

**April-September
2021**



GIRLS AND WOMEN ON THE FRONTLINES

COVID-19 RELIEF WORK 2.0

A SUMMARY 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

The second wave of the COVID-19 pandemic caused a massive public health crisis and resulted in the loss of thousands of lives. Shortages of oxygen cylinders, ventilators, hospital beds, and essential drugs plagued all parts of the country, making evident the gaps in our healthcare infrastructure. When the vaccines arrived, apprehensions about government health services deterred many people from accessing healthcare. The prevalence of fake news and lack of access to credible information about COVID-19 symptoms, precautions, treatment, and vaccinations also compounded people's fears.

Recognising this, we dived into relief work between the months of April and September 2021, where we focused on providing immediate ration support to families in need, providing health kits at the family level, strengthening community health resources through learning centres, creating awareness about vaccination, building our team capacities, addressing issues of mental health, and facilitating people's access to government schemes in our field areas.



Organisations Involved

Nirantar Trust, along with The Third Eye's Knowledge Partners and Digital Educators (in Rajasthan, Jharkhand, UP); Bihar women's collectives that include 4 organisations; SAKAR, Bareilly (UP); Bal Umang Drishya Sanstha (BUDS), Delhi; and GVSS, Pratapgarh (UP)



Geographical Coverage

North East Delhi, Shahdara, South Delhi, Central Delhi, North West Delhi in Delhi; Lalitpur, Bareilly, Pratapgarh in Uttar Pradesh; Gaya, Kaimur, Muzaffarpur, Sasaram, West Champaran, Sitamarhi in Bihar; Jodhpur, Ajmer, Udaipur in Rajasthan; Pakur in Jharkhand



Distribution of Dry Ration and Hygiene Products

8,066 Families approximately



Distribution of PPE Kits and Equipment

3537 Frontline Workers



Online Awareness Campaigns

3 webinars on COVID-19 prevention and precautions, 10 online interactions with allopathic doctors for Bihar women's collectives



Outreach through Jan Sewa Helpline

250 calls received from the community over 2 months to seek information on various schemes, guidance regarding gender-based violence (GBV) cases and information related to COVID-19



Vaccination Awareness Campaign

Reached 10,852 persons across 7 districts in Bihar. 7,288 women mobilised by Bihar women's collectives to vaccination camps

INTERVENTIONS

Provision of Ration and Nutrition

In April, when the second wave of COVID-19 started, states imposed partial and complete lockdowns and many people lost their livelihoods overnight. This created a critical need to provide relief kits to the most marginalised families. Our frontline workers were prepared with a list of families that they had compiled in the first phase of relief work. This helped them to reach out to the families in need.

Thus, immediate support was provided in the form of dry ration and hygiene kits to 8,066 households across Delhi, Uttar Pradesh (UP), Bihar, Rajasthan and Jharkhand. 87% of these beneficiaries were women (including 28% single/widowed women), 11% were men and 0.42% were transpersons.

An analysis of the religious and caste composition of the beneficiaries revealed that 81% of them were Hindus and 19% were Muslims; 59% of the beneficiaries were Dalits, 18% belonged to the OBC category, 17% to the BC or EBC categories, 3% to the Scheduled Tribes, and 2% to the

General category.

The composition of beneficiaries by employment status/livelihoods may be seen in Figure 2. It is important to note that 14% of the beneficiaries were extremely poor. Of the total beneficiaries, 10% were people with disabilities and 6% had either been infected by COVID-19, suffered from prolonged illnesses or had mental health issues.



Figure 1: Distribution of Ration Kits

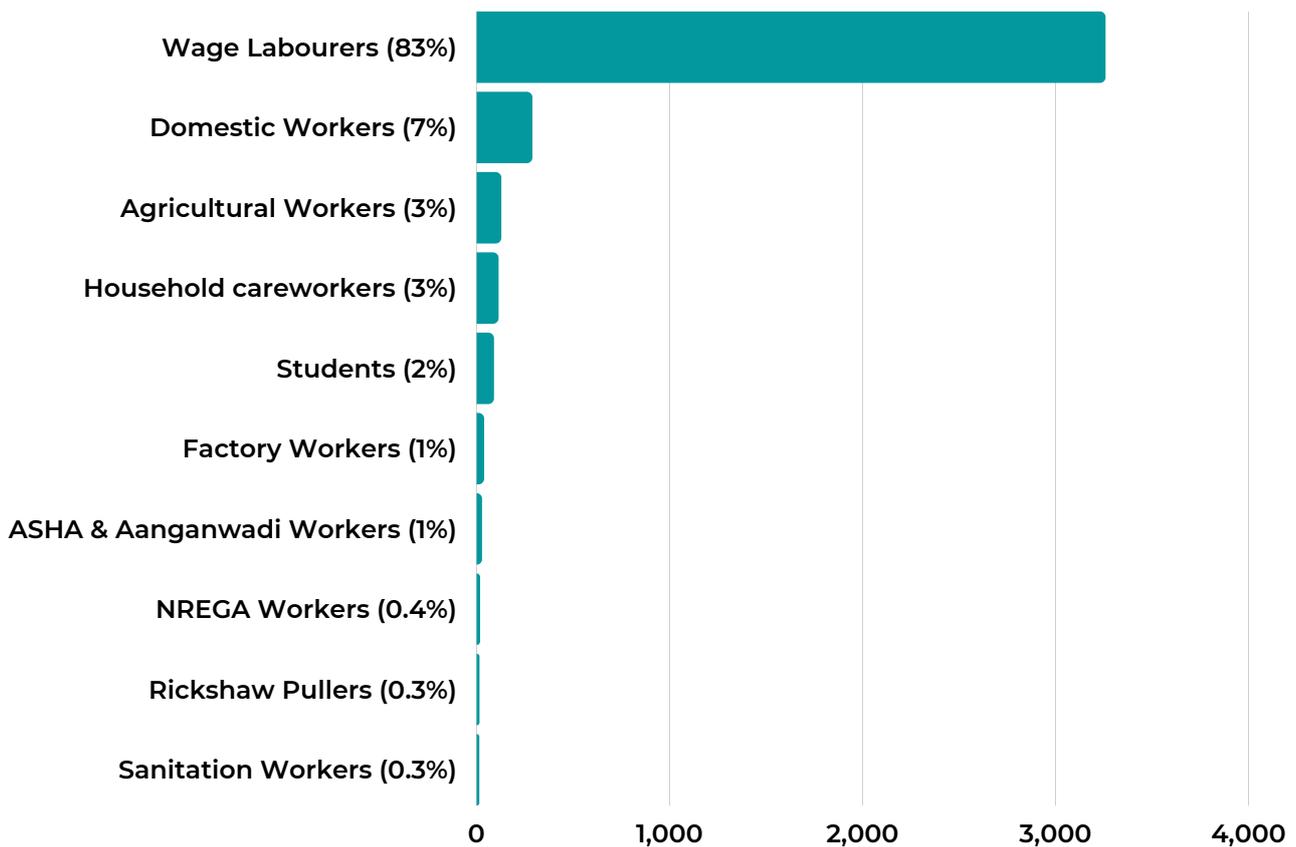


Figure 2: Occupation/Livelihood Composition of Relief Beneficiaries

Mapping the Crisis and Providing Access to Information

The frontline workers collected information and local level updates regarding relief services to disseminate the information on the ground. This included recent announcements by the central and state governments on new schemes, rights and entitlements, updates related to COVID-19 helpline numbers, nearby health facilities, sources for oxygen supply, and Hindi video resources containing verified information on prevention and treatment.

Dissemination of Information and Combating Vaccine Hesitancy

To dispel rumours, counter fake news, and answer doubts, Nirantar organised **3 webinars** for frontline workers and community members.

The first webinar was organised with Dr Shakeel, Consultant Physician with Jan Swasthya Abhiyan, Bihar on 18 May 2021 to **address immediate COVID-19 related concerns** like symptoms, types of tests and need for hospitalisation.

CASE STUDY

Ramvati is a widow who lives in the Bhojipura Block of Bareilly district. She is 40. There are 5 people in Ramvati's family. She, along with her children, work as labourers in the fields. Ramvati suffers from poor health and most of her sons' savings are spent on her medicines. However, due to the imposition of the lockdown, it became difficult for them to find work and sustain themselves. Lack of medicines, food and nutrition caused Ramvati's health to deteriorate even further. The ration kit containing pulses, soyabean, oil, sugar and gram, helped Ramvati and her family cope and recover. Ramvati noted that the help desks set up in her village enabled many women to access information on women's health and COVID-19 related queries.



Figure 3.1: Poster for the webinar

The second webinar was organised with Dr Rajeev Seth (AIIMS) and Dr Indira Taneja on 26 May 2021 to address the questions sent in by community members pertaining to vaccination. Over 200 people attended this webinar.

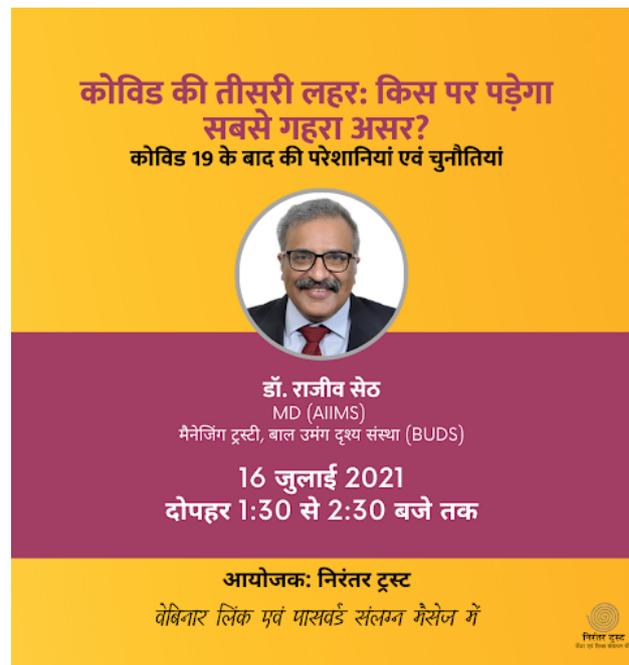


Figure 3.3: Poster for the webinar

However, many people still remained apprehensive about vaccination due to fake news and rumours circulating on social media. To address this, the third webinar was conducted on 16 July 2021 with Dr Rajeev Seth on precautions needed before the third wave and post-COVID 19 issues.

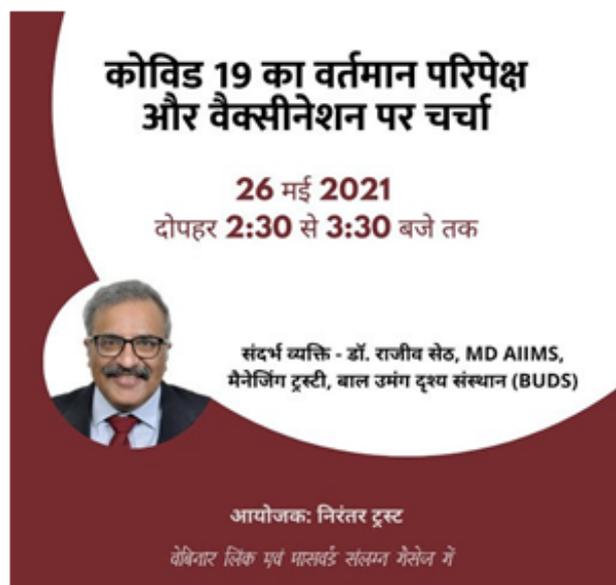


Figure 3.2: Poster for the webinar

Additionally, in Bihar, 10 online sessions were conducted with senior allopathic doctors who disseminated information related to vaccination hesitancy, the impact of vaccination on people with comorbidities, adolescents, breastfeeding women, and fears about a third wave. An increase in vaccination willingness was noticed among women's collective members after these sessions.

Facilitating Access to Online Registration for Vaccines

In order to facilitate wider access to vaccinations, the women's collectives and their frontline leaders in Bihar, started an **awareness campaign** to inform people about the designated venues and days of registration. **The collectives ran in-person campaigns in 7 districts with the help of 105 ASHA workers and the local administration.** The campaign has reached 23,806 persons, of which 7,288 were accompanied by women's collective members to the vaccination camps, and 300 women were registered online using members' mobiles.

Besides this, 17 vaccination camps in Rohtas, Muzaffarpur, Kaimur, West Champaran, Sitamarhi and Sheohar districts were organised in



Figure 4.1: Community members at the vaccination camp



Figure 4.2: Community members at the vaccination camp

collaboration with the local administration and Dr Sachidanand Sinha Vichar Manch, Muzaffarpur.

Providing Health Support

Frontline workers in Delhi mapped the health services in their field areas and connected people with local Mohalla clinics for COVID-19 tests and basic medicines.

We also compiled a list of doctors who would be available for tele- and online consultations for community members, field and Nirantar staff.

Setting up a Helpline, Help Desks and Temporary Health Centres

In Banda and Chitrakoot districts, a COVID-19 helpline called **Jan Sewa HelpLine** was set up with a trained team that provided assistance in identifying symptoms of COVID-19, immediate steps to be taken, and guidance regarding procuring ration or information about government schemes.

Over a span of two months, close to

250 calls were received on the helpline and these were primarily about ration and for reporting violence against women.

One of our relief work coalition partners also started help desks and temporary centres equipped with immunity kits that include government-approved multivitamin tablets, basic analgesics, antipyretics, antibiotics, and ORS.

Provision of Safety Kits

COVID-19 safety kits—4 N95 masks, 2 pairs of gloves, 1 sanitiser, 1 face shield, pulse oximeters, thermal scanners and thermometers, were provided to frontline workers involved in relief work in our field areas.



Figure 5: COVID-19 Protection Kits for Volunteers

Capacity Building and Support

Building a Team of Trainers for COVID Safety

A total of 123 individuals across 7 districts in Bihar were identified for basic training on COVID-19 safety, self-care, and vaccination. These community-level trainers were given the responsibility to train 30-40 persons each from their respective neighbourhoods. These trainees, in turn, trained 6,757 persons, men, women, boys and girls from their villages, in a cascading mode. A total of 311 sessions were conducted using this method.



Figure 6: Screenshot of online session for community-level trainers

Capacity Building of the Team on Mental Health

To address the impact of the second wave of COVID-19 on peoples' mental wellbeing, we conducted 6 sessions with our frontline workers in Delhi

and Bareilly on understanding mental health issues 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.



Figure 7. Screenshot of Online Session on Mental Health

Educational Monetary Support

To mitigate the financial impact of the second wave on adolescent girls in Bihar, we decided to provide monetary support to 362 girls surveyed out of 600 girls across 23 villages in 7 districts, mostly belonging to Muslim, Dalit and EBC communities.

This support ensured that they could continue their education by

accessing the internet, stationery items, etc. Additionally, we enrolled 595 girls in 24 Ummeed Centres for tutorials in Bihar. These tutorials aimed to help them in specific subjects like Mathematics, Science and Social Sciences, as many of these girls did not own smartphones and were struggling to continue their education.

Developing Feminist Spaces and Providing Access to Rights & Entitlements

Creation of an Online Space and Developing Feminist Solidarity Networks

Nirantar started an online support platform for everyone involved in relief work, to enable them to put forth concerns, personal feelings and share the difficulties faced during the lockdown. The frontline workers shared their experiences through writing letters, songs and stories. This safe and encouraging feminist space was very helpful in resolving conflicts as well.

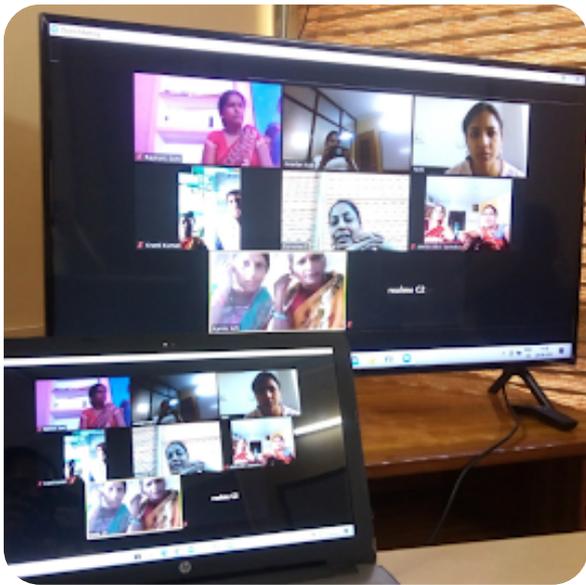


Figure 8: Online meeting on sharing experiences and providing support

Facilitating Access to Rights & Entitlements

One of our relief coalition members participated in the public hearing organised by Delhi Rozi Roti Adhikar Abhiyan which helped highlight the problems of people who do not have ration cards.

We 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.



Figure 9: Public Hearing Organised by Delhi Rozi Roti Adhikar Abhiyan

CASE STUDY

Begum is a 52-year-old widow who lives in the Jhuggi Patthar Wala Bagh area of Wazirpur J.J. Colony, Delhi. She has two daughters and one son. Her husband, who used to work as a plumber, passed away five years ago due to oral cancer. Her marital home and in-laws are in Darbhanga, Bihar while she lives in Delhi with her children. Begum has been married twice and in both her marriages, she faced domestic violence.

Her daughters are 14 and 12 respectively, and her son is 10. She lives with them in Wazirpur in a rented house and works as domestic help to raise them. Begum lost her job during the lockdown and had to resort to selling vegetables on a cart.

Her daughters, Heena and Jiya, study at Tarang centre in Wazirpur - a learning centre for out-of-school very young adolescents. Heena has studied only till grade one and Jiya has never been to school. Both are keen to learn and always come for class on time. When the second lockdown started in April 2021, the teachers at the Tarang centres began reaching out to all the learners and their family members to assess their needs and plan strategies to support them. Upon contacting Begum, they learnt that she had lost her regular work and also incurred losses while selling vegetables. The teacher counselled her and reached out to her regularly for moral support. The team also gave her ration, including 10 kg flour, 5 kg rice, oil, 4 kg sugar, spices, tea leaves and an assortment of lentils. The team reassured her that she could call them whenever she had problems and provide support to her through these hard times.

CHALLENGES AND LEARNINGS

- There is a need for direct financial and health support, especially for pregnant women, people with chronic illnesses and comorbidities, and migrant workers.



- There is an increased need for mental health support, especially for people belonging to marginalised communities.



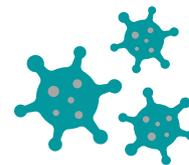
- Fake news related to COVID-19, vaccination, traditional treatment for COVID-19 is prevalent and needs to be countered.



- Most community members cannot access information regarding schemes since they don't have access to the internet or lack digital literacy.



- People are apprehensive of government healthcare services. They fear that in case they test positive for COVID, they will suffer the stigma of being labelled “corona household” and lose access to family members.



- We observed that it was mostly male members of the community who were interested in getting vaccinated as they had to go out for work. 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 since factories have shut down. The ones who have work are being exploited by their employers and not even being paid their minimum wages



- 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.



- Women and young girls are seen to be at the forefront to collect rations, 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.



- There is a need for more vaccines. It has been observed that while people are coming in huge

numbers to get vaccinated, there is a major crisis of vaccine availability.



- 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.



- 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.



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