



**April-May
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)**



Introduction

The second wave of the COVID-19 pandemic has not left any strata of society untouched. The faultlines in our healthcare infrastructure became obvious as shortages of oxygen cylinders, ventilators, hospital beds, and essential drugs plagued cities and towns across the country. Citizens swung into action, running helpline numbers for resources, verifying information, and forming support networks on social media.

In addition to the healthcare crisis, in our field areas, people's livelihoods and food security have been severely impacted. The prevalence of fake news and lack of access to credible information about COVID symptoms, precautions, and treatment options has resulted in fear and panic. Our efforts towards relief in the months of April and May 2021 have thus focussed on the provision of dry ration to families under severe financial stress, provision of medical kits and masks, creation of resource material, along with organising events to generate awareness.

Highlights

Organisations involved	6 organisations across 3 states
Geographical coverage	North East Delhi, Shahdara, South Delhi, Central Delhi, and North West Delhi in New Delhi; Lalitpur and Bareilly in Uttar Pradesh; Gaya, Kaimur, Muzaffarpur, Sasaram, West Champaran and Sitamarhi in Bihar
Information dissemination and awareness generation	With over 3000 families
Distribution of dry ration and hygiene products	60 families (approx)
Webinars	2 webinars, attended by 300 people from across 6 states



Interventions

Mapping the Crisis, Providing Access to Information and Building Awareness

The frontline workers collected online 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, new schemes, rights and entitlements and other updates related to COVID helpline numbers, nearby health facilities, sources for oxygen supply, Hindi video resources containing verified information on prevention and treatment. By staying in contact over the phone, frontline workers made people aware of the preventive measures. We also prepared a list of doctors from respective field areas who can provide online consultation to the people from the community during emergencies.

A telephonic sample survey was initiated in April among the Bihar women's collectives (with 2200 women across federations) to understand poor households' access to various services and entitlements such as social security pensions, free and or subsidised rations, and other benefits announced by the government. Based on this, we prepared a list of 3600 women across 7 districts in need of immediate relief. Almost 95% of these women are from

the most marginalised communities —Dalits, Muslims and other extremely backward castes.

Health Specific Information Dissemination through Webinars with Doctors

To dispel rumours, counter fake news, and answer doubts, Nirantar organised two webinars with frontline workers and community members.

The first webinar was organised with Dr Shakeel, Consultant Physician with Jan Swasthya Abhiyan, Bihar on 18 May 2021. A total of 100 people from six states participated in the webinar.

Dr Shakeel explained the common symptoms of COVID 19, RTPCR and Rapid Antigen tests, the need to monitor the oxygen levels of patients and decision making regarding hospitalisation. He informed the attendees about the possibility of false-positive and false-negative results, emphasising the need to simultaneously monitor symptoms and keep basic medicines handy. He reiterated that while the vaccine is the only preventive measure against the disease, no vaccine is 100% foolproof.

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

Over 200 people attended this webinar.

18
मई
2021



डॉक्टर शकील, कंसल्टेंट,
फिजिशियन, जन स्वास्थ्य अभियान,
बिहार
आयोजक: निरंतर ट्रस्ट
समय: शाम 4 से 5.30 बजे
ZOOM मीटिंग
लिंक: [HTTPS://US02WEB.ZOOM.
US/J/86975245581?](https://us02web.zoom.us/j/86975245581?pwd=UUNMSDGZU3PMZSTGRS9NVU1HALVAUT09)
PWD=UUNMSDGZU3PMZSTGR
S9NVU1HALVAUT09
MEETING ID: 869 7524 5581
PASSCODE: 758569

डॉ शकील के साथ
चर्चा: कोविड -19
और उसका प्रभाव

The questions covered symptoms of COVID, precautions to be taken, benefits and risks of the vaccine, safety of the vaccine for pregnant women, and rumours about alternate remedies, among others. The questions were then shared with the doctors and the sessions were moderated by Nirantar team members.

Provision of Emergency Health Support to the Most Marginalised Communities

In April and May, the frontline workers collected information from different online sources and networks for emergency healthcare support. This information was verified through individual calls and verified numbers were updated in the relief support datasheet. Frontline workers in Delhi mapped the health services in their field areas and connected people with local Mohalla clinics for COVID tests and basic medicines.

We also compiled a list of doctors (specialists in critical care, infectious diseases, gynaecology, orthopaedics, neurology, ophthalmology, and dentistry) who would be available for tele and online consultations for community members, field staff, and Nirantar staff.

Provision of Ration and Nutrition to Families in Crisis

With partial and complete lockdowns imposed by the states, many people lost their livelihoods overnights and there was an immediate need to provide relief kits to the most margin-

कोविड 19 का वर्तमान परिपेक्ष और वैक्सीनेशन पर चर्चा

26 मई 2021
दोपहर **2:30** से **3:30** बजे तक



संदर्भ व्यक्ति - डॉ. राजीव सेठ, MD AIIMS,
मेनेजिंग ट्रस्टी, बाल उमंग दृश्य संस्थान (BUDS)

आयोजक: निरंतर ट्रस्ट
वेबिनार लिंक एवं पासवर्ड संलग्न मैसेज में

Posters for the Webinars with Dr Shakeel and Dr Rajeev

In preparation for the webinars, we consulted women and girls from our field areas in Delhi, Uttar Pradesh and Bihar and asked them to share their concerns and questions regarding COVID-19 and vaccination.

-alised families. Migrant families, in particular, faced acute crises as they struggled to acquire basic essentials. Most of them worked as daily wage earners and casual labourers. Immediate support was provided to 55 families in UP and Delhi in the form of dry ration kits and masks.



Minimising Vaccination Hesitancy and Facilitating Access to Online Registration

Online registration for COVID vaccination can only be done by those with access to smartphones. The offline registration centres are usually far off and registration only takes place on designated days. Both the conditions restrict people's access to vaccinations. Our women's collectives and their frontline leaders in Bihar started an awareness campaign to inform people about the designated places and days of registration. For people with disabilities and other limitations, the frontline workers registered them through their own mobile numbers. Four collectives are still compiling data on vaccination registration, but over 600 people, especially women, persons with disabilities, elderly persons, and people with comorbidities were helped by frontline workers with online registrations using their own

mobile phones. About 1,000 people were motivated and taken to vaccination centres. The frontline workers were also present for assistance at the vaccination camps in respective panchayats.

Educational Monetary Support to Girls

To mitigate the impact of the second wave on adolescent girls in Bihar, 400 girls enrolled in classes 9–12, belonging to Muslim, Dalit and EBC communities, were identified for one-time cash support. The families of these girls are already heavily in debt due to loss of income for almost a year. Investment in the girls' education, health and nutrition has become the last priority for resource-poor families. With help from our frontline workers, these girls will be able to afford mobile data for online classes and use the money to purchase sanitary napkins, stationery items and textbooks.

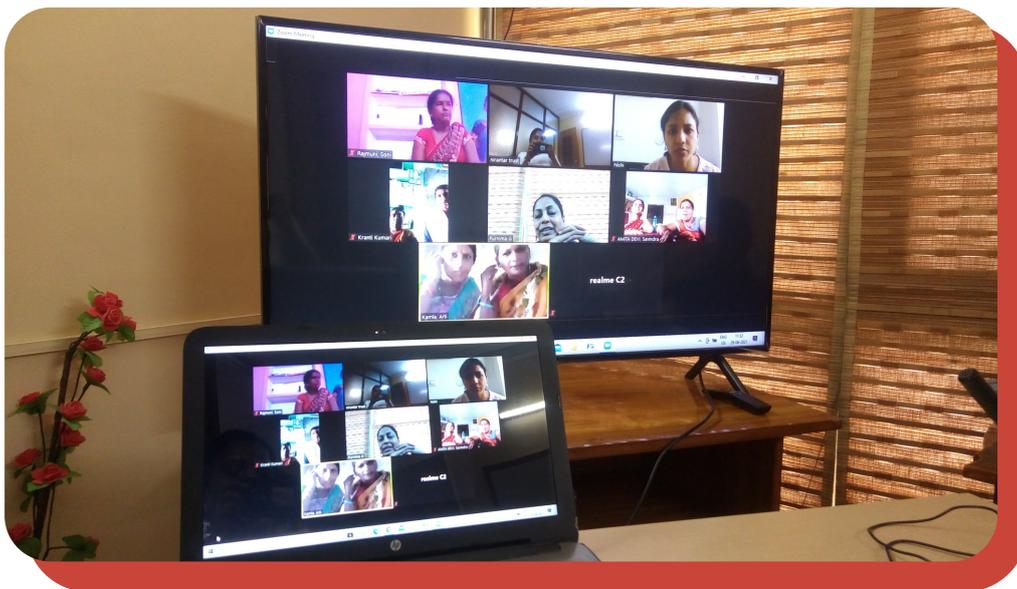
Creation of an Online Sharing Space and Developing a Feminist Solidarity Network

Last year when a sudden lockdown was announced, we realised that the frontline workers had been working in isolation. Such work, especially in times of distress and crisis, can be extremely overwhelming and can affect mental health. Moreover, while there was reporting of violence and backlash from the community against frontline workers, domestic violence against them was going unrecognised. We felt the need to

create an online sharing space for everyone involved in relief work so as 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.

During the recent second wave of COVID and the subsequent lockdowns, the pressure on both heal-

-th workers and frontline workers was unprecedented. The scale of the impact and their inability to provide aid to everyone in need led to a sense of despair and helplessness among the health workers. This prompted the Nirantar team to restart the online support platform where frontline workers could articulate their concerns in a safe space. Through regular informal sharing sessions, we also engaged with young girls and teachers from our learning centres, as well as members of Nari Adalats.



Learnings and Way Forward

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



Several pregnant women from our field areas were not able to visit the hospital for routine check-ups due to the surge in COVID-19 cases in Delhi. In a few cases, they were denied emergency treatment in local clinics. In some cases, women were forced to go back home immediately after the delivery in the local dispensary. They were not even informed about the precautions that needed to be taken. Due to financial stress, several families were not able to afford medication for chronic illnesses. In a few field areas, daily wage labourers have migrated to their native villages in different parts of UP and Bihar because a large number of families live in rented houses and were unable to sustain themselves owing to the financial crisis.

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



Loss of livelihood in the first wave and the sudden surge in cases in the second wave, along with loss of life

and inaccessibility of health services severely impacted people. There has been a documented increase in domestic violence against women and girls during the pandemic. Young people in particular are finding it challenging to deal with the long-drawn crisis faced by their family members.

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



A large section of people with access to the internet relies on WhatsApp forwards as a source of information and knowledge. We need to develop audio-visual materials in simple language to disseminate facts and counter fake news.

Experts have predicted that there is likely to be a third wave of COVID-19 in the next few months.



We need to develop strategies to support families who are on the verge of facing a serious health crisis due to ignorance and inability to access resources.

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