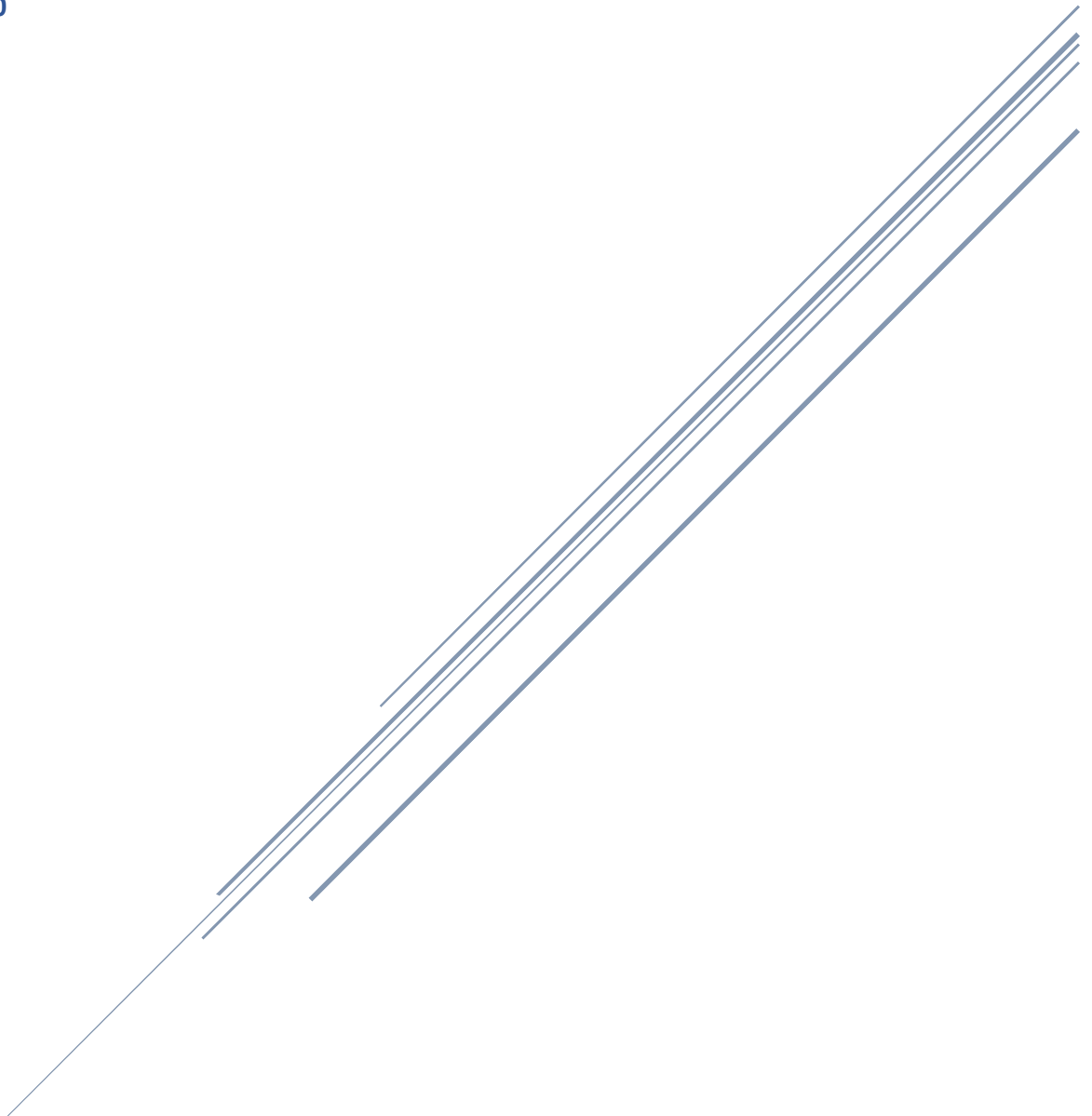# COVID-19: IMPACT ON WOMEN AND GIRLS

Reference document for recommendations submitted to NITI Aayog

3 July 2020

Contents

1. Work, Employment and Livelihoods

1.1 The issues

The COVID-19 pandemic is not only a health crisis but is fast transforming into an economic and labour market crisis, affecting both supply and production of goods and services, as well as demand, be in consumption or investment. A recent assessment by the ILO also indicates that unemployment and under-employment will have direct fallouts of this crisis, amounting to a loss of income for the working poor, to the tune of 860 to 3,440 billion USD in labour income. The threat to continuity of businesses is also very real. A global economic recession is imminent[1]. The learning from the Ebola outbreak in parts of West Africa a few years ago, showed that the lack of social protection measures in the context of health epidemics aggravates poverty, unemployment and informality, leading to a vicious circle of even greater fragility. It is also anticipated that the crisis will trigger inequalities and the most 'at-risk' communities that have been identified in the literature are the elderly, unemployed youth, unprotected workers, including the self-employed, casual and gig workers, migrant workers and mostly, women – who not only bear the brunt of care work and subsistence within households during 'lockdowns', but are also at the frontline of providing care services; and very often gender-based violence (GBV) both within homes, and at the frontline of health service delivery, is also aggravated[2], and needs dedicated attention.

The inequitable impacts on the poorest[3], and the gendered implications of loss in jobs and livelihoods is becoming increasingly clear. The gendered precarity of the conditions of women informal economy workers is just beginning to come to light, be it informal economy workers[4], as domestic workers[5], as women farmers, and micro-entrepreneurs[6]. The rapidly changing situation of exodus of large populations from cities to rural areas, is not only burdening the rural landscape with 'returning migrants' but also possibly changing gender dynamics where women may not continue to have the agency that they might have had in the absence of male family members who had migrated. Women themselves are migrant workers have lost jobs and are returning to their villages. And at the same time, the response has been lacking a serious gender focus[7] and the gender surveys and policy analyses[8] are few and far in between.

In such a situation, the focus of addressing these socioeconomic impacts should be on reviving the rural and agrarian economy, with a focus on economic and social policy support for women farmers and workers, and their collectives and networks, to lead the economic recovery. Resources and opportunities must be targeted for women and should be centered around their needs, and with women's

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[1] https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms_738753.pdf
[2] https://gbvguidelines.org/en/knowledgehub/covid-19/
[3] http://strandedworkers.in/wp-content/uploads/2020/06/SWAN-Report05062020-1.pdf
[4] https://thewire.in/women/women-informal-workers-lockdown
[5] https://scroll.in/article/963519/during-coronavirus-lockdown-women-domestic-workers-have-struggled-to-buy-essentials-shows-survey
[6] http://demo.sewabharatresearch.org/wp-content/uploads/2020/05/Gendered_Precarity_SB_Lockdown-2.pdf
[7] https://thewire.in/women/covid19-lockdown-exit-strategy-women
[8] https://www.epw.in/journal/2020/22/commentary/gender-responsive-policy-and-fiscal-response.html

empowerment collectives/Self-Help Groups (SHGs) steering this at the forefront, this could become a moment of transformation[9].

1.2 Recommendations

Short and medium-term

1. **Address hunger, deprivation and food insecurity** of households that create an added burden for women through:
   a. Universalizing the public distribution system (PDS), where all who need foodgrains can buy from the fair-price shops without any proof of documentation such as ration cards.
   b. Expanding the essential commodities in the PDS to include pulses and oils
   c. Ensuring full implementation of social protection and welfare measures announced by national and state governments, including Pradhan Mantri Garib Kalyan Yojana, as well as existing pensions, cash transfers, etc.
   d. Accelerating the expansion of Gender Resource Centers (GRCs) under the National Rural Livelihoods Missions (NRLM) – proposing at least 1 GRC in each block – to accelerate last-mile delivery and service linkages
   e. Continuing community kitchens for next 3 months.
   f. Doubling the guarantee of MGNREGA days from 100 to 200, with immediate flow of labor budget to states to plan and begin public works/relief works, while ensuring social distancing.
   g. Introducing payment for MGNREGA as 'food-for-work', in part-food and part-cash
   h. Designing an urban program for wage employment along the lines of MGNREGA, but for urban areas, as has been considered by some states[10]
   i. Ensuring that the take-home rations (THR), hot cooked meals and midday meals are provided to children through doorstep delivery
2. **Help vulnerable households to overcome the issue of cash liquidity** through:
   a. Considering financial assistance solutions beyond just credit/loans
   b. Introducing Emergency Basic Income for the next 3 months, in the form of one tranche every month, as a cash transfer in the bank accounts of all women Self-Help Group (SHG) members; a payment of Rs. 7500 per month[11]
3. **Support the survival and revival of women's enterprises** through measures such as:
   a. Providing all nano/micro-enterprises being run by women payroll subsidies for 3 months
   b. Announcing a complete moratorium on all loan repayment for 12 months, including for SHGs

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[9] https://iwwage.org/can-covid-19-provide-opportunities-to-strengthen-the-shg-movement/
[10] https://indianexpress.com/article/india/odisha-launches-employment-scheme-for-urban-poor-6368945/
[11] Calculation done @Rs.375 minimum wage level day for 20 days; RS. 375 per day is taken from the recommendation of the Ministry of Labor and Employment's Expert Group on Fixing National Minimum Wage: https://labour.gov.in/sites/default/files/Commitee_on_Determination_of_Methodology.pdf

       c.   Making additional working capital available to nano-micro-entrepreneurs to help revive businesses to pre-COVID conditions

4. **Revive supply chain connections and promote local economic development** through targeted efforts at:
    a. Re-purposing all enterprises to essential goods and services (e.g. community kitchens, business correspondents, farming and agriculture, production of masks, sanitizers, etc.)
    b. Ensuring inter-departmental convergence and Government Orders on public procurement guidelines for various government departments to procure goods and services from SHG collectives; some examples: (a) food supplies for community kitchens and midday meals; (b) take home rations for ICDS; (c) PPE equipment for frontline workers; (d) aggregation, storage and logistics support to women farmers, etc.; thereby ensuring assured markets for rural products and enterprises
    c. Linking up women's business to markets via e-commerce avenues

5. **Address women's unpaid work** through:
    a. Expanding child-care services through supplementary financing for child-care through the anganwadi center
    b. Increasing public sector spending in health system to ensure that affordable, quality primary health care is provided through public health systems
    c. Ensuring easy access to Ujjwala, including refilling of cylinders to enable clean cooking gas availability for households
    d. Accelerating plans for providing doorstep water supply to reduce women and girls' drudgery in water collection

6. **Establish a Livelihoods Recovery Fund** targeted for women and their collectives to help build resilience of women and their livelihoods against climate shocks and market shocks

Long-term

In the long run, there is the opportunity to ensure job creation for government scheme workers; preliminary estimates show that potentially 7 million jobs can be created in India for women in wage employment and public employment (e.g. anganwadi workers, ASHA workers, sanitation workers, etc.) Such policy measures can not only create employment and demand but also contribute to lifting the Indian economy out of its current economic slowdown[12].

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[12] https://iwwage.org/wage-employment-for-women-forgotten-priorities/

2. Women Farmers

2.1 The issues

The term 'woman farmer' encompasses a wide range of identity choices such as landowning women cultivators; landless women cultivators working on family-owned land; landless tenant/sharecropping women cultivators; landless agricultural workers; forest-dependent women farmers; livestock-rearing women farmers; and fisheries-dependent women farmers[13]. Many women farmers are also engaged in construction activities and a few in the rural service sector as well. Forest gathering, livestock, fisheries are sectors where women's engagement is significant across India. Although few in number, all women's farmer producer organizations (FPOs) are also now finding a foothold in the rural livelihood sector.

COVID-19 and the lockdown that followed brought about a lot of distress among these various sections. The question of violence at home and outside, increased work burdens due to depletion of scarce resources such as food and water have been reported. With the returning of migrants and a likelihood of the spread of COVID-19 into rural areas, women are both at risk of the pandemic as well as may end up becoming the caregivers thereby increasing the burden of their unpaid domestic work even further. In this note we however emphasize on recommendations with reference to food security and economic activities.

At present each of these sectors and livelihood activities are in distress. With little or no cash for investing in either farming or other livelihood activities women, especially single women are looking at a rather bleak kharif season. Many have not been able to sell their farm produce which is lying in their homes as there are no storage facilities. Much of it has also been destroyed as markets were and continue to remain inaccessible. Minimum support prices have generally been inaccessible to single women farmers who usually market their produce through private traders, but the lockdown period has further brought down the prices making it difficult for them to even meet the cost of cultivation. Women cultivators are looking to lease out their own lands, those who lease in lands are not sure how they could hold on to their lands. Women's collectives, FPOs are looking to receive credit and market support for a seamless operation of their activities. The upcoming season for the cultivators is full of challenges unless they get support by way of seed, fertilizers and guaranteed prices and markets.

Two months since the first lockdown, NREGS sites are still not opened in many states, farm labour has little work, as most work is being done by family hands that have increased due to the returning migrants in several states. Livestock workers are finding it difficult to cross district and state boundaries for grazing their cattle, fisherfolk are not able to start their business yet due to non-availability of feed and landing markets. Forest workers are finding it difficult to market their non timber forest produce in several areas due to several restrictions by the forest officials.

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[13] As per the definition under the National Policy for Farmers (2007):
http://agricoop.nic.in/sites/default/files/npff2007%20%281%29.pdf

Coverage of several women, especially single women under government schemes such as Jan Dhan Yojana, Ujjwala, PM Kisan, pensions, itself is so poor that despite the announcements of relief measures several remain excluded. Women from farm suicide affected households and other single women, those with disabilities are facing huge challenges and need to be prioritized in support. Clearly pre-existing gender, class and caste inequalities are playing out significantly. It is in this context that MAKAAM presents its recommendations for the immediate, medium and long term.

2.2 Recommendations

Short-term to Medium term

The time frame for short term measures is considered as six months or until the end of the year given that the situation is dynamic and that the pandemic and partial lockdowns are likely to continue until the end of the year.

1. Food and nutritional security and cash transfers

I.   Universalize and expand PDS with immediate effect for the next six months
II.   Expand it to include nutritious food like, dals, pulses, oil, sugar and potatoes and onions for example.
III.   To address women's increased workload, strengthen community kitchens through seed grants to women's groups and ensure income for women collective to cook food at anganwadis for community feeding
IV.   Unconditional transfer of Rs 10,000 in the name of women for all the poor rural households with emphasis on single women and female headed households for at least six months. The cash transfer under Jan Dhan Yojana was inadequate and outreach was poor
V.   Transfer NREGS wages for the lost 25-30 days at minimum wages to all NREGS active workers.
VI.   Improve doorstep access of financial services through 'bank mitras' or banking correspondents (BC)

2. Employment and NREGS

I.   Provide additional 100 days' employment under NREGA to compensate for the lost days
II.   Issue Job Cards on a priority basis to those women who do not have them
III.   Ensure that all NREGS works start with immediate effect. Prioritize soil and water conservation works on individual farms or those that help build assets for women.
IV.   Identify common lands such as forests, village commons and ensure that all landless women are provided NREGS works on these lands
V.   Enumerate all the returning migrants, maintain a database, do skill mapping, skill upgradation and create employment programs with the coordination from panchayat level upwards to the district and state level.

3. Other economic activities

I. Provide seeds and fertilizers with immediate effect and free of cost on a priority basis to women farmers, especially those who are single.

II. Ensure access to interest free credit. Crop credit coverage is very low and that can be improved this season with complete interest subvention.

III. Ensure access to guaranteed prices and markets at the village level for diverse crops,

IV. Open-up government spaces for storage facilities and issue guidelines for the same

V. Provide bridge funds as working capital for FPOs and women's collectives

VI. Expand Kisan Credit Cards (KCC) to include landless women

VII. Joint liability groups (JLGs), a model successful in Kerala and few other states could be strengthened by bringing JLGs to be brought on par with Kisan Credit Card (KCC) in terms of interest, insurance and other terms and conditions. This could be useful for numerous enterprise ideas floated by skilled returning-migrants.

VIII. Expand PM Kisan Samman Nidhi to include women farmers/irrespective of land holding and increase the amount from Rs.6000/year to Rs.15,000/- which would support in farming activities that cannot be covered under NREGA.

IX. Emphasize nutrition and food security based integrated agro-ecological agriculture and introduce mechanisms that support the availability of seed and other inputs to align with that

X. Ensure access to forests and commons, remove restrictions for forest dependent workers

XI. Ensure access to grazing lands to livestock workers, feed, infrastructure, health care for all livestock needs to be provided. Common lands, 'banjar' and 'poramboke' lands have to be surveyed and reclaimed from those who have encroached on those lands and have to be handed over to the gram panchayats for grazing animals and growing fodder for livestock and for common use.

Long-term

In the long run we encourage the government to use the opportunity of the crisis for rebuilding, supporting and strengthening ecologically sound rural livelihoods of women. However, it means that robust investments need to be made in agriculture, water and other commons that women depend on and policies that help to protect and enhance their access to resources and not to dispossess them of it.

3. Health[14]

3.1 The issues

As the evidence over the past months indicates, COVID-19 has worsened structural inequalities and inequities in health. This has had a debilitating impact on the health and lives of the people, especially the women from the marginalised. The large scale economic deprivations indicate that food security and nutrition are even more critical than before especially for women and children who are the hardest hit. The chronic under-resourced (both in terms of budgets and human resources) public health system, has resulted in delays, denials of health care, avoidable deaths and morbidities.

The COVID-19 context has vehemently reiterated the necessity to build and sustain a stronger and more resilient, gender responsive public health system that can deliver for all even in times of crisis and for the long term. At this time of crisis when health services are needed the most, the private sector has been missing-in-action and of the few private facilities that remain functional, many are profiteering. And also brought the focus on regulation of the private health sector as the private hospitals are still overcharging and patients having to pay exorbitant bills of as much as Rs. 4500 for COVID-19 testing COVID the cost of testing in public facilities is much lower.

Though MoHFW has come up with Essential Services Guidance Note Focusing on COVID 19 related activities, and continuing to provide essential services, is an important initiative not only to maintain people's trust in the health system to deliver essential health services, but also to prevent morbidity and mortality from other health conditions. However, there is no implementation and monitoring of this Guidance.

Health systems are still mostly restricted to COVID-19, with Non-COVID services largely unavailable. Patients are still suffering from both, the effects of the virus while there are other persons who are suffering from serious illnesses such as cancer, kidney problems, etc. and need chemotherapy or dialysis on an urgent basis

Availability of only skeletal Sexual and Reproductive Health (SRH) services on the ground have affected access to maternal healthcare, abortion services, healthcare for violence survivors, mental distress, etc. In last 3 months almost 50 cases of denial and deaths during pregnancy were reported in the newspapers. This is probably just the tip of the problem. During lockdown there is an absence of ante natal care (ANC) during pregnancy; lack of emergency obstetric care; shortage of doctors (as they were all catered to COVID care, lack of blood, lack of transport &ambulance services, lack of postnatal care (PNC) services resulted

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[14] The recommendations are developed by SAMA based their work with communities and in consultations with other health organisations such as Jan Swasthya Abhiyan, CEHAT, RTF, and many other health networks and individuals in the country

in many deaths. Studies estimate that nearly 1.85 million women's access to MTP services was compromised severely during the lockdown.

Working conditions for frontline health care workers including ASHA workers, a majority of whom are women are abysmal – including in terms of remuneration, social security and availability personal protective equipment (PPE), etc. For example, recently nurses went on strike at Mumbai's KEM and Delhi's AIIMS hospitals demanding better protection against coronavirus and more reasonable shift timings.

Women who make for 85% staff strength of the nation's health workers (according to Periodic Labour Force Survey 2017-18), and whom Prime Minister has called India's 'Corona Warriors', have arguably been exposed to a greater degree of risk than their male counterparts.

Under the AB-PMJAY, for example, despite the NHA (National Health Authority)-GoI orders in April which stated that COVID-19 testing and treatment would be covered under the programme, it is estimated that only 3.1 % of the individuals who tested positive have availed. It's important to understand why such a low COVID-19 claim under AB-PMJAY? Not all states have made provisions for free COVID testing and treatment under AB despite guidelines from the centre. Even if they have made provisions they haven't publicised it enough. Thus patients are not aware and hence do not avail the benefits.

The National Health Policy 2017 promises increasing public health spending to 2.5 % of GDP by 2025. This requires that the Union Government allocations towards health are increased every year by at least 30 %.

3.2 Recommendations

Short and medium term

1. Ensure access to non COVID health care which was completely neglected during lockdown such as for cancer, diabetes, kidney problems, TB, HIV, mental health etc. and especially for sexual and reproductive health (SRH) services – contraception, RTIs, STIs etc.
2. There is an urgent need to ensure access to maternal health services to prevent maternal deaths.
3. Ensure urgently access to safe and later term abortion services.
4. Ensure adequate protection to all healthcare workers, especially frontline workers, in terms of availability of good quality PPE, regular and adequate remuneration and social security etc.
5. Ensure adequate resources and implementation of a coordinated response of the violence prevention which include referrals related to cases of gender based violence, ambulance facilities, supply of forensic exam kits and healthcare support.
6. Designate urgently NON COVID hospitals and centres at the same time as designating COVID hospitals. Convert part of or all of very select private sector hospitals who have capacity for managing critical cases of COVID into dedicated Covid-19 hospitals and brought under public authority as the cases are increasing at a faster rate.

7. Collect data on how many patients have been able to avail free COVID testing or treatment and make it available in the public domain using AB PMJAY and place it on public domain.

8. Rebuild the public system through substantial increase expenditure (3-5% of GDP) on healthcare and other necessary steps so that it regains its primacy in provision of health accompanied by the increased direct investment in the public health system.

9. Establish a task force at block, district, city and state level to play a monitoring role related to access to health services – both in private and public health settings. Such a task force can comprise of district collector, members of civil society organisations and health groups, key administrators of district level hospitals

10. Ensure the functioning of Health & Wellness centres (H&WCs) to provide Non Communicable Disease (NCD) services offer them testing in case they get influenza like illness (ILI) with considerable additional financial investment to reach desirable levels of expansion. Strengthen the primary health centres which are first port of call for health concerns

11. Ensure collection disaggregated data on Non COVID mortality and morbidity over the next 2 years to inform future health policy and interventions as well as for preparedness for health crisis situations.

12. Analyse the use of AB PMJAY during COVID and also explore why state govts have not adhered to NHA -GoI orders in April which stated that COVID-19 testing and treatment would be covered under AB-PMJAY.

13. Establish clear guidelines on reporting, costing, treatment and administrative protocols should be laid out and their implementation ensured in both public and private hospitals.

14. Ensure a genuine bottom up, need-based decentralised planning, implementation and monitoring, with strong involvement of communities.

4. Nutrition

4.1 The issues

The COVID-19 pandemic is one of the biggest challenges that the global community has ever faced. With vaccines still in trial stages, to mitigate the growing number of COVID-19 cases and fatalities, the Government of India initiated a national level lockdown on 23rd March 2020. Both the pandemic and the subsequent lockdown had a heavy impact on the social, cultural, economic, and public health systems of the country. In this light it is important to acknowledge the disproportionate effect the pandemic has had on vulnerable sections of society, especially women, by widening already prominent gender inequality.

The effects of the pandemic are disproportionately affecting rural women's productive, reproductive and income-generating capacities because it tends to reduce their economic opportunities and access to nutritious foods while at the same time increasing their workloads and escalating gender-based violence. Women and girls already had limited access to essential health and nutrition services. The pandemic has reduced it further, through planned or actual service discontinuation and mobility reduction. In the patriarchal setup of most Indian households, women and girl tend to eat last and least in their homes. Economically induced food shortages have further marginalised them. It is likely that these effects will continue for a while even as India enters the unlock phase, leading to a higher number of cases of malnutrition and other health issues amongst women and girls.

As we move towards the 'new normal', we need to ensure that it does not mean greater gender inequality

Understanding the context

The national level lockdown lead to several food security and nutrition service delivery concerns for women and girls. Specifically, we look at the following areas:

- **Benefits / access to food:** Rural women, female-headed households and migrant workers face greater constraints than men in accessing productive resources, services, technologies, markets, financial assets and local institutions. This made them more vulnerable to the socio-economic effects of the COVID-19 pandemic and the measures to contain it. In this context, provision of benefits to women has been a priority of the government. THR is being delivered to homes in most places.
- **Service delivery platforms**: Platforms for delivery of MIYCN messages have been largely suspended during lockdowns (e.g., community-based events (CBE) and village health, sanitation and nutrition days (VHSND)), leading to significant drops in immunization, IFA/Ca supplementation and growth monitoring. Institutional deliveries also dropped putting early imitation of breastfeeding (EIBF) at risk. The situation for home visits is more complex. On the one hand, ASHA and AWW home visits have been largely redirected towards COVID19 activities and distribution of THR. On the other hand, anecdotal evidence suggests a possible increase in MIYCN messaging by AWW as their focus shifted to home visits.

- **Social and Behaviour Change Communication (SBCC) / environment:** COVID-19 transmission risks as well as food security concerns have generated an environment that threaten exclusive breastfeeding (EBF) and complementary feeding (CF) practices. The use of breastmilk substitutes (BMS) seems to be favoured for families with COVID-19 cases in contradiction with government guidelines. BMS and unhealthy commercial foods are being supplied to vulnerable families as part of relief packages provided by companies and non-governmental organization (NGOs). These issues are additional to prior contraventions to the Infant Milk Substitute (IMS) Act. Fears of COVID-19 transmission may be pushing some families away from BF at a time when food access issues put CF at risk. IYCF messaging needs to be adjusted to address those new challenges as well as old ones such as the difficulty to convince both FLW and families to improve diet diversity.
- **Systems:** The COVID-19 crisis has impacted the systems involved in the delivery of nutrition services and benefits in multiple ways. It has created massive uncertainty, led to a de facto de-prioritization of many essential services, while requiring adaptation at a pace rarely seen before.

It is imperative to bring back a clear focus on nutrition services and the implementation of government programs such as ICDS and NHM. Leveraging the voice of leadership and nutrition champion such as the Prime Minister, Chief Ministers, District Magistrate and Gram Pradhans/Mukhiyas can help bring visibility and prioritization of nutrition and the importance of convergence across levels of government.

4.2 Recommendations

The suggestions below are categorized by short and medium/long term across (i) food and nutrition security, (ii) service delivery platforms, (iii) SBCC, (iv) systems

Short Term	
Food and Nutrition Security	**Universalization of PDS** benefits should be considered so that migrant and vulnerable families can access the food they need. This would imply expanding eligibility, provision of rations to people without ration cards and simplifying application requirements **Build on existing PDS expansion** by (i) expanding the quantity of benefits and (ii) diversifying the product basket to include more diverse products, including fortified staples. In parallel, **explore opportunities to scale up food voucher programs**, enhancing beneficiaries purchasing power and autonomy **Due lists for THR, MDM, as well as for home visits, IFA/Ca supplementation, ANC, and immunization should be expanded,** with the support from civil society and FLWs, to include inward migrants. - Families, FLW, PRI and fair price shop owners' **awareness of benefits and monitoring** of effective distribution are also required to improve demand, strengthen implementation and avoid leakages. **Strengthen monitoring of the IMS Act** at the state and district levels engaging medical colleges, potentially with support from BPNI, IAP and ACASH. Directives

	should be provided to the private sector companies and NGOs that are providing free food to the vulnerable on the desirable nutritious quality of provided food.
Service Delivery Platforms	• Redesign service delivery touch points, including VHSNDs and home visits, **to improve service quality** • Clear objectives towards **increasing nutrition service coverage** among women and girls should be cascaded and prioritized to FLWs and supervisors. COVID-19-specific barriers to service delivery should be mapped and addressed. For example, **guidance should be provided to ensure access to IFA** to adolescent girls whose schools have been suspended, and delivery of IFA and Ca supplements to pregnant and lactating women in containment zones. • **A comprehensive action framework for service and benefit delivery** as per COVID-19 zones can be developed to include standard operating procedures (SoP) and orientations on self-protection, service and benefit delivery in different zones, and a communication mechanism for intimating FLWs of their zones on a weekly basis. • **More systematic use of technology to deliver nutrition counselling and services.** The lockdown has led FLWs experimenting with tele-counselling, creation of WhatsApp groups with families, etc. Such innovation can be encouraged, and promising approaches scaled. This could involve **enabling tele-counselling by FLW, including nutrition messaging into COVID-19 hotline services** (as well as demand generation for the platform) and more systematic use of social media. The sharing of experience among families on MIYCN via mobile or social media should also be encouraged, as SBCC misses the community feedbacks from Community Based Events (CBE) and SHG meetings.
Social and Behaviour Change Communication	• **Guidance on breastfeeding and complementary feeding** in the context of COVID-19 should be communicated to health facility staff, FLW and families, using both normal delivery channels as well as media to address misconceptions. • Mass media should be utilized to raise the importance of MIYCN during the COVID-19 crisis. Television and radio programs could also help address early child development service gaps. **Leverage direct-to-consumer communication channels** to deliver content focused on reinforcing importance of wholesome food baskets, exclusive breastfeeding. These channels should **emphasise importance of dietary diversity**, particularly as consumer preferences shift towards non-perishables due to income loss and less frequent access to food markets, and breastmilk substitutes, due to fear of COVID

	• Scale up male engagement (e.g., through community platforms and digital channels) to **drive increased awareness and importance of MIYCN services**
Systems	• **Strengthening capacity building of FLW and other service providers** to enable an effective joint COVID-19 and nutrition response. Repeated online and offline orientations could be conducted. Special attention should be given to training quality in a context of the **full implementation of the Incremental Learning Approach by MWCD**. • **FLWs access to mobile phone equipment and data** should be accelerated (especially for ASHAs) to enable phone-based communication with supervisors, peers, women and girls. • **Use PRIs as a platform for driving convergence of services** at the household level by not only empowering them to monitor and hold service providers accountable, but also by using Gram Panchayat Development Plans (GPDPs) as direct inputs into block convergence planning. Community actors are already playing an active role in COVID response**; formalizing this role and empowering PRIs to take the lead on community nutrition** will be an important next step in ensuring services and systems converge on beneficiary households
Medium Term	
Food and Nutrition Security	• **Improvements to the nutritious quality of food benefits** to meet the specific needs of women, girls and infants. For THR, this could mean changing specifications notably to remove sugar and to enhance fortification as per standards. For PDS, this would mean expanding beyond carbohydrates and pulses to include additional (ideally locally procured) foods to enable diet diversity. • **Strengthening benefit distribution, quality and payment controls** should be prioritized. For THR, this could involve setting up quality control protocols, requiring frequent audits by third parties, monitoring all steps of the value chain electronically, reporting on quality and distribution publicly, awarding and paying contracts based on quality and distribution parameters and shifting to e-payments. Stronger reviews and rapid feedback to suppliers by administrative authorities would also be required. Similar recommendations could apply to other benefits. • **Digitally strengthen demand forecasting, procurement, and logistics to improve coverage and quality** of health supplies and fortified foods • **Strengthening SBCC and linking it with food and nutrition security benefits** to drive appropriate and adequate consumption by women and girls. This should be done at PDS shops, AWC and other benefit distribution points, and reinforced during home visits and CBE conducted by FLW and using digital platforms.
Service Delivery Platforms	• **Measuring quality of nutrition service delivery** including quality of SBCC counselling and **strengthening supportive supervision** by supervisors. Model AWC

	or other service delivery platforms could also be developed using quality improvement methods. Learning from these sites can be shared broadly to foster improvements at scale. • More systematic **activation of SHGs** to improve the nutrition status of women and girls by addressing social norms in the community, activating peer-to-peer feedbacks and facilitating nutrition-sensitive local agriculture.
Social and Behaviour Change Communication	• Emphasis should be put on **driving change in complementary feeding and maternal nutrition** at all levels in the system through systematic refresher trainings, focused supervisor attention and system strengthening. • **Multi-channel campaigns** systematically managed across mass media, home visits, CBE, social media and community mobilization platforms to enable such improvements. Ample evidence from ASHA-AWW literature and other sectors have shown that FLW perform better in campaign mode, and that message reinforcement across channels drives impact. Those techniques need to be used for routine MIYCN services. • **Innovative SBCC approaches** can be used to drive improvement in adolescent nutrition and gender equality regarding food procurement and consumption. Peer-to-peer techniques could be considered for adolescent nutrition and menstrual hygiene. Generating and tracking **gender-disaggregated data** on vulnerability to and impact of COVID-19, reach and utilization of benefits, services and livelihood measures should be considered.
Systems	• **Improving last mile convergence**, to ensure the delivery of nutrition services and benefits to each woman and girl should become a key priority of the system. **PRIs could be given the tools and support to facilitate such service/benefit convergence in the village**. A system to enable, monitor and support their action needs to be developed. In parallel, efforts should be made to systematically strengthen sector/cluster, block and district cross-departmental convergence mechanisms starting with **AAA and Convergence Action Plan (CAP) meetings**. • **Create a unified data system** that pulls in data from relevant sources across systems, creating not only a reliable source of data on population outcomes, but also tracking delivery of 1,000-day services that are especially critical during the COVID-crisis • **Supportive supervision** by front line supervisors and above is essential to enable FLWs to improve the effectiveness of their services in terms of coverage, continuity, intensity and quality. This requires **balancing management duties** (currently the focus of the system), capacity building and support roles of supervisors at all level by prioritizing supervisors' field visits, training them on how to effectively coach and support FLWs, enabling and measuring such activities,

	reviews, and **integrating supportive supervision processes into CAS and other MIS.** It would also require **addressing supervisor vacancies.**
	• **Strategic use of data** at all levels in the system is critical to drive system performance improvement. This includes driving decision making as close as possible to the beneficiary and FLW, creating a culture of problem solving and of systematic escalation of support requests. It requires transforming CAP and review meetings, capacitating supervisors and managers on data use, taking steps to improve data quality and improve existing dashboards.
	A multi-pronged enabling environment is needed to make the changes discussed above a reality. First, the nutrition data system transformation must be completed. This requires **finalizing the roll-out of CAS for AWW, and planning the next wave of essential improvements**, such as the inclusion of a supportive supervision workflow, supporting mobile phone outreach to families and better dashboards. Steps should also be taken to **enable the tracking of a single woman or girl and of the benefits and services she received across systems**, such as the integration of CAS and HMIS databases and the setup of a unique client identifier. Second, continuous **improvement of leadership and governance, financing, infrastructure and human resources** is required. Key steps in this direction involve strengthening state PMUs, CAP planning and reviews, ensuring the development of comprehensive POSHAN Abhiyaan PIPs, revisiting ASHA, ANM and AWW roles, responsibilities and incentives for more simplicity and effectiveness, and taking measures to fill vacancies across the system.

Good practices from states and civil society organizations

1. Food and Nutrition Security

- In MP, the Hunger Project has been **mapping vulnerable households** – especially women-headed households and providing them with THR. This ensured that women-headed household received adequate services and were kept informed on the latest government orders and other messaging. Similar NGO-driven mapping efforts were observed across the country. For example, PRADAN's efforts in 38 blocks enabled provision of dry packets to vulnerable families. Chetana in Gujarat is going a step further and uses a web-based application to track migrant workers who have left their villages, find out their current locations and put them in touch with NGOs through support from the government. Leveraging NGO mapping and technology as an input to due list updates should be considered in the future.
- Many state governments across the country have issued guidelines for ASHA to do **door-to-door delivery** for IFA supplements to pregnant women as well as in school and out of school adolescent girls during the lockdown. Similarly, AWW have been distributing THR at home across the nation. Those efforts should be studied to understand how to improve routine coverage of IFA and THR.

- The government of Telangana ensured that most pregnant women receive a monthly minimum of 11 **eggs as part of THR**. Ensuring the provision of good quality protein in the form of eggs can go a long way in maintaining the nutritional security of pregnant mothers. Kerala added **expanded PDS content** beyond rice and pulse to include oil, salt, sugar and other commodities. In a similar vein, CINI is working with the administration in Jharkhand to ensure supply of menstrual products for adolescent girls and for women in certain districts.
- **Monitoring by development partners** of last mile delivery and awareness of benefits and services using a common checklist was suggested to the states of Jharkhand, MP, UP and Gujarat by large NGO collectives organized through the C^{2}IQ initiative facilitated by WeCaN and Alive & Thrive.

2. Service delivery platforms

- Various approaches to maximize the impact of **AWW and ASHA home visit** during the COVID-19 crisis have been tried across states. Data from UP suggests that the state successfully utilized the crisis to increase home counselling on nutrition by AWW. Intensive home visit by AWW were organized in the 1st, 3rd and last week of every month for THR distribution and messaging/counselling on MIYCN and COVID-19 to the full family. Proper reporting was ensured using prescribed formats and AWWs' sharing of pictures of home visit.
- The state of Telangana started piloting **digital nutrition counselling** by AWW to help women access information regarding their health and nutrition without risking having to go to health centres. In UP, since May 15th, 6566 AWW trained by IHAT have been conducting telecounselling sessions with beneficiaries. In Gujarat, Chetana is using an application initially developed for program monitoring for counselling of pregnant women and other vulnerable groups on a regular basis through phones. In MP, the Hunger Project has been using **WhatsApp groups** to raise awareness on government orders and health and nutrition messaging around MIYCN.

3. Social and behavior change communication (SBCC)

- A broad set of **SBCC materials** on nutrition in the context of COVID-19 has been developed by development partners at the national and state levels. Under the leadership of World Bank and UNICEF, all national-level materials have been made accessible online to partners. Similar sharing efforts have happened in many states including UP and Bihar. Broader cross-state sharing, and cross-organization use of those tools should be encouraged.
- In MP, TINI supported the creation of sector-wise groups of AWW on WhatsApp to ensure that important awareness materials are available to beneficiaries through a digital medium. Over 1000 AWW take these **digital SBCC materials** with them during THR distribution, immunization rounds and home visits for increasing awareness about COVID-19. Also, with the support of TINI, in Maharashtra, by April, more than 4200 AWW were making and sharing videos on recipe demonstration and other important issues with beneficiaries.
- The government of UP issued a guidance note to all district magistrates to ensure implementation of the **IMS Act** and prevent the distribution or promotion of any milk substitutes. CARE, in Bihar, is planning the replication of a major e-learning on clinical practice for **breastfeeding in the**

context of COVID-19 conducted by the Federation of Obstetric and Gynaecological Societies of India at the national level with support from Alive & Thrive.

- Since 2017, the Gujarat Department of Women and Child development has been providing through the POORNA program nutrition counselling, THR along with double fortified salt and IFA supplementation to **adolescent girls from 15 to 19 years** not enrolled in school, which is a largely ignored age group elsewhere.

- The Gujarat state government has come up with the novel concept of Umbre Anganwadis (anganwadi at your doorstep) to address AWC closures. Under this program, ICDS is **telecasting courses for children** designed by UNICEF and experts in child education from Sarva Shiksha Abhiyaan.

- In yet another innovative concept, ICDS Gujarat is engaging adolescents, lactating mothers and ICDS functionaries through creative competitions. The programme Maro Samay, Maro Srijan (my time and my creativity), which is enabling **community mobilization in a time of social distancing,** has been well received by the target beneficiaries and public health professionals

4. System

- Many states have been experimenting with **online training** delivery during the crisis. In Gujarat, a module was developed by Chetana with emphasis on precautions that the FLWs should take during service delivery in view of the current crisis. This module has been delivered online to block-level coordinators, who in turn trained the FLWs, helping them carry on their functions during the lockdown. In UP, IHAT piloted AWW training delivery through audio and video media in 7 districts for counselling on MIYCN using digital platforms.

- Centre for Catalyzing Change has involved **PRI members** to do close monitoring of the last mile delivery of essential health and nutrition services so that any gaps in food supply are being solved at the panchayat level. In MP, the Hunger Project capacitated PRI members to support FLW in case any gap is identified in service delivery.

- Several initiatives were taken to strengthen the **supply chain management** for IFA during the crisis. The **Government of MP with technical support from CHA**I is ensuring IFA availability on ground for distribution in the districts. Field-level staff of CHAI conduct regular monitoring on supply and distribution of IFA both at the beneficiary and FLW levels and ensure follow up through the system. In UP, Nutrition International is playing the same role in several districts.

5. Safety and Mobility

5.1 The issues

According to a 2013 World Health Organisation report, one in three women across the world experience physical/sexual violence in their lifetime. The National Crime Records Bureau's Crime in India report[15] highlights that a crime is recorded against women in India every 1.7 minutes, and a woman is subjected to domestic violence every 4.4 minutes.

Globally, the lockdowns have created conditions where women are trapped with perpetrators of violence within their homes. France[16] reported a 30% rise in domestic violence cases within the first week of the lockdown, with similar trends surfacing in the United Kingdom, USA, and China[17]. In India, the National Commission for Women (NCW) recorded a rise in the number of reported cases[18] of domestic violence and sexual assault since 25th March 2020, when the lockdown was announced.

Data shared by Abhayam 181 helpline for women in Gujarat revealed that during the 69 days of lockdown, the phones literally rang off the hook with 9420 women calling to report domestic violence-including physical and verbal abuse[19]. In Assam, the helpline 181 recorded 16 calls more daily in comparison to the normal days[20]. Further, a survey undertaken by the network Aman Global Voices for Peace in the home with data from 19 Civil Society organisations (CSO's) showed that all CSOs who took efforts to restrategise provision of services, particularly through instituting and publicizing their helplines, reported an increase in calls by 20 to 68% between 24 March and 15 June 2020 as compared to cases these organisations had dealt with before the lockdown. A survey conducted by Tamil Nadu Women's Collective revealed that 81% of rural families in Tamil Nadu suffered Domestic Violence[21].

Cases of violence are not limited to the domestic sphere. Since March 2020, reports of sexual assault discrimination and violence against women and girls including frontline workers have emerged from hospitals, quarantine centres[22], agricultural fields[23], and other public spaces.

As the lockdown is lifted in phases across the country, women's safety and mobility might be further restricted due to re-entrenchment of patriarchal norms, greater control and restrictions on women and girls' mobility, and continuing risk of violence in public spaces. This will have an adverse impact on

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[15] Crime in India (2018)
[16] French domestic violence cases soar during coronavirus lockdown
[17] China's Hidden Epidemic: Domestic Violence – The Diplomat
[18] NCW receives 315 domestic violence complaints in April amidst coronavirus lockdown
[19] https://timesofindia.indiatimes.com/city/ahmedabad/a-call-of-domestic-violence-every-10-mins/articleshow/76338518.cms
[20] (http://www.assamtribune.com/scripts/detailsnew.asp?id=apr1820/city051).
[21] https://www.thehindu.com/news/national/tamil-nadu/81-of-rural-families-in-tn-suffered-domestic-violence-during-lockdown-survey/article31915775.ece
[22] Coronavirus lockdown: Gang-rape finger at quarantine inmates in Rohtas district of Bihar
[23] 7-year-old girl raped in MP's Damoh, her eyes damaged by accused

women's access to education, jobs, public entitlements, and community-based sources of support. Unless we take into account the disproportionate impact of the crisis on women and girls, in the policies, advisories, budgets and programmes being framed to respond to COVID 19, we will lose any gains that we may have made towards achieving targets under SDG 5 and SDG 11, with respect to ending all forms of inequality and violence against women and girls in the public and private spheres, eliminating child marriages, trafficking, recognising women's unpaid housework and care work and ensuring women's universal access to reproductive health and rights.

Challenges

The wide network of state and civil society support systems that are available to survivors otherwise have been under stress during this period.

- **Lack of violence prevention specific guidelines:** There have been no guidelines dedicated to violence prevention and the operation of prevention services in the context of the lockdown and social distancing measures. Rapid release of these guidelines and their integration into the public health response was critical to ensure that support services were made available to survivors uniformly across all states. For instance, the Government of Assam, has been able to develop a Standard Operating Procedure (SOP) for violence prevention. The SOP outlines the responsibilities of various departments and agencies to provide support, including shelter, police and legal services, psychosocial counselling etc. to survivors. Women's organisations like North East Network had made urgent appeals to Social Welfare Department to include women's safety issues in Assam State Advisory related to COVID19.

- **Helplines and referrals:** Special helplines and WhatsApp numbers have been shared by the National and State Women's Commission. Jagori data shows that after initial drop in the no of calls, there is a steady increase in distress calls by 1.5 times during May and June 2020. While most organisations recorded an increase in calls from survivors, this is just the tip of the iceberg. Many women have been unable to access support services due to lack of access to phones and digital technology, close proximity of the abuser and absence of transport. The real extent of domestic violence will only be visible after the lockdown is totally lifted and women are able to step out and contact organisations/state agencies.

  Women's groups provided support but their capacities were limited since they were not declared as 'essential services', were restricted in their mobility, lacked transport and were unable to physically assist the survivors to go to the police station or access other services and had to provide support primarily over the phone. Some exceptions like Dilasa who were able to get themselves declared as essential services could function. Declaring all service providers as 'essential services' would have ease of functioning for service providers, increase clarity on the protocols of carrying out their work and help them in processes such as getting curfew passes, special vehicles, protective gear, insurance and other support.

- **Access to Justice:** Women's access to justice was severely impacted due to near court closure in most States in the country. Courts were functioning online but dealt mostly with bail matters and cases considered 'urgent' by the court. However, in general, these but did not include cases related to violence against women and women were unable to approach courts for filing new cases or for orders in old cases. Protection orders were not passed despite the serious increase in cases of domestic violence. Most Legal aid Services authorities have not provided legal support to survivors during this time.

- **Violence against women in the world of work:** A MAKAAM study has reported the question of violence for women farmers at work and in public spaces, related to the depletion of scarce resources such as food and water. Harassment and violence against frontline health workers has also been reported[24].

5.2 Recommendations

Short-term	
Violence prevention and survivor support services to be classified as "Essential Services"	All Violence Prevention and Survivor support services including those run by women's groups and NGOs, like helplines, shelters, OSC's, Legal Aid Services, Protection Officers etc must be classified as "Essential Services" and made functional, coordinated, accessible, advertised widely and highlighted in all COVID advisories issued by the Government.
	Adequate resources and finance must be provided to ensure quality and adequate survivor support services.
	• Ensure that the national women's helpline 181 is operational in all States and linked to survivor support services including provision of transport. • Services of a Protection Officer under PWDVA (Protection of Women from Domestic Violence Act, 2005) should remain available as part of emergency support services and they should be provided the resources to deliver the service. • All Courts including fast track and virtual courts must function to pass emergency orders of protection, residence, and maintenance and child custody. District Legal Service Authorities (DLSAs) should remain functional pursuant to the National Legal Service Authority Scheme for Legal Services to the Victims of Disaster. • The One Stop Centres (OSCs) must be expanded to all districts in the country, 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

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[24] Distress among health works in COVID-19 fight

	• most shelters are refusing admission fearing COVID 19 infections or insisting on COVID tests reports • 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. • State governments which have not yet issued notification to implement guidelines and protocols on medico-legal care for survivors/victims of sexual violence released by Ministry of Health & Family Welfare, Government of India must be directed to put into effect these guidelines.
Medium-term	
Improve data collection and tracking system on violence against women and survivors	• An online, centralised system to collect and track data on violence against women and the survivor support services of State Agencies should be instituted. • Data should be disaggregated to provide information on income/wealth, education, ethnicity, disability status, geographic location, including gender and sexual identities, severity and type of violence, as required under indicator 5.2.2 of Sustainable Development Goals 5. • Analysis of synchronised data across various components of the redressal ecosystem - like Helplines, OSCs, shelters etc. will avoid duplication and will inform any measures needed for better implementation of schemes and more efficient utilisation of funds.
Set up a task force to track and coordinate gender-based violence	• A Task Force with members including Civil Society Organisations, be set up to ensure coordination and tracking of gender-based violence, survivor support services and prevention initiatives as well as monitor the implementation of related laws and policies. Special attention should be paid for increased allocation and effective utilisation of the Nirbhaya Fund. • The Task Force must be empowered to develop a National Advisory/Protocol on the impact of the pandemic on women.

6. Education

6.1 The issues

The Pandemic is at present impacting more than 1.6 billion children and youth, who are out of school in 161 countries[i]. In India, it threatens to unravel the achievements in access, and equity that education gained over the last two decades.

Universalization of Elementary Education, high enrolment rates (gross enrolment at 95.1%), closing in of the gender gap, reducing drop-out rates at elementary level to 9%￼ have been critical[ii] in including learners. The inclusion of girls, learners with special needs, those from Scheduled Caste and Scheduled Tribe, minorities and economically poor communities has driven education policy in India. The pandemic has the power to reverse these gains. In the absence of planned interventions, we anticipate losses in learning, nutrition, participation and safety for students, most importantly, losses in the domain of equity.

Challenges

1. Access

I.   There is concern that economic recession will translate to increased drop- out rates for the school system. Estimates vary and the predicted increase may fall anywhere between 8% to 20 %. A large percentage of those leaving the system are likely to be girls and boys from marginalized communities. As migrants return to their villages, children too have travelled back, leaving their schools behind.

II. Girls are likely to be pulled into domestic work, hard labour and young boys will be certainly be put to hard labour as families find ways to survive economic distress. Early marriage or Forced marriage might emerge as a survival strategy.

III. The school to work ecosystem is seriously impacted for the present cohort of adolescents who are ready to move into the work force over the next two years. This includes young women who have sought education and aspire to move into new forms of work and employment.

IV. IN ECCE, Anganwadi workers are primarily on frontline COVID duty and mostly dry- rations being distributed to children registered in their centers.

2. **Learning loss**

I.   COVID 19 negatively impacts a major challenge the education system has been grappling with, prior to the pandemic – learning outcomes. A high proportion of children despite being in schools do not have fundamental skills or basic numeracy and literacy[iii], let alone grade-specific competencies. A significant number of these learners belong to socially and economically marginalized groups.

II. The interruption that COVID-19 has imposed has led to a long period of absence from school, which will only spiral the problem of drop in learning levels, further. Learners, particularly those from marginalized groups and first- generation learners are going to return to the education system with a learning loss ranging anywhere between 6 months to a year.

III. Mental health issues have emerged across the board for learners of all ages as children struggle with the impact of being tied up within the home, experiencing the stress of their family and the implications of social distancing in an age group that thrives and learns through socialization

3. Digital Equity, Gender Gap and EdTech

I. The pandemic has given technology enabled learning a massive boost, shifting it from primarily being a medium of content dissemination to augmenting relationships with teachers, and personalization of the content. However, it having been rolled out— virtually overnight, with no training and insufficient thought/ planning has exposed the deep inequities in the education system. Many children do not have a desk, books, internet connectivity, a laptop at home, or supportive educated parents. Digital learning strategies have potential but are also carriers of existing inequalities which are in danger of being amplified.[iv].

II. Schools are expected to move to online distance learning via platforms. However, internet penetration rate in India is only 40 % with numbers skewed towards affluent urbanites. The digital gender gap is immense. Of the 26% of population in India that has access to internet ,89% of the users are male. There is a 21% gender gap between men and women in terms of mobile phone usage.[v] Girls indeed are last in the line in terms of access to the digital world. Issues of sexuality are tied to girl's usage of phones and these issue needs to be addressed.

III. Teachers are struggling to leverage technology to facilitate learning and the limits of digital learning are evident with reduced individual interaction and peer learning opportunities.

In order to meet India's commitment to Sustainable Development Goal 4, which is to ensure that, "**all girls' and boys' complete free, equitable and quality primary and secondary education**", we need to develop specific policy guidelines for both immediate/short term and long- term duration.

Prior to opening school, the education system and teachers need to do considerable leg work to ensure learners come back to school.

6.2 Recommendations

The Focus should be on three broad aspects for planning the way forward. As girls constitute approximately 50% of learners even within marginalized communities and are majorly concentrated in government schools, overall interventions in the following domains will impact them positively.
  o   Universal enrolment and retention
  o   Foundational learning
  o   Special inputs for girls and children from other disadvantageous groups
In this context the recommendations are:

Develop guidelines regarding how and under what conditions are schools to reopen**. MHRD and Health Ministry to work together on looking at health, hygiene and infrastructure related needs** in the context of COVID in schools and across age groups. Focus on contextualization of guidelines to make it more gender-sensitive and context-specific. What needs immediate attention is:

I. Earmark budgets for **sanitization** of schools. This will be key for reopening the schools as many schools are used as COVID isolation centers across states.

II. **Refurbish the Mid- Day meal** as a critical source of nutrition for learners given the economic crises. Girls are likely to experience a serious fall in their nutritional status given inequities in intra-family food distribution. Increase allocations to the scheme to enhance its nutritional value.

III. **Promote re-enrolment campaigns** and **activate early warning systems** for drop-outs with a special focus on girls. Ensure that families and communities continue to express a demand and value for education. Involve SMCs and SHG groups, women's collectives in the drive or campaigns to reach out to girls and children from marginalized communities

IV. Interface **Anganwadi's with schools**, given social distancing norms, for both provisioning of larger spaces rather than their homes and provision of cooked meals/ educational inputs. The **timings** of the Anganwadi be extended to support women going for MNREGA work.

V. Target young adolescent girls **through digital fellowships** to address the double- digit gender gap that exists in India today.

VI. Recognize the impact of **learning loss** during lockdown and put in place '**remedial curricula and pedagogy'** to ensure that learners are able to cope and return to learning from a position of strength. Shift focus away from completion of curriculum to ensuring that families and communities continue to express a need for education. Utilize existing infrastructures like connectivity of gram panchayat, e-sewa kendra for reaching out to children/community.

VII. Set up **two committees**. One to look into the **impact of COVID on Early Childhood Care and Education** and another on Inclusion of **Children with Special Needs** in the context of COVID.

VIII. Focus **on socio-emotional aspects** of all stakeholders through regular conversation including children, parents, teachers to understand and help them with the impact of COVID on their lives, particularly of girls, female teachers and mothers, who are most affected, by using available remote ways more extensively under *Manodarpan* (a government initiative to take care of the socio emotional health of students and teachers) and other schemes.

medium term

I. Authority and flexibility to Gramsabha's, School Management Committees, Head Masters and Teachers to create plans over the year to continue learning for children. A bottom-up approach to seeking innovative, **local solutions to create ownership of communities** in ensuring their children's' participation. This ownership building will act as a catalyst for gathering and managing available funds towards the best possible ways.

II. Focus on **foundational learning** and mapping it with **summative and formative assessment**. Design focused interventions with specifically designed Teaching Learning Material (TLM) that enhance teacher-child and child-child engagement and expedites learning.

III. **Target adolescent age group** with specific initiatives that strengthen forward and backward linkages between school and work. The context of young girls and issues of mobility be kept in mind in creating these initiatives in ITI's and other vocational courses. Rather than promoting individual 'entrepreneurial' approaches to employment to shift to more **collective forms of livelihoods** that are primarily local, micro enterprises and work on CARE services.

IV. Collaboratively seek equitable solutions and universal access especially for the most vulnerable and marginalized communities, through:

- creation of **digital hubs** that are located in and around the school. Identify and finance **KGBV's as model digital hubs** that train girls right from middle to secondary schools in digital pedagogies
- envisioning the **digital as a 'public good'**, rather than a privatized service.
- ensure that girls are encouraged by the school to access and use digital resources.
- invest in developing the **digital hard ware as a common resource** available to teachers and learners over the next two years.
- create **digital literacy courses and skilling opportunities** across the rural -urban, male -female and rich and poor divides in order to democratize access and build a future learning culture that is a **blend between offline and online learning**.
- build **teacher's preparedness** on remote learning by training them through short, intensive courses on digital pedagogy

7. Adolescents

7.1 The issues

At 243 million[vi], India boasts the world's largest population of adolescents. This large population marks both opportunities and challenges at an unprecedented scale. There are a number of reasons to ensure the health and well-being of adolescents. One of the most critical reasons being that investing in improving outcomes for adolescents has a multiplier effect on most development indicators and results in multi-generational gains. Second, young people are the innovators, creators, builders and leaders of the future. However, they can transform the future only if they have access to education, skills, health, decision-making ability, and opportunities. It is imperative that we support this population as they seek to access their human rights, entitlements, and demand public welfare services such as quality education, healthcare, to ensure an empowered population.

Evidence from previous pandemics and global humanitarian crises show that adolescents, especially in least developed countries, are amongst the most vulnerable and will see a diversion of already scare resources away from their health and well-being needs during times of crisis. The resultant lack of access to education, the risk of child marriage and early pregnancy, and limited opportunities for employment have critical long-term, effects that severely disadvantage their transition into adulthood and keep their lives confined to poverty[25].

Challenges

Adolescent girls in such communities, across rural and urban areas, are being impacted by the COVID-19 pandemic and the lockdown in the following spheres:

1. **Healthcare and Nutrition:** Shift in resources towards addressing COVID-19 has meant that many key health services for young girls are being disrupted, especially reproductive and sexual health services. There is a risk of an increase in **teenage pregnancy** among out-of-school girls. The prevalence of **Anaemia** among adolescent girls aged 15-19 years already stands at 54%[26], and will likely increase during this period as a result of lack of nutritious food during lockdown and scarcity in general among marginalised communities put girls at higher risks. When families are hit with economic adversities, girls in particular, suffer due to the nutrition deficit. **Mental health** is also emerging as a concern for adolescent girls who are burdened with additional pressure of domestic chores, stress and early marriage. As the schools are closed, many of them have no outlets to share their concerns and stress.
2. **Education and Learning:** Only 8% of households[27] with young people have computers and access to the internet. Girls who have little or no access to technology might miss out on education during the period of lockdown as schools are closed, and/or they are taken off schools for the temporary period

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[25] PLAN Internation. 2020. Covid-19 and its Impact on Girls.
[26] [Press release: Ministry of Health and Family Welfare](#)
[27] [National Sample Survey report on education (2017-18)](#)

of the lockdown. The reduction in instructional time impacts learning achievements. Educational inequities grow as economically advanced families have better technological and resources to enrich children during lockdown while poorer families might not. Also, the gender gap will widen with boys having more access to mobiles than girls for education.

3. **Violence:** There has been an increase in cases recorded of violence against women and girls during the lockdown. ChildLine has reported increases in child abuse during this period. It's been reported that several services for violence survivors have been suspended, with most resources focused on fighting the pandemic.

4. **Digital Divide:** According to a recent study[28], no more than 38% of women in India own mobile phones, compared with 71% of men. The lockdown and physical distancing norms have made access to digital spaces extremely critical for women and girls. Exclusion of women from digital spaces, has meant lack of access to education and training, information resources, and services including public entitlements, which are increasingly moving online.

5. **Early Marriage:** Many of the complex factors that drive early and child marriages in stable environments are exacerbated in emergency settings, as family and community structures break down during crisis and displacement.

7.2 Recommendations

In the light of the current pandemic, it should be ensured that earlier work and interventions of civil society at the community level should not be rolled back. There should be a strategic engagement with the government at different levels - village, district, state and national, for sustained and impactful interventions. Strengthening of work at gram panchayat level by sensitising the Panchayati Raj Institutions (PRI) members on adolescent related issues and challenges which have become a concern due to lockdown and pandemic.

1. **Ensuring healthcare**
   - Current government programmes for adolescents like SABLA and Rashtriya Kishor Swasthya Karyakram (RKSK) must be strengthened. Engaging with peers and the larger community to enable adolescents to continue accessing informal opportunities for learning and psycho-social development. Adolescent networks such as RKSK Peer Educators and youth groups can be leveraged and strengthened.
   - Ensuring uninterrupted access to referral care pathways (e.g. hospitals, crisis centres) during this period is critical. It is also important to ensure that public health workers and community workers such as ASHAs are able to resume their work.
   - Strengthen mental health services via phone-counselling and electronic mental health platforms through counsellors, adolescent help line number and tele-counselling in the local language.

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[28] A Tough Call: Understanding barriers to and impacts of women's mobile phone adoption in India; Harvard University; October 2018.

- Due to the closure of schools, adolescent girls and young women's access to sanitary products and IFA supplements are further curtailed. Sanitary products and Iron and Folic Acid (IFA) tablets should be included in the list of essential items.
- Adequate budgeting for nutrition and health of Adolescent girls and also to provide them with health and hygiene products.

2. **Continuation of education and learning**
- Clear guidelines to School Management Committees, Bal Sansads and Self Help Groups (SHG) to monitor children on verge of drop out and bring measures to ensure 100% attendance.
- Local education officials (district, block, cluster level) to be made responsible for zero drop-out and initiate ideas like common learning centres for children who are unable to participate in virtual learning.
- Skill Building with a focus on employment and livelihood opportunities to ensure that there is limited impact on adolescents
- Teachers to be more empathetic and understanding of circumstances of Adolescent girls and their issues
- Adequate budgets to be allocated towards technology in remote villages so that girls have access to education at least through WhatsApp and other digital forums.
- More Community radios to be set up or sanctioned to Civil Society so that this can be used as a means to educate Adolescents in their homes through Broadcasting and Narrow casting

3. **Prevention of violence and ensuring security**
- There should be a mass awareness campaign on issues of safety, trafficking, labour and reporting of crime, as well as the mandatory setting up Village Level Child Protection Committees.
- It is important to identify adolescents at risk of being trafficked or forced into unsafe migration and offer support and care through local institutions. This can be done through a dedicated campaign and through local authorities such as the District Child Protection Units (DCPU) to identify and support adolescents at risk of early marriage.
- It is important to work with men and boys and explain patriarchy and its negative manifestations.
- Helplines should be set up to function efficiently and pick up cases of abuse, trafficking and Child Sexual Abuse.
- It is important to train frontline workers to pick up signals of abuse or violence or even mental health issues so that these can be addressed on time.

4. **Digital divide**
- Working with Kishori Samooh (Adolescent girl groups) to cascade specific information and guidance for girls in communities.
- Where digital solutions are less accessible, low-tech approaches like sending reading and writing materials home and the use of radio and television broadcasts to reach the most marginalised should be considered.
- Ensure at least one internet enabled mobile phone in each village specifically for use by girls to access helplines, information and counselling support. Local ASHA worker, teacher or Kishori Samooh can be custodian of the phone.

5. **Preventing early marriages**

- Looking out for early marriage, teenage pregnancies and trafficking cases in communities and providing them support or intervention.
- Constant conversation with parents and the communities on the harmful effects of early marriage and a sustained campaign on sending girls back to school.

8. Gender and Digital Technology[29]

8.1 The issues

There exists a huge opportunity to shape ways forward for gender equality and women's empowerment at this juncture, with the possibility to pause and rethink strategies and account for historical learnings. We stand at a crossroads, with a paradigmatic shift towards a digital society and economy. This is the moment to invest in gender-responsive design and development of appropriate public digital and data infrastructure for critical economic sectors and delivery of essential public services, to ensure that women are not left out in the post-COVID recover map we chart. From this standpoint, we would like to suggest the following specific components be taken up as part of the NITI Aayog response to the current situation.

8.2 Recommendations

A. Promoting women's livelihoods in the context of digitalizing value chains

The new value chains of the economy are predicated on platforms and their building blocks - data and artificial intelligence (AI). The lockdown has accelerated the digitalization and datafication of critical sectors of the economy such as retail commerce and agriculture. E-commerce companies have seen in the pandemic an opportunity to take over and re-engineer retail supply chains end-to-end, edging out small retailers and vendors. In the past few months, we saw Big E-comm go out on a limb to capture 'kirana' stores and their neighborhood networks that constitute over 90% of the $44 billion of fast-moving consumer goods sold in India each year. Jiomart's hyperlocal grocery service, Amazon's 'Local shops on Amazon program' and Flipkart's 'Buyzones' program are signifiers of this trend. Similarly, platforms such as Zomato and Flipkart are also getting into the business of moving upstream into the supply chains, exploring opportunities to intensify the corporatization of direct farm procurement.

In this huge structural transformation that the last mile of retail commerce is going through, women informal workers in the marketplace - the push cart vendor, vegetable seller, kirana store owner – as well as women farmers, may become a relic of the past, unless the imminent e-commerce rules allow a just playing field. The current design of the platform economy, however, does not prioritize women and other small economic actors. On the contrary, emerging anti-competitive developments in the economy seem to drive a centralization of value.

New platform value chains based on huge corporate models skew the market, creating undesirable dependencies and transferring value upstream.

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[29] This note is a submission made by IT for Change. IT for Change is an NGO based in Bengaluru, India, that aims for a society in which digital technologies contribute to human rights, social justice and equity.

In the immediate term, the following sets of actions may be important in this regard:

i. Making the platform economy work for women's enterprises. Innovations through digital supply chains can enable women's cooperatives and producer organizations to realize sustainable livelihoods. This requires urgent public investment in supply chain logistics and public digital infrastructure (cloud and analytics for example) and simultaneous efforts to strengthen and digitally enable women's enterprises (farm and non-farm). Federated platform business models can be piloted through a special fund and state governments incentivized to take on such pilots.

ii. Promoting Women FPOS' participation in e-NAM public marketplace for farmers. The central government's decision in the lockdown period to permit farmers directly sell their produce on e-NAM from selected warehouses or premises of Farmer Producer Organizations without taking their produce to *mandis* is a good move. To ensure that small and marginal women farmers gain from this proposal, the government should introduce a public procurement sourcing program from e-NAM, with a specific quota for small and marginal women farmers. The features of e-NAM could be expanded so that it is also linked to input credit and farm advisory services, as many agricultural experts have observed how the lack of access to farm extension services was a critical problem in the lockdown, especially for women farmers.

iii. Using data from e-NAM and Agristack to support farm innovations for women farmers. Transactions data from the e-NAM public marketplace could feed into the NITI Aayog Agristack, the public data infrastructure being created for encouraging innovations that use farmer/farm data to address longstanding problems of Indian agriculture. The goal of Agristack needs to be geared to support and catalyze data modelling that transforms agricultural incomes of small and marginal holders. Smart supply chains that put 'small' in the centre through integrated farm enterprise development support can go a long way in creating regenerative agro economies.

iv. Promoting the on-boarding of women enterprises on the Government eMarketplace (GeM): The Commerce Ministry's [Saras Collection initiative](#) to onboard the products created by rural women's self-help groups on the GeM public procurement must be expanded to include more diverse categories of products (beyond handicrafts; handloom and textiles; office accessories; grocery and pantry, and personal care and hygiene) and the application process simplified (introduction of local languages, notification about processing of RFPs etc.). A key informant interview conducted with SEWA by the IT for Change team in May 2020 revealed that women's cooperatives and women's enterprises would benefit a lot if the GEM marketplace also had a quota to source services from women's cooperatives (for example: sourcing housekeeping and sanitation services from a domestic workers' cooperative instead of through a third party contractor). State Rural Livelihoods Mission budgets could be used to support enterprise development in these areas.

B. Creating a valuable public data backbone for ensuring effective public service delivery

From integrated disease surveillance to support for migrant workers, the COVID-19 lockdown has demonstrated the urgent imperative to invest in an integrated, interoperable public data backbone for

the country that can aid effective last-mile public service delivery. The National Data Analytics Platform (NDAP) for India – an initiative to make available data sets across ministries – is a laudable initiative, with considerable potential for addressing issues across silos and in their actual interconnectedness. The process of building and implementing this needs to be gender responsive and engage civil society organizations committed working to women's rights. Public data sets need accountable and people-centric governance frameworks and must be rooted in individual and group privacy rights and ensure benefits of any data commons privileges social and public value for gender equality.

In the immediate term, the following actions are needed in this regard:

i. The personal data protection bill pending before Parliament must be passed – with loopholes in the bill addressed to protect and promote the fundamental rights of all citizens in the country,

ii. Sector-specific data protection guidelines must be enacted for the various data projects that are adjacent to NDAP, along with data access and use conditionalities in order to prevent unaccountable surveillance and corporate capture. Take the case of the NITI Aayog's National Health Stack and the framework that it provides for the creation of a national health registry – a master health data base for the country, as a whole. Without binding sectoral data protection guidelines for the health sector, such a database can render women and individuals in stigmatized locations at high risk of personal harm. Further, without specific use conditionalities and public interest norms governing private access to the health data commons, the National Health Stack may end up as yet another instance of government spending valuable public funds to create a free-for-all data commons that private developers and Big Tech companies capture/enclose (https://tinyurl.com/ya4txw7e). The capture of public value by Amazon in its partnership with the National Health Service in the UK should serve as a timely warning for all of us, about the risks of building public health data infrastructure without appropriate use and licensing safeguards and partnership governance mechanisms.

iii. While datafication can bring much needed efficiencies, it is not a magic wand that can address historical flaws and structural exclusions. Institutional reform must accompany digital innovations. The digitalization of the PDS system to achieve complete portability of food ration entitlements through the "one nation, one ration card" scheme will work only if some basic loopholes are fixed. Digitalization of PDS records and an interoperable data backbone for PDS can be beneficial only if food ration entitlements are universalized. Also, the idea of Aadhaar-enabled biometric authentication at the PoS for pick-up of food rations needs to be done away with, [not just for the health risks its poses, but also the authentication erro](#)rs.

iv. Evidence on the efficacy of Direct Benefit Transfers as an instrument of COVID relief has been mixed and the approach seems to have worked in pockets and for certain schemes. While some quick-and-dirty survey reports have found that DBT transfers of farm subsidies under the PM-Kisan Samman Nidhi Scheme (PM-KISAN) have reached the right beneficiary in certain pockets in Madhya Pradesh, Uttar Pradesh and Rajasthan, evidence gathered by grassroots women's organizations suggests that the DBTs directed to Jan Dhan accounts have not worked well. This needs closer investigation and appropriate course corrections.

C. Women's right to dignity, privacy, safety and mobility

Women's right to equal participation pertains to both physical and cyber spaces. Women's safety online needs a firm commitment, based on principles of equality, dignity and bodily integrity/ privacy. Amendments are needed to bring the law up to speed to recognize that the online is an intrinsic part of women's human rights – right to public participation, information and citizenship, in its widest sense. Sexism and misogyny online need to be tackled through deep cultural change that encourages openness, curiosity and respect, in formal and non-formal educational processes. Technology-enabled pedagogies are highly useful to tackle patriarchal value systems and promote a spirit of self-inquiry and mutual respect among young people.

In the COVID pandemic, informal women workers, particularly in domestic work, face excessive and disproportionate surveillance, including through coercion to install contact tracing apps. The proposed Data Protection Bill needs to incorporate stronger protections for worker rights. The empowerment of women in the digital age requires a right to Internet access that translates into a universal data access program.

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[i] https://blogs.worldbank.org/education/educational-challenges-and-opportunities-covid-19-pandemic

[ii] DISE DATA 2016-17. MHRD

[iii] Around 47 percent of rural children of 8 years and above cannot recognize letters, 54 percent cannot recognize numbers. ASER, 2019

[iv] https://news.havard.edu/gazette/story/2020/04/the-pandemics-impact-on-education

[v] https://gendercheck.indiaspend.com/wide-gender-gap-in-mobile-phone-access-is-hurting-indias-women

[vi] Central Statistics Office. 2017. *Youth in India*. Ministry of Statistics and Programme Implementation, Government of India. New Delhi, India. Available at: http://mospi.nic.in/sites/default/files/publication_reports/Youth_in_India-2017.pdf Accessed on: 16:06.2020