reproductive Health Services including care during pregnancy, childbirth and abortion services as essential services. Early April, the World Health Organisation (WHO) issued a set of similar Guidelines for Health Ministries.¹⁰
- Ensure women's timely access to necessary and comprehensive sexual and reproductive health services during the crisis, such as emergency contraception and safe abortion. As countries go into lockdown or mobility is reduced, concerns about the lack of access leading to unwanted pregnancies and, subsequently, unsafe abortions with potential fatalities remain. Experts¹¹ contend that low availability of condoms and oral contraceptives in India, along with reduced access to abortion services, will compel women to resort to unsafe methods of terminating pregnancies without strategic intervention from the government and health sector.
- Support Panchayats and local groups for ensuring women's access to water and sanitation, LPG cylinders, food supply to those who don't have a ration card.
- Settlement Improvement Committees (SICs) and slum dwelling federations formed by PRIA in Muzaffarpur, Jhansi and Ajmer can play a vital role in mitigating the housing crisis in urban settings. Such committees can be replicated in other cities. Making safe and hygienic shelters available for at-risk youth and women must be a priority for the Government.
- A cursory survey of the Policy Task Forces reveals that they do not have adequate representation of women at the District, State or National levels. All the 11 Empowered Task Forces created on March 28, 2020, are led by men, with hardly any female representation in decision-making positions. A similar trend is reflected in the state task forces, except for Kerala and Tamil Nadu. The representation of women in these forces must be increased.

- 10 <https://dailycaller.com/2020/04/04/who-abortion-essential-coronavirus-covid-19/>

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MIDTERM MEASURES

- Once the Lockdown is lifted, the implications of reduced cost of labor, especially for the informal sector and daily wage workers, cannot be ignored. Migrant women (for example, part time domestic workers) will happen to be among those most likely to be laid off post-crisis. Protect wages and income of women informal workers, women farmers, self-help groups and small businesses owned by women.
- Disturbing data from the Fuller Project suggests that most unemployment applicants in the US last month were women. Women rely heavily on the tourism and hospitality industries that have taken a massive hit due to the pandemic; there is a need to ensure that economic investment post-lockdown is focused on those industries and sectors.
- As a consequence of the Zika outbreak in 2015, many women had to expand their labour to perform vector control activities in communities, and those with children born with Congenital Zika Syndrome had to leave their jobs to provide full-time care for their children, and are still unable to return four years later. We don't yet know the extent of care obligations that will entail after the outbreak, but there is no doubt that the majority of care labour will be delegated to women. We should work towards an equitable distribution of care labour in the domestic as well as professional setups.
- The prolonged economic and mental strain of the outbreak is something we have to prepare for. Rapid-response plans for at-risk communities should include psycho-social counselling, shelters and support for women and families who will be tasked with starting over from scratch.
- It was recognized at the Webinar that only by working towards structural changes aimed at reducing inequalities, can we radically decrease the extent of harm caused by the crisis, especially for vulnerable populations.