June–July 2021

GIRLS AND WOMEN ON THE FRONTLINES

COVID-19 RELIEF WORK

A Report by Nirantar Trust

nirantar trust
A Centre for Gender and Education

Nirantar's Coalition Network

Bihar Women's Collectives, Nirantar Trust
Bal Umang Drishya Sanstha (BUDS), Delhi
GVSS, Pratapgarh (UP)
Sakar, Bareilly (UP)
The Third Eye's Knowledge Partners and Digital Educators

Introduction

In the months of June and July 2021, our COVID relief work across field areas has focussed on providing immediate ration support to families in dire need, along with preparing the communities for an impending third wave by providing health kits at the family level, strengthening community health resources through learning centres, creating awareness about vaccination, and facilitating access to government schemes.

Highlights

Geographical coverage	**12 districts across 5 states—Bihar, Delhi, Jharkhand, Rajasthan, Uttar Pradesh**
Distribution of dry ration kits and hygiene kits	**5,400 families**
Distribution of PPE kits and equipment	**155 frontline workers**
Outreach through Jan Sewa Helpline	**250 calls received from the community over 2 months to seek information on various schemes, guidance regarding GBV cases and information related to Covid 19**
Offline Vaccination Awareness Campaign	**Reached 10,852 persons across 7 districts in Bihar. 7,288 women mobilised by women's collectives to vaccination camps**
Online Awareness Campaign	**9 online interactions with allopathic doctors for Bihar women's collective members** **1 webinar with the participation of field partners from 5 states on Precautions Needed Before the Third Wave of COVID**

Interventions

Provision of Dry Ration Kits

In each district, ration and relief kits have been prepared while keeping community needs in mind. For example, in Pratapgarh, Uttar Pradesh (UP), each ration kit contains 5 kg rice, 5 kg wheat flour, 1 kg arhar dal, 1 kg chana dal, 400g soya bean chunks, 1 litre refined oil, 1 kg sugar, 100g turmeric powder, 100g chilli powder, 1 kg salt, 520 g glucose biscuits. The hygiene kits contain 2 soaps, 10 masks, and 1 pack of sanitary napkins.

Ration kits

- In Delhi and UP, we reached out to a total of 2,099 families. Ration kits were distributed to families with young children, pregnant women, migrant labour, widows, transgender people and street dwellers. The learners who are part of learning centres, people with disabilities and other most vulnerable groups were given ration twice. Along with ration kits, we also distributed a pair of undergarments to young girls in Delhi and Bareilly.

Distribution of ration kits

- Hygiene kits were distributed to 800 women and adolescent girls in 8 localities in Lucknow.
- In Bihar, ration kits were distributed in 77 panchayats across 7 districts. A total of 2,388 rations kits have been distributed so far. A majority of the beneficiaries were Dalits, Extremely Backward Castes, Muslim Women, persons with disability and mental illness, widows and divorcees, and people who were affected by COVID 19.

Distribution of ration kits

- In three districts of Rajasthan—Jodhpur, Ajmer and Udaipur, ration kits were distributed to a total of 300 families in 38 villages.
- In Pakur, Jharkhand, ration kits were distributed to 100 tribal and minority community families.

CASE STUDY

My name is Gudiya. I live in Kurrat, which is 30 km from Mandawara block in Lalitpur district. It is a village that is located in the middle of a forest on a hill. The state border with Madhya Pradesh is close. One has to walk 8 km through a dense forest to reach the village as there is no direct road. This is primarily a Sahariya village and we live off the forest. Most people are poor and for 4 months during the rains, the village becomes inaccessible as the river swells and floods the village. Most schemes and even government functionaries rarely reach the village. All essential facilities—electricity, water, healthcare, and even anganwadis—have collapsed.

Corona has only made things worse. I have two children and because there is no work available due to the lockdown, no food has been cooked in my house for two days. I see my children cry with hunger and I wonder what I should do. I give them some Mahua and chana with water and hope to distract them by talking to them. This ration kit has meant that my children are smiling and I will be able to feed them for a few days.

Responding to Healthcare Needs

- **Provision of Safety Kits**

COVID-19 protection kits—2 N95 masks, 2 pairs of gloves, 1 sanitiser, 1 face shield—have also been provided to frontline workers involved in relief work in our field areas.

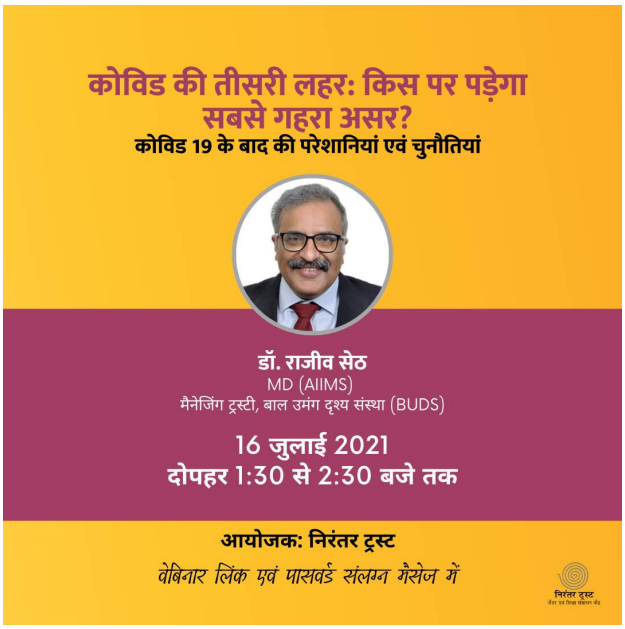
COVID-19 protection kits

Pulse oximeters, thermal scanners and thermometers have also been provided to them with the objective of creating shared resources at the community/village level. In Pratapgarh, UP and Pakur, Jharkhand, oximeters and thermometers are kept in women's literacy centres and girls' education centres in the villages for ensuring easy access by community members. In Bihar, these have been given to Accredited Social Health Activists (ASHAs).

- **Combating Vaccine Hesitancy**

Many people are apprehensive about vaccination due to fake news and rumours circulating on social media. Our frontline workers have been using their phones to generate awareness about preventive measures among people.

We organised a webinar with Dr Rajeev Seth on precautions needed before the third wave and post-COVID issues. Questions were collected prior to the event from the community members.



Poster for the Webinar with Dr Rajeev

In Bihar, a total of 9 online lectures including question-answer sessions of 2–2.30 hrs each were organised at the district level with senior allopathic doctors from Gaya, Rohtas, West Champaran, Muzaffarpur and Sitamarhi. These were attended by a total of 997 women, men and adolescent girls. The most commonly asked questions were related to vaccination hesitancy, the impact of vaccination on people with comorbidities, adolescents, breastfeeding women, and fears about the third wave.

Meeting with ASHA workers and state health functionaries

An increase in vaccination willingness has been noticed among women's collective members after these lectures.

Based on field needs, we have also started compiling a list of doctors in the area who can provide online consultations to people during emergencies.

Women's collectives in Bihar are also running in-person campaigns with the help of ASHA workers and the local administration. The ASHAs share the respective panchayat's calendar for vaccinations registration and camps with the women's collective members in advance. These members then engage in door-to-door campaigns motivating people and also accompanying them for registration and vaccination. A total of 86 ASHA workers across 7 districts are closely working with the women's collective members and so far, 10,852 persons have been reached through these campaigns. Of this, 7,288 women were accompanied by women's collective members to the vaccination camps on designated days. 192 women were registered online using the members' mobiles.

Vaccination camps by women's collectives in Bihar

Besides this, **three vaccination camps** (two in Gai Ghat and one in Muzaffarpur) were organised in collaboration with the local administration, and Dr Sachidanand Sinha Vichar Manch, Muzaffarpur. A total of 330 persons were vaccinated in these camps. The role of the women's collective members was to survey and prepare the lists of persons to be vaccinated, provide logistical support including space for vaccination, help in verifying documents and provide post-vaccination counselling to those who received their first dose in these camps.

Frontline workers during door-to-door awareness campaigns

Building a Team of Trainers for COVID Safety

A total of 100 individuals across 7 districts in Bihar have been identified for basic training on COVID 19 safety, self-care, and vaccination. Three sessions of training have already been conducted with them. A total of 36 community-level trainers have participated in this.

CASE STUDY

Nagma has been living in Delhi since childhood when her father came in search of livelihood opportunities. She was forced to drop out of school at an early age due to a financial crisis in the family. As an adolescent, she started working to support her family. She has been working as a helper in local shops. Nagma got married when she was 21. She is 24 now. Her husband used to work as a daily wage labourer with irregular income, forcing Nagma to work to sustain the family. She got pregnant a few months after marriage but suffered a miscarriage. Even though her husband was supportive, she was unable to take care of herself due to financial difficulties.

In 2020, Nagma got to know about the PACE learning centre for dropout girls and enrolled herself in the course. She was pregnant for the second time when she joined the centre. She told the centre teacher about her problems and the pregnancy. She also started enjoying interacting with friends at the centre and made new friends.

She continued coming to the centre during her pregnancy but was worried about her health and the financial expenses for her regular health check-ups. It was difficult for her to get an ultrasound done in a private hospital without financial support. The centre teacher connected her to an ASHA worker who helped her get the ultrasound at a lesser cost. After the outbreak of the pandemic, her husband lost his livelihood and stayed home for several months. Things became worse when they could not pay rent for 4 months and faced pressure from the landlord. Their life was barely getting back on track when Delhi was hit by the second wave of the pandemic in April 2021 and they, once again, had no source of income. The organisation, BUDS, provided them dry ration that was enough for survival for a few months. Nagma meanwhile struggled with her health as she had not received proper healthcare or rest and her delivery was due in April 2021. The centre teacher suggested that she visit Safdarjung Hospital for delivery. By the time they reached the hospital, she started having labour pains, but the hospital refused to admit her in an emergency owing to a high number of COVID patients. Somehow, she was admitted to a private hospital and successfully delivered a baby girl. During this time, they had to borrow money from different people and were in debt with no social security. Even after delivery, she struggled to buy essential medicines. Although BUDS organisation helped in providing medicines at the time, Nagma is still struggling to survive.

Setting up a Helpline, Help Desks and Temporary Health Centres

In Banda and Chitrakoot districts, a COVID helpline has been set up with the help of digital educators. Given that local organisations were supporting the work of the helpline on a voluntary basis, this initiative has been named the Jan Sewa Help Line. The helpline team are trained not only in identifying symptoms of COVID and immediate steps to be taken, but also in the kind of help they can provide in terms of procuring ration or information about government schemes. Three doctors from Delhi, Mumbai and Lucknow—Dr Ashwini Mahajan, Dr Anupama Verma and Dr Abbas—volunteered to train the helpline team through The Yomita Foundation over four to five phases in late May and early June. They also oriented the two teams on the etiquette of running a helpline.

Posters and pamphlets were printed and distributed in the community. The team tied up with local organisations for publicity of the helpline in interior villages. In particular, in the Manikpur block of Chitrakoot district, which is a forested area, they identified local women to reach out to villages that were not well connected. They went to neighbouring villages and shared information with women from SHG groups and women's collectives about the helpline. A local media portal—Khabar Lahariya—was also engaged as a media partner. They shared information about the helpline on their portal and covered news about the cases and help being offered. Another women's organisation, Vanangana, was requested to provide space for the helpline members to sit and they also provided support in following up cases of violence against women.

Over two months, close to 250 calls were received on the helpline and these were primarily about ration and reporting violence against women. The helpline members connected them to groups and other NGOs on the ground or put them in touch with concerned authorities. Organisations engaged in free ration distribution were also given details of these families and they provided them ration kits.

For violence cases, depending on the nature of the case, support was provided in the form of either putting people in touch with lawyers, the police or even facilitating the extraction of women from their marital homes and sending them to their natal home.

A few health-related inquiries were forwarded to nurses who are part of the helpline. We realised that there was a lot of apprehension among the community regarding accessing government services and people were instead approaching paramedics. Ten such doctors were identified in each district and were provided oximeters, thermometers, nebulisers, paracetamol, vitamin C and zinc tablets to support their work. They were also given PPE kits, sanitisers and masks to also reduce their own

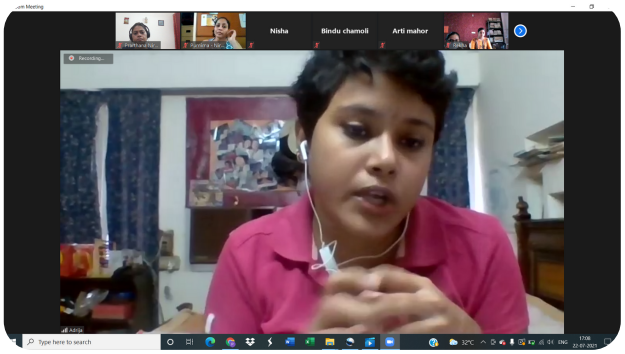
risk of contracting COVID.

One of our relief work coalition partners has also started help desks and temporary centres equipped with immunity kits that include government-approved multivitamin tablets, basic analgesics, antipyretics, antibiotics, and ORS. The idea is to support patients with minor ailments. These medicines will be given after consultation with the Auxiliary nurse midwife (ANM)/ASHA. Some of our coalition partners have trained their staff members in basic medical triage to provide support to those in need.

Capacity Building of the Team on Mental Health

The second wave of COVID has severely impacted our frontline workers who have either tested positive for the virus or whose families have been affected. As they struggle back to work, they are themselves in need of care and support. An important demand has been for mental health and support services as fear of the disease and loss of near and dear ones or those in their neighbourhoods or community has gripped many. We have spent some time in May 2021, just holding each other firmly through online inputs and conversations and by keeping in regular touch.

We also reached out to a mental health expert for conducting capacity building workshops with frontline workers in Delhi and Bareilly. We have conducted six sessions so far on understanding mental health issues



Zoom session with mental health expert

in the field—identifying red flags, steps to be taken after that, the role of active listening in our work, demo sessions for the skills learnt in the last three sessions, suicide prevention, and possible additions in our educational work. Meanwhile, 13 frontline workers are utilising teleconsultation services for their mental health issues.

Monetary Support for Girls' Education

We conducted a survey of 400 girls to learn the status of their access to online classes. Only 87 of these girls owned mobile phones. The girls reported that loss of regular income for the family, weak connectivity, poor quality mobile phones, and gender discrimination were major hindrances in joining online classes. We decided to provide one-time cash support to 362 of these girls and 180 girls were enrolled in 9 Ummeed Centres for tutorials in Bihar. Approximately 250 girls have been identified in Delhi and UP for monetary support.

Facilitating Access to Rights and Entitlements

One of our relief coalition members participated in the public hearing

organised by Delhi Rozi Roti Adhikar Abhiyan and highlighted the problems of people who do not have ration cards. More than 20 community members including widows, disabled persons and senior citizens participated and shared their problems due to lack of food and employment during the lockdown.

We will be sending the report of this public hearing to the Delhi High Court requesting the Delhi government to provide free ration to everyone, irrespective of their category.

We have also identified 10 widowed women and 7 orphaned children who will be eligible for compensation and relief under the Delhi government's Mukhyamantri COVID-19 Pariwar Aarthik Sahayata Yojana. We are in the process of collecting their documents and completing their applications for the same.

CASE STUDY

Jyoti is 40 years old and lives in a town in Jodhpur district. She singlehandedly supports her mother-in-law and two sisters-in-law as her own husband, father-in-law and brother-in-law are no more. She has no kids. One sister-in-law has been mentally disturbed since her husband (Jyoti's brother-in-law) died due to blood cancer. There has been no source of income for the family.

When we got to know about Jyoti's condition, the digital educator went to her house with the ration kit. On reaching there, we found that there was no electricity in her house. She also informed us that it was difficult to procure food on a day-to-day basis. However, a ray of hope emerged in the form of the Coalition Network organisation, where Jyoti resumed her studies after 20 years. It is difficult for her, but she has not given up.

Challenges and Learnings

- One of the major challenges across our relief areas has been our inability to help everyone in need. The number of families in need far exceeds the number we are able to support, given our resources. Most of the information regarding schemes is available online and community members neither have access to the internet nor are they skilled to apply online to get the benefits. Also, there is a lot of doubt and confusion about such schemes announced by the state and central governments.

- People are apprehensive of government healthcare services. They are scared that if they take their family member for testing to government facilities and if they test positive for the virus, they would be admitted to a government hospital with no access to their family members. They fear that in case of death, they might not even get the body of their deceased family member.

This is evident from the fact that we have received few calls pertaining to COVID on the helpline. Instead of the helpline, local paramedics were being contacted for COVID-related treatment. People also fear the stigma of being labelled a “corona household" and dread isolation.

- We observed that mostly male members of the community were interested in getting vaccinated as they were going out for employment. The women felt that since they are at home, vaccination is not necessary for them.

- Many have not been able to go back to their jobs because factories have shut down. People are being exploited by their employers and not even being paid their minimum wages. Most of the factory owners are firing female workers because they can get more work done from the male workers. People have reported unavailability of work for daily wage earners and migrant labour and there is an urgent need for the creation of sustainable livelihoods at the local level. For example, Madawara block in Lalitpur district of UP has

a large population of the Sahariya tribe whose access to basic rights like health and education, economic opportunities, as well as government schemes is extremely poor.

Most women in this area rely on forest produce for income. During COVID, the contractors have stopped coming to purchase forest produce from them, severely affecting their livelihoods.

- One of our relief coalition members was invited by the District Labour Commissioner to undertake a survey of people working in the unorganised sector who are still not registered. The survey was undertaken on the direction of the Supreme Court to know the categories of unorganised occupations that are not recognised by the government so far. This data will be considered for formulating the national policy for workers in the unorganised sector.

- Women and young girls are seen to be at the forefront to collect ration, health kits and other support from civil society organisations. Even during cooked food distribution, women, young girls and children stand in queues to get cooked food from school. Even if families have no resources left to manage daily expenses, men are not seen in the queues for dry ration and cooked food.
- Mid-day meals are not being provided as schools are closed. Malnutrition among children is on the rise.

- Behaviour change is a long term process. There is a continuous need to sensitise the community about wearing masks and frequent hand washing. There is also a need to arrange basic medical facilities (like thermal scanners, oximeters, masks, sanitisers etc) and build capacities of community resource persons at the village level.

For more details about Nirantar's work, please contact us at:

Nirantar Trust
B-64, 2nd Floor,
Sarvodaya Enclave,
New Delhi 110017. India
Phone: 91 11 2696 6334
Fax: 91 11 2651 7726

Email: nirantar.mail@gmail.com
Website: www.nirantar.net

@NirantarTrust @NirantarTrust @Nirantar_Trust @NirantarTrust