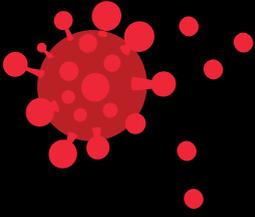
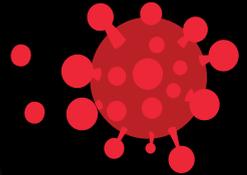
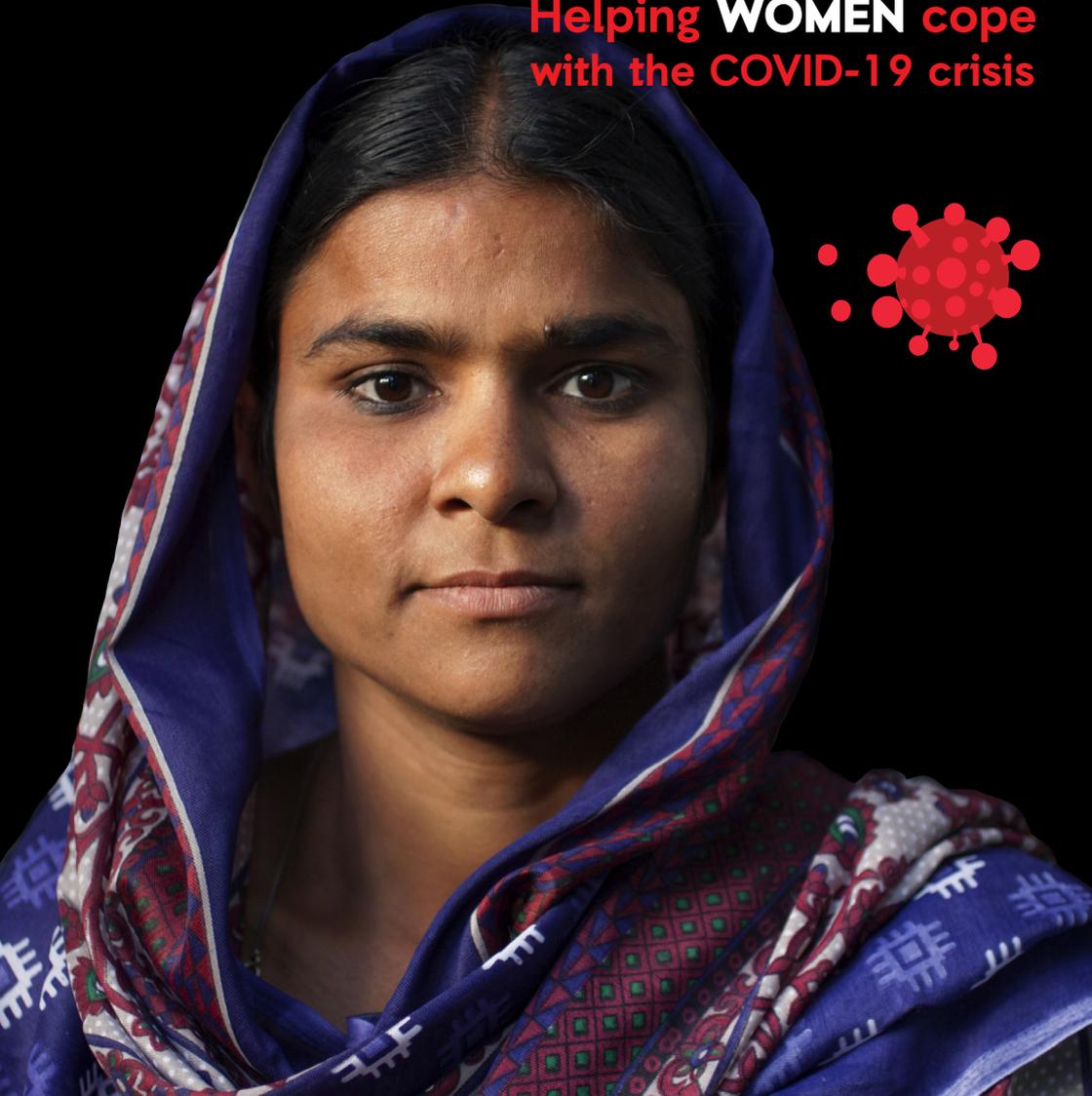


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# ISOLATE DON'T ABANDON

Helping **WOMEN** cope  
with the **COVID-19** crisis



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# ISOLATE, DON'T ABANDON

Helping **WOMEN** cope with  
the COVID-19 crisis



The impact of the COVID-19 crisis and the efforts to contain the spread of the infection, is being felt differentially by vulnerable communities across India. The crisis has exposed the poor and marginalised to deprivations in their day-to-day lives, and across all communities women and girls are bearing the major brunt. There is evidence emerging that the care duties of women and girls have increased, and that they continue to face discrimination, increased burden of care work and at an increased risk of physical and mental abuse.

Accredited social health activists (ASHA) and auxiliary nurse midwife (ANM) workers in the country are in the frontlines of government's disease containment strategy. These women are displaying exemplary courage and leadership in supporting the health officials. Though this needs encouragement but it is also important to acknowledge the challenges these women are facing in State's protective mechanisms and welfare policies.

Our COVID-19 response needs a strong gender perspective across all aspects – prevention of spread, distribution of relief and curing infected people within quarantine, to ensure both the effectiveness of the interventions and promote gender and health equity goals.

Concerned citizens therefore need to consider the differential impact of the COVID-19 outbreak on vulnerable groups particularly women and girls and seek inclusion of voices from women and girls within preparedness and response policies or practices going forward. In this regard, ActionAid Association has outlined parameters which should be taken into consideration:

- 1. Quarantine facilities/ Isolation Wards**
- 2. Community level.**

# 1

## Quarantine facilities/ Isolation Wards

- » In case any woman is diagnosed with COVID, an adequate facility should be identified for isolation if it is not possible to home quarantine safely, and her family must be informed.
- » The facility should have means so that the women in isolation can speak with their family members and wherever younger children are involved, these women should be able to communicate with them using virtual means.
- » Identification of most vulnerable women - such as old aged, single women, disabled women, transgenders, critically ill women, pregnant women, with small and lactating children - should be given priority for services.
- » Awareness programmes should be organised, and information communication and education (IEC) material should be given to these women in quarantine so they can understand about COVID, its impact and the treatment plan. The IEC material should be pictorial or in the form of an electronic display in the vernacular language.
- » Information about state and centre supported benefits to COVID affected persons should also be given.
- » A help desk should be created where incoming women may report any case of violence and abuse and seek relief.
- » Due to the situation of sudden distress and movement many need psychological support and counselling, these facilities should be set up in these locations.
- » Facilities like clean and separate toilets and safe drinking water should be arranged at the quarantine locations.
- » Adequate first aid and health services like sanitary napkins, anti-natal services to pregnant and lactating women, and immunisation for infants should be arranged at the quarantine locations. A regular supply of birth

control pills should be made available to women. Special care should be taken so that there is no gap in the delivery of these services, as this will impact the health and nutrition of the women and their children.

- » Adequate and dignified transport services should be arranged for travel of these women to native villages after the quarantine period ends. All transport and liaison providers should be registered with the government and steps should be taken to ensure that these women do not come under risk of traffickers during transit.
- » Wherever women workers are being separated from their family members for quarantine at the migrant shelters or elsewhere, she should be assured of repatriation in safe conditions after the quarantine period is over.
- » Due process and direction to be given to PRI authorities to prevent any stigmatisation and ostracization of these women once they are back.
- » In all facilities (quarantine centres, hospitals etc) information pertaining to the Sexual harassment at workplace act need to be displayed.

# 2

## Community level

The identification of most vulnerable women - such as old aged, single women, disabled women, transgenders, pregnant women, with small and lactating children should be done to link them with services on priority. Regular awareness campaigns should be organised at the community level on COVID, its prevention and impact. Counselling, helpline and psychosocial support facilities should be made available at the village/ward level for women in distress. Any kind of caste/gender/religious discrimination in providing relief and aid should not be allowed.

### Women facing violence

The care burden of women has increased in the lockdown and evidence of increased domestic abuse is also surfacing. The district/local administration therefore needs to:

- » Increase awareness in communities on different provisions of the Domestic Violence Act.
- » Electronic means such as telephonic messages and bulk SMSs should be sent to all subscribers alerting them not to engage in any form of violence on women and the penalisation it attracts.
- » While some rules of Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act have been eased, other provisions of the Act are intact, therefore all cases where women are being forced for sex detection or elimination should be reported and due action should be taken.
- » During regular door-to-door drive/community drives such messages should be broadcasted and women facing violence should be encouraged to speak-up. If any signs of domestic violence are seen by people engaged in delivery of services, they should be encouraged to the authorities.

- » 24x7 Helplines should remain active where they exist and be started where they don't for women in distress. Government should advertise domestic violence helpline numbers on TV/Radio/SMS/WhatsApp and induct more volunteers to run the helplines.
- » The women who complain and seek safe shelter should be immediately linked with a service.
- » There is an expected surge in cases of adolescent girls being pushed into child marriage in these circumstances, so district nodal officers should monitor and spread awareness on child marriage prohibition.
- » Village-based One-stop Centres must be set up in empty Panchayat Bhawans or community halls as emergency shelter options.
- » The police should be instructed to file FIR on all cases of domestic abuse and data and Action Taken Report should be submitted to State Women Commissions monthly.
- » As the Courts are not in session, many women who have filed for maintenance under Domestic Violence Act are without means of sustenance, so provision should be made by district administration to provide relief to such women.
- » Transgenders, disabled women, mentally challenged women and sex workers are especially vulnerable groups, and therefore care should be taken that these groups are not discriminated in providing relief in any case of reported violence or verbal abuse.
- » The government should also issue advisories and create an advertising campaigns exhorting men to share in household responsibilities.

## **Food and essential services**

- » Information about state and centre supported benefits to COVID affected persons should be provided to all.
- » Panchayat level feeding centres/community kitchens should be set up in rural areas where migrant workers are going back.
- » The ration allocated per family should be given in advance. Women with small children need regular supply of milk and other supplies which should be made available to them.

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- » The pregnant and lactating women in the community and those who have migrated from cities and are not registered with ICDS centres in the source state should be linked to the services of an accredited social health activist (ASHA) or an auxiliary nurse midwife (ANMs) and benefits.
- » ASHA/ANMs who are involved in door-step delivery of ration supplies should be given proper training on prevention and their protection. Adequate protective gears should be made available.
- » Food and nutrition requirements for women suffering from ailments including human immunodeficiency virus (HIV), cancer and other life-threatening diseases should be made available to them at doorstep.
- » Government should also urgently set up a task force to suggest mechanisms of continuing education and retaining students, as in times of distress it is common for children, especially girls, to be forced to drop out of schools.

## Health

- » Health and hygiene facilities should be given priority for women at the community level. Essentials like sanitary napkins, birth control pills and other contraceptives should be made available to women. These facilities should be made available to women free of cost at least till June 30, 2020.
- » Price control of essential and generic medicines should be undertaken by the district administration.
- » Clean and safe drinking water and toilet facilities should be maintained at the community level. Bathing in community pools and ponds should be prohibited and other alternate arrangements should be done.
- » The anti-natal schedules of pregnant and lactating mothers should be maintained, and services should be provided without any delay.
- » The treatment protocols and physician visits of women suffering for ailments including HIV, cancer and other life-threatening diseases should not be curtailed. Special passes and transport facilities should be arranged.

- » Transgenders, disabled women, mentally challenged women and sex workers are especially vulnerable groups, and therefore care should be taken that these groups are not discriminated in providing health services.
- » The District Administration must ensure attendants for single, sick, disabled and other destitute woman who are not under any institutional or community care centre.
- » Although the government has suspended the rule to maintain records of pregnancy ultrasounds in clinics till June 30th, an advisory should be issued to ensure no unscrupulous detection of sex of foetus is undertaken. Since other provisions of PCPNDT Act are intact during this period, time and again surprise checks of clinics should be done.

## **Livelihoods**

- » Keeping in view that the impact of the current situation will be felt for many months, it is suggested that the Government should work out a stimulus package for small and medium enterprises, cooperatives, collectives and self-help groups in both rural and urban areas. This may include upfront re-start-up grants, lowering of petrol/diesel prices, tax breaks, interest subventions like zero/near-zero interest credit. These steps are important as in the long run livelihoods of informal labour, particularly migrant populations, are dependent on functionality and growth of such units.
- » To contain further migration of workers in coming months, there should be a complete moratorium and ban on retrenchments for the next six months and state needs to issue an urgent notice to all employers in small, medium, and large enterprises and service provisioning to retain their staff and continue paying them, including casual and contractual workers. Government should set up a payment support programme for small and medium enterprises to support them in retaining workers.
- » In case workers demand work from home or avail of sick leave, there should be no deductions in their wages. All employers must also ensure adequate protective gear for their workers including masks, hand sanitizers, gloves etc.

- » Relief packages should include direct cash transfers to women workers for the next three months, applicable from March 2020. The recommended relief amount is Rs 10,680 or the monthly minimum wage, whichever is higher. The respective state governments need to work in conjunction with trade unions, informal workers' collectives and NGOs to ensure that all women workers associated or registered with them receive the relief amount.
- » Many workers are not registered with the labour department or trade unions and workers' collectives, so government should transfer an amount of Rs 10680 or the monthly minimum wage, whichever is higher, to all below poverty line (BPL), above poverty line (APL) and Antodaya cardholders, Jan Dhan account holders, SHG membership and beneficiaries of the PM KISAN yojana for the next three months.
- » For women workers who may not have bank accounts or addresses and other details, the state governments should arrange to reach out to them with relief packages at transit sites/ or at designated spots. This should include the relief amount of Rs 10,680/- in cash and dry ration, medicines, soaps and sanitizers.
- » Wherever state relief is offered in terms of cash amount, suitable arrangements for reimbursement should be done at community level to link the women with benefit immediately.
- » Many workers, especially women workers, left work without taking payment or their payment of wages was withheld by employers. Some have also reported being given bank cheques which they could not encash. A Help Desk/Mahila Sahita Kendra/Women Worker Facilitator Centre should be set up at the source state and should be instructed to take adequate steps and ensure that payment of wages to these workers is done.
- » The loans taken by women for travel and contingency purpose during this period should be waived off. Where the loans are taken from private agents/employers, directive should be given to them to waive it off and the state should devise a method of compensating them. Women in communities are also reportedly being pushed by family members to take loan from SHGs, the state should waive off loan amounts taken till June 30, 2020 from such mechanisms by the community.

- » Some women may not have panchayat registration or BPL card as they may be living in cities for a long time. Suitable information for portability of their entitlements should be undertaken at panchayat level.
- » All women from marginalised communities should be linked to the benefits under Ujjwala scheme.
- » Transgenders, disabled women, mentally challenged women and sex workers are especially vulnerable groups and care should be taken that these groups are not discriminated in providing livelihood support.
- » There is dire need to have a process in place in the source states to register women migrant workers so that they don't fall prey to the hands of traffickers.
- » Given the plan for staggered opening of lockdown, the government should ensure that women workers are not discriminated and harassed in the process of regaining their employment or starting afresh at a new workplace.
- » As and when women migrant workers desire to go back to their place of employment, there should be a process of registration and linking back to the employer in destination states to avoid them paying to middlemen for getting their jobs back.

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