

POLICY BRIEF

COVID-19 Pandemic in India: Recommendations for a Feminist Approach



ऑक्सफैम इंडिया
OXFAM
India

APRIL 2020

The current number of active cases infected by the novel Coronavirus in India stand at 3,666¹ (as on April 6,2020). Notably the numbers are not disaggregated by sex and there is little information about how many men, women or other genders are affected. However, the social, economic and psychological impact of the epidemic on poor and marginalised women, girls and gender and sexual minorities (LGBTQI), especially the transgender community is substantial. Oxfam India's Charter of Demands² provides policy asks for a humane and human rights based response to COVID-19 and the lock-down measures. Here we recommend that a feminist approach, with an explicit analysis of gender power relations, be used in responding to the pandemic.

WOMEN FACE A GREATER RISK OF VIOLENCE

The complete lockdown adopted to ensure physical distancing against the novel Coronavirus entails families staying at home. However, one in three women in India faces violence within the home (NFHS-4)³. The National Commission for Women (NCW) and women's rights activists found several cases of women facing domestic violence and unable to receive help. Services are especially poor at the sub-district level, most are closed down^{4,5}. Experiences of crises globally including the COVID-19 epidemic show that all forms of violence against women, including sexual violence, increases at such

times. Sexual violence⁶, human trafficking, sex work and child labour under duress, school drop-outs especially for girls and destitution are known in the aftermath of humanitarian situations⁷. Women healthcare providers who are expected to report to work are at additional risk of violence in public spaces⁸. On March 25,2020 the Ministry of Women and Child Development issued a circular for all state run 'One Stop Centres' and helplines to be made operational despite the lockdown⁹. This is a welcome move, but not adequate.

OXFAM INDIA RECOMMENDS:



IT IS IMPERATIVE THAT ALL SERVICES TO ADDRESS VIOLENCE AGAINST WOMEN AND GIRLS (VAWG) SUCH AS ONE STOP CENTRES, WOMEN HELPLINES, SHELTER HOMES, SPECIAL CELLS FOR WOMEN AND CHILDREN, MAHILA DESKS IN POLICE STATIONS ETC. ARE DEEMED AS ESSENTIAL SERVICES, PUBLICISED AND FACILITATED, DESPITE THE LOCKDOWN.



NGOS WHO OPERATE HELPLINES, RUN CRISIS SUPPORT CENTRES AND OPERATE SHELTER HOMES NEED TO BE GIVEN SPECIAL PASSES, CONCESSIONS AND FINANCIAL SUPPORT TO BE ABLE TO CONTINUE THEIR SERVICES.

1 <https://www.mygov.in/covid-19/>

2 <https://www.oxfamindia.org/knowledgehub/policybrief/covid-19-charter-demands-oxfam-india>

3 National Family Health Survey (2015-16)

4 <https://www.indiatoday.in/india/story/odisha-newly-wed-woman-ostracized-tortured-in-laws-coronavirus-suspicion-1655710-2020-03-15>

5 <https://www.indiatoday.in/india/story/domestic-abuse-cases-rise-as-lockdown-turns-into-captivity-for-many-women-1661783-2020-03-31>

6 <https://www.indiatvnews.com/crime/jharkhand-dumka-16-year-old-girl-gangraped-amid-coronavirus-lockdown-602242>

7 <https://foreignpolicy.com/2020/02/04/india-citizenship-law-women/>

8 <https://www.buzzfeednews.com/article/nishitajha/coronavirus-india-doctors-nurses>

9 No. WW-22011/27/2016-WW, Government of India, Ministry of Women and Child Development (Women Welfare Division), dated 25 March 2020



IN THE LONG RUN, MAKE A NETWORK OF FUNCTIONAL ONE STOP CENTRES, INTEGRATED ACROSS PUBLIC SERVICES SUCH AS HOSPITALS AND POLICE STATIONS FUNCTIONAL UPTO THE BLOCK LEVEL.



TAKE IMMEDIATE AND STRINGENT ACTION AGAINST PERPETRATORS OF GENDER BASED VIOLENCE AND SEXUAL HARASSMENT TO INSTIL CONFIDENCE IN LAW ENFORCEMENT ENABLING WOMEN'S SAFETY.

WOMEN HEALTHCARE PROVIDERS AND CARERS ARE AT ADDITIONAL RISKS

70% of the frontline health workforce globally are women¹⁰. In India there are almost six times as many women nurses and mid-wives as are men¹¹. Caring for the sick and elderly is considered primarily women's work making them vulnerable to infections either as professional staff or unpaid carers at home. Typically nursing care brings the carer more intimately in contact with the affected person than does the doctor's work, though an enhanced risk

exists for all healthcare providers. In rural areas front-line workers such as ASHAs¹², Anganwadi workers and ANMs (Auxiliary Nurse Midwives) are relatively powerless and would be at additional risk. Given the power dynamics within the household it is extremely difficult for women to refuse close contact with the sick, especially if they are men.

WE RECOMMEND:



THE GOVERNMENT NEEDS TO PROVIDE AGE AND SEX DISAGGREGATED DATA OF THOSE AFFECTED INCLUDING HOW MANY ARE HEALTH CARE WORKERS TO BETTER UNDERSTAND THE PANDEMIC.



ALL HEALTHCARE WORKERS, PARAMEDICS AND VOLUNTEERS, SANITATION WORKERS ESPECIALLY WOMEN AND GIRLS, MUST URGENTLY BE GIVEN ADEQUATE HEALTH INFORMATION AND PERSONAL PROTECTION EQUIPMENT (PPE) TO ENSURE THEIR SAFETY. YOUTH VOLUNTEERS, PANCHAYAT MEMBERS, VILLAGE HEALTH AND SANITATION COMMITTEE MEMBERS BE INCLUDED IN THE COMMUNITY LEVEL RESPONSE. THERE SHOULD BE NO DISCRIMINATION IN PROVISION OF PROTECTION EQUIPMENT, WAGES OR HAZARD PAY.



HEALTH INFORMATION MUST EMPHASISE THAT WOMEN IN THE FAMILY SHOULD FIRST PROTECT THEMSELVES FROM THE RISKS OF INFECTION. MAKE ADEQUATE HEALTH INFORMATION AND PROTECTIVE GEARS INCLUDING MASKS, SANITISERS, SOAP, AND WATER AVAILABLE AND ACCESSIBLE TO WOMEN IN FAMILIES.

ADDITIONAL BURDEN OF UNPAID CARE WORK

Women in India spend four times the time doing unpaid care work as do men, amounting to six hours of additional unpaid care work¹³. The current crisis has increased manifold women's unpaid care work of cooking, fetching water, cleaning, serving the family, minding, caring for the children among others. Women are socialised to forego meals and adequate rest putting the needs of the family ahead of theirs. Lack of access to clean water

increases women's drudgery and jeopardises the health of the family in the context of the pandemic. Dalit, Adivasi and Muslim families may be prohibited to access water and essential commodities from scarce resources in the community.

¹⁰ <https://apps.who.int/iris/bitstream/handle/10665/311314/WHO-HIS-HWF-Gender-WP1-2019.1-eng.pdf?sequence=1&isAllowed=y>

¹¹ Ministry of Statistics and Programme Implementation (2019) Annual Report, Periodic Labour Force Survey, 2017-18 Government of India, National Statistical Office May 2019.

¹² Accredited Social Health Activists

¹³ https://www.ilo.org/asia/media-centre/news/WCMS_633284/lang--en/index.htm

WE RECOMMEND:



PROVIDE WATER, IF REQUIRED BY TANKERS, FREE OF COST, AT THE DOOR STEP IN URBAN SLUMS AND REMOTE VILLAGES. DRY RATIONS, SANITARY NAPKINS, ESSENTIAL COMMODITIES, COMMONLY REQUIRED MEDICINES,



HYGIENIC, SAFE AND SEPARATE COMMUNITY TOILETS SHOULD BE PROVIDED TO WOMEN AND GIRLS IN THE COMMUNITY.

GIVE MESSAGES OF SHARING THE HOUSEHOLD WORK BY ALL PERSONS AT HOME, ESPECIALLY MEN AND BOYS.

EXACERBATED STIGMA, MYTHS AND MISCONCEPTIONS WHICH AFFECT WOMEN

Women many times face stigma in their own homes, as seen in the media reports of a newly wedded woman harassed on the suspicion of COVID-19¹⁴. Stories of women induced to undertake rituals such as lighting lamps, bathing and worshipping gods at the crack of

dawn and others in the hope to drive away the infection have emerged from field accounts. While ignorance, lack of education and awareness are the primary drivers of these misconceptions, women's diminished power within the household forces them to comply with these rituals.

WE RECOMMEND:



THERE IS AN URGENT NEED TO SPREAD AWARENESS OF THE MODES OF TRANSMISSION, SIGNS AND SYMPTOMS OF THE DISEASE, WAYS OF PROTECTING ONESELF, INFORMATION ABOUT TESTING AND TREATMENT AND MESSAGING AGAINST STIGMA IN THE COMMUNITY, ESPECIALLY AMONG WOMEN AND GIRLS; IN RURAL, REMOTE AND TRIBAL AREAS; AMONG MIGRANT WORKERS. THIS SHOULD BE DONE IN LOCAL LANGUAGES AND IN VARIOUS FORMATS THAT ARE ACCESSIBLE FOR WOMEN WITH DISABILITIES, INCLUDING PICTORIALLY FOR THE NON-LITERATE AND THROUGH RADIO, TELEVISION AND OTHER MEDIUM.



ACCESS TO TESTING AND CARE SERVICES SHOULD BE ENHANCED IN RURAL AREAS WITH NO DISCRIMINATION. WOMEN, ESPECIALLY DALIT, ADIVASI, MUSLIM, AND INFORMAL SECTOR WORKERS' ACCESS AND ACCESS OF GENDER AND SEXUAL MINORITIES TO TESTING AND DIAGNOSTIC SERVICES NEED TO BE ENHANCED THROUGH INVOLVEMENT OF WOMEN VOLUNTEERS, TRANSGENDER VOLUNTEERS AND WOMEN'S GROUPS FROM WITHIN THE COMMUNITY.

ECONOMIC HARDSHIPS FOR THE POOREST WOMEN AND GENDER AND SEXUAL MINORITIES

Wchools are closed and consequently in some states, there is closure of mid-day meals for children and Anganwadi services for children, pregnant and lactating women, and adolescent girls. Additionally, closure of work from MGNREGA¹⁵, disruption of the informal sector economy and interruption of remittances by migrant workers has increased the economic burden on women. Substantial number of women are home-based and informal sector workers who will lose work due to the

large scale cancellation of orders in the private sector. Therefore, women need to be given additional economic support to ensure that they can sustain their families. The announcements made by the central government to provide benefits and cash transfers through Jan Dhan accounts are welcome, but woefully inadequate to meet nutrition needs and well-being. Besides, according to the World Bank's Global Findex Database 2017, 20% of Indian adults lack a bank account and 54% of women's

¹⁴ <https://www.indiatoday.in/india/story/odisha-newly-wed-woman-ostracized-tortured-in-laws-coronavirus-suspicion-1655710-2020-03-15>

¹⁵ Mahatma Gandhi National Rural Employment Guarantee Act

Jan Dhan accounts are inactive^{16, 17}. Unregistered women informal sector workers, single, widowed and deserted women, women-headed households, and women with disability often fall between the cracks of social security mechanisms for lack of appropriate documents¹⁸. Reports

from the field refer to domestic helps and other informal workers who are trapped in cities, away from their permanent homes in the villages and cannot access either their ration cards or Jan Dhan Accounts¹⁹.

WE RECOMMEND:



THE GOVERNMENT NEEDS TO ENSURE THAT ALL POOR WOMEN, ESPECIALLY WOMEN WHO ARE DALIT, ADIVASI, MUSLIM, UNREGISTERED INFORMAL SECTOR WORKERS, WIDOWED, DESERTED, DESTITUTE WOMEN, WHO MAY NOT HAVE ANY OF THE IDENTITY CARDS, ARE KEPT TRACK OF WITH THE HELP OF LOCAL SELF HELP GROUPS (SHGS) AND VOLUNTEERS FROM AMONGST THE AFFECTED COMMUNITIES. SHGS AND COMMUNITY VOLUNTEERS CAN HELP TO ENSURE THAT THE IDENTIFIED WOMEN RECEIVE THE CASH TRANSFERS, FREE DRY RATIONS, PDS, ADVANCE PENSIONS AND OTHER BENEFITS IRRESPECTIVE OF IDENTIFICATION AND BIOMETRICS. CASH VOUCHERS, WHICH DO NOT REQUIRE BANK ACCOUNTS SHOULD BE USED TO PROVIDE ESSENTIAL COMMODITIES.



TRANSGENDER PERSONS, SEX WORKERS, RAG PICKERS, HOMELESS AND BEGGARS—A MAJORITY OF THESE BEING WOMEN AND CHILDREN—SHOULD ALSO RECEIVE ALL THE ABOVE BENEFITS.



FINANCIAL BENEFITS TO WOMEN SHOULD BE SUBSTANTIALLY INCREASED AND THE ADDITIONAL ECONOMIC SUPPORT WILL NEED TO BE CONTINUED AT LEAST FOR THE COMING SIX MONTHS.



ALL INFORMAL SECTOR AND MGNREGA WORKERS, A LARGE NUMBER OF THEM WOMEN, SHOULD BE COMPENSATED AT MINIMUM WAGES RATE DESPITE CLOSURE OF WORK

Private businesses and brands need to be made accountable for continued compensation of the last mile home-based workers, through making the supply chains transparent, clearly establishing an employer-employee relationship and setting up a fund with contributions from these businesses.

CLOSURE OF OPDS AT HOSPITALS

Many out-patient services at major state hospitals are closed down^{20, 21}. Coupled with the closure of transportation, women may be deprived of ante-natal and post-natal child care services, delivery services, contraception, sexual and reproductive health services, and safe abortion services among others. There have been worrying media accounts of routine health services and access to hospitals for deliveries being affected^{22, 23}.

Safe abortion services, like delivery services are time sensitive and need to be provided on a daily basis. The anxiety and panic caused to persons who need periodic access to medical services such as pregnancy services but also services for Diabetes, Dialysis, Hypertension, Tuberculosis, Epilepsy, Cancer, Psychiatric treatment and others can worsen their mental health.

16 <https://www.aljazeera.com/news/2020/03/india-fight-coronavirus-takes-toll-migrant-workers-200324084150540.html>

17 <https://www.livemint.com/Opinion/qFGHgjH3SbDxkN54KwdaN/India-needs-Jan-Dhan-and-not-just-Jan-Dhan-accounts.html>

18 <https://www.unocha.org/sites/unocha/files/GH02019.pdf>

19 <https://www.thehindubusinessline.com/economy/agri-business/sugarcane-cutters-stuck-in-lockdown/article31208734.ece>

20 <https://economictimes.indiatimes.com/industry/healthcare/biotech/healthcare/aiims-to-shut-down-opd-from-march-24-till-further-notice/articleshow/74772664.cms>

21 <https://timesofindia.indiatimes.com/city/noida/opds-closed-patients-flock-to-special-clinics-at-government-hospitals/articleshow/74783682.cms>

22 <https://www.newindianexpress.com/lifestyle/health/2020/mar/26/doctors-ask-pregnant-women-to-increase-protein-intake-to-reduce-risk-of-coronavirus-2121712.html>

23 <https://www.ndtv.com/kerala-news/karnataka-kerala-border-closed-amid-lockdown-woman-from-bihar-delivers-baby-in-ambulance-report-2202175>

WE RECOMMEND:



MATERNITY SERVICES, ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES INCLUDING CONTRACEPTION AND SAFE ABORTIONS, HEALTHCARE FOR CHILDREN AND OTHER PRIMARY HEALTHCARE MUST BE MADE A PRIORITY AND MADE OPERATIONAL THROUGH GOVERNMENT DISPENSARIES, DISTRICT AND SUB-DISTRICT HOSPITALS AND FACILITIES CLOSER TO THE COMMUNITY.



THE ESSENTIAL SERVICES PROVISION SHOULD BE USED TO PENALISE ANY PRIMARY HEALTH CENTRES (PHCS) OR PUBLIC DISPENSARIES WHICH CLOSE DOWN OR REFUSE TO PROVIDE THE STANDARD SERVICES EXPECTED AT EACH LEVEL.



THE EMPOWERED GROUPS ²⁴CONSTITUTED BY THE MINISTRY OF HOME AFFAIRS FOR PLANNING AND ENSURING IMPLEMENTATION OF THE COVID-19 RESPONSE HAS VERY POOR REPRESENTATION OF WOMEN. WOMEN'S LEADERSHIP, EQUAL PARTICIPATION IN ALL DECISION MAKING FORUMS AND COMMITTEES, AND INVOLVEMENT OF WOMEN'S ORGANISATIONS WILL BE CRUCIAL FOR A GENDER JUST RESPONSE.

POSITIVE POLICY INITIATIVES TAKEN BY VARIOUS STATE GOVERNMENTS

- The Chief Minister of **ODISHA** mentioned the increased burden of household work on women in times of the lock-down, the families to be mindful of this and limit their needs. Men and boys should share in the housework was also mentioned.
- **UTTAR PRADESH** has announced a special helpline number—112—to receive complaints of any emergencies, with a specific mention of domestic violence. On receiving complaints of domestic violence, women police will visit homes of the victims and help them.²⁵
- **KERALA'S** Chief Minister exhorted women from Kudumbashree programme, Anganwadi workers and people's representatives to be vigilant for such incidents of domestic violence and to help women in distress. The state of Kerala has announced loans worth Rs 2,000 crore would be made available to needy families through the all-women networks of the 'Kudumbashree' programme during April and May 2020²⁶.
- In **HARYANA**, all health workers and frontline workers involved in combating the pandemic would be provided accident insurance (ex-gratia) of 10 Lakhs²⁷.
- Chief Minister of **RAJASTHAN**, Ashok Gehlot directed the state health officials to keep a track of pregnant women in all districts and make adequate arrangements for their care and access to safe deliveries.²⁸
- The **ODISHA** government has decided to provide mid-day meal coupons to students for three months in advance.²⁹
- Both **CHHATTISGARH** and **DELHI** will promote students belonging to classes nursery to 8th without exams which will reduce the number of girls who might drop-out of schools^{30, 31}.
- In Madurai in **TAMIL NADU** a state-wide toll free helpline for people with disabilities (18004250111) is currently functional and assistance is being provided in terms of buying of essential commodities³².

24 <https://www.thehindubusinessline.com/resources/article31204033.ece/binary/MHAOrder-Empowered%20Groups.pdf>

25 <https://www.news18.com/news/buzz/up-police-deserves-all-the-praise-for-domestic-violence-hotline-for-women-at-the-time-of-coronavirus-2544091.html>

26 <https://yourstory.com/2020/03/kerala-government-financial-package-coronavirus-pinarayi-vijayan>

27 <https://www.thehindu.com/news/national/other-states/all-of-haryana-brought-under-restrictions/article31145815.ece>

28 <https://www.tribuneindia.com/news/nation/jaipurs-walled-city-sealed-%C2%A0coronavirus-cases-rise-to-93-in-rajasthan-63686>

29 <https://updateodisha.com/2020/03/21/coronavirus-advance-3-month-mid-day-meal-ration-to-students-in-odisha-66427/>

30 <https://www.newindianexpress.com/cities/delhi/2020/mar/30/delhi-govt-to-promote-students-till-class-8-sans-exams-start-online-classes-for-class-12-2123504.html>

31 <https://www.msn.com/en-in/news/other/coronavirus-outbreak-chhattisgarh-to-promote-students-of-1-9-and-11-to-next-class/ar-BB11ZGr1>

32 <https://timesofindia.indiatimes.com/city/madurai/lockdown-a-double-challenge-for-disabled/articleshow/74921235.cms>

OXFAM INDIA'S KEY RECOMMENDATIONS

MAKE AGE AND SEX DISAGGREGATED DATA AVAILABLE FOR ALL THOSE AFFECTED, INCLUDING HEALTHCARE PROVIDERS AND USE THIS INFORMATION TO PLAN FURTHER SUPPORT

ACKNOWLEDGE THAT WOMEN'S GENDER ROLES AND SUBORDINATE STATUS MAKES THEM VULNERABLE DURING CRISIS AND TAKE STEPS TO REDUCE THEIR VULNERABILITY

INVOLVE WOMEN, WOMEN'S GROUPS AND NGOS IN RESPONDING TO THE COVID-19 PANDEMIC

FOCUS ON GENDER TRANSFORMATIVE AND EMPOWERING STEPS SUCH AS ADEQUATE ECONOMIC SUPPORT, REDRESSAL FOR VIOLENCE AGAINST WOMEN AND GIRLS AND ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH

FOCUS ON A LONG TERM REBUILDING OF THE ECONOMY WITH A SPECIAL FOCUS ON WOMEN AND GIRLS

AUTHORS: AMITA PITRE, RAJINI MENON AND ANUSHREE JAIRATH

CONTRIBUTORS: ANJELA TANEJA, RANJANA DAS, POOJA ADHIKARI, DIYA DUTTA, SUSHMITA GOSWAMI, URMIMALA SENGUPTA, RUKMINI PANDA, MEGHNA CHATTERJI, SHARMISTHA BOSE, ANKIT VYAS, SHREYA KAUSHIK

EDITED BY: RANU KAYASTHA BHOGAL

© Oxfam India 2020: This publication is copyright but the text may be used free of charge for the purposes of advocacy, campaigning, education, and research, provided that the source is acknowledged in full. Oxfam India, a fully independent Indian organisation, is a member of an international confederation of 20 organisations. The Oxfams are rights-based organisations, which fight poverty and injustice by linking grassroots interventions to local, national, and global policy developments.

Oxfam India | 4th and 5th Floor, Shriram Bharatiya Kala Kendra, 1, Copernicus Marg, New Delhi 110001
Tel: +91 (0) 11 46538000 | Web: www.oxfamindia.org

Oxfam India is a member of a global confederation of 20 Oxfams and is registered as a company under section 8 of the Indian Company Law.



ऑक्सफैम इंडिया
OXFAM
India