

# **Impact of COVID-19 and the Lockdowns on Women in Select communities of Delhi**

**May-July 2020  
Jagori**



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## Acknowledgements

The study was conducted in the four communities where Jagori works namely, Bawana located in North West Delhi, Madanpur Khadar, Badarpur and Tajpur Pahadi located in South East Delhi.

We are deeply grateful to all the women who agreed to give us their valuable time and willingly shared their experiences.

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## Context- The Pandemic as it Unfolded:

Covid-19 as a multi-dimensional humanitarian and a public health crisis resulted in an economic, social and political catastrophe disproportionately affecting marginalised communities, especially women, girls, trans\* and queer people. Huge loss of jobs and livelihoods were reported, impacting food security, health, education and well-being of millions of male and female workers in the informal sector thus causing socio-economic stress at the household level.

With one of the strictest lockdowns declared in the country, in March 2020, and a series of lockdowns later, the deep fault lines existing in society came to the fore. The pandemic glaringly brought out the gaps in the services of the state – access to basic needs, food security, social security measures, and education was beyond the reach of the poor. Besides with all attention and resources diverted to address COVID-19 related concerns, women and girls across the country had no access to healthcare and maternal care services -including for treatment for other ailments such as anaemia, diarrhoea, cancer, and reproductive and sexual health services. All the non-essential services were suspended as the government focused on ramping up its preventive and curative response to the pandemic, and stepped in to provide relief to the vulnerable.

Public policy failure was witnessed as the initial advisory measures announced did not factor in the deficits in outreach to the most affected, including migrants. As a result, gender-based inequalities were heightened, and women workers in the informal sector such as daily wage labourers, sex workers, domestic workers, and home-based workers - lost their income leaving them in a precarious and highly vulnerable situation.

It was also noted that the state had failed to incorporate a robust intersectional gender and rights analysis. A multi-sectoral approach in the institutional and fiscal responses was missing. In fact, very few countries managed to develop a gender and rights framework in their stimulus and recovery responses.

Jagori has compiled several advisories of the government and key recommendations by CSOs for wider dissemination which can be accessed here<sup>1</sup>.

### Impact on Women and Work

Numerous studies have highlighted the widening gender gaps that exist in terms of the declining female labour force participation rate, and women's limited access to decent employment and fair wages. Data shows that women's work force participation rate in India had fallen to 23.3% in 2017-18 from 28.15% in 2011-12.<sup>2</sup>

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1 [http://www.jagori.org/sites/default/files/publication/Compilation%20of%20important%20Government%20Advisories%20and%20CSO%20Recommendations%20%28time%206.44pm%29\\_0.pdf](http://www.jagori.org/sites/default/files/publication/Compilation%20of%20important%20Government%20Advisories%20and%20CSO%20Recommendations%20%28time%206.44pm%29_0.pdf)

2 [http://www.jagori.org/sites/default/files/publication/Gender%20%26%20SDGs%20Consultation%202-3%20February%202020\\_0.pdf](http://www.jagori.org/sites/default/files/publication/Gender%20%26%20SDGs%20Consultation%202-3%20February%202020_0.pdf)

(sourced from PLFS –NSSO, 2019)

Less than a quarter of women in the country are in the labour force and India's standings on this count are among the worst in the world. India also has the highest gender wage gap among 73 countries (2018).<sup>3</sup> Besides, while women represent 49% of India's population, just 18% of their contributions are recorded in its economic output, almost about half the global average.<sup>4</sup>

Prof. Ashwini Deshpande, Ashoka University, in her recent paper<sup>5</sup> analysed that the employment fall in India was greater for women, especially rural women. She also found that the fall in employment was highest among the lowest ranked, stigmatised and marginalised Dalit community. She further stated that women employed in the pre-lockdown phase were 23.5 percentage points less likely than men to be employed post-lockdown.

90% of migrant workers lost their incomes within the first three weeks of the announcement of the national lock-down. While many are still recovering from the impact, majority continue to face uncertain livelihoods, increased indebtedness, hunger and extreme poverty. The lockdown left lakhs of migrant workers stranded in cities thus forcing them to walk back home, for many, home was thousands of kilometres away. The sufferings of migrant women, including pregnant women were eclipsed in the mainstream media and many of us read stories of pregnancy related deliveries - in trains and on streets, in public spaces - with no medical care and some losing their lives as a consequence.

Trans-persons, women in sex work, have suffered hugely as they lack the basic identification documents, given the stigmatization that society imposes on them. They have faced huge hurdles in accessing relief measures and continue to remain outside the purview of the government schemes in regard to social security, pension, rations, health care, etc.<sup>6</sup>

### **Burden of Women's Unpaid Care and Domestic Work**

Women constitute over 85% of all health workers in India (PLFS, 2017-18). A large section of the public health care workers are women as nurses, cleaners, para-medics, care-providers, sanitation workers, and frontline mobilisers. These frontline healthcare workers are at a higher risk of contracting the virus as a result of providing care to COVID-19 patients. Yet their work remains invisible, undervalued, and highly neglected in the economic and social policymaking.

There are more than 10 lakh ASHA workers on duty round the clock to support the government's efforts. Along with SHG collectives, they have been providing relief, care, supporting the quarantine centres and have been making masks and sanitisers as well. Despite working tirelessly, reports suggested that ASHA workers in many states received less than the minimum wage and were deprived of the promised incentive of Rs 1,000 for the additional work performed during the pandemic.

Their work has been recognised as duty and contribution to the country, community, and builds largely on their so-called infinite availability of time and elasticity of labour. Earlier their work was seen to build their community empowerment efforts and secure well-being. Now the notion of well-being has been eroded. And these frontline women workers are quite invisible to the public at large, and there is very little recognition of their massive contributions in responding to the pandemic.

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3 [https://www.business-standard.com/article/current-affairs/gender-wage-gap-highest-in-india-women-are-paid-30-less-than-men-ilo-118112701048\\_1.html](https://www.business-standard.com/article/current-affairs/gender-wage-gap-highest-in-india-women-are-paid-30-less-than-men-ilo-118112701048_1.html)

4 <https://theprint.in/india/how-coronavirus-has-made-indias-devastating-gender-gap-even-worse/448969/>

5 Deshpande, Ashwini, (2020), Ashoka University: <ftp://52.172.205.73/ash/wpaper/paper30.pdf>

6 <https://www.jurist.org/commentary/2020/06/sonalrawat-trans-rights-covid19/>

An online survey undertaken in urban areas by Sonalde Desai and Ravinder Kaur, found a huge increase in the time women spent on household work and childcare. In addition, Prof. Ashwini Deshpande highlighted the gender gaps in domestic work in her paper in June 2020<sup>7</sup>.

### Reporting Violence Against Women

Women faced violence both at home and while accessing public services. National Commission for Women received a total of **116** complaints between March 2-8, 2020, that later increased to **257** complaints between March 23-April 1, 2020. **69** of these complaints were that of domestic violence. Other complaints included those regarding the right to live with dignity, which increased to **77** from **35** reported earlier. Such cases may be related to issues of discrimination on the basis of gender, class or caste and others.<sup>8</sup> Further, between April and May 2020, a total of **3027** complaints were reported across **22** categories of crimes against women, and **1428 (47.2%)** are in the category of domestic violence and intimate partner violence.<sup>9</sup>

NCW also reported for the month of June 2020, **113** complaints of police apathy towards women, **100** complaints of cybercrimes and about **78** complaints of rape and attempt to rape, and **38** complaints of sexual harassment<sup>10</sup>.

Interestingly, a Working Paper published in July 2020, by Manisha Shah and Saravana Ravindran of UCLA,<sup>11</sup> compiled and mapped the complaints registered with the National Commission for Women district wise in red, orange and green zones, as notified by the Delhi Administration based on the COVID caseload. A pattern was visible from the analysis which showed that domestic violence complaints increased by 131% and online complaints by 184% in the red zones as compared to the green zones.

### Barriers to Reporting

Women's groups are aware of the poor reporting on domestic violence by women. According to the NFHS 4 data, around **86% women** who experienced violence never sought help and **77%** did not mention their situation to anyone.<sup>12</sup> It is therefore not surprising that in the initial period of the lockdown, women were locked-in with their abusers, lacked privacy and safe spaces to speak up, experienced severe mobility constraints and had little information about the nature of support services available. Many lacked access to phones, and those that had it were unable to recharge them.

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7 Ashwini Deshpande, 2020. "The Covid-19 Pandemic and Lockdown: First Effects on Gender Gaps in Employment and Domestic Work in India," *Working Papers* 30, Ashoka University, Department of Economics, revised Jun 2020. Accessed on <https://ideas.repec.org/p/ash/wpaper/30.html>

8 The Hindu, April 02, 2020, <https://www.thehindu.com/news/national/covid-19-lockdown-spike-in-domestic-violence-says-ncw/article31238659.ece>

9 The Times of India, June 02, 2020, <https://timesofindia.indiatimes.com/india/domestic-violence-accounts-for-over-47-complaints-to-ncw-in-lockdown/articleshow/76161829.cms>

10 <https://newsable.asianetnews.com/india/coronavirus-lockdown-ncw-received-over-2-000-complaints-of-crimes-against-women-in-june-highest-in-8-months-qcvxno>

11 Manisha Shah and Saravana Ravindran: Working Paper, "Unintended Consequences of Lockdowns: COVID-19 and the Shadow Pandemic". National Bureau of Economic Research (NBER) on July 20, University of California at Los Angeles.

12 <https://www.thehindu.com/data/data-domestic-violence-complaints-at-a-10-year-high-during-covid-19-lockdown/article31885001.ece>

## Advocating for VAW as an Integral Part of Essential Services

Jagori, on behalf of the National Aman Network comprising more than 145 NGOs across the country, presented a memo to the Ministry of Women and Child Development (MWCD), National Commission for Women (NCW), and Niti Aayog to declare all support services for violence against women as essential services and activate the eco-system of support for survivors.<sup>13</sup>In the interim period, several women's groups advertised helpline numbers, ramped up their services, reaching out to survivors on WhatsApp groups and social media, tele-counselling and supporting reporting and entry to shelters. Online and media campaigns were run by several women and trans groups across the country.<sup>14</sup>

In response to a petition filed by the All India Council of Human Rights, Liberties and Social Justice, the Delhi High Court directed the Delhi government and the Centre on April 24, 2020 to ensure effective implementation of the Protection of Women from Domestic Violence Act, 2005.<sup>15</sup>

The Delhi Commission for Women (DCW) also launched a WhatsApp Number (+91- 9350181181) to register complaints regarding domestic violence. The Delhi Commission for Protection of Child Rights also launched a helpline number (011- 41182977) for children who need any kind of mental health counselling.

Jagori's specialized unit working on Ending Violence against women which provides referral and support services, recorded a total of **478** complaints of domestic violence over phone and emails between **18th March and 29th June 2020**. This is **1.5 times more** than the complaints recorded during a 3.5-month period under normal circumstances. With 81% of the calls being attended over the phone, the burden on counsellors is considerably higher, underscoring the need to revisit case protocols, and strengthening online and phone counselling skills.

Jagori, in the initial phases verified<sup>16</sup> which shelter homes were functional for women survivors in Delhi. However, when survivors reached some of these shelters were full and refused admittance, given the health risks. Further, it was also found that shelters had not developed clear SOPs for the lockdown period and needed additional support. This was followed by another survey undertaken by a National Network: Lam-lynti Chittara Neralu (LCN), coordinated by Jagori on how the eco-redressal system of services for domestic violence functioned for survivors across 7 states in the country, indicating several gaps in the said services.<sup>17</sup>Other forms of sexual violence and trafficking were also noted in this period.

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13 [http://www.jagori.org/sites/default/files/publication/Recommendations%20to%20NCW%20on%20Responding%20to%20Domestic%20Violence%20During%20Covid-19\\_Aman%20Network.pdf](http://www.jagori.org/sites/default/files/publication/Recommendations%20to%20NCW%20on%20Responding%20to%20Domestic%20Violence%20During%20Covid-19_Aman%20Network.pdf)

14 See: <https://brandequity.economicstimes.indiatimes.com/news/marketing/rediffusion-swayams-campaign-highlights-different-forms-of-domestic-violence/76953560>  
<http://everythingexperiential.businessworld.in/article/Akshara-Centre-in-association-with-the-Government-of-Maharashtra-urges-all-citizens-to-put-LockdownOnDomesticViolence/21-04-2020-189798/>  
<https://wearerestless.org/2020/07/06/queer-feminism-lgbtqi-activism-in-india-with-nazariya>

15 <https://www.financialexpress.com/lifestyle/the-hidden-crisis-beneath-the-surface-of-covid-lurks-a-human-rights-crisis-for-women/2049161/>

16 <http://www.jagori.org/sites/default/files/publication/Edited%20%281%29.xlsx.pdf>

17 <http://www.jagori.org/covid-19>

## **Impacts on Women's Health**

With the public health system overwhelmed by responding to the pandemic, other health issues were either neglected or forgotten. This includes halting the immunization camps for children, primary health centres being unable to attend to patients due to lack of protection of their frontline workers, pregnant women unable to access maternal care services, despite being declared to be in the 'high risk category' for the COVID-19 virus. Access to maternal healthcare was negligible and pregnant women found it difficult to access hospitals due to lack of transportation and further with lack of admission due to the fear of COVID-19.

In the months that followed the lockdowns, it was noted that several women gave birth outside hospitals for lack of admission, on the streets- in the Shramik trains that were organised to transport migrant workers home, etc. – and some lost their lives as a consequence of being unattended to. Rural women, especially, could not access sexual or reproductive health services- including access to sanitary napkins. Sama Resource Group for Women and Health in the meanwhile, had filed and won a PIL before the Delhi High Court to address the lack of access and denial of healthcare services, specifically to pregnant women in Delhi, and to deal with the barriers faced due to lockdown declared by Government<sup>18</sup>.

## **Access to Government Relief and Other Measures**

In the initial four weeks of the national lockdown, there were scores of painful stories about the impact on people with respect to access to food. While several citizen groups and others reached with support to vulnerable families and homeless individuals, the government relief packages were announced later. The Pradhan Mantri Gareeb Kalyan Yojana ([PMGKY](#)) scheme with a planned wide outreach could not effectively meet with the needs of large numbers of people, including the migrant workers who were headed home. Further, several state governments have instituted measures to reach out to vulnerable populations, including Women, Children, Elderly, Persons with Disabilities, and Transgender Persons. In Delhi, the government doubled the pension amount for a period of time, including widow pension for 2.5 lakhs women, old-age pension for 5 lakh people and disability pension for 1 lakh beneficiaries.

However, there continues to be a huge concern about the exclusion of many vulnerable families, particularly single women, tribals and Dalits, disabled people, homeless people, among others from states' relief measures. Many women and their families still lack much needed documents, including ration cards, aadhaar cards and so on. Several state governments such as Delhi, Chhattisgarh, Jharkhand, Rajasthan, Uttar Pradesh, Telangana and others have announced that they would provide rations to non-ration cardholders through e-coupons.

However, the application mechanisms are time consuming and beyond the reach of ordinary citizens. In Delhi, a non-ration cardholder has to enrol herself online by entering her phone number and after receiving an OTP, has to upload her aadhaar card and family photo. Following an SMS, she will then qualify for a link to the e-coupon. This is out of reach for most women as they do not own a cell phone, and if they do, do not have a smart phone. The digital divide and lack of access to technology is a huge issue for women.

Under the cooked meal-scheme in Delhi that started at the peak of the migrant labour crisis, around 12 lakh food packages were distributed daily, which seems to have been stopped post the unlocking phase. The mid-day meal scheme, which benefitted lakhs of children, is yet to resume.

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<sup>18</sup> <http://www.samawomenshealth.in/>

There remains much to be done, despite the new relief measures announced.

### **Feminist Responses to the Pandemic**

At the global level, 152 countries have formulated a fiscal response amounting to: US\$10.3 trillion (as of 23 June 2020). 195 countries have included social protection, job programmes, cash transfers, utility payment waivers, food support, paid sick leave, unemployment benefits, wage subsidies among their responses. However, very few countries have designed their policies with a gender lens and only a handful contains measures specifically targeting women.

In India, several statements have been issued to advocate for a gender and rights lens by a network of women farmers, migrant workers, home based workers, domestic workers, sex workers and others.

In an open letter to the Chief Minister of Delhi in April 2020, activists appealed to the state government to recognise the “mammoth humanitarian crisis” created by the lockdown ‘outside the framework of health rights, women rights and human rights’. The letter suggested some key steps including ensuring that the public health needs of women are met; recognition of the gendered nature of the health bureaucracy; and ensuring the health and safety of women health workers along with upholding the sexual and reproductive rights of individuals and preventing racist and sexist messaging. It further urged the state to engage with gender and sexual minority groups along with other marginalised communities and include them in the decision-making processes to address the fallout of the lockdown. Further they urged that an announcement be made about a gender budget that would address the challenges faced by women and transpersons during the lockdown, and for a state policy which is ‘inclusive, non-discriminatory, participatory and diverse’. (See statement in the link below)<sup>19</sup>.

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<sup>19</sup> <https://www.thecitizen.in/index.php/en/NewsDetail/index/7/18552/Letter-to-Kejriwal---COVID-19-State-Response-Must-Account-for-Gender-and-Human-Rights>



# Objectives and Methodology

## I. Objectives of the Study:

1. To assess how the lockdown period due to the COVID-19 pandemic affected women living in low-income communities in Delhi in select geographic locations where Jagori has been working
2. To learn about how key issues they faced in respect to their lives, livelihoods, access to essential services and supported their families during this difficult phase
3. To reflect on ways to support women leaders in taking forward their engagement in the community based on women's needs and lived realities

## II. Methodology:

1. **Study sites:** The study was carried out with 150 women leaders who are members of a community leadership platform, Nari Ekta Shakti Sangathan (NESS), that was created in 2019, across four low-income communities in Delhi where Jagori works. This includes: Bawana, Madanpur Khadar, Bilaspur Camp and Tajpur Pahadi. Of these Bawana and Madanpur Khadar are resettlement colonies and Bilaspur camp and Tajpur Pahadi are informal settlements. (Delhi Map).
2. The study was undertaken by the Jagori team. Jagori has always worked using **Feminist Participatory Principles of Research and practice**. This included setting up a team wherein Jagori research team and community frontline workers, among others, worked together for data collection, cutting across barriers of class, location, ethnicity, and educational background. It was also important to bring in a subjective dimension of how the pandemic affected deeply the community workers in the process, and also be inclusive in co-designing and gathering the data, and reaching out support to the women in the field. The team was trained online and mock sessions held in the field, with support of a mentor. Every community researcher was designated a mentor through-out the process.
3. A semi-structured questionnaire (Annexure 1) was designed with inputs from all concerned and telephonic interviews carried out, given the mobility restrictions and physical distancing requirements due to COVID-19. A purposive sampling method was adopted across the 4 geographic locations. The questionnaire and the process were designed in a way where women could share their experiences without fear or anxiety, and their voices were paramount in the structuring of the study findings. At no point were leading questions asked and the time of the interview schedules were flexible depending on their availability and at their pace.
4. **Designing an Ethical Framework:** Jagori always follows the ethical framework guidelines and ensures confidentiality and support to each respondent. Their rights and dignity were respected at all times, and their information protected. Respondents were asked to endorse verbally their consent (Annexure 2) at the outset itself - for participating in the study, and for recording their interviews. Participants were given the option of stopping the interview whenever they wished to, skip any question they did not want to respond to or communicate if they wished to stop the recording at any point in the process. They were also informed that they are free to let the interviewer know about any answer they wished not to be included in

the report. Their privacy was respected and anonymity maintained on file and no names will be recorded appear in the report.

#### 5. Limitations of the study:

- We recognize the various barriers in undertaking the study. Conducting telephonic interviews presented its own challenges with poor network connections in the community and in the homes of researchers. There were additional difficulties in reaching those respondents who did not own a personal cell phone and were sharing their children's' phone. In many instances, lack of privacy at home, may have also led to respondents being unable to answer sensitive questions.
- The research team were also at a disadvantage, as it was difficult to build the kind of rapport and trust with the respondents, and put them at ease prior to the interviews, that would have been possible in a face-to-face interview. However, that the respondents were known to Jagori was very helpful and they reposed a lot of trust in the organisation. Efforts were made to ensure that community frontline workers did not interview women from the communities they worked in.
- As time was of essence in the study, the representation of respondents in terms of geographical areas and ensuring inclusion across all diversities was not possible.
- The uniformity of data collection suffered as interviews spanned over different phases of the lockdown depending on the availability of women for interviews and also included the initial days of the unlocking period as announced by the government.

# Demographic Background of the Respondents

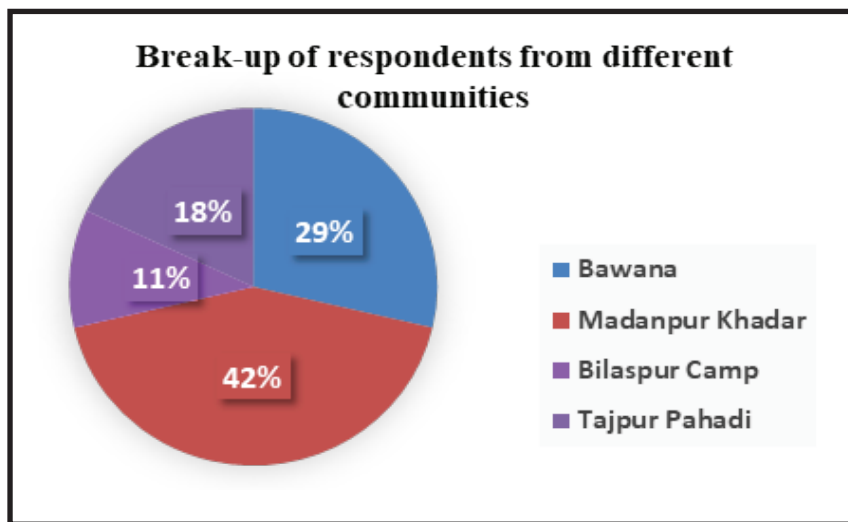
## Representation Across the 4 Geographical Locations:

The sample size of the respondents across the four geographical locations was as below:

Of the total number of 150 respondents interviewed, the majority - 42 % were from Madanpur Khadar, 29 % from Bawana, 18 % from Tajpur Pahadi and 11 % from Bilaspur Camp.

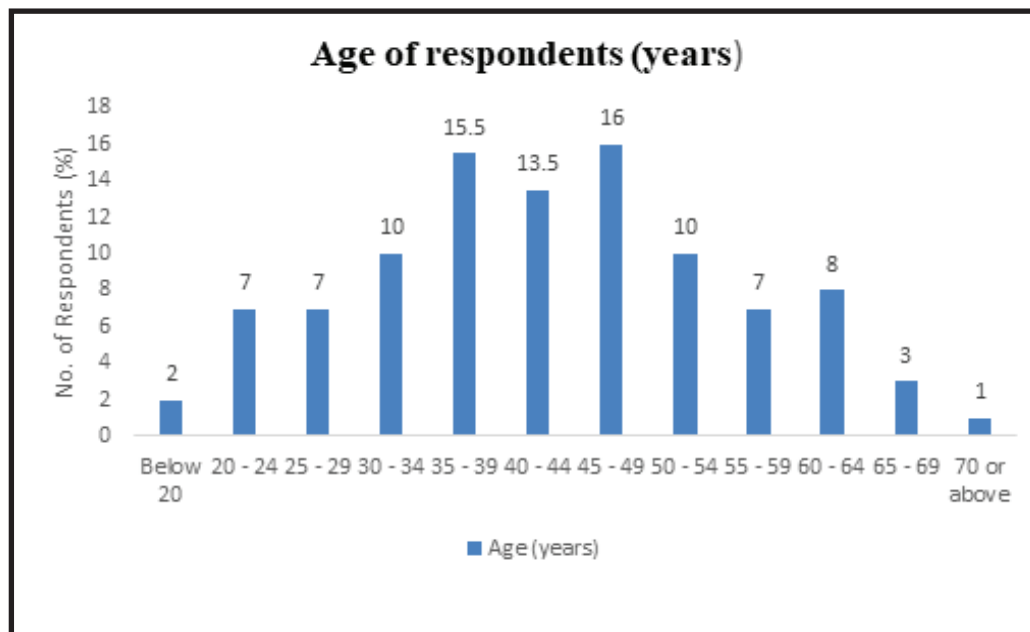
Figure 1:

## Age Group of Respondents Across the 4 Communities:



The majority of respondents were from the age group – 30-54 years; with 16% below 30 years and 19% above 54 years.

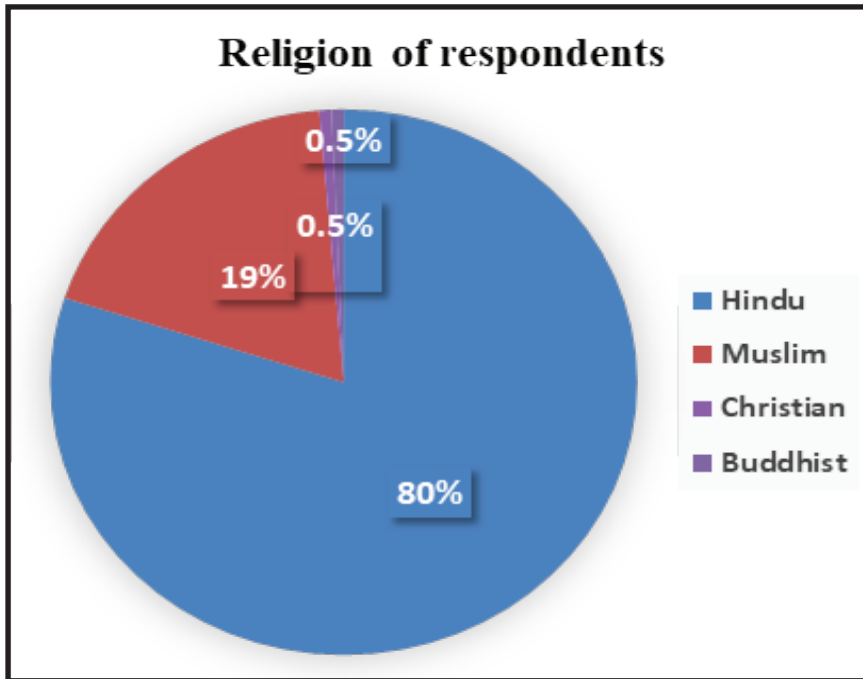
Figure 2



### Religion

80% of the respondents were from the Hindu community followed by 19% from the Muslim community. Majority of the respondents from the Muslim community were from Bawana(60.7 %), followed by Madanpur Khadar (25%), Tajpur Pahadi (10.7 %) and Bilaspur Camp (3.6 %).

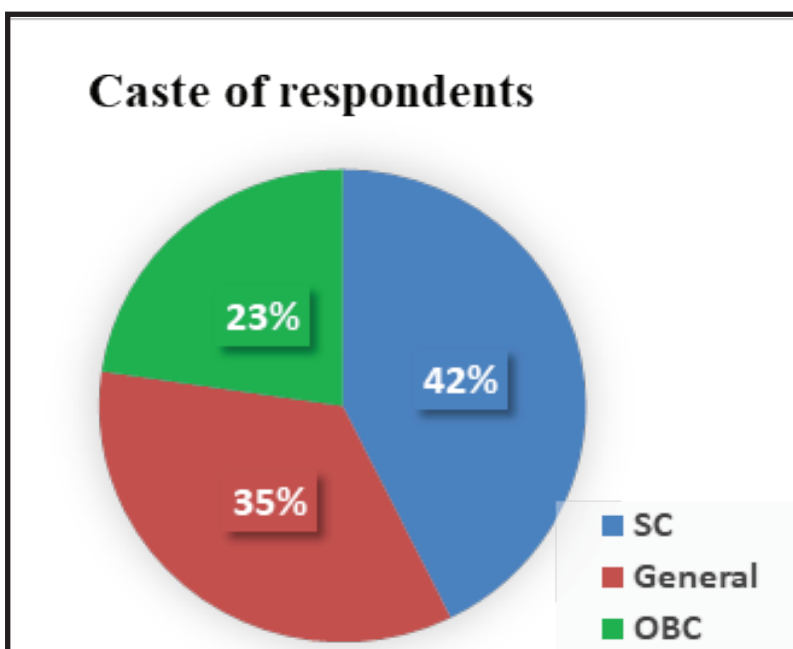
Figure 3



### Caste Groups

35% of the respondents belonged to the general caste category with 42% from SC and 23% from the OBC category.

Figure 4



Out of the four communities, respondents belonging to SC and OBC categories were more concentrated in Madanpur Khadar.

### Occupation/ Livelihoods of Respondents

51% of respondents were homemakers, 3% were students and 2% were unemployed. 44% women reported to be gainfully employed and most of them worked in the informal sector (24%) as daily-wage laborers, vendors, domestic workers, and factory workers. 7% of women were engaged in home-based employment (like piece-rate work, tailoring). 11% and 2% of women worked in the service sector and NGOs, respectively (See Figure 5a).

All of those who were students or unemployed belonged to the age group of 18-24 years. Majority of the home-makers (48%) fell in the age bracket of 35-49 years; with 18% below 35 years and 34% aged 45 years and above. Moreover, most of those who were employed (58%) were in the age group of 20-44 years (See Figure 5b).

Figure 5a

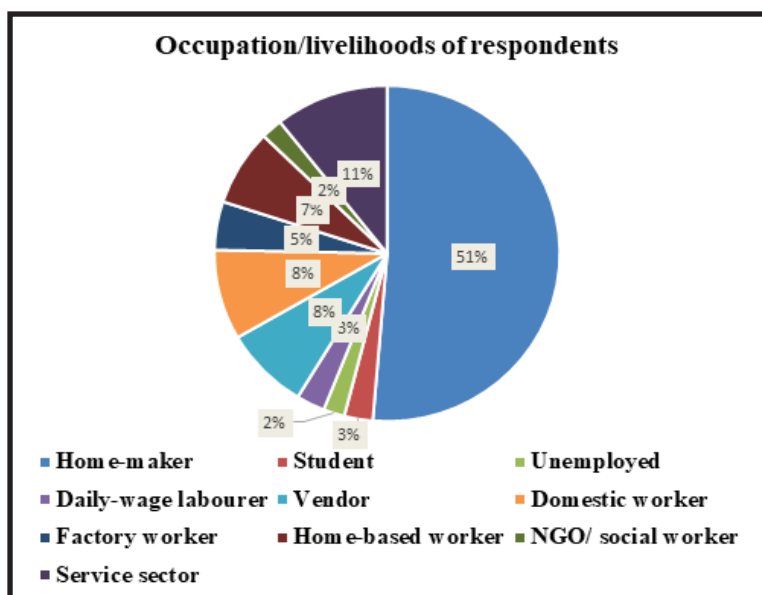
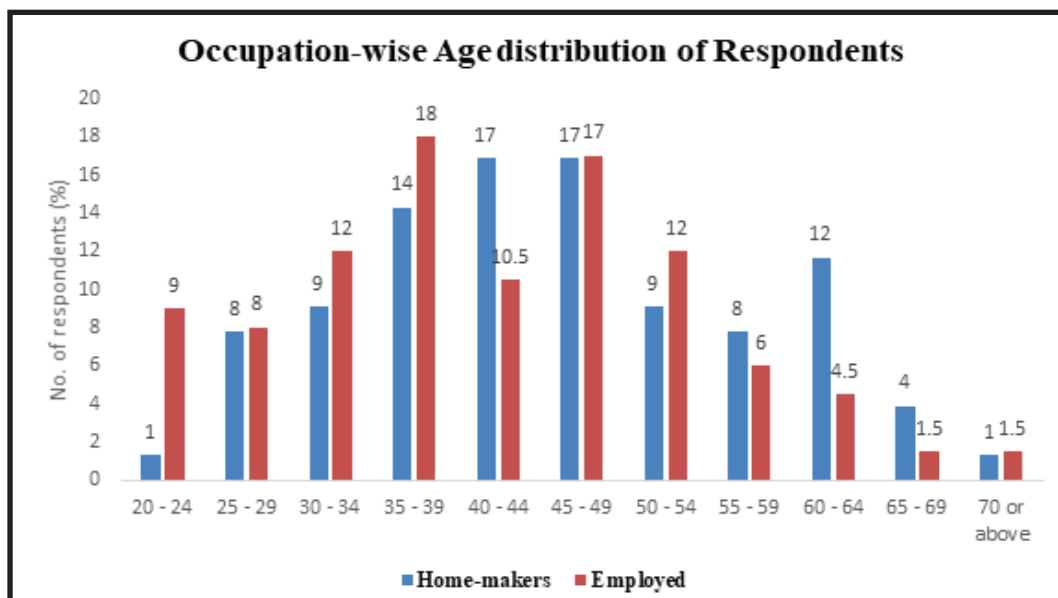


Figure 5b\*

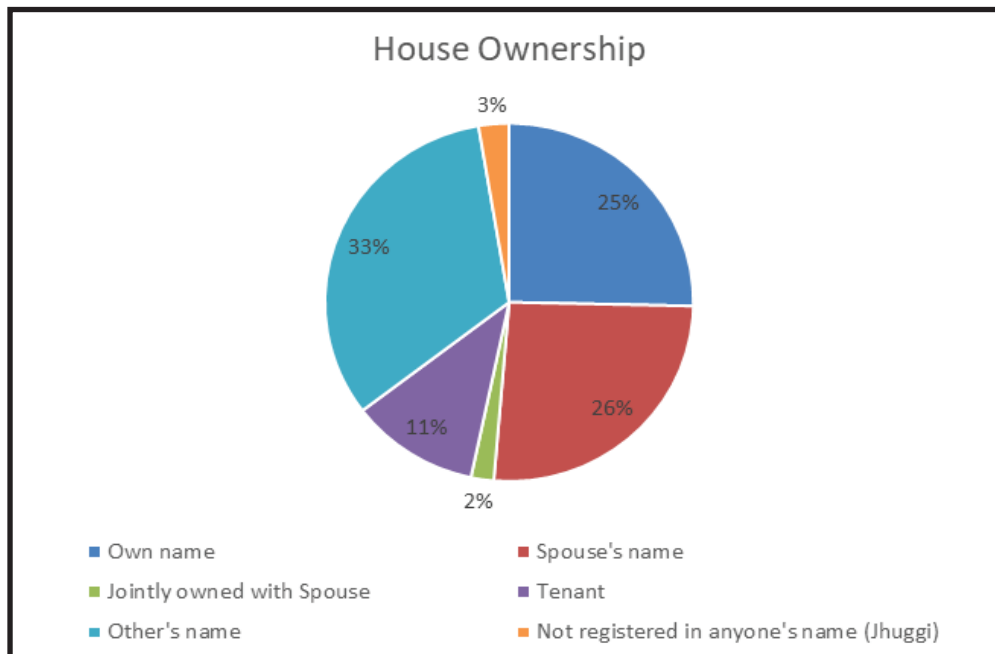


\*Students and unemployed women have been excluded as they only belong to the age-group 18-24 years.

### Marital Status

56% were married women and 25% were single women (widowed). 11% were single (unmarried) and 8% were separated/divorced/deserted.

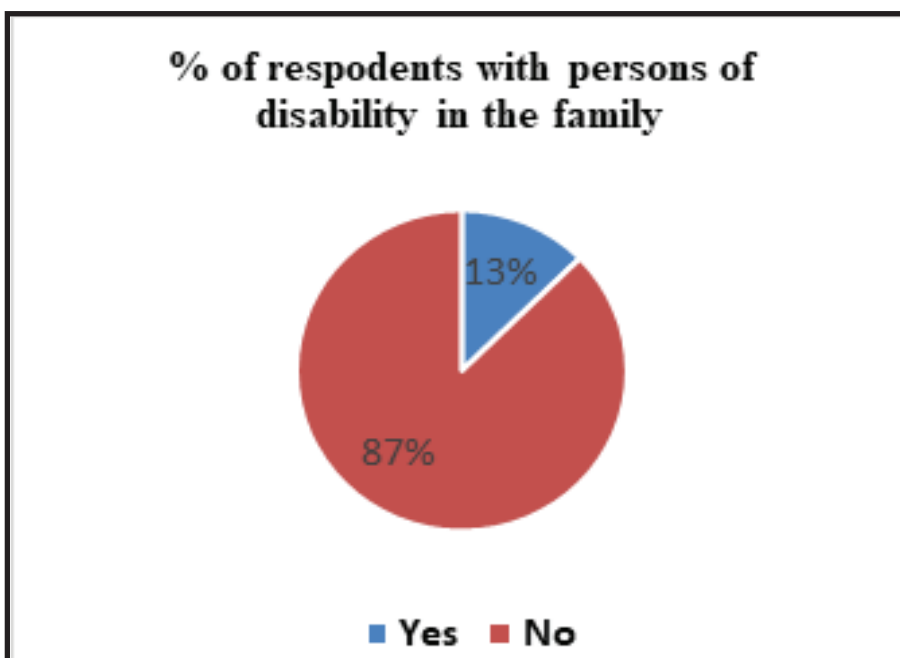
Figure 6



### House Ownership

86% of the respondents reported to be living in a house owned by their family, while 11% lived on rent and 3% lived in *jhuggis*. 25% had sole and 2% had joint ownership of their houses respectively. 26% and 33% of women lived in houses owned by their spouses and relatives respectively.

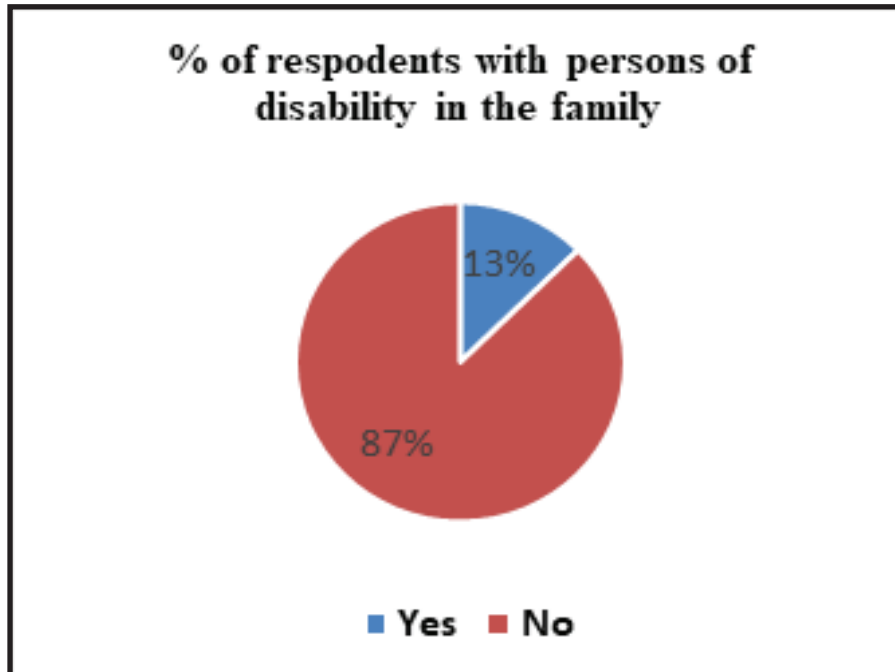
Figure 7



## Persons with Disability in the Family

13% of the respondents said that they had person(s) with physical as well as mental disabilities in their families. Out of these, 2% of the respondents had a disability themselves – these were homemakers and single women. 1.5% respondents had more than one person with disabilities in their families.

Figure 8

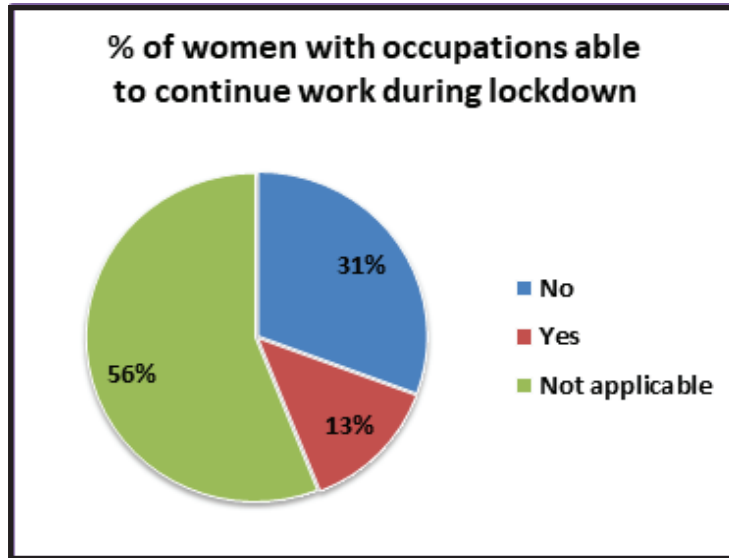


# Section I

## a) Impact on Livelihoods

While on one hand women’s participation in paid labor reduced, on the other hand they were overburdened with unpaid care and domestic responsibilities. The pandemic exposed the existing gender fault-lines as women spent significantly longer hours performing household chores and care work while trying to balance their office work. This section highlights the disproportionate impact of the pandemic on women’s livelihood and the barriers faced while trying to find an alternative employment and income.

Figure 9



Even though 31% women reported having an occupation, almost **70% of these were not able to earn a livelihood during lockdown.**

The women who were able to continue with their occupations were mainly **frontline workers like *anganwadi* workers, NGO employees, health workers and vegetable vendors.**

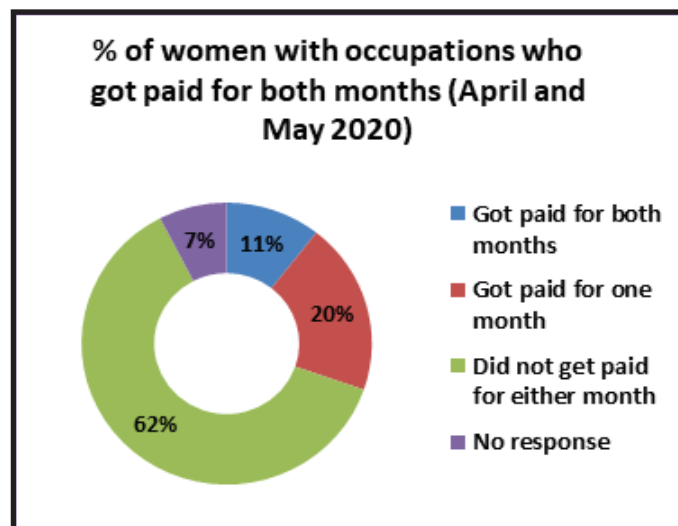
As depicted, more than half of the **women had no source of livelihood of their own** on account of being **home-makers, students, unemployed or dependent on pension/money from family members.**

Figures 10 and 11 depict the responses of the 31% women who were able to continue with their occupations.

Figure 10 depicts whether women who have an occupation- regardless of whether they were able to continue work during lockdown- got paid or not.

Out of the 13% women who had an occupation and were able to continue their work during lockdown (see figure 9), only 30% got paid for both months.

Figure 10

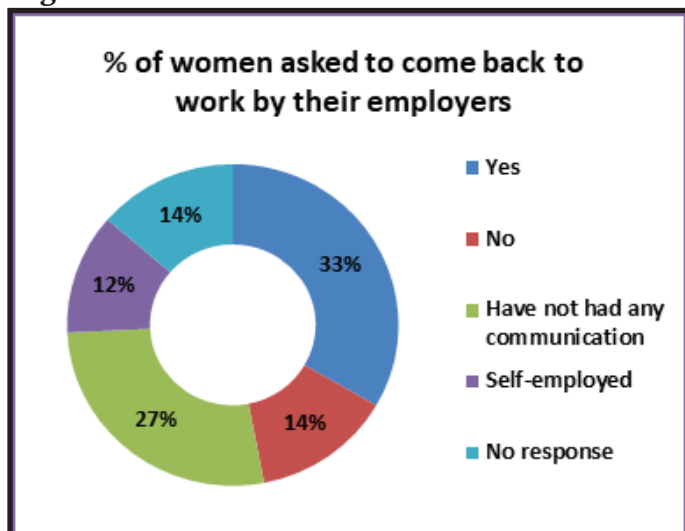


More than half of these respondents face employment uncertainty in the coming months.

Further, even those who are self employed have not been able to resume their businesses because of reasons such as lockdown, loss of customers and not enough money to buy stock. One respondent shared that she is the sole earner for her family of six - her eldest son has passed away and her younger son is a minor. Her fast food shop that she has taken on rent is out of business during lockdown.



Figure 11



### Alternative modes of Employment and Barriers Faced by Women

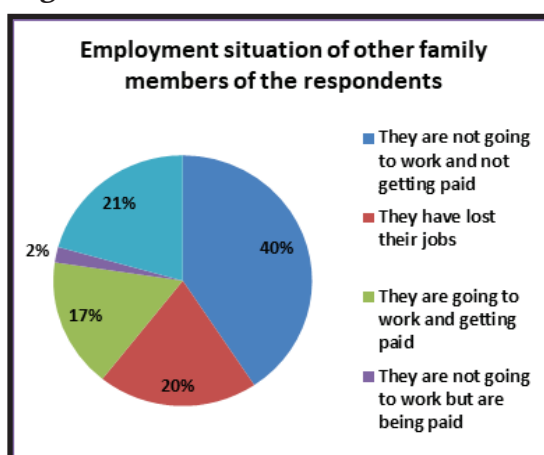
Barring a few respondents, most had not thought about or secured alternative modes of employment. However, of those few, some said that they had started **selling vegetables in the absence of any other work**. Others said that while vegetable-selling was lucrative during lockdown, they could not afford a cart or did not want to use their savings on something that might not give a return on investment.

A 22-year-old respondent from Khadar said that she is a keen social worker and is involved in a community survey of Khadar on the effects of COVID-19. She is only interested in social work, nothing else. Having finished school, she said- *“Agar knowledge hai toh doosro ki madad karni chahiye.”* (“If we have the knowledge and ability to help others, we should.”)

Some women who were not currently engaged in an occupation also said that they decided to go back to work or found some means to earn a livelihood because their family members were in financial distress and they had to do something. They said that this distress had led to **tension and fights within the family**. Others, when asked if they had thought about looking for jobs said that they **could not work outside the home because they had small children to take care of**. One respondent from Bawana said that her husband would not allow her to work and that she is told to take care of her children - *“Kaam karne ke liye jaaungi toh bachon ka bhavishya kharaab ho jaayega; bacche bigad jaayenge”* (“If I go to work, my children’s futures will be ruined; they will pick up bad habits”.)

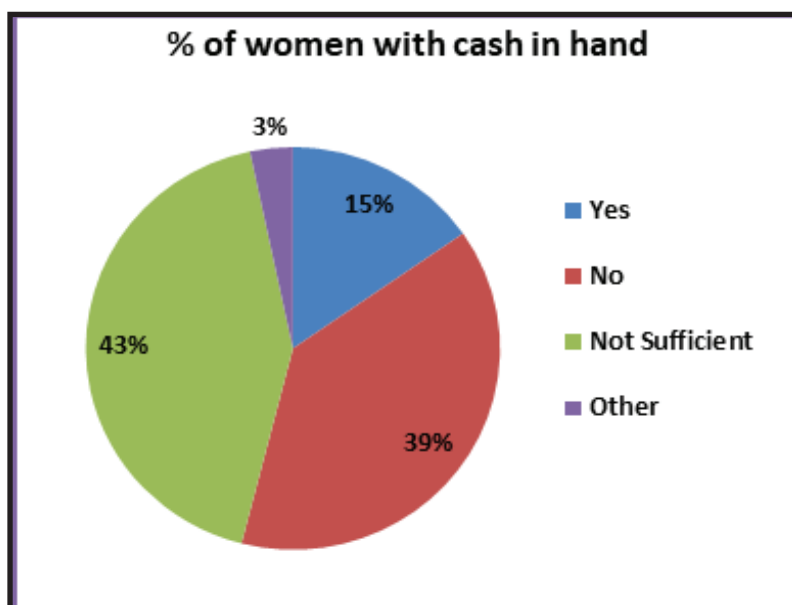
Across the sample, women reported wanting work but **facing difficulties in finding jobs**. A 66-year-old former domestic worker from Khadar shared that she has been working since she was 8-9 years old but now no one wants to hire her as she is old. She says *“Mai abhi bhi 10 logon kaa khaana bana sakti hun”* (“I can still easily cook food for 10 people”). Another domestic worker- 50-years-old from Khadar- reported not being able to go to work because of lack of transport and said that because of the virus, *“Log chhua chhoot kar rahe hain”*. (“It’s almost like people are practicing untouchability because of the virus”.)

Figure 12



A large number of respondents shared that their family members had been laid off or had no source of income during lockdown. However, at the time of interviews, women said that their family members had started going to work again in June 2020.

Fig. 13



### Hardships faced due to limited or no cash/income

With 82% of the women interviewed having insufficient or no cash in hand (as depicted by Figure 13), a range of problems were reported by them. Across the sample, women said that they were having difficulty making ends meet and meeting essential costs. Broadly, five major payments that women were unable to make were for groceries, rent, medicines, loan installments and school fees.

Women with large families, especially, faced food shortages. Many described how they took **ration on credit** and the various ways in which they deal with not being able to buy groceries such as vegetables and milk- by cooking and **consuming less food, surviving on one meal a day, watering down the milk, spending very carefully on vegetables etc.** A 49-year-old respondent from Bawana shared - *“Sabse badi pareshaani hai bacchee ko khilana (1.5 saal ki), uske liye doodh aur biscuits nahi khareed paa rahe toh chai pila rahe hain yeh pata hone ke bavajood ki bacchon ko chai nahi dete. Par woh doodh maangti hai toh hum kya karein?”* (“Biggest difficulty is feeding the baby (1.5 years old), can’t buy milk and biscuits for her, giving her tea instead even though we know a baby should not be drinking tea. What can we do when she asks for milk?” )

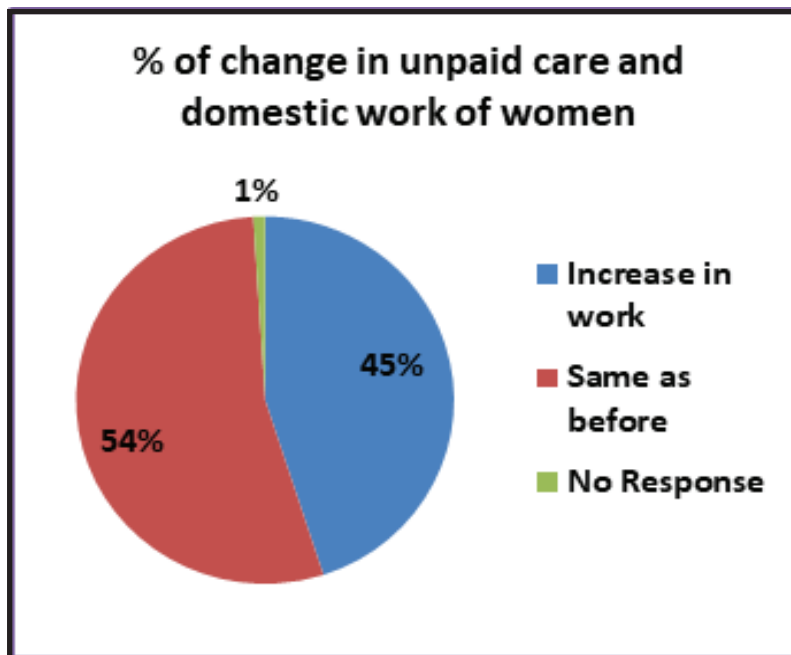
Respondents further shared that they have been **budgeting and cutting corners to maximize** the use of whatever **savings** they have. Some even reported that they had to use the money they had allotted for other purposes like house reparations/construction and children’s education.

Three respondents- **who were widows-** said that they were finding it exceptionally difficult to **survive on just widow pension**. Another said that she was not able to access her bank to take out her pension money, so she had to go through middlemen and pay them a small fee. One elderly single woman said that even though she was having difficulty making ends meet, she didn’t want to trouble her son whose house had been destroyed in Cyclone Amphan- she managed by opening a small *khoka* (kiosk).

Other issues that emerged as a cause for concern were **the paucity of funds to buy medicines or afford medical treatment and the inability to pay rent or repay loans**. One respondent shared that she was nearly full term pregnant and was due to deliver soon. Her husband spent his earnings on alcohol because of which they do not have much savings. She already has some old loans that she is yet to repay. Women did say, however, that they **borrowed money from friends and relatives** or sought their neighbour’s help in periods of acute distress and only one reported taking a loan from a moneylender. **While the majority of respondents (58%) said that they did not have to mortgage/sell assets or borrow money to make ends meet, 34% said that they had to. A few respondents from the Muslim community shared how difficult it was to have to pawn off jewellery or not have enough food in the time of Ramzan- a period of celebration.**

## b) Unpaid Care and Domestic Work

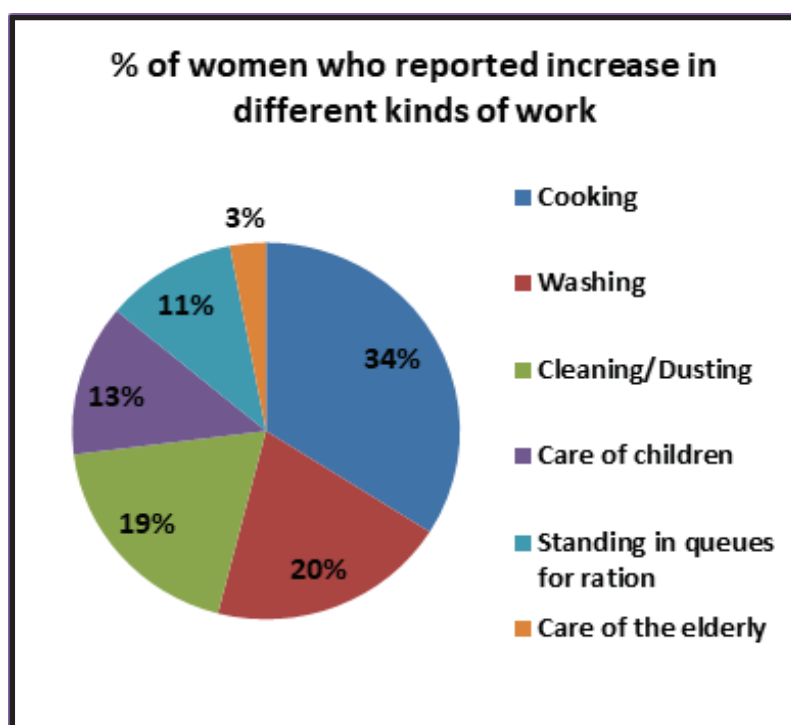
Figure14



On being asked whether there had been a change in their domestic workload during lockdown, **45% respondents affirmed that their workload had increased during the lockdown.** The number of **additional hours spent on household chores** ranged from **less than an hour to six hours a day.**

However, as many as 64% women shared that they were able to get some rest/ free time during the day- ranging from half an hour to 3 hours.

Figure15



Of the 45% respondents who said that there was an increase in the work, most listed multiple different tasks that had increased. They reported that **the task that has increased the most was cooking. 34% women** responded that their time in the kitchen had increased because **their husband, children and/or extended family were now at home all day** due to lockdown and they were constantly cooking for the family.

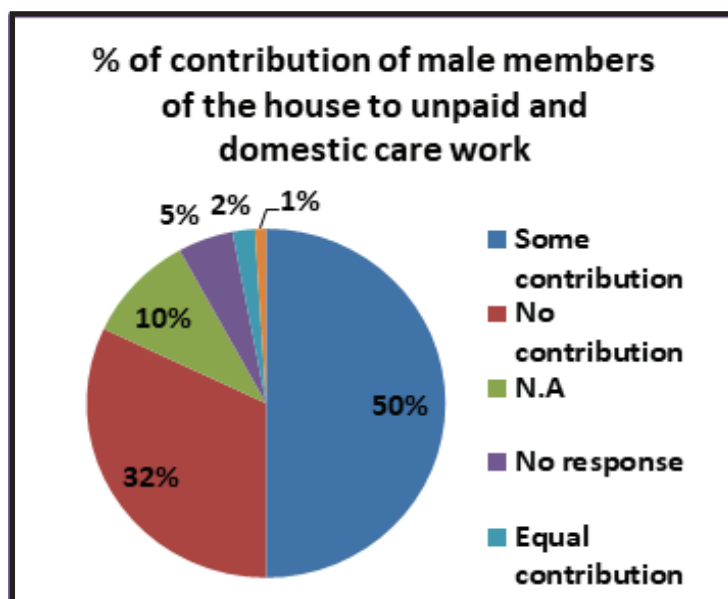
A 35-year old respondent from Bilaspur camp says - *“Ab lockdown mein kaam band huya hai to husband ghar par hi hain... ab daal chawal banaya to phir farmaishen hoti hain - chutney bhi bana do, salad bhi kaat do... yahi sab kaam*

*badh gaya hai...”* (“During lockdown, my husband has not been going to work and stays at home all day. Simple dal-chawal doesn’t satisfy him. He demands chutney and salad too- these are the kind of tasks that have increased.”)

Precautionary measures against COVID-19 resulted in an increase in household tasks such as washing clothes and cleaning and dusting more rigorously. Taking care of children and the elderly and building their immunity also became an additional responsibility for women.

Talking of an increase in tasks outside the house, 11% respondents also reported waiting for hours in long queues to collect ration from fair **price** shops.

Figure 16



**The disproportionate burden of unpaid care and domestic work on women**

While a considerable percentage of respondents said that the male members make some contribution to household tasks, **only 2 % reported equal contribution.**

Even in cases where men contributed to household tasks, they were tasks which were less time consuming and involved going out of the house - like filling water or buying vegetables from the market- therefore reinforcing the norms where the house remains the woman’s domain. Very rarely did any respondent report that the men in

their families contributed to the more time-consuming and historically “feminine” tasks like cooking, cleaning, washing, childcare etc.

Moreover, it was found that boys and young men (like sons) contributed more than the older generation of men (like husbands, fathers-in-law etc). A 35-year-old respondent from Madanpur Khadar shared, *“Beta jhaadu laga deta hai, bahar dukan se saman la deta hai ya paani bhar deta hai par pati se to koi ummeed hi nahin hai.. wo to aise hain ki bimar pad jao to ek glass paani bhi nahi pilayenge..”* (“My son contributes to household chores like sweeping, fetching water but my husband makes no contribution at all. He won’t even get me a glass of water if I ever fall ill.”)

Therefore, most women continued to disproportionately bear the burden of unpaid care work during the lockdown. Talking about her husband not contributing to household work at all, a 35-year-old respondent from Bilaspur Camp shared- *“Hamare ghar ke purush kuch kaam mein haath nahi batate...bacchon jaise unki dekhbaal karni padhti hai, Unko bathroom se aayen to sabun bhi dena padta hai...toothbrush mein colgate bhi lagake dena padta hai...phir bhagwaan ki puja karke aayen to chai do...nashta do...khud se nahi karte kuch...”* (“The men of our house do not contribute to household chores. They are very demanding and have to be taken care of like babies. I even have to put toothpaste on my husband’s toothbrush before he brushes his teeth; then need to give him tea and breakfast after he is done worshipping god. He doesn’t do anything on his own.”)

There were also a few respondents who themselves believed that it was not a man’s job to do housework and did not expect men to contribute to household chores. A 60-year-old respondent from Madanpur Khadar said - *“Aadmiyon aur ladkon se khaana pakaane ki ummeed nahin ki jaa sakti.* (“Men and boys can’t be expected to cook.”)

## Section II

This section focuses on 5 areas, including access and barriers to food and food security, food consumption patterns; access and barriers to government schemes and relief measures; access to institutions; access to basic and specialized healthcare and psychological distress; and finally, COVID-19 related precautionary measures and perceptions in communities.

### a) Access to Food and Consumption:

Figure 17

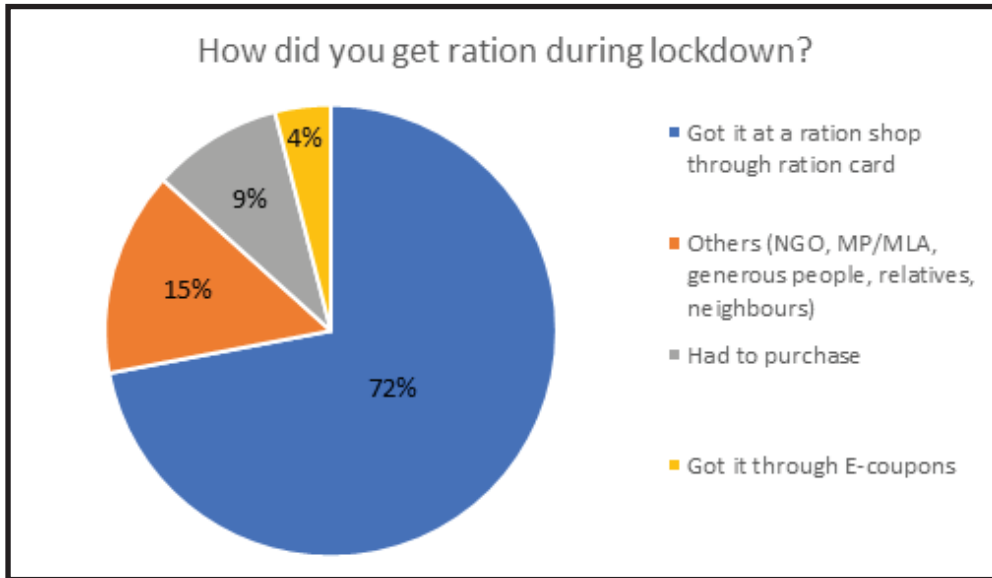
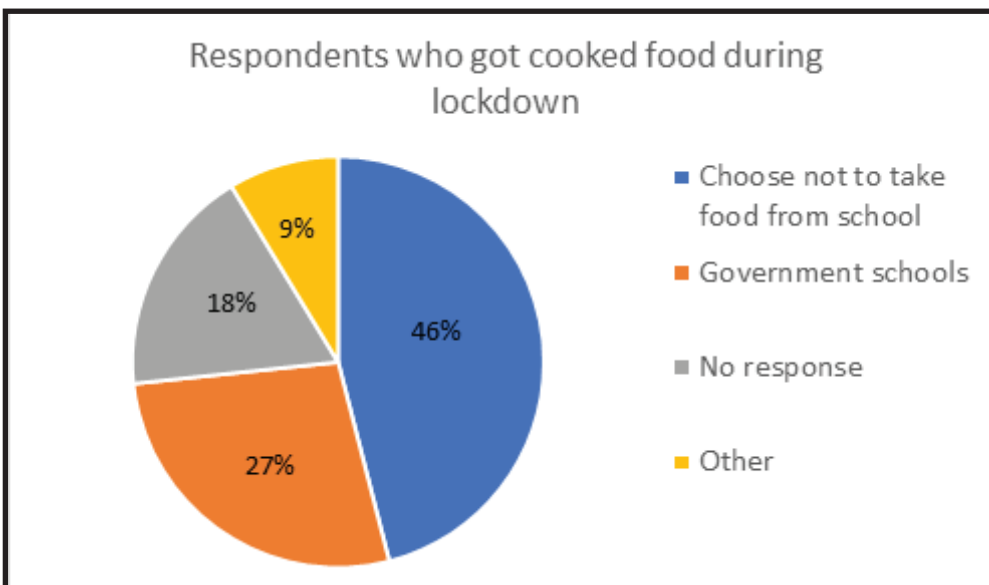


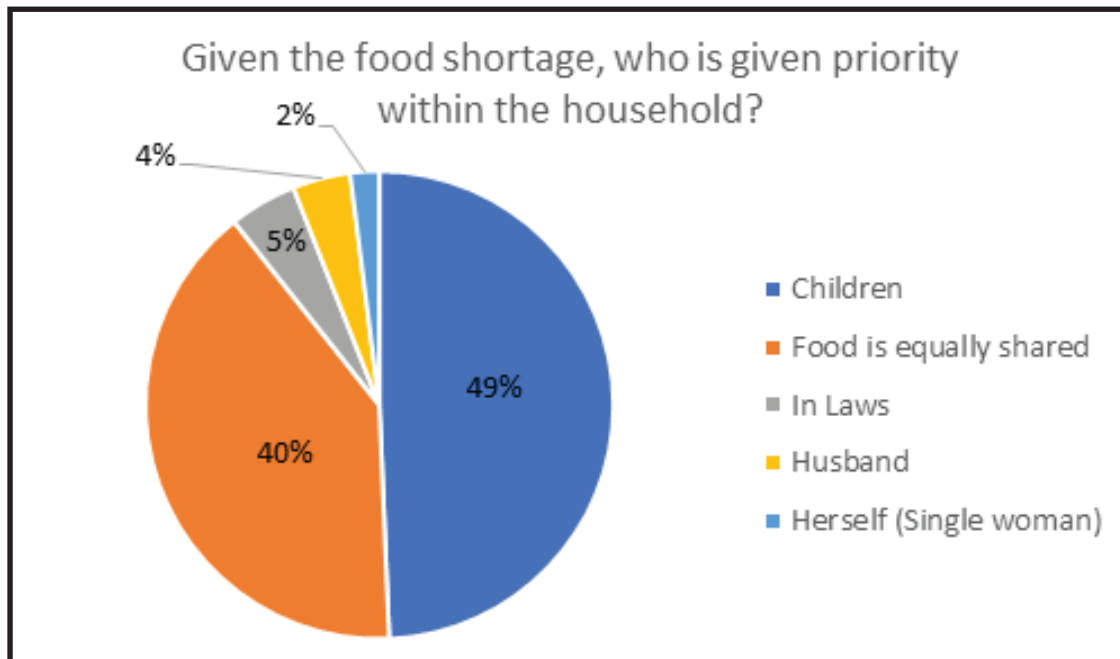
Figure 18



The Delhi Government in the 1<sup>st</sup> week of April started Hunger Distribution Centers across several government schools and night shelters in Delhi. The idea was to support the acute hunger problems of non-ration card holders, rickshaw pullers, daily wage earners etc who are unable to purchase ration during the lockdown. Within days of this initiative many concerns were raised by those availing the cooked food. These were: substandard and insufficient quality, heat, police harassment, poor nutritional value, long queue, under-cooked food, boredom in consuming '*khichdi*' everyday. 46% respondents did not want to take the risk of contracting the virus while a few were doubtful about the hygiene conditions of those preparing the food.

9% respondents felt that cooked food was only for those people who do not have access to ration card and living in rental accommodation. A common understanding shared by majority respondents was that cooked food is only for those who cannot purchase vegetables, ration or refill gas cylinders.

Figure 19



A 45-year-old respondent from Tajpur Pahadi shared, *“Mere pati ke khane ko leke mujhe kaafi dhyan rakhna padtha hai. humein jo raashan milata hai vah kam hota hai aur doodh aur sabjiyaan kareedani padti hai. Mein kum khana banati hu taaki agle din ke liye sabzi bach jaye. Abhi ki humari paristithi ko janate hai lekin phir bhi jab main kam maatra mein khaana banaata hoon to mere pati bohot gussa aata hai”*(My husband is very particular about his meals. The ration we get is less and we have to purchase milk and vegetables. By cooking less, I try to save some vegetables for the next day. He knows the present situation but still gets angry when I cook less quantity.) (45-year-old respondent from Tajpur Pahadi)

A 50-year-old respondent from Madanpur Khadar mused, *“Humare gali mein kuch log bass aapne dharm se sambandhit logon ko paka hua bhojan de rahe the. Mujhe yeh dekh ke badi pareshaani hui aur kisise khana nahin liya. kya bhookh koi dharm ko samajhatee hai?”*(“In my lane some people belonging to a certain religion were distributing cooked food to people from the same faith. I found it very upsetting and chose not to take food from anyone. Does hunger understand faith or religion?”).

A 42-year-old respondent from Bawana said, *“Main kisee tarah paise udhaar lekar ghar chala raha hoon. Sarkaar humein raashan dene mein madad toh kar rahi hai lekin veh keval gehoon aur chaaval hai. pichhale maheene mujhe 10 kilo ration mila, jo mere poore parivaar ke lie paryapt nahin hai. Baaki ke anye samaal jaise namak, cheenee, tel, sabjiyaan yeh sab khareedani hoti jo main ne ration ki dukaan se karj par liya hain. Yeh bhi mushkil ho gaya hai chukana. Abhi mujhe 16000 rs dene hai. Jab tak who hisaab pura nahi hoga dukaan daar mujhe aur ration dene se mana kar raha hai.”* (“I am somehow managing the house by borrowing money. The government is helping us with ration but that is only wheat and rice. Last month I got 10 kgs ration, which is not sufficient for my entire family. I have to purchase the rest like salt, sugar, oil, vegetables which I have taken on loan from the ration shop. I have to pay him Rs. 16000 which I still haven’t paid and so the shopkeeper refuses to loan me more ration.”)

## Gaps in E-coupon Scheme

In April 2020, the Delhi government introduced an e-coupon (temporary ration) system to support 10 lakhs non-ration card holder residents of Delhi to buy free ration from the PDS shops for three months which has since been extended. The application process was considered flawed by many civil society organizations as it required an individual to have access to a smartphone and internet, thus failing to reach out to the poorest and marginalized sections. Frequent traffic related website crash, wait period sometimes lasting several weeks, inability to get ration despite having e coupon, forced to pay money to those volunteering to fill the application form were some challenges expressed by respondents.

A 38-year-old respondent from Tajpur Pahadi said, *“Mere padose ke paas ration card nahin hai kareedna bohot mushkil ho gaya hai. Ek NGO kaaryakarta ki madad se uska e-coupon aavedan patr bhara gaya lekin yeh ek maheene se adhik ho gaya hai aur uski aavedan patr abhi bhi waiting pe hai. Bohot pareshan hai halaanki kuchh acche logo ne use thode dino ki ration aise hi dedi.”* (“My neighbour does not have a ration card and does not have enough money to buy it. With the help of an NGO worker her e-coupon application form was filled, but it’s been more than a month and her status still shows a waitlist. She continues to struggle though a few generous people have helped her with some ration for now.”)

A 38-year-old respondent from Bawana shared, *“Kyunki main pad likh nahi sakti toh maine aapna e-coupon ka form kisi aur se barwaya aur abhi tak who pending dikha raha hai. Ek mahina ho gaya aur koi message nahi aaya hai. Ab ek maheene se adhik samay ho gaya hai aur mujhe abhi tak koi message nahi mila hai. Muft ration se mere parivaar ka bharan poshan ho jata, lekin ab main rishtedaaron aur padosiyon se paise udhaar lene ko majaboor hoon. Main ne apne bachchon ko sarkaari school se mile paise unki uniform ke liye, woh bhi karch diye. Pata nahi kab tak aise bina paiso ke chal payenge.”* (“I asked someone to fill the e-coupon form for me as I am illiterate and have a small mobile. I was told that the application status is still pending. It’s been more than a month now and I still have received no message. Free ration would have helped feed my family, but now I am forced to borrow money from relatives and neighbours. I also spent the money my children got from the government school for uniforms on groceries and have nothing left. I don’t know how are we going to survive without money.”)

## Experience of Hunger

The tradition of prioritising her children and other members’ food and nutritional needs over her own was visible in 58% respondents. Women eat after feeding their children, husband, in laws and manage with whatever little food remains. Lockdown further exacerbated the existing inequality as some respondents shared that because of less/ unavailability of food at home, they started consuming only two meals a day; substituted a meal with tea or lemonade; slept on an empty stomach; and ate less than usual. This has also put a strain on women’s health which some expressed has deteriorated over the past 2 months.

Past 3 months, the 27-year-old respondent from Bawana has been struggling to feed her family of 5 members. Her husband is an alcoholic and because of poor health conditions, he stopped going to work a few days before the lockdown. She has a ration card which has only her name on it, and so the quantity of ration received is very less. *“Jab ghar par khana nahin hota hai toh school jaati hu bana hua khana lene ke liye, lekin ghanto line mein khade rahane ke baad kai baar khali haath laut aati hu kyunki khana khatm ho jaata hai. Khane bohot chinta ho jaati hai tab.”* (“When there is no food at home, I go to the school to get cooked food but most days return empty handed after standing in line for several hours

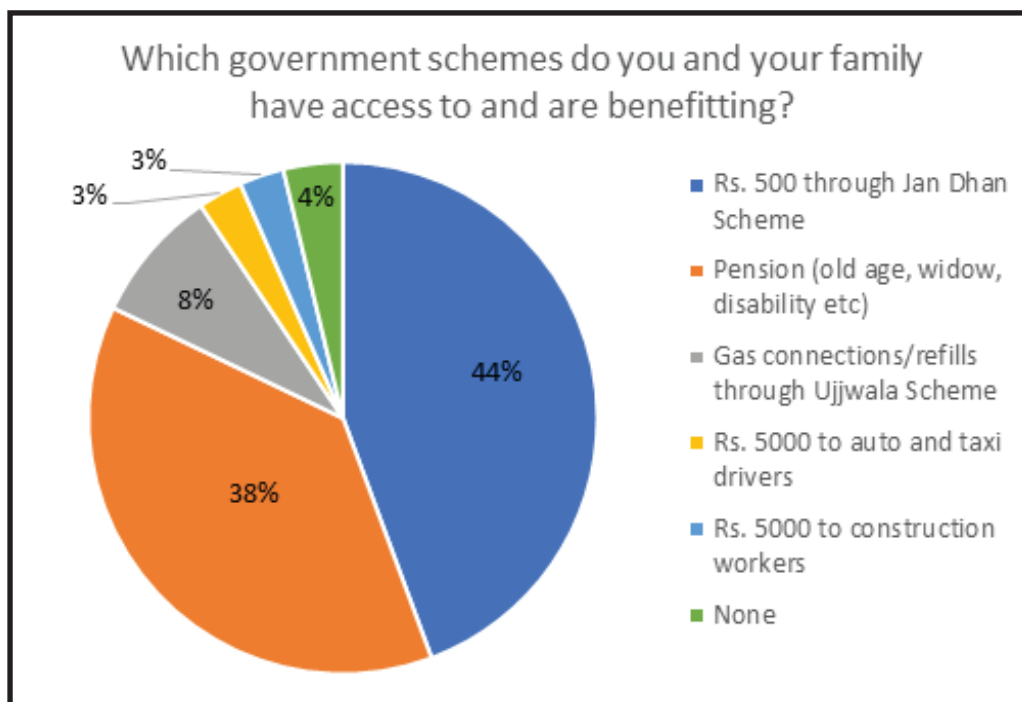
because the food would be over. I would get very worried then as to what would I feed my children.”)The fear of being unable to feed her children has forced her and her husband to skip dinner several times a week.

Talking about the difficulty in accessing ration, a 30-year-old respondent from Madanpur Khadarsaid, *“Kabhi kabhi, main raat ke 3 baje ration ki line mein khadi hui hu. Police humein maarte aur chillate hai ki ration dukaan subeh khulegi aur tab aane ke liye kehte hai. lekin hamaare paas kya vikalp hai? ghanton aur kabhee-kabhee dinon tak line mein khade rehne ke baad bhi, humein ration milne ki koi guarantee nahin hai. Iske kaaran humein bana hua khaana laane ke liye school jaana padta tha aur un dinon jab ghar par raashan nahin hota tha, toh pani peeke pet bhar jaata tha.”* (“Sometimes, I would stand in the ration line at 3 am. The police would hit us and ask us to leave saying that the ration shops will open only in the morning. But what option do we have? Even after standing in line for hours and sometimes days, there is no guarantee we’ll get ration. Because of the delay, we would have to go to the school to get food. On days when there is no ration at home, water would fill our stomach”.)

A 38-year-old respondent from Tajpur Pahadi said, *“Kum khana jab ghar mein hota hai toh mein yeh koshish karti hoon ki mere bacche aur pati peth par khale agar mujhe khale peth sona pade toh koi baat nahi. Kya kar sakti hoon? Khana pakaane vaale ko ki sabse kum khana milta hai.”*(“When there is less food at home, I make sure that my husband and children are fed well while I sleep on an empty stomach. But what can I do? The one who cooks has to adjust with the leftover.”)

## b) Access to Government Schemes:

Figure 20



As part of the relief package for coronavirus outbreak, the Central Government announced the Pradhan Mantri Garib Kalyan Yojana (PMGKY) where an ex gratia payment of Rs. 500 will be credited to female Jan Dhan account holders for 3 months starting April 2020, 44% respondents received this.

To financially support certain informal sector workers who lost their means of livelihood during the lockdown, the Delhi Government disbursed one-time payment of Rs 5,000 to registered construction workers and Permit holders of para-transit vehicles including auto-rickshaws, Gramin Sewa, Eco



Sewa, Phatphat Sewa and taxi drivers which was received by 6% respondents. During the interview, four respondents mentioned that despite having a labour card they haven't received the amount of Rs. 5,000 and were unable to find out the reason due to closure of government offices.

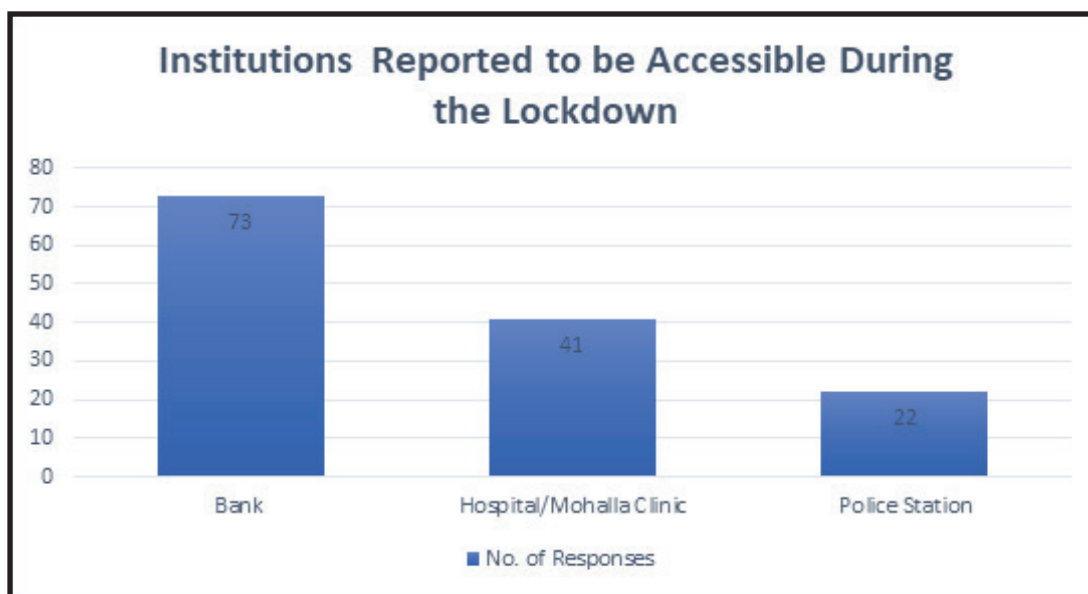
A 26-year-old respondent from Madanpur Khadar related, *“Jin logon ko paise ki jaroorat hai, unhe Sarkari yojanao ke liye apply karna mushkil hai kyonki unhe rishvat dena padta hai. Sabhi sarkari vibhago mein bahut bhrashtaachaar hai, isalie gareebon ke liye iska laabh uthaana asambhav hai. Lockdown ke dauraan, sarkaar ko gareebon ki madat karni chahiye. Yeh scheme ke lab aasani se mil paye aisa kuch karna chahiye.”* (“Those genuinely in need of money find it difficult to apply for government schemes since they have to pay bribes. There is so much corruption in all government departments, thus making it impossible for the poor to avail it. During the lockdown, the government should have made better and easy provisions to support the poor.”)

A 45-year-old respondent from Bawana shared, *Main lockdown se pehle bank ke bohot baar chakkar kate hai kyunki mere jan dhan khaate ko aadhaar se jodna chahti thi lekin kisine meri bank mein madat nahi ki. Agar staff ne meree madad ki hoti, toh mujhe 500 rs jan dhan ke lockdown ke waqt kaam aate. Halaaki 500 zyada nahi hai par thoda bohot toh kuch ho hi jata. Meri pati lockdown ke kaaran kaam pe nahi jaa rahe hai toh tankaa nahi mila hai.* (“I visited the bank several times before the lockdown because I wanted to link my Jan Dhan account to Aadhar but no one helped me. Had the staff helped me, I could have got Rs. 500 during the lockdown. Though it is an insignificant amount, it would have helped my family. Since my husband has not been going to work, he is not getting paid.”)

A 30-year-old respondent from Bawana said, *“Bus nahi chal raha that oh mein bank nahi jaa payi lockdown ke time. Mera account Sarita Vihar branch mein hai, lekin hamein doodh aur sabjee khareedane ke lie paise kee zaroorat thee. hamaare gali mein kai logon ko iss tarah kee samasyaon ka saamana karna pada. Ek dukaanadaar ne humari madat ki aur vah humein 500 rs deta aur 40-50 rupaye commission leta. 50 rs bhi humare liye bahut paisa hai lekin mujboori hai, kya kare dena pada.”* (“I couldn't go to the bank because there were no buses running during the lockdown and my account is in Sarita Vihar but we needed money to buy milk and vegetables. Many people in our area faced similar problems. Finally, a local shopkeeper agreed to help us. He would give us Rs 500 and charge commission of Rs 40-50. Rs. 50 for us is a lot of money but I had to give. We had no option.”)

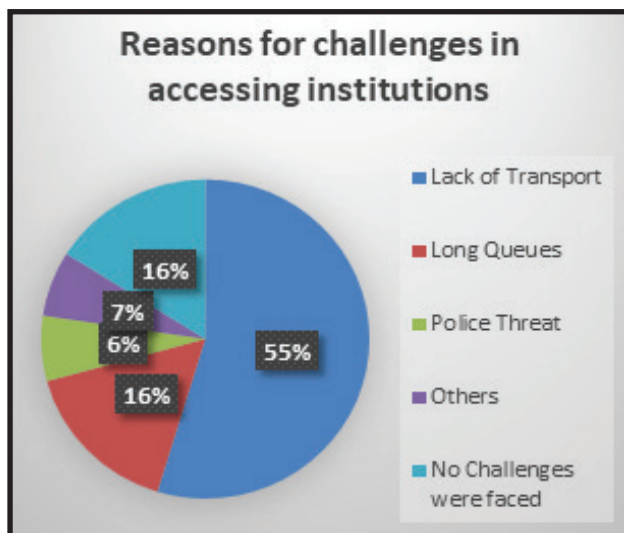
### c) Access to Institutions

Figure 21



Banks were the most accessed among institutions; most respondents had a bank account which they mostly accessed to check for promised cash benefit of the Jan Dhan scheme.

Figure 22



The lockdown highlighted gaps in institutional mechanisms and were felt by respondents who had to run pillar to post for basic necessities like securing a ration card and accessing healthcare facilities.

A total of 84% women reported that it was challenging to access institutions such as banks, hospitals, government offices and police stations. The majority of respondents shared that they faced hurdles like having to walk long distances (often for hours) in the absence of transportation and waiting in long queues for services. Some even reported being denied entry in banks and hospitals. Even during unlock, when auto/e-rickshaws resumed their

services, respondents reported not being able to afford this mode of transport because of the fee hike.

In some cases, women even reported threat of harassment and even violence by the police implementing lockdown rules as an impediment in accessing services. There were reports of the police physically harming people who tried to go outside their homes/communities regardless of the reason. A 42-year-old respondent from Bawna related- *“Ek bar police wala bhi aaye the stand par jab bus ke liye khadi thi to... bole abhi chale jao nahi to danda maarke tumhe batata hu...main boli danda aap mariyega kyu?! Mujhe colony jana hai...diabetes hai...bus ke liye khadi hu...dusra police wala aaya to bola isko maaro mat bimar aurat hai...isko bol do ye chale jayegi...phir main vaapis chali aayi sochke ki kahi maar-ur dega...”* (“Once, policemen also came when I was standing at the bus stop and threatened to beat me up, I told him I have diabetes and am waiting for the bus, another policeman came and asked him to not beat me as I am sick, but I left for fear of being beaten up.”)

Only those living at a walking distance or with access to private transport reported that they did not face any challenges.

#### d) Health and Healthcare

Around 60% of respondents reported needing access to hospitals for consultations and follow-ups and 70% respondents reported needing access to medicines for minor ailments like dysentery, cough and cold. Among those who needed healthcare services, access was as represented in figures 15 and 16.

Figure 23

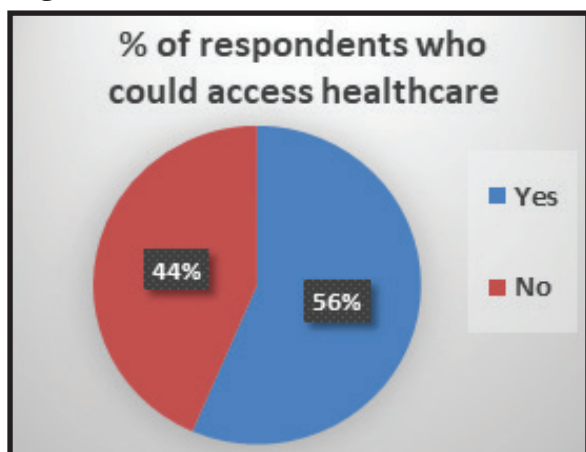
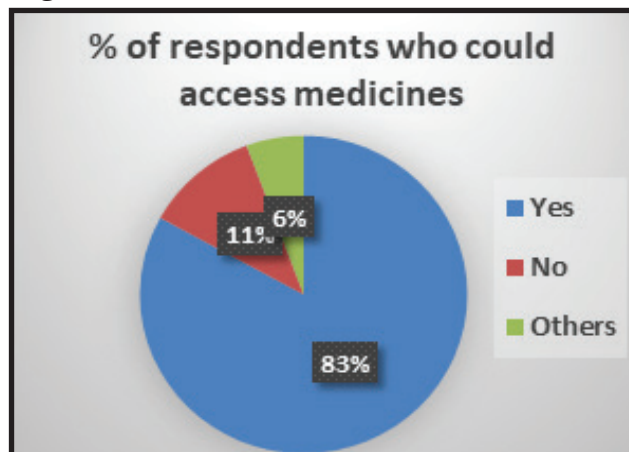


Figure 24



Findings suggested that the respondents who had access to healthcare visited private or local clinics and doctors and did not have much access to hospitals. A 30-year-old respondent from Bawana shared- *“Main aur bachche beemar pad gaye the to hospital jana pada magar koi aane jaane ka sadhan nahi mila...raaste mein koode wali gaadi rok ke madad mangi to saamn ebithake lift de diya ...cylinder wali tempo se bhi lift liya...wapas to chalke hi aaye itni duur...”* (“My children and I fell sick and had to go to the hospital but there was no means of transport, so I stopped the garbage collection van and got a lift for some distance, also took a lift from cylinder delivery tempo but had to come back on foot.”)

Even those who could access hospitals said **that hospitals were denying entry and doctors were consulting from a distance**. Regular treatment in cases of major diseases was interrupted as **OPDs in government hospitals were closed**. Government dispensaries were not open regularly and all medicines were not available. However, **a substantial number of respondents reported being able to access medicines from dispensaries and private chemists**. A few respondents reported self-medicating or relying on local healers/unqualified doctors.

**Maternal/ Pre-natal healthcare:** Respondents said that *anganwadis* were either closed or opened irregularly. Instead of the required/ regular pre-natal/maternal **nutritional kits** that are usually given, *anganwadi* workers distributed *panjiris* and peanuts.

Due to **lack of transportation**, pregnant women did not have safe access to hospitals. Several **home deliveries** were reported and **instances of women losing the child** due to unavailability of services were also recorded. A 45 year-old respondent from Bilaspur Camp shared - *“Mere devar ki bahu ka aathva mahina chal raha hai... dikkat wahi ki jab sui lagvaane gaye the to paidal-paidal gaye the... ab auto chal nahi raha to kaise jayenge... paidal gayi apna aur sui lagwayi... bahar hi khada karke lagaye waha sui... ye nahi ki chakkar aa jayega kursi de do baithne ke liye... sui lagwake chakkar aa gaya aur girgayi to socho kya hoga aathve mahine mein jo bachha pet mein hai...”* (“A relative of mine is in the eighth month of her pregnancy, we had to walk when we went to get her injections as there are no autos, she had to stand outside and was not even offered a chair, if she would have fainted what could have happened to the child in the eighth month of pregnancy.”)

Some respondents with **young children also reported that infants had been unable to get vaccinations**.

**Elderly care** in the communities was completely dependent on their family members. **No special services were available to them**. Those living alone found it difficult to access food and healthcare, as it required standing in long queues in the heat or being dependent on the kindness of neighbours.

Women's reports of psychological distress

**More than two-thirds** of women reported being under immense psychological distress caused majorly due to **their own or family members' loss of employment, uncertainty regarding future employment and reduced business**; followed by the **inability to feed the children and fulfill their demands**.

A few women even reported **issues of blood pressure** due to constant **stress/tension**. A few others reported feeling **depressed and experiencing symptoms of anxiety such as constricted breathing and dizziness**, among others. Respondents also reported disturbed sleep and while **the majority of respondents did not consider approaching doctors regarding other issues**, a few women sought doctors in private clinics for **medicines to sleep at night** and to ease issues related to blood pressure.

Some women shared other ways adopted by them to **relieve stress- such as sewing clothes, praying, playing board-games or taking in fresh air on their terraces.**

### e) Covid-19 Awareness and Perception

**95% respondents reported following all prescribed precautionary measures in their personal capacity** - like washing hands, using sanitisers, wearing masks, keeping the house clean, washing vegetables properly, having warm liquids etc. Those who could not afford masks or sanitisers even stitched their own masks and used soap. A majority of participants said that they got **information on precautionary measures from the news, phone messages and family members.**

In public spaces such as ration shops, respondents reported that circles were drawn on the ground to encourage physical distancing and the police was often present to reinforce this. Also, most shops had sanitisers for the shopkeeper and customer to use. Respondents also said that the Municipality was sanitizing public spaces regularly but **public toilets were not being cleaned** and due to a shortage of units, this was a health hazard.

**However, physical distancing in public spaces was challenging** because of long queues and overcrowding at shops, ATMs etc. Another major hindrance reported by participants was that the construction of communities is such that **streets are narrow and houses are small and close together**, and this made maintaining physical distance even more challenging. Also, when lockdown rules were relaxed, participants reported people going back to normal and gathering carelessly in public spaces.

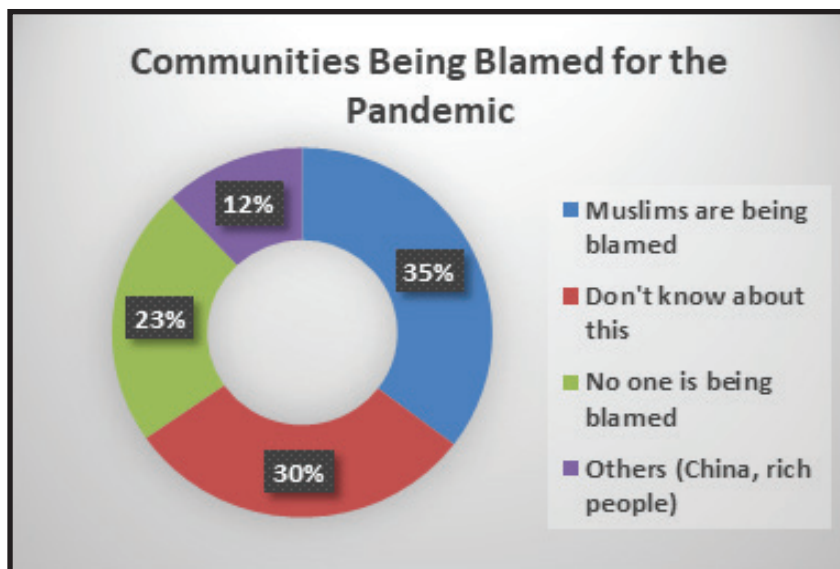
Those who tested positive for COVID-19 were taken to hospitals or home quarantined - in which case, the entire street was sealed by the police. Even with precautionary measures in place, **families of COVID-19 patients and anyone with minor cough or cold were treated with suspicion.**

### Prejudice and Discrimination

During lockdown, **increased discrimination against and harassment of Muslims was reported.**

**35% of 150 respondents reported that Muslims were being blamed for the spread of the pandemic**, with most respondents citing **news reports on tabhligi jamatas** the reason for this belief.

Figure 25



A 35-year-old respondent from Bilaspur Camp said - "*Humein pata nahi par keh rahe hain ye jo musalman hai inhein pata nahi hinduon se kya dushmani hai ki ye falo pe, sabziyon pe, paison pe thook laga de rahe hain... yahi sun rahe hain...*" ("We don't know why but people are saying that Muslims have issues with Hindus and that's why they spit on fruits, vegetables, cash (to contaminate them), that's what we have been hearing..")

Talking of the discrimination she faces, a 35-year-old respondent from Khadar said- *“Hum musalmaan to bilkul hi badnaam ho gaye hain jis wajah se koi bhi sahayata nahi mil pa rahi hai...hum musalmano se sab chidhe huye hain..ek ne karam kare hain to sab badnaam ho rahe hain..roz sunne ko milta hai..arey musalmano ne ye kardiya hai, musalmano ne wo kardiya hai..ek ki karni ki saza sab ko doge kya..padosi saamne nahi bolte par peeth piche sab bolte hain...”* (“Our reputation as Muslims has been tarnished and we are not able to get the help we need, everyone is upset with us, for one person’s deeds all of us have been discredited. Everyday we get to hear that Muslims have done this or that- why should all of us be punished? People don’t say it to our faces but neighbours talk behind our backs.”)

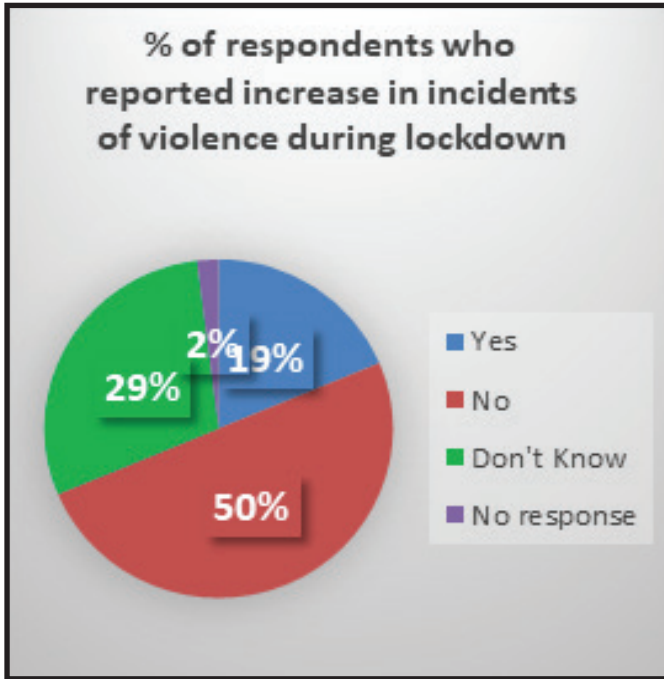
## Section-III

### Violence Against Women (VAW) during the lockdown

This section focuses on reporting of violence during the COVID-19 lockdown. It primarily explores if the instances of domestic violence increased during the lockdown; the kinds of violence that increased; the nature of formal and informal support systems available to the survivors; and the institutional and social barriers they faced while seeking support.

### Reporting on Increase in Incidents of VAW

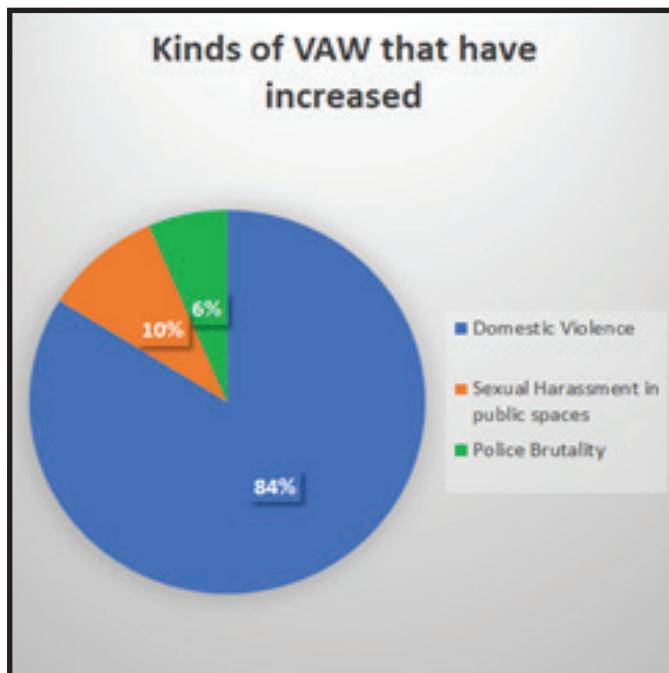
Figure 26



On being asked whether incidents of VAW have increased during lockdown, **about 19% of respondents affirmed that such incidents have increased.** Although very few shared their individual and family accounts of violence, most cases reported were from the neighbourhood and larger community, and other sources such as TV news and other media.

### Kinds of VAW

Figure 27



Of the 19% of respondents who said that violence increased, **84% reported an increase in domestic violence inflicted by marital and natal families.** One of the significant reasons cited included emotional and financial stress caused by physical confinement due to lockdown.

The second most reported form of VAW that emerged in the survey was "sexual harassment in the public spaces". 19% of respondents who reported an increase in cases of VAW, 10% reported that sexual harassment in public spaces increased. One of the respondents narrated an instance of gang rape of a woman who was on her way to the hospital to get medical treatment; she succumbed to her injuries.

6% of respondents reported an increase in police brutality especially during the initial days of COVID-19 lockdown. Respondents said that the police officials were insensitive to women, children and elderly; they threatened and beat them up when they went outside even to access essential services.

A 23-year-old respondent from Madanpur Khadar says - *“Police ne kuch logon ko maara jo lockdown ke dauraan ghar se bahar jaa rahe the, samshaan jaane waalon ko bhi peeta, kaafi mahilaon aur bacchon ko bhi peeta, Trauma centres ne bhi mahilaon ko mana kar diya daakhil karne se, koi complaint file nahin hui maarne waalon ke khilaaf”* (“Police beat up some people who went outside during lockdown, even to visit graveyards. Lot of women and children were also beaten up. Trauma centres turned women away and no complaint was filed against the perpetrators”). 50 % respondents stated that incidents of domestic violence have not increased during the lockdown. A few respondents reported that these incidents have declined due to the closure of liquor shops. It implies that the perception continues to remain that alcohol consumption aggravates violent behavior amongst men. 29 % of respondents said that they were not aware of any increase or decrease in violence because they were confined at their homes with limited mobility and community interaction.

### Access to Support in Cases of Violence

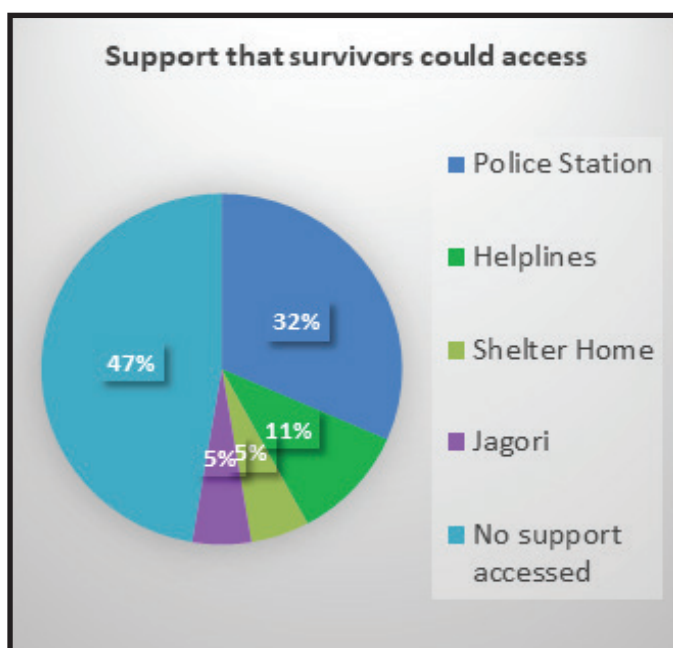
Eighteen different incidents of violence that occurred in the communities during lockdown were narrated by the respondents. Most of these cases were brought to their knowledge when they were approached for support by the violence survivors, as neighbours/bystanders and as NESS members.

### Support from NESS Members

The respondents shared instances of how they supported the survivors of violence as NESS members. They initially supported survivors through counselling and interacting/mediating with their families. In the more difficult cases or where counselling and mediating did not work, they connected survivors with institutional support mechanisms such as sharing government and NGO helpline numbers, advising to register police complaints and connecting them shelter homes, Women’s Commission and Jagori team.

### Survivors’ Access to Institutional Support Systems

Figure 28



Out of the eighteen incidents reported, 53 % of the survivors approached NESS members to access support. Out of 53 %, 32% of the survivors considered police as the first institution to seek support. The police supported in some cases while in most others, they didn’t register the complaints and the respondents had to contact Jagori to pressurize the police to file complaints. The survivors also faced barriers as the institutional services were either non-operational or because their staff couldn’t reach survivors due to mobility constraints imposed due to the lockdown.

A 22-year-old respondent from Tajpur Pahadi says - *“Meri maa aur behen ko mere papa ne maara. Main police station gayi complaint karne par police ne zyada kuch nahin kia. Mujhe MLC chahiye tha taaki suboot ho papa ke khilaaf par police ne madad nahin ki. Maine 1091 aur 181 number dial kiye par kuch nahin hua. Maine phir Jagori team se baat ki jinhone phir police ko bola ki humari madad kare.* (“My mother and sister were beaten up by my father. I went to the police station to complain but the police did not do much. I was seeking a medico-legal certificate to have complete evidence against my father but the police did not help. 1091 and 181 helplines were also contacted but nothing came of it. I contacted Jagori’s team who then asked the police to support us”).

Few respondents were hesitant to intervene in the instances of domestic violence that they witnessed as they felt they will be told that domestic violence is the **‘personal’** matter of survivors since it happens in the privacy of home and within the intimate confines of marriage. A few respondents also think that domestic violence is a **‘normal’ and ‘acceptable’ phenomenon** as disagreements and fights are bound to happen when all members are at home and the women are obliged to suffer this pain in silence.

A 60-year-old respondent from Madanpur Khadar says – *“Mera beta aksar sharaab peekar apni patni ko peetta hai. Lockdown mein jab usne peeta to meri bahu apne mayike rehne chali gayi. Main is nirnaay ko sahmati nahin deti, aisi cheezein to pati-patni ke beech mein hoti rehti hain. Ye mahila ki zimmedaari hoti hai ki parivaar ko baandhe rakhe chahe use samjhuate kucn na karne paden ya dard kyun na jhelna pade”* (“My son often gets drunk and beats his wife. When he hit her during lockdown, my daughter-in-law went to stay with her parents during lockdown. I disapprove of this decision; such things happen between a husband and a wife. It is a woman’s responsibility to keep the family together even if it means the woman has to make compromises and endure pain”).



## Section IV

### a) Role Played by Nari Ekta Shakti Sanghathan (ness) Members:

All respondents of the survey are members of the voluntary group Nari Ekta Shakti Sangathan (NESS) which aims to build networks for support and solidarity for women in the communities. In face of the severe socio-economic challenges detailed earlier in this report, it was difficult for the respondents to fulfil their roles as community leaders and contribute effectively to community relief measures. Even so, **50% of the respondents were able to make some contribution to the well being of the community**. This includes **participation in organised relief work** as well as **contributions made in personal capacity** in the following ways:

- Dissemination of information regarding rights and entitlements, helpline numbers, relief measures by NGOs, and safety measures against Covid-19
- Facilitating access to government schemes and entitlements for example filling out applications for ration coupons, labour cards, aadhar cards etc.
- Identifying vulnerable families in the community and organising food relief
- Facilitating access to healthcare particularly for pregnant women and the elderly
- Helping neighbours in cash and kind within personal capacity

Those who were unable to make any contribution to these relief measures included vulnerable groups like daily wage workers and others with debilitating financial constraints. Also excluded were those without access to mobile phones as during lockdown the network was most active over calls. Single women, in particular, faced unique challenges stemming from economic dependence on unsupportive family members. These groups were not in a position to help others as they were themselves in desperate need of financial aid and other forms of support.

Given the challenges it is important to note that the spirit of empathy and kindness remained alive in the communities. In several instances, members pooled their money to help those in need like landless labourers staying on rent. Some respondents let their tenants delay rent payment while others intervened in cases of harassment for rent. A young NESS member helped children in her neighbourhood with their school-work as schools were closed and not everyone could access online education and another was involved in carrying out a community survey in Khadar on the effects of Covid-19. On the other hand, age was not a barrier for a 60 year old respondent from Madanpur Khadar who lodged a police complaint against a person who had set up a system of making money off of labourers in the process of filling labour card applications.

A 48-year old respondent from Bawana shared, *“Main mazdoor mahila morcha ki adhyaksh hoon...nigam parshad ki taraf se ration aayathabaatnekeliyegareebomein... jaisekirayedaryajiskegharmeinchulhanahijalraha...main ghar ghar jaake baataayi hun...dhai kilo chawal, daal, telwagera...”* (“I am in-charge of Mazdoor Mahila Morcha. Ration is sent to us to distribute amongst the poor from the Councillor. I have gone door-to-door and distributed 2.5 kg, pulses, oil etc. to tenants or other needy”).

A 66-year-old from Madanpur Khadar related, *“Main apne padosiyon ki madad karti hun fhal ya ande dekar agar unke bacche bemaar hote hain to, main khud kaafi dikkaton ka saamna kar rahi hun par mujhse kisi aur ki pareshaani dekhi nahin jaati”* (“I help out my neighbours by giving fruits/ eggs if their children are sick. I myself am facing so much difficulty but I cannot see others suffer.”).

## Vision for the Future: Rebuilding lives, Livelihoods and Collectivisation

When asked to share their vision for their personal future as well as that of society at large, all respondents drew a bleak picture with few silver linings.

Most respondents projected uncertainty for the future based on their precarious situation. With no employment prospects in sight, they remained hopeless about their future. Some respondents were contemplating leaving for their villages even as they were aware of the scarcity of livelihood options there. There was also a widely reported despondence owing to lack of socialisation with friends and family. The most commonly reported fears for life after lockdown included:

- **Widespread unemployment** particularly in the case of factories which would reopen with reduced staff
- **Rising prices** of essential products and services
- Increase in **food shortage** leading to **starvation** particularly for the most marginalised
- **Exacerbated inequality** with the poor being pushed against the wall
- **Disrupted education** and career opportunities for students
- **Pending payments** like rent/loan
- Lack of profits for small businesses with disruption of local markets
- **Increase in crimes** with more unsocial elements on the street owing to unemployment, poverty and re-opening of alcohol shops
- **Increase in violence against women** due to lack of employment, reopening of alcohol shops
- **Disrupted communal harmony** with the possibility of riots
- **Disrupted social life** with apprehensions in meeting people and gathering in large numbers

A 30-year-old respondent from Tajpur Pahadi said, “*Samajhlo 5 saal peeche ho gaye hain hum log... pehle jaise jaat biradari mein hota tha chhua-chuut wo ab phir ho jayega...ye bilkul hoga...*” (“Imagine stepping 5 years back, untouchability and caste and class discrimination will be practised again, this will definitely happen”).

Few hopes for the future were shared by the respondents. However, a large number were hopeful that there would be more awareness of cleanliness and hygiene in society. Some shared that the environment is cleaner with the decrease in human activity. A few respondents were also hopeful that the return of migrant labourers would imply an increase in employment opportunities for locals.

### Needs & Requirements:

Almost all respondents agreed that their **lives needed to be rebuilt completely** after the current crisis and a **regular income was flagged as key** for this. There was an **overwhelming need for employment opportunities particularly for government jobs** prized for their stability. A common refrain was that even educated young people are struggling to find employment. Additionally, it was

noted that even though girls receive better education now they have few employment opportunities outside of domestic work. **Following employment opportunities, safety for women** was the second most highlighted concern.

With regard to expectations from the State, there was resentment against the government for not fortifying food and livelihood opportunities for the community during the lockdown. The general opinion was that the government is ignorant of the needs of ordinary women and their families and should make an attempt to understand them. As detailed before, many women could not access government schemes due to several reasons including lack of streamlined processes which forced multiple women to make several rounds of public institutions to address their grievances.

Among other reported requirements for women and girls were:

- Safety in public spaces
- Safe and affordable access to work
- Strengthening of healthcare systems particularly for pregnant women and elderly women including the provision of free medicines
- Access to food and ration
- Skill development programs and professional courses particularly for computer literacy
- Access to higher education through scholarships
- Special employment opportunities for single and divorced women
- Increase in pension for widows, elderly, disabled
- Support for survivors of abuse and violence including sensitised police officers, case workers, more responsive helpline numbers and compensation for survivors
- Awareness of menstrual hygiene and free access to sanitary products
- Provision of small loans to start businesses and/or pursue higher education
- Information on and access to rights and entitlements
- Regulation of working hours and pay for domestic workers and factory workers

A 30 year old respondent from Bawana says -*“Hamare samajh se to jo ladkiyan padh-likh rahi thi unka padhai band ho gaya hai to un logo pe sarkar ko dhyan dena bahut zaroori hai ki wo bhi apna padhai poori kar sakein...hum log to kuch nahi karpaye isliye itna dukh jhel rahehain...aisana ho ki wo bhi ladkiyan roye aur pati par nirbhar rahe ki pati kama ke dega to khayenge, nahi dega to nahi khayenge...to sarkar ko dhyan dena chahiye unki padhai pe aur rozgaar bhi saath-saath de...taki wo kisi par nirbhar na rahe...”* (“In my understanding, government should think about the girls whose studies have stopped so that they can complete their education. It should not be that they end up in the same dismal situation as us who are dependent on their husbands for food and money, so the government should ensure that their education and employment go hand-in-hand so that they become independent”.)

### **Expectations from Jagori:**

As NESS members most respondents have been closely linked with Jagori for considerable periods of time. Many respondents noted that Jagori had been a pillar of support in their toughest times and

should continue the work on counselling and violence intervention as required. Given this history, it must also be noted that a few respondents were disappointed with what they considered to be inadequate support in times of crises. Some sought help in seeking employment, accessing ration and a few needed monetary support. Several respondents shared that Jagori should focus on the more marginalised and vulnerable sections of the community for relief work

One of the most reported requirements from Jagori was **information on accessing government schemes and other entitlements**. It was noted that Jagori should disseminate relevant information as well as **facilitate access to these benefits** especially for the **disabled and the elderly**.

Other reported expectations from Jagori included:

- Bolstering employment opportunities for girls through vocational education and skill building
- Engagement with men on gender issues
- Remuneration for work as NESS members
- More outreach with young women

## Way Forward and Recommendations

This study has highlighted the socio-economic and psychological impact of COVID-19 lockdowns on community women and girls, their immediate and long-term needs and their expectations from Jagori. Jagori intends to use the findings of this study to inform future strategies of engagement in the four communities.

Based on the needs expressed by participants and our own analysis, we would like to make the following short and long term recommendations:

### Immediate/Short Term

#### Food Security

- The Central and Delhi Governments must address the food crisis and the gap in ration-provision by continuing to provide free ration to all those in need irrespective of whether they possess a ration card.
- Even though double ration was provided for card holders in Delhi, ration should be provided according to the size of the family as it many respondents with families of 5-10 reported inadequacy.
- There should be extension of the E-coupon scheme for Ration in Delhi, was only functional for 2 months and then discontinued.
- The mid-day meal scheme should be properly implemented and provision of free hot cooked meals in schools should be continued.
- Door step delivery of essential anganwadi services such as hot cooked meals for pregnant women.
- Moderation of food prices taking into consideration the large-scale loss of employment due to COVID-19 and lockdowns.
- As also articulated by the Delhi Rozi Roti Adhikar Abhiyan, there is a need for a Food Commission for social audit of the Food Security scheme, especially in the context of COVID-19.

#### Access to Schemes and Finances

- Introduce help desks in communities to provide information on government schemes.
- Strengthen social protection systems particularly for the informal sector women workers – including access to PDS and pension.
- Jagori's study highlighted that elderly, widowed and disabled women found it very difficult to survive on pension and therefore we propose that it be increased.
- Multiple other studies have shown that 40% of Jan Dhan account holders could not receive benefits. Respondents in our study corroborated this.
- Introduction of cash transfers should be made to informal women workers to meet daily expenses to mitigate the financial instability in times of emergency.

- Moreover, the provision of Rs.500 to women Jan Dhan account holders, which was discontinued after 3 months, should be continued.
- Women, especially those working in the informal sector should be linked to schemes where loans are easily available or can be provided through SHGs.

### **Access to Healthcare**

- Provide safe access to sexual and reproductive health services to women and girls; especially for pregnant women - including medicines and supplements, transport services to take them to health facilities, etc.
- Set up a helpline for mental health counselling and support.
- Set up health camps to fill the gap in access to hospitals and clinics.

### **Support for Women Survivors of Violence**

- Prevention and redressal services that reach out to survivors of violence and distress must be classified as “Essential Services” and made functional, and accessible immediately. These services, include women’s helplines, counselling, police, shelter homes, legal aid and advice, access to courts through technology and otherwise, skill upgradation and economic support.
- Ensure that district hospitals are linked to OSCs, protection officers, Swadhar Grehs and other shelter homes, including short-stay homes.
- All women PCR vans should be linked to helplines.

### **Medium/Long Term**

- Sustained awareness campaigns on COVID-19 to eliminate misinformation and remove stigma against certain sections of society as “COVID carriers”.
- Re-design economic response, fiscal policies and recovery packages from a gender perspective. Engage with community women leaders and NGOs in the formulation and implementation process.
- Collect gender disaggregated data to mitigate the heightened impact on women and other highly vulnerable populations.
- Design an urban programme for wage employment along the lines of MNREGA.
- Provide skill development programmes and educational scholarships to young women and girls from low-income communities.
- Legal reforms – ratification of ILO Convention 190, introduce a national legislation for Domestic workers.
- Invest in ensuring inclusive and accountable governance systems, with transparency in information flow.
- Ensure widespread availability of emergency mental health and psychosocial support by providing social care for women with severe mental health conditions and psychosocial disabilities, and scaling up of access to remote and affordable mental health services. Expand childcare services by hiring an additional childcare worker per *anganwadi*; and extending the timings to factor in working hours of parents

- Ensure frequent access to public transport and last-mile connectivity especially for women from resettlement colonies and informal settlements
- Organize a state-level campaign to advocate for challenging patriarchal social norms and engage men and boys towards equal sharing of the unpaid household, care and community labour borne by women and girls.

#### **Possible Future Action Points:**

- Advocacy with central and state governments to plan relief and recovery efforts considering the vicious circle of debt and poverty and not just regarding income loss for women.
- Raising voices of women from marginalized communities – Dalit women, single women, elderly women, women informal sector workers, sex workers and women with disabilities in local governance processes – through active representation in school management committees and RWAs.
- Enhancing awareness of community members on the government schemes.
- Investing in building capacities of young women as leaders.

The study findings will be presented to the community members. Opportunities will be explored to present the findings at possible conferences. Some plans include media advocacy with eminent journalists to cover the findings of this study for wider outreach; production and dissemination of Jagori's annual magazine – Hum Sabla - on government schemes; and widening the scope of support group meetings by organizing empathy and healing workshops for survivors.

## Annexure: 1

### I. Personal information:

- नाम:
- उम्र:
- लिंग:
- जाति:
- धर्म:
- काम या व्यवसाय:
- काम की जगह:
- काम की जगह पर कैसे जाते हैं:
- रहने की जगह:
- शादीशुदा/शादी नहीं हुई/एकल:
- घर किसके नाम पर है:(किराये पर हैं, पति के नाम पर, अपने नाम पर, जोइंट है या कुछ और):
- परिवार का कोई जन विकलांग है?

### II. Economic impacts: vkfkd iHko%

1. क्या आप अभी भी नौकरी पर हैं?
  - हां
  - नहीं
  - नौकरी नहीं करती
2. क्या आपको पिछले दो महीने की तनखाह मिली है?
  - हां
  - नहीं
  - एक महीने की मिली
3. क्या आप जहां काम करती थीं उसने लॉकडाउन के बाद काम पर आने के लिए कहा है?
  - हां
  - नहीं
  - कुछ भी नहीं कहा



4. परिवार के बाकि लोगों के क्या हालात हैं?

- काम पर हैं।
- नौकरी चली गई।
- कोई और कारण।
- कुछ पता नहीं नौकरी बची है की चली गई।
- तनख्वाह नहीं मिली।

5. क्या आपके हाथ में कुछ कैश/नकद है?

- हां
- नहीं
- न के बराबर

6. आपके हाथ में पैसा नहीं होने के कारण आपको जरूरी खर्चों को पूरा करने में किस तरह की दिक्कतें आईं? आप कौन से जरूरी खर्चे पूरे नहीं कर पायें।

- किराया
- स्कूल की फीस
- दवाइयां
- सब्जी दूध के खर्चे
- बच्चों का खाना
- कर्ज की किश्त

7. क्या कोई दूसरा काम आपने खोजा या सोचा है?

- हां
- नहीं
- अभी कुछ समझ नहीं आ रहा है।

8. क्या आपको घर का खर्चा चलाने के लिए गहने या ज़मीन या घर के दूसरे सामान बेचने पड़े? या कहीं से कर्ज लेना पड़ा?

- हां
- नहीं
- नहीं बताना चाहते

### III. Access to Food and consumption:

1. (क) लॉक डाउन के दौरान आपको बना हुआ खाना या राशन कहां से मिल पाया?

- राशन की दुकान से कार्ड पर आराम से मिल गया।
- राशन कार्ड पर मिला लेकिन बहुत चक्कर लगाने के बाद मिला।
- राशन कूपन से मिला
- एनजीओ ने बांटा वो मिला।
- पका हुआ खाना सरकार और दूसरी संस्थाएं बांट रही हैं वो मिला।
- विधायक या सांसद कूपन।
- खुद खरीदना पड़ा।
- वहीं से नहीं मिला आस पड़ोस के लोगों ने दिया।

2. क्या जितना राशन या खाना आपको मिल रहा था ये आपकी जरूरत को पूरा कर रहा था?

- हां
- नहीं
- पता नहीं

(ख) क्या राशन के लिए आपको कुछ पैसा भी देना पड़ा?

- हां
- नहीं

(ग) आपके इलाके में जो बना हुआ खाना बांटा जा रहा है क्या आपको वह भी मिला या आपने लिया?

- हां
- नहीं
- पता नहीं

(घ) अगर मिला तो यह खाना आपने कहां से लिया या मिला?

- सरकारी स्कूलों में।
- सामुदायिक रसोई।
- एन जी ओ द्वारा बांटा जाने वाला:
- अन्य

(च) जब घर में खाना कम पड़ जाता है तो परिवार में किसका पेट सबसे पहले भरने की कोशिश की जाती है?

- बुजुर्ग
- महिलायें
- पुरुष
- सबको बराबर
- बच्चे

(छ) किसके हिस्से खाना सबसे कम आता है?

- बुजुर्ग।
- महिलायें।
- पुरुष।
- बच्चे
- सबको बराबर

(ज) क्या आपको लगता है कि पिछले कुछ महीने में आपने भरपेट खाना खाया है?:

- हां
- नहीं
- पता नहीं

#### iv. l j d k j h l f o / k v l a o ; k t u k v l a r d i g p A

1.(क) क्या आपके नाम पर बैंक का खाता है?

- हां
- नहीं
- पता नहीं

(ख) क्या आपने लॉक डाउन के दौरान उसका इस्तेमाल किया है?

- हां
- नहीं
- पता नहीं

2. कौन सी सरकारी योजनायें हैं जिसका आपको फायदा मिल रहा है?
- जनधन योजना में 500 रुपये खाते में आया।
  - पेंशन योजना: (विधवा पेंशन, बुजुर्गों को मिलने वाला पेंशन, विकलांगों को मिलने वाला पेंशन)पेंशन धारकों को दुगनी पेंशन सहायता।
  - गैस कनेक्शन/गैस भरने में—उज्ज्वला योजना।
  - ऑटो और टैक्सी चालकों 5000 रुपये की आर्थिक सहायता।
  - मजदूरों को 5000 रुपये आर्थिक सहायता।
  - अन्य कोई है तो उसका नाम बतायें।
3. अगर आपको सरकार की किसी योजना का फायदा नहीं मिल रहा है तो उसका क्या कारण है?
- मेरे नाम पर खाता नहीं खुल पाया।
  - राशन कार्ड, आधार कार्ड के लिए अप्लाई नहीं किया/किया पर आगे का काम रुका हुआ है।
  - जरूरी कागज दे नहीं पाए जैसे पता के लिए कागज या पहचान पत्र कोई दूसरा कागज।
  - इस बारे में जानकारी पता नहीं है/या ले नहीं पाए।
  - फोन नहीं है
  - इंटरनेट नहीं है।
  - दूसरा कोई कारण है तो बतायें।

## V. Access to Institutions: लॉकडाउन के दौरान

1. लॉक डाउन के दौरान कौन कौन सी जरूरी जगहें खुल थीं और आप वहां तक पहुंच पा रही थीं?
- बैंक
  - पुलिस स्टेशन
  - मोहल्ला क्लीनिक, अस्पताल:
  - आंगनबाड़ी केन्द्र:
  - पोस्ट ऑफिस:
  - पानी या नाली आदि से जुड़ी सुविधाओं वाले नगर निगम के संस्थान?
  - अन्य
2. इन संस्थानों/ऑफिस तक पहुंच बनाने में आपको किस तरह की दिक्कतें आईं?
- आने जाने का कोई साधन नहीं था।
  - लंबी लाइन थी।
  - पुलिस नहीं जाने दे रही थी।

परिवार वाले जानें नहीं दे रहे थे।

अन्य कोई कारण।

3. कैसे आपने उन समस्याओं को दूर किया?

पैदल गई

लंबी लाइन में लगी

किसी का सहयोग लिया

अन्य कोई

## VI-Health needs: LokLF; l a/kh t : j ra

(क) बीमारियों से जुड़े जांच के लिए क्या आप अस्पताल तक जा पायीं?

(शुगर देखने के लिए खून की जांच, बीपी जांच आदि)

हां

नहीं

पता नहीं

(ख) क्या सर्दी, खांसी, जैसी छोटी मोटी बीमारियों के लिए दवाई मिल पाई?

हां

नहीं

पता नहीं

(ग) बड़ी बीमारियां (कैंसर, किडनी की बीमारी, टीबी)जिनका ईलाज लगातार चल रहा है उनकी दवाइयां मिल पाई या रेग्युलर जांच हो पाया ?

हां

नहीं

पता नहीं

(घ) क्या आपके घर में कोई गर्भवती महिला है?

हां

नहीं

(च) अभी के समय में उन्हें किस तरह की दिक्कतें झेलनी पड़ रही हैं?

(छ) क्या आपके ईलाके में महिलाओं को गर्भवती होने पर जो सुविधायें सरकार की तरफ से मिलती हैं वो इन दिनों मिल रही हैं? जैसे आयरन, कैल्शियम, फॉलिक एसिड की गोली, टीकाकरण आदि?

हां

नहीं

पता नहीं

(ज) अगर नहीं तो क्यों नहीं?

(झ) अगर हां तो क्या क्या?

(ञ) क्या आपको चिंता और उदासी महसूस होती हैं? रात में नींद नहीं आती?

हां

नहीं

पता नहीं

(झ) ऐसा होने पर क्या करती हैं?

डॉक्टर को दिखाया।

ध्यान नहीं दिया।

ऐसा नार्मल/सामान्य है।

पता नहीं।

अन्य कोई कारण।

(त) आपके समुदाय में बुजुर्गों के स्वास्थ्य और सुरक्षा की क्या स्थिति है?

डॉक्टर को दिखाने की जरूरत पड़ी।

जैसे पहले उनकी हालत थी वैसी ही हालत अब भी थी।

पचाने लायक खाना नहीं मिल पाया तबीयत खराब हुई।

पता नहीं।

लॉक डाउन के दौरान ईलाज नहीं मिल पाया हालत खराब हुई।

अकेले बुजुर्गों को खाना मिलने में बहुत दिक्कत आई।

अन्य कोई।

## VII. COVID-19 Preventive Measures: ~~dkfoM l s cplo dsfy, dh t kjgh~~ I ko/kkuh

1. क्या आपके घर/ईलाके में किसी को कोरोना निकला है?  
 हां  
 नहीं  
 पता नहीं
2. अगर हां तो क्या आपको जानकारी है कि इससे बचाव के लिए क्या क्या सावधानी रखनी है?  
 हां  
 नहीं  
 पता नहीं
3. क्या उनके साथ बाकि ईलाके के लोग भेदभाव कर रहे हैं?  
 हां  
 नहीं  
 पता नहीं
4. फिर वह कैसे इस स्थिति का सामना कर रहे हैं?
5. क्या कोरोना से बचाव के लिए जो सावधानी जरूरी है वे रखी जा रही हैं—  
 आपके घर में।  
 सार्वजनिक शौचालयों में।  
 दुकानों पर ।  
 गलियों में।  
 अन्य स्थानों पर।
6. क्या आपको ऐसा दिखा कि कोरोना फैलाने के लिए किसी खास समुदाय के लोगों को दोष दिया जा रहा है?  
ऐसा क्यों है?  
 हां  
 नहीं  
 पता नहीं

## VII. Unpaid care work : वॉरफुद क्लक Z

1. लॉकडाउन के दौरान घर के काम बढ़ गए हैं?  
 हां  
 नहीं  
 पता नहीं
2. किस तरह के काम बढ़े हैं?  
 बच्चों की पढ़ाई।  
 खाना पकाना।  
 कपड़े धोने।  
 घर की सफाई।  
 बच्चे बुजुर्गों की देखभाल।  
 राशन और खाने के लिए घंटों लाइन में लगना।  
 अन्य दूसरे काम।
3. अगर हां, तो आपके काम के कितने घंटे बढ़े हैं—  
 एक घंटे से कम  
 1–3 घंटे :  
 3–5 घंटे:  
 5–8 घंटें 8–12 घंटे:  
 अन्य
4. क्या आप अपने लिए थोड़ा आराम करने का समय निकाल पाती हैं?  
 एक घंटे से कम:  
 1–3 घंटे:  
 3–5 घंटे:  
 अन्य—
5. घर के पुरुष घर के कामों में कितनी मदद करते हैं?  
 कुछ भी नहीं  
 थोड़ा बहुत  
 बराबर काम करते



## IX. Incidents of VAW/gender-based violence (home, public space, workplace):

efgyk fgł k dh ?Wuk a 1/2kj] l koZ fud LFkuk ij] dle dh t xg ij 1/2

1. क्या महिला हिंसा की घटनायें इस दौरान बढ़ी हैं?  
 हां  
 नहीं  
 पता नहीं
2. महिला हिंसा की किस तरह की घटनायें इस दौरान बढ़ी हैं?  
 घरेलू हिंसा  
 काम की जगह पर यौन हिंसा  
 सार्वजनिक जगहों जैसे सड़क, गली शौचालय, अस्पताल  
 अन्य कोई
3. क्या इस तरह घटना होने पर आपसे किसी ने किसी तरह की मदद मांगी है? आपने क्या किया?
4. क्या ईलाके में दूसरे लोगों ने इस तरह की घटना होने पर पीड़िता की किसी तरह की मदद की?  
 हां  
 नहीं  
 पता नहीं
5. क्या आपको जानकारी है कि पीड़िता को किसी तरह की सहायता मिलीं।  
 हां  
 नहीं  
 पता नहीं
6. अगर हां तो कहां से मिली?  
 पुलिस स्टेशन  
 महिला सेल  
 जागोरी हेल्प लाइन  
 शेल्टर होम,  
 अन्य कोई

## X. NESS Contribution: ~~ud dk ; kxnu~~

1. नारी एकता शक्ति संगठन की मेम्बर और कम्युनिटी लीडर होने के नाते मौजूदा हालात का सामना आप कैसे कर रही हैं?
2. आपने अपने इलाके में लोगों की जरूरतों व मुश्किलों में किस तरह मदद की?

## XI. Way Forward: ~~dkom ds ckn vlx%~~

1. आपको क्या लग रहा है कि इस आपदा के खत्म होने के बाद समाज में क्या कुछ बदल जाएगा ?
2. इस महामारी के बाद अब एक नए सिरे से ज़िंदगी शुरू करनी है, इस नई शुरुआत के लिए किन किन चीजों की आपको लगता है जरूरत पड़ेगी?
3. आपके हिसाब से शहरों में कोरोना के बाद महिलाओं/लड़कियों की स्थिति बेहतर बनाने के लिए सरकार को किस तरह की योजना बनानी चाहिए?
4. आपकी जागोरी से क्या उम्मीदें हैं? दूसरी संस्थाओं/सरकार से किस तरह की मदद की जरूरत है?

## Annexure: 2

mnas ; %

(क) जागोरी जिन समुदायों में काम करती है वहां की महिलाओं के रोजमर्रा के जीवन व आजीविका पर मौजूदा आपदा का क्या प्रभाव पड़ा है उसे गहराई से समझना।

(ख) इस आपदा का सामना ये महिलायें कैसे कर रही हैं और आने वाले महीनों में उन्हें किस तरह की मदद की जरूरत पड़ेगी उसे जानना।

Hfgykvh@yMfd; laij vFlZ oLFk l syslj LokLF; | l j {kk l sl lekft d l j {kk l Hh {ls- ea  
dkfoM&19 dk i Hho nkgjk i Mk gA ; g l oZk k bu i Hhok dks eS djus dk iz kl djrk  
gA

; g v?; ; u dk igyk pj. k g\$ bl ds chn nwjk pj. k gkxk ft l ea Qkdl xij fMLd'ku  
vls ; qkvl i q"lao fgr/Hj dks l kfk ckrphr dh ; kt uk culbZt k xhA

H&kfyd@l enk & यह अध्ययन दिल्ली के निम्न आय वाले चुने हुए समुदाय में किया जाएगा जो निम्न हैं—

1. बवाना जे जे कॉलोनी
2. मदनपुर खादर जे जे कॉलोनी
3. बदरपुर—बिलासपुर कैंप व ताजपुर पहाड़ी।

Uews dk vkdlj & 220 महिलायें। अलग अलग पृष्ठभूमि की महिलायें—(18 वर्ष से ऊपर के आयु की) एकल महिला, हिंसा की सर्वाइवर महिलायें, ट्रांस, विकलांग, युवा/बुजुर्ग, फेक्ट्री वर्कर, घरेलू कामगार, सब्जी बेचने वाली महिलायें, रेहड़ी पटरी लगाने वाली महिलायें, पीस रेट पर काम करने वाली महिलायें, आशा वर्कर आंगनबाड़ी आदि सेवाएं प्रदान करने वाली महिलायें।

mRjnrk dh fu/kZj r l d ; k& बवाना, मदनपुर खादर व बदरपुर तीनों ही समुदाय में 300 कम्युनिटी लीडर्स से संपर्क करने की कोशिश की जाएगी। हमारा लक्ष्य कम से कम 220 कम्युनिटी लीडर्स से बातचीत व आंकड़ा संग्रह करने का है।

Uewk , d= djus dk rjhdk (Sampling Method): mnas ; i wZ (नारी एकता शक्ति संगठन की सदस्य)

'kk dk rjhdk (Research Method): प्रश्नावली और केस स्टडी

vkdlj dks l xg djus dk ek; e% टेलिफोन के माध्यम से सर्वे

Lk; % 20&30 feuV

## Ikukoyh vks l gefr &VfyQku dsek; e l A

प्रश्न पूछने वाले से अनुरोध है कि वह नीचे लिखे बयान को उत्तरदाता को पढ़ कर सुनाए और उसकी मौखिक सहमति ले। जिसे रिकार्ड भी करे। उत्तरदाता को यह भी सूचना दे की उसकी सहमति को रिकार्ड भी किया जा रहा है।

नमस्ते! मेरा नाम ----- है। मैं जागोरी से हूँ। हम जागोरी, दिल्ली की ओर से आपके ईलाके में महिलाओं के जीवन और रोजमर्रा की जिंदगी में, कोरोना महामारी की वजह से पड़ने वाले असर, और आगे भी उनके जीवन पर इसका क्या असर बना रह सकता है, इस पर एक अध्ययन कर रहे हैं। जिसके लिए हम आपसे इस लॉक डाउन के आपके अनुभव और आपकी सोच से जुड़े हुए कुछ सवाल पूछेंगे। अगर आपको सवाल समझने में किसी तरह की दिक्कत आती है तो आप हमसे सवाल दोबारा पूछने को कह सकते या समझाने के लिए कह सकते हैं। हमने इन सवालों के लिए आपके नाम को इसलिए चुना है क्योंकि आपकी पहचान 'कम्युनिटी लीडर' के रूप में है, और आपने समय समय पर अपने ईलाके से संबंधित समस्याओं को पहचाना और उन्हें दूर करने के लिए कोशिश की है। इस अध्ययन से बनने वाली रिपोर्ट में आपके नाम का कहीं जिक्र नहीं किया जाएगा, आपकी पहचान को भी अलग से कहीं जाहिर नहीं किया जाएगा। क्या आप इसके लिए अपनी सहमति दे रहीं हैं? कृपया कहें – मैं ..... इस बातचीत के लिए अपनी सहमति जागोरी को देती हूँ।'

## ižukoyh Hjus l s l af/kr funžk

1. उत्तरदाता की सहमति को रिकार्ड जरूर कर लें।
2. उत्तरदाता को अगर सवाल समझ नहीं आए तो उसे स्पष्ट करने की कोशिश करें। दोहरायें। हो सकता है वह सवालों का जवाब सीधे तौर पर न दें, आप अपने सवाल को ध्यान में रखने की कोशिश करें, और उनके जवाब में से अपना उत्तर निकाल लें।
3. हर सवाल के साथ कुछ विकल्प/ऑप्शन हैं। उस विकल्प के अनुसार सवाल पूछें और जवाब अंकित करें या लिखें।
4. सवाल के ऊपर के नोट को ध्यान में रखें कि संबंधित सवाल उसी नोट या संदर्भ से जुड़ा हुआ है।
5. जवाब वही लिखें जो उत्तरदाता ने दिया है। अपनी तरफ से उसमें कुछ न जोड़ें। न ही उनकी बात का कोई अर्थ निकालने की कोशिश करें।



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