



REPORT

Prepared by

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Last year, as India was responding to the COVID-19 pandemic with chaos and a nation-wide lockdown, Prajnaya invited scholars and practitioners to reflect on the post-pandemic challenges and opportunities for women's rights and gender equality. The result was a rich collection of blog posts that offered insights into various struggles and challenges faced by marginalised communities. A year later as the world continued to grapple with the pandemic and as India was witnessing a deadlier second wave of the coronavirus, it was time to review the earlier assessments.

On May 19th 2021, Prajnaya organised a virtual roundtable discussion with the blog post contributors, inviting them to reflect on their blog posts. The goal was to facilitate an informal discussion with our community members as audience, around what has changed, and what remains unchanged.

The event was divided into three sessions around three themes, each with a set of panelists who had written on similar issues facilitated by a facilitator and two discussants.

THEME - 1: THE CLIMATE FOR WOMEN'S RIGHTS

The first session was facilitated by Anuradha Rajan, the executive director of South Asia Women Foundation and it had a panel of feminist civil society members who have considerable experience of research and practice in the field of women's rights.

The session began with Dr. Asha Hans, a scholar and activist who had written on [militarisation and the new normal in women's agenda](#). She began by commenting on the lack of dialogue about our justice system and our imagination of social justice. She raised the issue of the language used by the politicians and the government in referring to the pandemic such as "corona warriors," "winner and losers." She argued this masculine thinking shows ignorance and insensitivity to the deaths of many. It was evident in the case of national security which is more focused on providing an army on the borders instead of offering any security to the people of the nation. As we anticipate a third wave, she begged for a change in our imagination which includes solidarity, feminist thinking, and one which ensures food security. She also pointed out that much hasn't changed in the last one year, as religion continues to take precedence over health.

Following Dr. Hans, Dr. Vibhuti Patel, an academician who had written about the [challenges for community interventions](#), brought to focus the changes she is witnessing in community interventions. She noted that while the first wave was about immediate relief work such as ensuring food security, providing sexual and reproductive health services etc, the second wave has become about availing oxygen tanks, hospital beds and other health services etc. This has exacerbated corruption in accessing health services, and given rise to nefarious practices by hospitals and doctors, such as redirecting resources from rural areas. The current wave has also shifted the focus to middle class urban populations who have been hit worse. Another change, she witnessed, was the trust deficit where there is a rise in fear psychosis among people following the coverage of mass deaths. However, she noted the issue of unemployment of women remains invisible in the government's agenda. Further, the added burden of religious fasting to cure corona has been put on women. Also, she noted the Panchayati Raj Institutions which were invisible in the first wave have gained recognition around this time, as their importance and efforts are becoming clearer.

While Dr. Patel painted this picture of community interventions, Sheelu Francis founder of Tamil Nadu Women's Collective presented another. From her experience doing relief work during natural disasters in Tamil Nadu, she has learnt the importance of working with the community during the crisis. Ms. Francis made the case for never wasting a crisis. So her team found an opportunity to work with communities to increase their food security at household level by encouraging families to take up kitchen gardening. And they made sure to include children in the activity as they had more free time. They also advocated for deferring microfinance

installments, ensuring MNREGA work immediately, and the closing of TASMACH shops among others, some of which have been taken up by the state government. However, all is not so rosy, as much work needs to be done as it's a long road to recovery.

Moving from community intervention, the next panelist, Dr. Ritu Dewan, an economist, discussed the long-term implications of the pandemic and the policy shortcomings. She argued that under [the camouflage of the pandemic](#), the rights of several communities have suffered an impact. The political dispensation in terms of pandemic-related policies, she noted, has no connection to the reality of the people, lacks compassion, and points to a process of dehumanisation and gender de-equalisation. For example, the recently passed labour codes do not recognise home based workers and ASHA workers and apprentices who are kept out of the existing labour reforms. The legislations on sexual harassment are delinked from the issues of safety at the workplace. The union rights and the right to oppose have been stopped by the majority including the informal sector.

Further, Dr. Dewan brought a set of issues to attention. First, there is no data being collected on the migrants, the population coming back, unemployment, and so on. And as the vaccination policy is focused on digitalisation, it is inevitable that a majority of the population will be left out. Secondly, there are two new categories of people, covid widows and covid orphans who need immediate support. With income levels declining, families are slipping into poverty and long-term bondage over not just health expenditure but also the cost of cremations. Third, there are also long-term issues such as education, ICDS being stopped, women's reproductive health, and other diseases such as TB being pushed into the background which need to be addressed. Fourth, lack of transparency and accountability in vaccine policy, including no consultation with experts or civil society members on health or other issues are concerning; the word democracy has lost all recognition. She concluded that as an economist, she found that the budget passed by the Indian government during the pandemic was that of crony capitalism, where relief packages were loans and what was promised had not been distributed.

The final panelist, Suneeta Dhar, an activist, who wrote on investing in [women's organisations](#) reflected that in the last year, women's groups at the grassroots level have demonstrated commendable leadership in organising themselves, in raising funds, extending solidarity, and showing great resilience. Many people have adapted to working online and learning to use the available technology for themselves, their families and communities. However, the digital gap such as lack of access to mobile phones is threatening to leave out marginalised and rural women from accessing vaccines. She also shed light on the Beijing Plus 25 reviews and the newly launched Action Coalition and the [Generation Equality Forum](#), the purpose of which is to build on the deficit of the Beijing plus 25 process, by building stakeholder partnerships globally across diverse communities to advance women's rights issues. She pointed out that the Beijing platform for action had no chart for funding, and had no commitment for funding. It didn't look at the critical issues of rights of queer people, issues of public health, climate change, or indigenous women's rights. To bridge these gaps, she noted, we need to be mindful of women's leadership at all levels, in public, private and nonprofit sectors. Take account of the kind of resources flowing to

the women and most importantly political will is required by the implementing states. She concluded with the fact that India made a commitment to UN women worth 300,000 USD, and yet despite many advocating for a special window to access these funds, women's organisations working on violence against women, protection, and so on have not been able to access these Indian resources.

Following the initial comments, the discussion focused on two areas: on communities pushed to the margins, and the burden placed on the civil society organisations. Responding to them, Dr. Hans raised the issue of indigenous people whose lands have been grabbed and given to corporates, an issue which is invisible during the pandemic. Secondly, she stressed that it is time to rethink the role of the army in such times of crisis. Dr. Patel, answering on the communities pushed to margins, brought to focus the human rights violations and police atrocities committed during the lockdown and the lack of action on the ground despite committees formed to address them. She also pointed out how massive registration of informal workers is needed. Continuing on this line, Ms. Francis added that child marriages had been on rise during the lockdown and childline workers had intervened multiple times, accessing sexual and reproductive health rights (SRHR) services like abortion had become difficult too. Keeping an eye and ear out for marginalised had become central.

Commenting on the burden placed on the civil society organisations, Dr. Dewan and Ms. Dhar raised the issue of government crackdowns on nonprofits in accessing much needed funding. Dr. Dewan pointed out that in her research into the expenditure of the ministries, she was shocked to find that ministries such as Labour and Statistics have underspent during pandemic and 80% of the Nirbhaya Fund was given to Home Affairs. Ms. Dhar presented an optimistic picture of the future of fundraising for women's organisations. She noted that in the last one year, new partnerships have been formed, Indian philanthropists were stepping up, and fundraising from communities through Ketto and Give India had gained prominence.

The session ended with a general agreement that new ways of imagining and repurposing our spaces and work is needed. The speakers acknowledged the fatigue of the civil society members, and the need for healing while thinking that much of the work done by women's rights organisations have suffered a setback during the pandemic.

THEME 2: THE OBSTACLE COURSE OF EVERYDAY LIFE

While the first session focused on challenges faced by women's rights agenda in the context of pandemic, the next session zeroed in on three particular communities and the intersectional challenges faced by them in particular. The three panelists brought to the discussion insights from their own research and practice. It was facilitated by Dr. Manjima Bhattacharjya, a feminist activist and researcher.

Dr. Ruchi Shree, an assistant professor at Tilka Manjhi Bhagalpur University, who had written on [women and water](#) began by summarising her research with communities across India on the issues of water inequality. The issues she raised were the everyday struggle of collecting and storing water which has fallen on women, the apathy of the state, collective consciousness around water, and hope for a better future where there is expectation from the state. Her central argument was that access to water has become a common denominator for the class you belong to; as her research in Kerala, New Delhi, and Bihar shows, it is experienced differently by each class. Water also has become a marker for water inequality and a gender issue. Through the narratives of women seeking water and carrying out water routines, Dr. Shree argued that women feel a sense of belonging and security with water. On the other hand, shortage of water causes traumatic stress in women, as their everyday activities revolve around water. From her research, she offered recommendations for a decentralised model to address the problem and also highlighted the limitations of rights discourse. As the pandemic continues, water plays a central role in taking precautions against the coronavirus and this puts women in precarious situations where they not only have to store water for their family but also sacrifice it for others in the family.

Following her, Dr. Girija Godbole from the Centre for Policy Studies at IIT Bombay presented the [case of rural women and their right to land](#). Drawing from her field experience, and conversations with her rural friends, Dr. Godbole raised the long term implications of the pandemic in the lives of women farmers. While the migrant crisis during last year's lockdown became national news, what remained invisible was its impact on women farmers. Particularly with the returning migrants increase in land disputes with women, issues of widows being pressured by male relatives to sell their lands, women mortgaging their land and gold to fund families, and most importantly repaying old loans which pushed women more into debt. Central to these problems is the fact that one third of the agricultural workforce is women but the land ownership by women only accounts to 12%. As the migrants return home, she feared this would push more women out of the labour force. She suggested the governments should focus on small farmers, provide cash transfers for seed purchases, new mechanisms for credit lines, and support their engagement in high value agricultural activity, and give access to various supply chains. Echoing the earlier panelists, she also commented on rural women being left out of digital dissemination of information.

Another community particularly [marginalised and facing government apathy](#) is that of disabled women. Speaking from her work experience with the disabled women, Dr. Asha Hans argued that the hierarchical way of living entrenched in our society dictates how disabled women are treated at home, and also in our ideological thinking. And in the case of this pandemic where the home had become the “secure” place, it was not so for the disabled women who face perpetrators at home. Some of the issues she raised were: lack of data on disabled women; and the exclusion of them from information services which are not designed for disabled such as deaf or blind, thus keeping them out of the information loop. While in the first wave, they suffered severe food insecurity, in the second wave, the lack of Aadhaar card and lack of citizenship rights have become major obstacles to disabled women in terms of accessing health services and vaccines. As her studies show that disabled women have limited access to smartphones, booking vaccine appointments with demand OTP remains a challenge. As neoliberal private health care system is oriented towards profit, it has completely excluded this marginalised community.

Following these initial thoughts by the panelists, the discussants raised questions around: thinking of the state as protector of women’s rights and the financial insecurity women face. Questions were also raised from the participants on the challenges in doing research during the pandemic. Addressing these questions, Dr. Shree commented that there are policies that ensure water but what is much needed is moving towards social citizenship from political citizenship, and commenting on the role of state, she added that vaccine reluctance also needed to be considered along with the digital divide. Dr. Godbole commented that while there are legal reforms to protect land rights of women, implementation of them at the ground is poor, as officers need sensitization training. In her opinion, collective farming utilising common land is an interesting choice for women farmers to achieve economic empowerment. She added the cases of several SHGs which have established small scale businesses as an income source. Adding to this, Ms. Francis commented that rural women who have lost their husbands to the pandemic who have the added burden of childcare should not be forgotten. Commenting on the vulnerability women face, Dr. Hans reminded that vulnerability is not static, and in a market economy which excludes the marginalised like the disabled, coping is a challenge. But despite the efforts of the civil society members, the government continues to be apathetic to the needs of the many.

The researchers in the session shared their personal experiences of conducting research over phone, video calls, and online surveys as a way of adapting to the pandemic. However, much of it is anecdotal as lack of quantitative and large scale national data regarding the plight of marginalised remains a grave concern. This panel was aptly summed up by Dr. Bhattacharjya who called it a “reality check panel”.

Theme 3: Women, Work and Life

As the afternoon proceeded to the final session of the roundtable, the focus was on the women in the workplace. Similar to the previous session, this session hosted panelists who shed light on particular communities of women and the challenges they face in their workplace. Namely, ASHA workers who have been in the frontline responding to COVID-19 in rural areas; women in media, another group of frontline workers who have strived to bring out information; and women in formal sector who found themselves having to adapt to home as the new workplace but still facing the same challenges of sexual harassment at workplace. This panel was facilitated by Dr. Nisha Agrawal, an economist and author.

Nandhini Shanmugham, a development communications consultant, who had written on [ASHA workers and the struggles they face](#) began by briefly noting the responsibilities of the ASHA workers and the added stress to their workload due to the pandemic. However, what was appalling was the lack of recognition they received from the state and central governments who continued to treat them as underpaid volunteers, who have to fend for their own safety including buying masks and other items required to carry out their work. She also raised the point of despite promising remuneration to ASHA workers, many states have failed to deliver on their promise. However, the workload of ASHA workers has expanded with vaccination drives, as they have to disseminate information and mobilise people to vaccinate. What is little spoken about is also the stigma and abuse many ASHA workers face within their communities. In the last one year, several other incentivized services provided by the ASHA workers have also taken a back seat thus affecting their means of income. These issues highlighted the continued underspending in strengthening the health infrastructure which has largely targeted women workers. These insights pointed to the need to take a second look and overhaul the ASHA workers system.

Following Ms. Shanmugham, were Divya Chandrababu and Durga Nandhini, two journalists who reported on the challenges the pandemic [has posed for women in the media](#). Talking from their experience of working with journalists across the country and through the Network of Women in Media, India (NWMI), they narrated how the pay cuts and layoffs in media organisations disproportionately affected women who were seen as covering “softer” beats such as health and lifestyle. Secondly, women continued to do physically demanding work during the pandemic, putting their lives at risk to bring out the stories. While very little had been written on the plight of women journalists. They also focused on the work they had done during the pandemic, in helping journalists find work, transitioning to other work, and providing counselling support. In the first wave, journalists focused on the immediate breakdown of the system, while in the second wave, the trauma of covering deaths day in and day out remains unrealised by professionals, media organisations, and state authorities. Much recognition is also required from the

governments for the loss of life suffered by media professionals and their families, which has posed livelihood threats.

Following the case of women in two particular frontline professions, Dr. Anagha Sarpotdar presented the case of “[work from home” and challenges in preventing workplace sexual harassment](#). Dr. Sarpotdar reflected that in the last one year as workplace sexual harassment has seen new developments. Women continue to face harassment in new forms such as male colleagues dressed inappropriately in the video call, clicking pictures without consent, and inappropriate language. She argued that while the workplace sexual harassment law is robust, the implementation of it is a challenge. One area which has gone unnoticed, in her opinion, was that of women in the unorganised sector where harassment remains high and under-reported.

The discussants in the session, raised the questions around the role of governments and civil society organisations in ensuring protection of these communities. Answering the questions, Ms. Shanmugham noted that professional recognition and remuneration from the government would certainly ease the financial burden placed on the ASHA workers and the stigma of volunteer work they face. Dr. Sarpotdar added that some changes can certainly improve the efficiency of the workplace sexual harassment law, particularly in terms of forcing the complainant to settle. However, she noted that many organisations in the private sector have come forward to support their women employees in case of intimate partner violence at home which was much appreciated. Adding to this discussion, Ms. Chandrababu noted that there is a survivor guilt among journalists who cover the COVID-19 cases, and some organisations like hers are coming out and supporting their employees in dealing with trauma and giving them the time and space to heal. However, this discussion brought to the forefront the toxic work culture in many professions where women are victimised and treated as an army of female supporters to a male public sphere. The pandemic only continues to exacerbate it.

RECURRING THEMES

Across the three sessions, speakers returned to the same themes, from the perspective of their work and experiences.

1. **Marginalised communities remain invisible:** Be it disabled women, women in media, rural women farmers or ASHA workers, several marginalised communities over the course of one year, have continued to remain invisible in the eyes of the state. Need for recognition, remuneration, inclusive communication and vaccine policies, economic relief packages are high on the agenda.
2. **Failures of Privatisation:** In the second wave, the mass deaths across the country, has shown that a robust welfare system is needed to ensure safety and security of many who can't afford private healthcare. Given that families have been pushed into poverty and debt over healthcare bills.
3. **Lack of Data:** Lack of reliable national and state level macro data on the impact of the pandemic on the nation, particularly on the vulnerable populations continues to be a hindrance in fully grasping the challenges faced by marginalised communities and in designing appropriate responses.
4. **Emerging Challenges:** The ongoing pandemic has posed new challenges and has created more vulnerable populations such as rural women farmers losing livelihoods as a result of migrant crisis, COVID widows and orphans, sexual harassment in the virtual workplace and gendered water inequality.
5. **Setback for Women's Rights Agenda:** The hard-won gains on women's rights agenda, in promoting gender justice and equality has suffered a setback during the pandemic. While responding to the crisis remains the priority, women's rights agenda shouldn't be forgotten. Changes in the funding landscape are also required, where community organisations have more authority over designing and delivering their programs.
6. **Resilient Communities:** Interestingly, as discussed by many panelists, grassroots communities and individuals have shown great resilience during these testing times. From communities organising themselves to ensure food security and relief aid, to media professionals stepping up to extend support, to citizen activism in online fundraising and support, there has been solidarity and new partnerships.
7. **Need for imagination:** An overarching theme in all the sessions was the desperate need to reimagine our social justice and to rehaul many of our systems and government policies, which continues to pay no heed to the struggles of the marginalised.

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