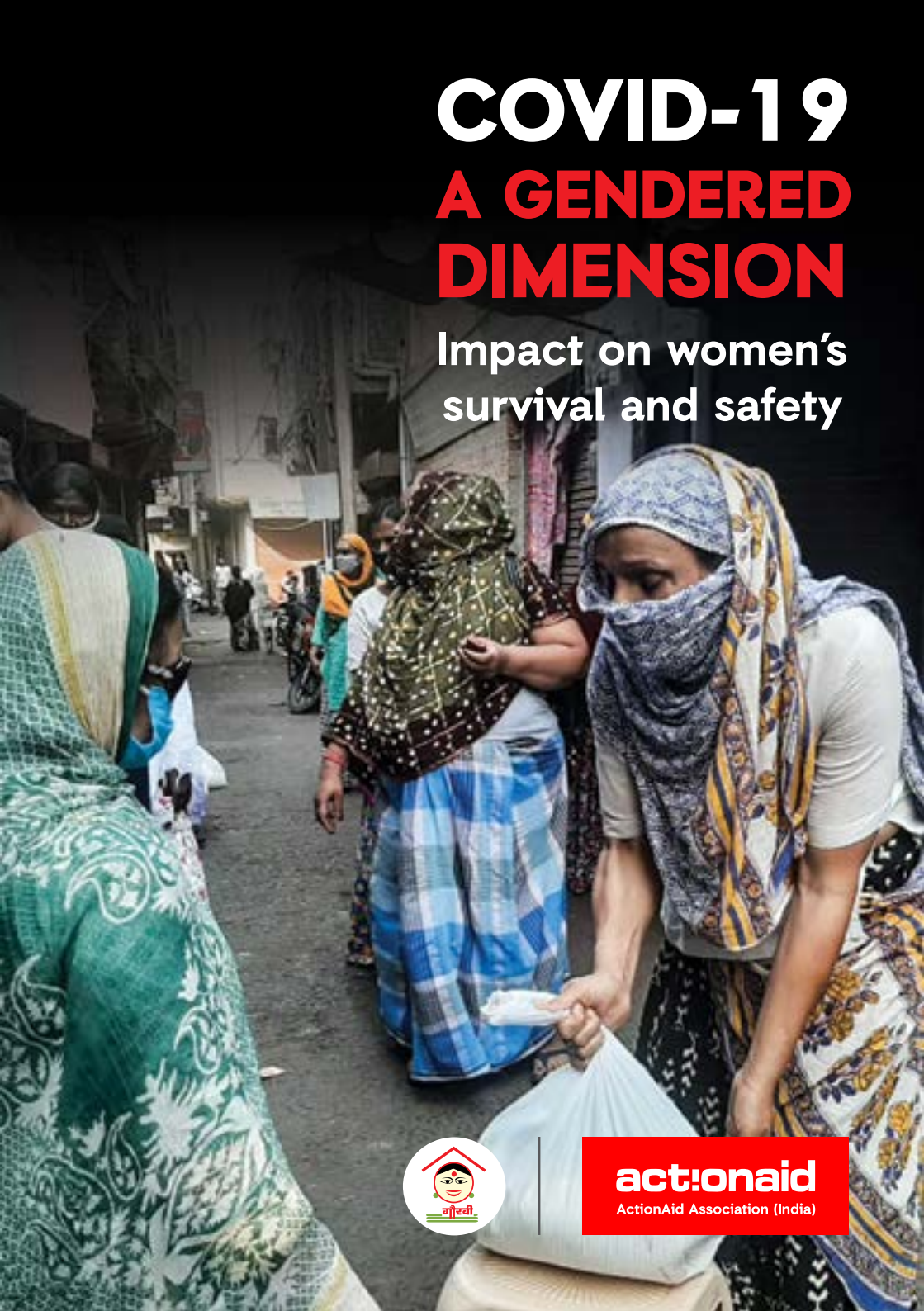
COVID-19
A GENDERED DIMENSION
Impact on women's survival and safety



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ActionAid Association (India)

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Written by Sarika Sinha, Director – Policy, Campaigns, Programme & Communications, ActionAid Association, with contributions from Soumya Saxena, Programme Officer, ActionAid Association and Shivani Saini, Co-ordinator, Gauravi OSCC, Bhopal.

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FOREWORD

The COVID-19 pandemic has precipitated a universal crisis; the health risk has altered our normal and day to day life and as many people found themselves confined within our homes and the boundaries of our towns and cities due to the successive lockdowns imposed by the central and state governments in India. This led to large scale loss of livelihood and access to public spaces and services to millions of people.

The central and state governments in India took swift and immediate steps to alleviate inconvenience caused to people due to the lockdown. Women and children were in a particularly vulnerable position within vulnerable households. Steps were taken to ensure that safety and nutrition of women and children was not compromised however, through various engagements, including the insight contained in this report, a certain degree of socio-economic impact that women faced, require acknowledgement and learning from our experiences on how to move forward. These engagements have informed us with insight necessary to create a more gender responsive disaster response.

This report highlights first hand experiences with women survivors and other who were affected in one or the other way and elaborate on issue of women safety, food security, and livelihood security to be dealt with by institutions and agencies in the context of the pandemic.

Emergent trends show an increase in the violence and vulnerability faced by women during COVID – 19 due to limited say in decision-making in their household (despite being the sole or one of the earning members of the family), curbed mobility and limited access to information and services among many reasons. Institutions like the One Stop Crisis Centre (OSCC) play a crucial role in supporting and restoring the agency of women holistically. In the wake of this crisis Gauravi OSCC's work for women survivors of violence and all those adversely impacted by the lockdown demonstrate the need of re-examining disaster management and crisis management by keeping in focus the vulnerabilities faced by women.

I hope these insights and experiences will provide greater understanding on the nature of vulnerabilities faced by women during the pandemic and will inform the response of all concerned stakeholders, moving forward. We look forward to your comments and feedback.

Sandeep Chachra
Executive Director,
ActionAid Association


EMERGENCY
RESPONSE

ACKNOWLEDGEMENTS

Firstly, we would like to thank all the resilient and exemplary women who not only survived the violence during the grim situation of the COVID-19 pandemic but also recovered and became an example for others to follow. We appreciate that they agreed to share their stories of resilience with people around the globe and encourage other women to speak up.

This book is also a recognition of certainly one of the most important partnership that ActionAid Association has had with Women and Child Development Department, Government of Madhya Pradesh. We would like to thank them and express our solidarity to them for the cause of women safety and well-being and the enormous work that we do together.

We would like to thank Mr. Sandeep Chachra, Executive Director, ActionAid Association, for his constant encouragement to continue our work.

Lastly, our work during this pandemic would not have been possible without the constant support and collaboration of numerous frontline workers, volunteers and organizations. We cannot thank them enough to have worked together in difficult situations by risking their own well-being and safety for those who needed our support the most.


Mr. India
Sortex Cleaned Rice
Premium Quality Rice

EXECUTIVE SUMMARY

In March 2020, the world was first faced with an acute crisis induced by the COVID-19 pandemic that has affected the health security of millions along with significant impact on socio-economic development due to the worldwide lockdowns and stay at home orders. India, and Madhya Pradesh were not untouched by the effects of the lockdown. While dealing with the health impacts, the pre-existing gender disparities were exacerbated, making the situation worse for marginalized communities and in particular, for women and girls. These exacerbated disparities were directly addressed by the humanitarian assistance designed and implemented by Gauravi: (Sakhi) One Stop Crisis Centre (hereon referred to as Gauravi) with the support of the Department of Women and Child Development (WCD), Government of Madhya Pradesh, in Bhopal.

The Gauravi OSCC, which started in 2014 is among the first One Stop Crisis Centers in India that supports women survivors of violence. Since 2017 it is running jointly by the Department of Women and Child Development (WCD) and ActionAid Association (AAA) since 2017. Since 2014, Gauravi has received over 64,000 calls for assistance from women in Madhya Pradesh as well as other states. Gauravi has been supporting women survivors of violence by providing them immediate medical, legal, police and rehabilitation support. Given the COVID-19 induced lockdown, Gauravi evolved its operational mandate and started women-led relief work that involved survivors of violence, who rose up against all odds to lead during the time of crisis.

Gauravi designed a 24x7 helpline for supporting women affected by violence during the lockdown and a psychosocial support helpline that developed and employed a module on ways to initiate counselling for COVID-19 related queries. During the span of the initial two months and beyond, the helpline received over 1725 calls from women across the state seeking support for COVID-19 pandemic induced implications. 70 women walked in the premises to register their cases at Gauravi. The report draws on the analysis of our engagements, in the form of the calls received and relief provided to women, while examining the impact of COVID from a gendered perspective.

There was an increase in the number of calls reporting domestic violence and abuse, seeking councelling and help for the same. A total of 358 calls were specific to women reporting violence by an intimate partner and family members aggravated during lockdown, while 338 calls were made by registered survivors who reported relapse or reoccurrence of domestic violence. The lockdown highlighted the stress for securing livelihood and food; it was hard hitting for single women who were solely responsible for providing for their family. We received 350 calls from women who reporting a lack of income and ration, out of which 60% women were single women and survivors of violence while 150 women walked in to seek ration

provision at the Gauravi premises. Ration was distributed to more than 500 women survivors from Gauravi, while overall 7000 ration kits were provided to marginalized communities and people in need through Action Aid's support.

Other than scarcity of life essentials, women's control over her agency and the ability to make decisions was undermined during the lockdown; it was observed women were unable to access medical services (especially pregnant women and women with disabilities), safe shelter, and government schemes (especially due to lack of awareness). Over 600 calls were received from women enquiring about and verifying information regarding medical services, safe passage for travel, and welfare schemes announced during lockdown.

The report makes recommendations to be considered by a range of stakeholders, from governments to organizations and civil society organizations in order to evolve a holistic gender sensitive response during the pandemic and in the course of subsequent disaster management. It addresses challenges faced by women in form of violence, inaccessibility to the health and welfare system and lack of provisions for mental and psychosocial support. The report is based upon the knowledge and experience of years of work and finding solutions to end violence against women and girls and securing a life of dignity for them.

The COVID 19 pandemic, *Janata* curfew and subsequent phases of the lockdowns led to a situation where the most vulnerable sections of society have become further marginalized. Further, the global pandemic has exacerbated the precarious position of women as their care roles have increased, domestic relationships have been put under severe strain and their sexual, health, and reproductive needs have been side lined.

This report has evolved out of five months (March – July 2020) of intense engagement and interventions with women survivors of violence by 'Gauravi', which is the first One Stop Crisis Center (OSCC) in India and is a joint collaboration of Government of Madhya Pradesh (GoMP) and ActionAid Association. The data is analyzed from 1400 calls received directly by 'Gauravi', another 300 calls that came to the COVID 19 mental health helpline and over 100 walk-in incidents reported to the OSCC directly or encountered in the course of our pandemic-related relief work.

This report is divided into three sections. The first section looks at the changing and evolving role of 'Gauravi' during the current pandemic and the nature of women against violence in an era of increased violence against women and the evolution of the OSCC as a solution to incorporate new form of governance that have expertise in handling gendered social issues and humanitarian response. The second part brings forth a feminist perspective of the COVID 19 pandemic. The third part lays down key insights for policy and direct intervention.

CHAPTER 1

NOT VIOLENCE AGAINST WOMEN BUT WOMEN AGAINST VIOLENCE

While the report discusses the impact of COVID-19 on women and their vulnerabilities, violence against women, it is also an account of the work by the various women and survivors of violence in responding to the crisis as women against violence. This section is an account of the leadership and work of women at Gauravi: One Stop Crisis as they adapted to these changed circumstances creating new possibilities for gender sensitive disaster management.

Gaurvi one stop crisis centre since 2014

Gauravi is the first One Stop Crisis Centre (OSCC) in India and is a direct initiative of GoMP and ActionAid Association. It evolved as a result of the recommendations of Justice Usha Mehra Commission after the brutal sexual assault on Jyoti Singh in Dec, 2012 in Delhi. Around the same time, the Madhya Pradesh office of ActionAid Association had conducted a series of fact findings around sexual assault of women and girls across the year and had evolved an understanding that rape, in a patriarchal world, was more about power than sexual urges or desire. A first of its kind public hearing was held in February, 2013. Hundreds of women hit the streets in Gwalior, known for its adverse sex ratio, to bring attention to expose rape culture as the product of a feudal, bourgeois and patriarchal world.

Apropos, the state invited ActionAid Association for tangible interventions around a systemic response to violence against women and as a result, Gauravi (the 'Braveheart') was conceptualized to acknowledge the women survivors of violence, the resilient ones, who live and fight against violence.

Gauravi was established in 2014 with support from the State Health Department. Gauravi was merged under the central scheme of One Stop Crisis Centres by the Women and Child Development Department in the

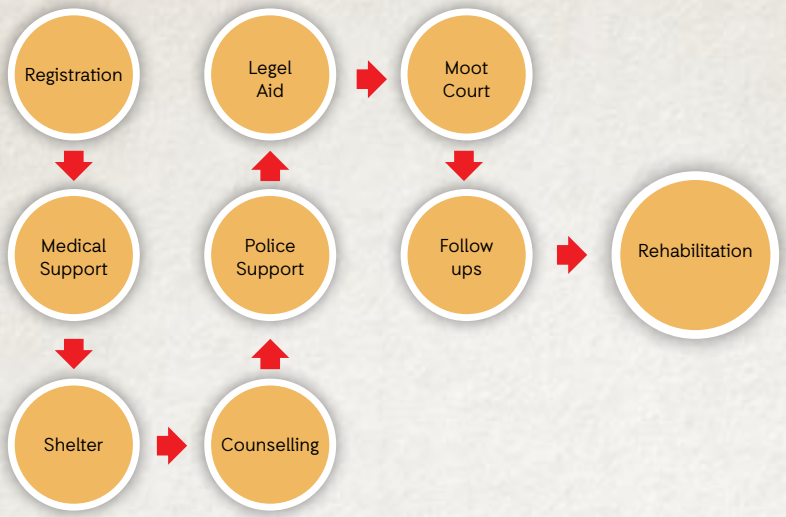
year 2017, in recognition of its exemplary work. Since the very beginning Gauravi has been catering to the needs of survivors of the many forms of Gender Based Violence against women, girls and children.

Gauravi provides survivors the following services:

1. Immediate medical intervention
2. Immediate incident reporting (filed in Gauravi by the counselor or FIR/DIR)
3. Psycho-social therapy and hand holding support to ensure that the woman regains her confidence
4. Judicial Intervention (legal first aid to help the women decide which intervention route she wishes to pursue and also help her speak to the police about the FIR)
5. Rehabilitation of survivors.

The processes undertaken at Gauravi are designed to facilitate the survivor's sense of safety and well-being. Gauravi operates within a governance structure which balances the power relationship between law enforcement, judiciary and government, ensuring development and

Figure 1: Services provided at Gauravi one stop crisis centre



implementation of policies and practices which are in accordance with the framework of feminist justice. The aim is to help victims not only recover from continued violence but also regain agency. Additionally, justice is sought in the form of ensuring that police and courts hold perpetrators accountable for their actions.

Since the establishment of Gauravi, a tremendous response has been received. People from all over Madhya Pradesh have been involved in the services and working process of Gauravi. Women themselves walk in for support or are referred by police departments, hospitals, organizations, family and friends. Every matter or case is carefully analyzed by Gauravi staff to assure that the woman receives all possible support to ensure

Figure 2: Immediate response in case of emergency at Gauravi one stop crisis centre

Table 1: Details of services rendered by Gauravi one stop crisis centre since its initiation

Services Provided	2014-15	Jan-Dec, 16	Jan-Dec, 17	Jan-Dec, 18	Jan-Dec,19	Jan-Mar, 20	Total
Women Registered complaints on Helpline	16933	11746	11098	11297	8521	2418	62013
Walk in Cases	3295	211	2931	8314	5632	2307	24590
Medical Support	338	514	383	406	275	66	1982
FIR	211	239	129	169	175	19	942
DIR	92	82	37	13	50	33	307
Legal Aid	382	117	428	499	169	53	1648
Legal Cases	248	183	151	132	124	31	869
Shelter Support to Women & Girls	2400	1242	502	290	465	102	5001
Police Support	205	288	106	124	384	123	1230
Rehabilitation (Training & Job palcement, etc)	337	431	108	134	158	27	1195

justice. We are receiving high numbers of cases every month, and the numbers are constantly increasing, it is reflective of the nature of exacerbated vulnerabilities women face in this new context.

Gaurvi in the COVID-19 lockdown

"I work as a Gauravi counselor. My workplace is my second home. With the lockdown I began giving my services as a COVID counsellor via the State and NHM helpline. Every day I attend to 40 distress calls and 16 proactive calls of COVID. I counsel them over the phone. Apart from this, I am also providing consultation on phone to women and children facing violence."

~ **Rashmi Mishra,** Counsellor, Gauravi

In the wake of the recent COVID-19 pandemic, Gauravi along with ActionAid Association with the support of WCD in Bhopal, expanded its ambit of work by providing all-round humanitarian assistance to women and families affected by the unplanned lockdown imposed nationwide. Over a period of two months and (23rd March to 31st May, 2020) Gauravi has been able to provide food relief, conduct medical surveillance and provide counselling to the most dispossessed families against the backdrop of the COVID 19 pandemic.

Over 7000 kits of dry ration that were distributed during this period, with the support of our volunteers and women survivors who took the initiative in not just listing out women in need but also delivering ration and care kits themselves by rickshaw and e - rickshaws all over the city. Food cooked at multiple community kitchens was also delivered at Gauravi and then picked up by the municipal commission, police departments and other agencies to be distributed in quarantine homes, shelter homes and to homeless persons. Apart from the ration and cooked food, awareness campaigns and sanitization materials were handed over to communities and volunteers worked hard to enhance public understanding of ways to fight COVID 19.

Gauravi also started a 24x7 helpline for supporting women affected by violence during lockdown and developed a module on ways to initiate counselling for COVID 19 related queries. We were directly linked with the National Health Mission and WCD to support their awareness programmes by linking Gauravi's 500 community volunteers towards awareness on the pandemic. We also featured on radio programmes and FM channels, sometimes with the presence of WCD leadership to spread awareness that the lockdown did not mean a lockdown of justice for them and closure of all channels of support. We conducted health, safety and hygiene awareness programmes in 25 slum areas all over Bhopal. Our community-based organization of domestic workers has over 1100 members in different areas who were directly involved in raising COVID19 related awareness.

In these challenging times, ActionAid Association's policy unit with the help of Gauravi has begun a "Psycho-social support group COVID-19" helpline where very experienced counselors help and guide people towards

enhanced well -being. The helpline is recognized by and partners with the NHM. Further, the policy unit has also partnered with the state on proactive counseling of quarantined and positive people. On an average, the helpline receives about 50 calls and further, makes over 30 calls daily for proactive monitoring and well-being of quarantined people. Together with NHM and the involvement of our volunteers, they will also be doing primary health surveillance in communities using thermal sensors and reach out to almost 25,000 people.

While maintaining all necessary precautions, the emergency services for women in distress have been continuing uninterrupted at Gauravi. It is operating with 50% staff available at the centre while 50% remain available on call.

New protocols have been rolled out to not just ensure smooth functioning of Gauravi, but also keep the necessary precautions with respect to COVID 19 in order to contain the pandemic. The WCD has acknowledged and taken the protocols for further awareness.

CHAPTER 2

UNDERSTANDING COVID-19 FROM A FEMINIST LENS

In order to understand COVID19 from the margins, one must keep the women from the most excluded communities as the subject of the discourse and analyze it from their perspective and through their agency. Moreover, it is evident that people from the most vulnerable groups like pregnant women, the aged, chronically ill and people with comorbidities must be at the center of any response. While in this context, it is important to register the needs of elderly women, one must also understand that in a patriarchal society, women are always more vulnerable because of intra-household discriminatory food distribution. Their nutritional needs are usually neglected and are more prone to being malnourished and their health needs are routinely deprioritized. Having seen the impact of the pandemic on this vulnerable group, it is crucial to consider whether poverty and patriarchy can also be considered tantamount to comorbidities.

Disease outbreaks affect women and men differently. Pandemics make existing gender inequalities for women and girls worse, and can impact how they receive treatment and care.

Gauravi witnessed an increase in distress calls received by women who worried about increased violence and apathy towards their health and well-being. In the initial stages of lockdown, we received approximately 100 calls from women who were enquiring about their sub-judice matters in court and other institutions. There was a sense of panic due to foreseeable delay in proceedings and delivery of justice. Over 330 calls were received from women survivors whose case was already registered and/or closed at Gauravi to report recurrence of violence during lockdown.

Vanshika (name changed) age 30, called up during the early stages of lockdown to report abuse and violence by her husband. She was showing symptoms of COVID 19, but instead of referring to the health centre her husband locked her up in a room with treatment. She said that he feared

that he might have to pay for her treatment and the entire family might be quarantined. She called Gauravi and the counselor went along with the police to her home to talk to her. She was referred to the hospital. However, her symptoms were those of Tuberculosis (TB). Her husband was also tested for TB and was counseled to take her home and take good care of her health.

Women's health is historically neglected. We witnessed many pregnant women, women chronically ill and suffering, walking for hours to seek relief, aid and medical assistance at Gauravi. More than 15 calls and walk-ins were from women who specifically sought medical support from us.

A woman walked 15 miles to reach Gauravi, when she heard food relief kits were being given from here. She was herself dehydrated and weak while her children were injured. She narrated how she is the sole earner for her family and despite ill health, it is absolutely imperative for her to work to make both ends meet. The role of men as traditional breadwinners has suffered a blow, thereby coercing women in precarious conditions, to take on breadwinning responsibilities. This has also lead to further stresses in already strained domestic relationships.

Women and healthcare

As the government health centres and hospitals were burdened with the COVID 19 health intervention, many women were refused treatment and health support.

Ritu Tomar, age 30, tried to commit suicide by burning herself after constantly being subjected to violence by her husband. She was rushed to various public hospitals but failed to receive treatment. Her family finally took her to a private hospital. Her parents approached Gauravi for help. The coordinator tried to have her shifted to a government hospital by making written requests. Sadly, Ritu couldn't survive the burn injuries and passed away in the midst of her treatment. She not only faced apathy from her husband and his parents but also bore the brunt of overstressed health institutions.

Disease outbreaks affect women and men differently, and epidemics make existing inequalities for women and girls and discrimination of other excluded groups (like minorities, SC/ST, PWDs, Migrants) worse, thereby pushing them to starvation and illness. This needs to be considered, given the different impact surrounding detection and access to treatment for women and men, as well as for their overall well-being.

Given that we live in a patriarchal world where powerful institutions work in a biased manner to to support the needs of men, women have less power and control over their own bodies and hence are less equipped to protect themselves from infection or say no to their male counterparts. They have very little control over their sexual and reproductive decisions, which is compounded by their inadequate access to health care and insufficient financial resources to travel to hospitals and health care facilities for check-up. Many times, there is also an inadequate level of women's representation in pandemic planning and response, which can already be seen in some of the national and global COVID-19 responses.

In terms of other risks, men may exhibit less health seeking behavior as a result of rigid gender norms, wanting to be viewed as tough rather than weak, implying a delay in detection and access to treatment for the virus. Within the context of such norms, men may also feel pressure in the face of economic hardship resulting from the outbreak and the inability to work, causing tensions and conflict in the household. During quarantine, women and men's experiences and needs also vary because of their different physical, cultural, security, and sanitary needs.[1]

According to the UN reports, seventy percent of the global health workforces are women, thereby emphasizing the gendered nature of the health workforce and the risk of infection that female health workers face. Given that women provide the main part of primary health care interventions including front-line interaction at the community level, it is of paramount concern that they are not fully engaged into decision making and planning of interventions, security surveillance, detection, and prevention mechanisms. In Madhya Pradesh, many of the health workers are women which means that their exposure, number of hours of work and hence vulnerability to the infection is high. It is also assumed in a patriarchal society that the role of nurturing and caring for the sick and diseases comes more naturally to them thus coercing them to be primary care givers of infected people at home and thus making them more susceptible to the pandemic.

Experience shows that women's roles within communities often put them in a vantage position to identify trends at the local level, including those that might signal the start of an outbreak and overall health situation. However many health care women workers, working in the midst of the pandemic faced unpleasant situations that threatened their safety and well-being.

Women and livelihood

A range of reports speak about the declining women's participation in the labour force in India. A study based on census data indicates that Madhya

1. See also "Rapid Assessment of Quarantine Centres in India" report < https://www.actionaidindia.org/wp-content/uploads/2020/09/Rapid-Assessment-of-Quarantine-Centres-in-India-Report.pdf>

Pradesh has a slightly better position in total female work participation rate in rural areas but in the urban sector female work participation rate is similar to that of India. However we firmly believe that all women work, and the statistics show the growing invisibilisation of women's work and its increasing precarity. Women work in both formal - informal sector and in roles that are often not accounted for. Women who are largely working in the unorganized sector have increasingly lost their income, unable to avail government schemes and benefits and have been further marginalized as they are unable to fend for their families, in many cases as single women and in many others, as the single bread winner of their family. This breaks the notion of male breadwinner-female caregiver model and evidently, further strains domestic and kinship ties.

Preeti Kushwaha, (32) is a single woman who is a street vendor and sells freshly made snacks was unable to earn her livelihood during the lockdown. Her vending cart is not registered with area ward office or labor

department and she doesn't have a ration card, this made it impossible for her to avail any state schemes announced during the lockdown. The ration support she received was through Gauravi.

Due to the lockdown various subsidies given to people under various schemes by the Government paused, this greatly affected the E-rickshaw drivers who recently got trained and purchased their rickshaws in February 2020, under a driver training rehabilitation program at Gauravi. All the six women E-rickshaw drivers are single women and survivors of violence who bought their rickshaws with their hard earned savings however the lockdown abruptly halted their new career and placed them in the difficult situation where they were unable to earn their livelihood. They have requested the government authorities to restore their subsidy as they livelihood depends on the E-rickshaw.

Gauravi received 350 calls from both men and women who had no food security, among this 60% calls received were from women who were domestic workers, not just out of jobs, but also stigmatized by employers and housing societies as possible carriers of COVID-19.

Shanti Bhagore, age 40, a domestic worker from New Ambedkar Nagar Basti, Bhopal, who works in six different households and earn Rs.6000/- on an average. Three households out of 6 have asked her not to come till the lockdown is on, while she is still going in three houses. She told that the household societies behaved in impolite manner on their entry in the premises. The employers have not informed her whether she will get her payment for the days off. She requested early payment from few employers who refused her and said they will pay her later.

Ram Pyari Ahire, 53, sells vegetables on the roadside and at the weekly 'haat bazaar.' Her husband gets vegetables from the wholesale market and sells in different housing societies. The sabzi mandi or wholesale markets are not fully functional, due to state lockdown the incoming of vegetables have become expensive. The rates have gone up and sales on roadside have reduced compared to before. She fears investing in buying a lot of vegetables which might not be sold the same day and could go bad. The

thrice a week haat baazars have been discontinued till end of March which was their major source of income. Certain housing societies have banned street vendors to enter inside due to corona scare this has greatly affected their routine income. The monthly income of the family is approximately Rs. 10,000 – 15, 000 which she fears will reduce to Rs.w 50, 000. She has a family of 5 and it is going to get difficult in the coming times.

There were 15% women who called requesting ration support were survivors from Gauravi who were either single and/or sole earner of their family. Gauravi distributed ration kits 1500 women who were linked to Gauravi in some or the other way.

Sexual and reproductive health and rights

The last two months have been witness to an overstressed public health system with most of the services being directed towards the emergency response of COVID-19 outbreak. This also implies that resources for sexual and reproductive health services may be diverted to deal with the outbreak, which might lead to a rise in maternal and newborn mortality, increased unmet need for contraception, and increased number of unsafe abortions and sexually transmitted infections.

Gauravi supported women in receiving timely maternity care and support. Fehmida (name changed) who was living in Vidisha, was 9 months pregnant and the doctors detected certain complications. She was referred to a hospital in Bhopal, but due to the lockdown was unable to travel. Her aunt who was herself a survivor from Gauravi, called up to seek support. The team without losing time got a referral for Sultania Hospital and permission from the local Sub-Divisional Magistrate. She was brought to Bhopal and delivered her child safely. She stayed here for 15 days before she could go back to her hometown.

We also received 8 calls on our COVID helpline, where women hinted at marital rape but expressed it as domestic violence during the lockdown. We offered our support for outreach and rescue but they were seeking

counseling and did not wish to specifically report. Their information was kept confidential and was not shared on public portals.

Jayshree (name changed) a 32-year-old woman was carrying an unwanted pregnancy. Her husband was highly abusive and violent. She reached out to us and wanted to visit us to be able to get more information on medical termination of pregnancy. As her husband was always home during the lockdown she was unable to talk and go out. After lockdown 3.0 when relaxations were made, she visited Gauravi, where we arranged for her checkup. She was informed that a termination was risky as she was already 14 weeks into her pregnancy. She is receiving constant counseling to ensure she doesn't cause any self-harm and doesn't face violence. This has raised the question of women's sparse control over their own bodies has been further exacerbated during the pandemic.

We have observed that women still find talking about sexual and reproductive health openly, taboo and the current situation has further repressed them.

The Union and State government response, did not serve the specific health needs of women of all ages. *There was noticeable shortage of affordable sanitary pads, as many small units shut down and supply from bigger units was limited.* While procuring sanitary pads for the sanitation kits we distributed, we found it difficult to procure sanitary pads in bulk. Many women from our community groups during a need assessment informed us that they were not able to purchase sanitary pads for themselves and their teenage girls.

Looking at the question of safety, a volunteer at Gauravi and ActionAid Association, Shobha Sahu, age 45, told us that mobile shops are shut down; many women are not able to recharge their phones. She herself couldn't recharge her phone; a colleague from Gauravi helped her out in doing so. Even without credit, women were able to call Gauravi and other helplines, but their access to other support systems, internet and other sources was cut off.

Increased care role of women

Given the gendered division of labour and that women are invariably assigned the care work of their family, elderly and children, the outbreak has overstressed their care responsibilities. Households are under strain, elderly care, child care and the burden of loss of work has led to increased incidences of domestic violence.

The closure of schools to control COVID-19 transmission has a differential effect on women economically, given their role in providing most of the informal care within families, with consequences that limit their work and economic opportunities. In general the outbreak experience means that women's domestic burden becomes exacerbated as well, making their share of household responsibilities even heavier and for many while they also work full time. Additionally, travel restrictions cause financial challenges and uncertainty for mostly female foreign domestic workers or those in service related industries impacted by travel limitations.

Despite the rhetorical narrative that male member of the family is the provider, we observed the contrary. Women approached and called more on the helpline number worrying about shortage of food, largely women came out to collect relief kits when our volunteers distributed in the community.

Shobha Thorat, age 25, is a domestic worker. Her husband is a daily wager and had a history of alcoholism. She was facing continuous pressure from him to get ration from her employers, while he was saving up to bootlegged liquor as wine shops were closed. When she refused saying that she had already taken enough help, he beat her up and left the house. She called Gauravi and narrated her situation, as her husband was missing and she was unable to feed her family. We provided her with a ration kit. Later, her husband was found living with a friend. He was counseled on the phone by our counselor and assured us that he would take care of his family. The follow-up, however, remains a challenge as one refrains from making personal visits and outreach.

We have received similar cases where women are pushed to procure food for home, many women despite having the means to buy, turn up at Gauravi for a ration kit. They tell us that their husbands are not supporting them and they have to take care of their extended families.

Renu Panthi, 27, a resident of Bilkhediya BHEL arrived at Gauravi with her 10 months old son, who was suffering with a kidney ailment, seeking medical and food support. She was married off when she was minor and had already lost 5 children who were born pre-matured. Herself in bad health, she was forced to earn a living by doing odd jobs as her husband absconded after finding out that their son is also unwell. She was not only providing for her child but also her in-laws who were living with her.

Reena Malviya, an E-rickshaw driver and a survivor of domestic violence, went to her native village to take care of her in-laws, despite the fact that she is separated from her husband. She said it was her duty as her husband has abandoned his parents as well.

Increase in reported gender-based violence

Pandemics compound existing gender inequalities and vulnerabilities, increasing risks of abuse. In times of crisis such as an outbreak, women and girls may be at higher risk, for example, of intimate partner violence and other forms of domestic violence due to heightened tensions in the household. They also face increased risks of other forms of gender- based violence including sexual exploitation and abuse in these situations, as observed in the calls received by Gaurvi.

In a period of five months, Gauravi has received more than 1725 calls over its helpline as well on the personal phone numbers of its staff. Phone was the only medium left for communicating and also promoted by the Police Department while doing referrals for cases of violence. More than 250 cases of violence were provided phone counseling. Out of the 1725 calls, 358 were calls reporting domestic violence due to the lockdown, 338 were calls of relapsed violence with women survivors, 41 were of other forms violence including calls of serious offences like sexual abuse, missing girls, woman/girl in trauma due to sexual or physical abuse etc. Many new callers also called seeking information regarding e-pass registration, ration support, credits in accounts under Jan-dhan Yojana. Students also called with queries on exams or other issues regarding lockdown.

Minor girls were also vulnerable and susceptible to violence found them in insecured environment during the pandemic. Gauravi received several walk in cases of girls who faced sexual abuse and were unable to reach out for help immediately.

Richa (name changed), 16 years old, was staying in her father's friend's house, she had come to give an exam in Bhopal. As the lockdown was imposed, she was forced to prolong her stay. She was raped by a boy living in the same house. She was intimidated and suffered in silence, only after the lockdown was relaxed she was able to reach her parent's house and told them about the incident.

As our centre is already working in convergence with different state departments, we have received referrals from different sources for

supporting women or girl survivors. The team rescued 3 survivors of domestic violence with the support of the police department. In some cases, the centre counselor became the first contact for the Police Department seeking phone counseling for women who reached the police station directly. 10 FIRs of dowry, sexual assault, missing were also registered. The team also managed to support women living in separation in getting custody of their children who were forcibly taken back by the husband or in-laws during lockdown. The Gauravi team also listed cases with high probability of relapse and contacted those survivors as well. It was also observed by the team that many women over phone were not able to share their problems openly. They were anxious to know when they could come to the centre. 25 women called seeking shelter. Some were given immediate shelter support and after counseling with husband were rehabilitated back with proper documents.

Moreover, three counselors of Gauravi who directly worked with the COVID 19 mental health helpline received on an average 50 calls daily out of

Table 2: Types of new cases received at Gauravi during lockdown via helpline

Sl. No	Type of Cases	Total Number
1	Domestic Violence	358
2	Property Dispute	021
3	Medical Help (specific to women)	021
4	Food Insecurity	500
5	Calls from registered survivors	338
6	Other (Shelter Migrant distress, girl students, enquiring about welfare schemes, etc.	487
Total		**1725**

Table 3: Categories of most recent cases recieved at Gauravi

Sl. No.	Type of Cases	Total Number
1	Domestic Violence	40
2	Rape	09
3	Child Abuse (POCSO)	05
4	Dowry	21
5	Medical Support	20
Total		**95**

which 15% pertained to violence against women, primarily domestic violence. In sum, the Centre has handled over 2000 calls.

In last four months, apart from the calls in terms of walk in cases, we registered and handled 95 new ones during the lockdown.

It is safe to conclude that we did not notice any decline in the cases of gender based violence, given that the lockdown has witnessed a complete decline in mobility and outreach of women, it would not be imprudent to say that we have actually received inputs about more incidences of violence.

We received a call from a survivor, Preeti Kushwaha, age 32, reporting threat to safety. Preeti is a single woman and work as a street vendor, supporting her two young children. She complained that a man was trying to break into her house in the night; she feared it is the same man who has previously made unwanted advances towards her. We immediately called the police at her local police station and registered a complaint. The police official visited her house to ensure her safety and security.

In another matter from Sehore district, we received a call from the family of a woman, Anjana, 35, whose husband was forcing her to leave the house and go to the parents in Bhopal. It was not easy for her to travel during the lockdown, and she was facing violence and mental pressure to leave. Gauravi intervened in the matter by contacting the local police station and the Panchayat. Later, the Panchayat intervened in the matter to come to a resolution between the husband and the wife. Our counsellor played an important role by regularly communicating with Anjana and the Sarpanch.

It was visible that Gauravi expanded its bandwidth keeping in tune with the necessities arising during the pandemic. The staff not just addressed cases of food security but identified the latent layers of violence and stress women were facing and made efforts to address it through counselling.

In addition, life-saving care and support to gender based violence survivors (i.e. clinical management of rape and mental health and psycho-social support) may be cut off in the health care response when health

service providers are overburdened and preoccupied with handling COVID-19 cases. Systems must ensure that OSCC workers be armed with the necessary skills and resources to deal with sensitive gender-based violence related information, so that any disclosure of gender based violence be met with respect, sympathy and confidentiality and that necessary services be provided with a survivor- centred approach, and this training must constitute a part of the pandemic response.

ActionAid Association and Gaurvi's experiences can play a key role in sensitizing national and local partners and stakeholders to understand the intersections of gender and such outbreaks, as well as the increased risk of gender-based violence and how to safely, ethically and effectively address the issue during this pandemic.

Women Migrant Workers in Transit

All vulnerable populations experience COVID-19 outbreaks, differently. For the nearly 4 million migrant workers, many of whom are women who have migrated on their own or on account of their families. As they travel to their home towns and villages, many of them face serious sanitation, menstruation, reproductive health and safety issues. Identifying them as women in dire need of humanitarian assistance and protection, prolonged exposure, dehydration and absence of protection mean that the risks of COVID-19 outbreaks are likely to be magnified for them. Conflict, poor conditions during travel, and constrained resources are likely to amplify the need for additional support in a patriarchal milieu.

Women migrant who are stranded are not just facing food insecurity, they are dependent on strangers to meet their needs and fear exploitation and abandonment and physical violence. A group of 10 women from the Baiga tribe in Balaghat were stuck at factory site in Mandideep industrial area. All women are between the ages of 20 and 24. They have been unable to reach Bhopal, from where they can catch a train or a bus. As we constantly try to arrange for their travel, our counselor is in regular touch with them to give them moral support and ensure their safety.

A group of 50 migrants from Mandla district who were stuck in Bhopal were sent off to their home town from Gauravi, which acted as a centre point which was easily accessible by all the migrants. The group had 25 women who had come here for work and were stuck for over 55 days.

A tribal girl from Chhindwada, Preeti, age 24, was living in Gauravi for over a month before she was sent to her home town. She was working as a caretaker in a home and her employers abruptly asked her to leave after the lockdown started. She was left at the station, unaware that the trains have stopped running. She was found by the GRP and brought to Gauravi. Her employers were contacted but they refused to respond or take any sort of responsibility for her. Preeti was not willing to file any complaint either. With Gauravi's support she was sent back to Chhindwara after 35 days.

Apart from women migrants themselves, the flipside is of the women who are left alone along with children and other extended families, while their

husbands who migrated to other states are stuck and unable to send any financial help.

Information about a woman named Savitri Devi, age 40, and was received by one of our staff members. She was said to be in dire need of assistance. When our volunteer reached out to Savitri, she explained that her husband is stuck in Mumbai and unable to come back. He was also unable to send money leaving her completely helpless. She was given a ration kit by Gauravi, for support. We contacted Savitri recently; she told us that her husband has returned.

Overall, ActionAid Association supported 14 migrant hubs across the major highways of Madhya Pradesh which witness a floating population of about 1000-5000 per day. About 30% of these are women and children from our preliminary observation and their health, sanitary needs and safety needs are different and need to be considered with paramount importance.

CHAPTER 3

KEY INSIGHTS AND RECOMMENDATIONS

The following section highlights some of the key messages for state and other institutions regarding gendered response to pandemic and principles which need to be top of the mind during the pandemic, while keeping women and precarious populaces at the centre of the discourse.

Disease outbreaks affect women and men differently, and pandemics make existing inequalities for women and girls and discrimination of other marginalized groups, worse. This needs to be considered, given the different impacts surrounding detection and access to treatment for women and men.

Women represent 70 percent of the health and social sector workforce globally and special attention should be given to how their work environment may expose them to discrimination, as also to their sexual and reproductive health and psychosocial needs as frontline health workers.

In times of crisis such as an outbreak, women and **girls may be at higher risk of intimate partner violence and other forms of domestic violence** due to increased tensions in the household. With restricted movements, a challenge to the male breadwinner model and loss of community structures to support women, specific measures should be implemented to protect women and girls from the risk of intimate partner violence with the changing dynamics of risk imposed by COVID-19.

Sexual and reproductive health and rights require very specific attention as women face a complete loss of control over their bodies and further the mechanism (public health system is used by most poor women) to help and support them.

Safe pregnancies and childbirth depend on functioning health systems and with an overstressed health system, the access and services are

difficult to come by. Under the circumstances, strict adherence to infection prevention protocols is crucial.

Provision of family planning and other sexual and reproductive health related services, including menstrual health, are central to women's health, empowerment, and safety and need to be kept at the centre of policy planning.

Continuity of care must be ensured in case of severe facility service interruption or other disruption in access for women and girls of reproductive age. **Obstacles and barriers must be addressed,** enabling women's and girls' access to services, including psychosocial support services, especially those subject to violence or who may be at risk of violence in quarantine.

Gender based violence referral pathways must be updated to reflect changes in available care facilities, while key communities and service providers must be informed about those updated pathways.

Surveillance and response systems should include sex, age, gender, and pregnancy status disaggregation.

Provision of mental health and psychosocial support for affected individuals, families, communities and health workers is a critical part of the response.

Given women's front-line interaction with communities and their participation in much of the care work, **they face a higher risk of exposure.** With such proximity to the community, **women are also well placed to positively influence the design and implementation** of prevention activities and community engagement.

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