

Policy

WATCH

Volume IX, Issue 7
July 2020, New Delhi

COVID SPECIAL

Growth with Employment
+
Governance and Development

In this issue

Crisis also brings opportunity for building a nurturing economy:
Kaushik Basu , Ela R. Bhatt

Labour Law Reforms – Can they Work:
Amirullah Khan,
Senior Visiting Fellow,
RGICS

For a pro-migrant relief services and urban policy:
Mr Navin T.

Future of India's School Education in COVID era:
Yuvraj Kalia, Fellow,
RGICS

Impact of Covid-19 on Artisans and Crafts Enterprise

Impact of COVID on women





RAJIV GANDHI
INSTITUTE FOR CONTEMPORARY STUDIES

POLICY WATCH

Volume IX, Issue 7
July 2020, New Delhi

4 **Crisis also brings opportunity for building a nurturing economy:**
Kaushik Basu, Ela R. Bhatt

6 **Labour Law Reforms – Can they Work:**
Amirullah Khan, Senior Visiting Fellow, RGICS

12 **For a pro-migrant relief services and urban policy:**
Mr Navin T

23 **Future of India's School Education in COVID era:**
Yuvraj Kalia, Fellow, RGICS

28 **Impact of Covid-19 on Artisans and Crafts Enterprise**

33 **Impact of COVID on women**

Editorial

The Rajiv Gandhi Institute for Contemporary Studies (RGICS) works on five themes:

1. Constitutional Values and Democratic Institutions
2. Growth with Employment
3. Governance and Development
4. Environment, Natural Resources and Sustainability
5. India's Place in the World.

Two entwined challenges that continue to prevail during the COVID pandemic are related to governance and the economy. Normally, the Policy Watch theme for this month is Governance and Development, and for the next month would be Growth with Employment. But instead we decided that both the July and the August issues will cover both the themes.

This issue begins with a vision piece by Ela Bhatt and Kaushik Basu, reproduced from The Indian Express. They remind us to not lose sight of whom the economic and political policies are made for, and point to the Constitutional values as indispensable ingredient of policy making. I have been fortunate to have worked with Ela on helping her develop the idea of building an economy of nurturance over the last few years and she sent me a message that the Covid pandemic makes this an imperative now.

The first article is by Dr Amir Ullah Khan, Senior Visiting Fellow, RGICS, on labour laws in light of recent changes brought in Uttar Pradesh and Madhya Pradesh. He argues that although labour law reform has been a long standing agenda in the economic reform process; the approach, substance and timing of recent changes may not be appropriate or enough to attract investors and might even be counterproductive.

The next article is by Mr Navin T. from the Institute of Livelihood Research and Training, Hyderabad. While highlighting dimensions of the schism between the state and migrant population during the pandemic. He provides concrete recommendations for making urban policy more inclusive for migrant workers.

The third article by Mr Yuvraj Kalia, Fellow, RGICS, is a brief on navigating through the uncertainty that surrounds school education in India during the pandemic. He highlights that while reliance on technology is unavoidable, so is the role of teachers and schools. The article is based on an online panel discussion titled "The likely and desirable future of school education in the times of COVID 19", conducted by RGICS in June 2020." A recording of the webinar is on the RGICS website www.rgics.org

The next two articles present the situation of different segments of the population in the time of Covid. The first carries key observations and recommendations from a recent study conducted by All India Artisans and Craftworkers Welfare Association (AIACA). The study reports large scale cancellation of orders, halted production and non-payment of wages apart from lack of access to working capital and raw material.

Finally, a policy brief on impact of COVID pandemic on women, by the Population Foundation of India, is included. Based on two studies recently conducted by PFI, this brief touches upon issues pertaining to, violence against women and girls; mental health; and sexual and reproductive health services, during the pandemic.

We hope you enjoy reading this issue, and policymakers find the suggestions useful in designing policies and programs for better governance and a resilient economy.

**Vijay Mahajan, Director,
Rajiv Gandhi Institute for Contemporary Studies**



Crisis also brings opportunity for building a nurturing economy

Kaushik Basu¹, Ela R. Bhatt²

Our economic and political policies must not be ends in themselves, but instruments for building a society that is secular, inclusive and nurturing, where people of all religions, caste, race and gender feel wanted and at home.

The appearance of the COVID-19 pandemic has turned our familiar world upside down within a span of barely a few months. As governments the world over struggle to contain it, unemployment is shooting up, supply chains of food and essentials have been disrupted, and we see dark clouds of economic recession. Amidst such misery, it is natural to feel despair. But at the same time, we must realise that this is a critical moment for reflection, for re-examining our way of life, and striving to emerge from this with hope.

People have many reasons for disappointment. The world over, several political leaders have flip-flopped over policy, causing uncalled for surges in infection rates and mortality. In many countries, the disease continues to spread, and we live in the shadow of a second wave.

As Indian citizens we are especially concerned about the fact that in India, not only has the incidence of COVID-19 continued to surge, our workers, the migrants, and millions of small, self-employed individuals, have been hit by an unprecedented economic crisis. While the visible cost of the pandemic in terms of the lives lost are being counted by the day, the invisible cost of hunger and impoverishment of the most vulnerable sections of our society is yet to be effectively addressed. The way we treated our workers, the poor and the migrants, particularly women, is tragic. Many of them had travelled great distances, driven by abject poverty, to find work. The compulsion to leave one's own land, village and home to barely make ends meet is sad. The fact that with the sudden lockdown, we left them stranded without work and pay, and let them walk hundreds of miles to get to their families and homes, with many of them collapsing on the way, will go down as a low point in our nation's history. This is a matter of collective shame for all of us.

This is not the time for politics. It is a time for us to come together and marshal the best ideas and actions to build a safety net for the most vulnerable people in society, and to transform the structures of our economy so that, when we come out of the pandemic, our economy can grow and prosper for all.

The pandemic came at one of the worst possible times. India's economy has been in deep trouble since 2016. In 2019-20, even before the pandemic happened, our GDP growth had dropped to 4.2 per cent, the lowest growth seen in the last 11 years. With oil prices at a historic low, this should

¹ Kaushik Basu is Professor of Economics and Carl Marks Professor at Cornell University. He was formerly Chief Economic Adviser to the Government of India, and Chief Economist of the World Bank.

² Ela Bhatt is the Founder of Self-Employed Women's Association (SEWA), and Chancellor of the Gujarat Vidyapith. This article first appeared in the print edition of the Indian Express on June 19 under the title "A time for empathy".

never have happened. By December 2019, the growth of non-food bank credit, which is a good indicator of overall economic robustness, had dropped to below 7 per cent, the lowest India has seen in the last 50 years.

After the pandemic arrived, matters, of course, got worse. In March, \$16 billion of foreign capital exited the country, which is an all-time record for India. After the lockdown, India's unemployment rate shot up to a record high of 23.8 per cent in April. In the same month, Indian exports dropped by 60 per cent, one of the biggest drops seen in any emerging market economy in the world. There is a genuine risk that this year our growth will plummet to an all-time low since India's Independence, beating the record plunge of 1979-80.

We write this article to remind ourselves that a time of crisis is time for empathy. In the words of Mahatma Gandhi, this is time to "recall the face of the poorest and weakest man you have seen and ask yourself if this step you contemplate is going to be any use to him." This is a principle that has made its way into modern philosophy via the work of John Rawls. Clearly, the way we acted in protecting ourselves and our friends, as the pandemic broke, leaving the working class to fend for itself, took us far away from Gandhiji's principle.

We write this article with the hope of building a nurturing economy. Our economic and political policies must not be ends in themselves, but instruments for building a society that is secular, inclusive and nurturing, where people of all religions, caste, race and gender feel wanted and at home. None of us would be here if we were not nurtured in our infancy and childhood. Yet, so often we forget this and are blatantly exploitative in our interactions with society, impoverishing others to enrich ourselves and creating our own economic wealth at the cost of the ecosystem's wealth. The outcome of such behaviour is a threefold crisis which describes India's current predicament — rising poverty and unemployment despite abundance, rising intolerance and violence, and environmental catastrophe.

We have hope for India's future. There is a lot in the nation's culture and wisdom that we can draw on and try to lead a life that nurtures the soil and creates an environment which sustains future generations. We should strive to create a society that respects knowledge, science and technology, and culture. We must try to live life by Immanuel Kant's Categorical Imperative: Act only according to that maxim whereby you can, at the same time, will that it should become a universal law.

We are ambitious for India. But our ambition is not to make India the richest nation in the world. We want India to be an example of an equitable society, where people are not abandoned without income and work, where no one feels the insecurity of being a minority, and of being discriminated against. We are aware that there have been injustices in history, injustices of one group against another. But it would be a tragedy if we remained forever victims of history, extorting an eye for an eye. Let us hope that through the suffering and pain of this pandemic, from amidst the despair of our current times, will emerge such a nurturing world.



Labour Law Reforms – Can they Work

Amirullah Khan¹, Senior Visiting Fellow, RGICS

Labour law in India is rigid, and restricts mobility. It is often implemented strictly; has vague provisions; gives a great deal of discretionary power to the executive and, therefore, is extremely debilitating. Hardly anyone would disagree with this hypothesis.

A number of surveys and studies that have asked investors what they are most worried about, come up with a familiar list: labour laws, land acquisition costs and bureaucratic delays. The list of laws that govern India's workforce is itself formidably large – at least 40 central laws and more than a 100 state-level acts and regulations.

These existing laws almost guarantee that no formal sector employee can ever be removed from his job. The law also stipulates firms which employ more than a 100 employees to seek prior approval from labour authorities for implementing any change. The Industrial Employment (Standing Orders) Act 1946 goes to the extent of making employers seek permission to even reassign an employee's tasks. Given these obvious cases of government overreach, reforming labour law is obviously a good idea.

However, since all manner of things are done in India in the name of reform, the real question is: what can actually be categorized as labour law reform? Last week, the state of Uttar Pradesh unveiled an interesting definition of reform by eliminating nearly all worker protection laws for a period of three years. While the fact is that labour law in India is indeed convoluted, complicated and stringent, should it be done away with entirely? Is wholesale removal the only path to reform?

Some of the provisions which have been invalidated include basic guidelines on occupational safety and minimum standards for working conditions. Give the dire state of the economy, what is likely to happen is that, in several places, workers will continue to be denied basic hygienic and sanitation, but now, with the backing of the law.

In firms that already do not invest in ventilation, toilets or crèche facilities; where potable drinking water is not available; where scant regard for employee welfare is the default setting, the absence of a legal recourse will further impoverish workers who have already lost a lot of bargaining power due to large-scale job losses. **It is important to point out here that the existing laws only protect a small proportion of the Indian workforce. An overwhelming majority, between 90 percent in Maharashtra to 97 per cent in Gujarat, works in the informal and unorganized sector. We are talking about less than 11 million**

¹ Dr Amir Ullah Khan is a development economist who teaches economic policy at the Indian School of Business and the Nalser University of Law. He is a Senior Visiting Fellow at RGICS.

people out of 500, who are given this lip service of protection today. How much difference is this going to make, except in giving a signal that the government now wants to handle everything with an iron hand.

Minimum workplace standards are actually more important in the post-Covid world, not less. There will have to be serious supervision with regard to safe distancing, facilities for washing hands, and even adequate sanitization. By diluting aspects of the law which already mandate many of these basic minimums, India will only hurtle towards more covid-19 cases. This will also lead to conflicting signals from different ministries. For example, the Ministry of Home Affairs Order No 40-3/2020-DM(I) of 15 April 2020 mandates all firms to provide medical insurance to all employees. Will this apply in Yogi's new legal environment in UP? Ultimately, in this ostensible new government-led push to wean away industries from China, one question will still need to be answered: are there some basic protections that India's workers still deserve, and if so, what are these?

The Beginning of Reform

Six years ago, it was the Smt Vasundhara Raje Scindia led government in Rajasthan that started the labour law reform process, when the Indian Parliament couldn't. The state relaxed the norms for retrenchment and hiring of contract workers and also made the process of registering a new trade union more stringent. While this was applauded by India Inc. and the Economic Survey of the Government of India, unfortunately, the timing went wrong.



Rajasthan's wage growth dipped considerably, unemployment rates went up, and the domestic product fell as the effect of demonetization kicked in and economic activity went downhill. Reforms were put on the back burner, and the government in the state also changed hands in 2019. This was the story of labour reforms for the previous BJP-led government.

After getting re-elected with a thumping margin, there was renewed urgency. But Modi 2.0's early focus was entirely on its political agenda – from revoking special provisions in the constitution (Article 370) meant for Jammu and Kashmir to the controversial amendment of the country's citizenship law. Economic legislation was never really brought up, even though there were heated discussions about the need for banking reform, for greater clarity in tax laws, and for further tightening the bankruptcy code. But before any of these measures could be taken up legislatively, the pandemic stuck and now occupies centre stage.

By the end of the year 2019, the direction of Indian policy making was concentrated on the social domain. So, it took everyone by surprise when the newly-installed Madhya Pradesh government announced some startling labour law exemptions to new investors for the next 1000 days.

Labour inspectors – the bane of industry managers – will now be replaced with third-party certification. In addition, the order issued made several existing provisions defunct. For these new units, firing workers would become much simpler and trade unions would not be allowed to raise issues and bargain with management. There would, in effect, be two regulatory regimes – one for existing units and a relaxed regime for new entrants.

Even before people could react to these quiet changes through a simple executive order came another announcement, this time from the UP government. Except for the Building and other Construction Workers Act, Bonded Labour Act and Section 5 of the Payment of Wages Act (which gives labour the right to receive timely wages), all other laws were deleted for the next three years for all firms.

It was Gujarat's turn the next day. Taking a cue from MP and UP, the state went further and granted labour law exemptions for 1200 days. Now, the Assam government has announced a provision for fixed-term employment of workers. It has also proposed that factories will now be allowed to increase working hours from the existing 8-hours to a new 12-hour shift. The governments in Punjab and Rajasthan are also considering similar changes in labour law statute.

The broad justification is that economic activity has been hampered by the pandemic and governments across the country need to give greater flexibility to businesses and industries to provide employment to returning migrants, among others. However, if that was indeed the purpose, the 12-hour shift decision is clearly contrary to the objective. If jobs have to be added, the push should have been for shorter work hours and an increase in shifts, which would then distribute employment.

Impact on the Economy

The lockdown has indeed resulted in massive economic disruption. For an economy that was already in the grip of a slowdown, the near closure of almost all activity has meant a steep rise in unemployment. Over 120 million Indians have already lost their jobs, with three-fourths of them being small traders and wage labour. The number of unemployed will only go up in the **medium-term**.

The silver-lining, according to some, is that China has become unpopular and is now on its way down. Trade with China will no longer be encouraged by various nations and supply chains will attempt to move elsewhere. This has led to a situation where Indian industry is fancying its chances and striving to replace China as the factory of the world. However, this optimism seems misplaced. Industries that did move away from China in the recent past have mainly shifted to Bangladesh and Vietnam, and have stayed away from India, despite the country's large domestic market.

Even Indian industry has been loath to invest in India, especially over the last few years. The reason for this cannot be stringent labour laws alone. India's ease-of-doing business is still struggling with poor contract enforcement, shortage of skilled labour, and an unstable tax structure.

But the covid-19 crisis has opened up the possibility for radical change, and labour seems to have become easy pickings to show that change is happening. All past disasters have led to some serious rethinking about existing institutions and forced legislators to make new laws or amend old ones.

The Bhopal Gas tragedy famously brought home the need for environment protection laws. A series of coal mine explosions, starting from 1958, forced the attention of the government on the poor conditions of workers, resulting in complete nationalization of the sector in 1973.

India's first labour law was the Apprenticeship Act passed in the mid nineteenth century when large numbers of orphaned children needed to be employed in industry and needed training. Suspending all but a few labour laws by states governments such as UP and MP is an understandable contemporary reaction to the massive unemployment and production slowdown over the last two months.

But the unfortunate story that is unraveling in front of us today is that of a strong government using this crisis as an opportunity to push forward legislation that is important, but is neither well-thought nor particularly relevant now.

The Central government first delayed implementing the lockdown, and then declared a curfew without giving any notice. Millions of people were stranded without food and shelter. Some of the poor migrants who started walking back home in the summer heat have died on the way.

While a large number of workers are losing their jobs and are traveling thousands of miles to go back home in desperation, it does not make any sense to give additional powers to factories and firms to terminate their workforce. It only makes a hostile government appear even more aggressive.

Even if industrial revival and the need to make India globally competitive is the only pressing concern in policy circles at the moment, the case for rigid labour laws being the main villain preventing an Indian manufacturing renaissance is very weak.

In the 21st century, Indian industry has been repeatedly slow and ineffective in reacting to global economic shocks, such as the textile sector losing its sheen after the Multi Fibre Agreement expired in 2005, for instance. These failures have been repeatedly blamed on labour market rigidity, but the evidence is weak.

Faizan Mustafa, a renowned legal expert and vice-chancellor of NALSAR University of Law, points out that the very premise for massive changes in labour legislation, especially at this juncture when workers are going through a crisis, is largely unsubstantiated. "Mere perception cannot be used to make policy," he said.

In Conclusion

Ultimately, the problem with what UP, MP and several other governments are trying to do is related to both the process and the timing of these amendments. Labour is a concurrent subject and the significant laws are central laws. They cannot be done away with through State ordinances. And the timing is so poor.

The national minimum wage that the Modi government had been trying to get into place for a while will now get pushed away under these sweeping changes, possibly forever.

The Economic Survey of 2018-19 had stressed that a high minimum wage is critical for workers and does not impact employment generation. At a time when there are calls for universal basic income, at least a higher minimum wage is essential.

Trade unions, including the ones backed by the RSS-affiliated Bharatiya Mazdoor Sangh, will inevitably oppose these changes since all attempt at labour law reform in India involves no consultation with labour.

There is an oft-repeated criticism that India's socialist-era inspector raj has been stringent and, therefore, imposed excessive costs on Indian business. But Professor Mustafa points out that the belief that our labour laws have been strictly implemented is a myth. Like all other laws, these have also served more as guiding principles and deterrents, and have been used by exception. To then infer that their implementation has been the primary cause for losses in productivity would be very erroneous.

When law ceases to exist, the jungle raj takes over. If employees have to now be left completely to the mercy and the goodness of the employer, the workplace becomes distasteful and far from attracting foreign direct investment, these new measures might keep it away. This move of allowing state governments to use a weak moment in national history to push through hurried and sweeping measures will only undermine worker safety and distort our labour institutions further.





For a pro-migrant relief services and urban policy

Mr Navin T.

I. Background

Covid 19 has brought migrant crises to the forefront. With announcement of lockdown, millions of migrant workers were struck in their host states. With no means to move out, an estimated 25 million walked back. Many hunger, accidental and exhaustion related deaths were also witnessed.

India has an estimated 45.36 crore internal migrants, which forms about 37% of Indian population as per 2011 census. This is inclusive of migrants between states and within states. 62% of the movement is within the district, 26% within the state and 12% is inter-state movement. Estimations of current inter-state migrants vary from 8 crores to 12 crores.

The internal migrants move in search of employment and were engaged as construction workers, daily wage labourers, street vendors, domestic workers in cities. About 50% of the inter-state migrants are from Uttar Pradesh, Bihar, Rajasthan and Bihar. 17 districts in India which includes states of Uttar Pradesh, Bihar and Odisha account for 25% of inter-state migration. Migrants always struggled in their destination states. However, the crisis of migrants became more visible with lockdown announcement.

The migrant crises also presents with an opportunity to look back at the immediate implications of the crises, draw lessons from the same and to develop a migrant inclusive policy in urban areas.

2. Implications

2.1 Loss of Trust

The news reports and field based studies indicate that the migrant population is losing trust in cities. A grievance that cities were not taking care of their needs at a time when they had no cash income, food and no means of transportation is emerging. A segment of the migrant population also suggests that they are not willing to come back to the cities. Studies by Stranded workers association network (SWAN), Azim Premzi University and Transform Rural India do indicate that about a quarter of migrant population are not willing to come back. The negative experiences of undergoing pain and suffering in their movement back to their villages and low support by administration is only going to contribute to this trust deficit. This is also reflected in protests by migrant workers in different parts of the country. A migrant workers resistance map developed to document

migrant workers experiences show their distress over issues such as wage, food, returning home, shelter facilities and other issues.

2.2 Reduced cash-flows of households

Cyclical migration had served the rural households to supplement their household income. They would use the income, partly to remit to their family in village, save and buy basic things for household. The rural households had resorted to migration as wage employment and livelihood opportunities in the villages were limited. Migration supplemented their income. Now with a segment of migrant population giving up future migration could mean that there could be reduction in cash flows among such households. This has further implications on overall well-being.

2.3 Weakening of Livelihood base of households

Migration formed a major source of income of the households. Recent experiences of migrants as well as situation of COVID will reduce rural urban cyclical migration in the coming years. This would have an effect on their livelihood status. With a major source of income reduced, overall livelihood base of migrant households are bound to weaken. Unless the livelihood base of households are strengthened, vulnerability of poor households are likely to increase.

2.4 Halt in economic activities in urban areas

Cities and urban areas owe their development to migrant population. Migrant population is engaged in economic activities such as construction, manufacturing, service sector jobs in urban areas. Any changes in reduction of flow of migrant population in urban areas could mean a halt in economic activities in cities and urban areas. Hence urban development activities itself could come to a standstill. It is expected that while migrant labour would still come to cities for their livelihoods, there could be reduced numbers.

2.5 Rural distress and reduction of rural wages:

Migration reduces dependence and pressure on land for meeting household income needs in rural areas. Changes in migration patterns could mean, that there could be increased pressure on land. There would be higher availability of rural labour but limited land. Given the limited livelihood opportunities in rural areas and increased rural labour force availability could mean there could be reduction in rural wages. This has again an effect on cash flows of rural households and overall wellbeing.

2.6 Withdrawal from household well-being activities

Due to poverty deepening effects of households, it is believed that this would have a direct effect on household well-being. This may include sale of household assets, reduction of food and nutrition intake, withdrawal of children from school more particularly the female child and increased instances of child labour. There could also be increase in household indebtedness and increased dependency on informal sources of credit such as money lenders.

3. Lessons

3.1 Need for addressing immediate needs of migrants

Trust deficit among migrants has arisen as a result of failure in protecting migrants during the lockdown period. The loss of wages and income, shortage of food and feeding services and lack of provision of a means to move them back to villages was expected to be addressed. However, failure in meeting their food, cash and transportation means are the reasons for this loss of faith. Hence a need arises for addressing their immediate needs. Trust building measures are only possible through improving relief activities. The relief activities are to be improved within urban areas where migrant workers are stranded, in the highways where they are moving in millions and in the trains and bus journeys for those thousands who got opportunity to move back.

3.2 Need for improving relief

The relief work related to providing food, shelter, and cash to migrants was too huge. Most of the state machinery was not sufficiently prepared or equipped to handle the emerging situation. Civil society organizations did hugely contribute in providing food relief and reached out to migrants to meet their cash and medical needs. Shelters too were run at many places, which however could not house all the migrants. The relief activities did reach only a small section of those stranded in urban areas. But for those in transition and moving to their villages, relief hardly reached. This necessitates the need for strengthening relief services from destination centres to source centres covering all aspects of relief.

3.3 Facilitating movement back to villages

In a crises situation, the biggest felt need of migrants was to move back to their villages. However, the state priority to avoid situations of crowding had resulted in stoppage of transportation. Special trains (Shramik trains) to transport back workers were only introduced much later. By then a few millions of workers had started walking back to their villages. Due to issues such as levying of travel charges at extra price, lack of confidence among workers of getting their turn to travel back resulted in migrants resorting to walking. As on July 9, about 4,611 shramik trains operated and 6.3 million migrants were transported back. This was miniscule in comparison to over a 100 million migrant workers who were stranded.

3.4 Taking care of larger migrant needs

While covid had exposed the immediate migrant crises, migrants did always face challenges in urban areas. They lacked the means for a decent housing, food and nutrition security, water and sanitation facilities, proper health access, immunisation and education of children. Lacking an identity for proof of existence in urban areas due to temporal nature of residence in urban areas resulted in workers being denied the basic services.

4. Migrant Inclusive Policy

A migrant inclusive policy need to address their immediate, short, medium and long term needs.

4.1 Immediate relief

4.1.1 Food:

Prominent economists such as Amartya Sen, Abhijeet Banerjee, Jean Dreze, Prabhat Patnaik, and Jayati Ghosh have indicated the need to distribute the surplus food available with Food Corporation of India (FCI) to the poor including migrants. While government is offering 5 kg rice per person for a period of three months, advocates argue for providing 10 kg rice per person for six months. Recently cabinet approved allocation of distribution of food grains for further five months till November 2020.

There are also suggestions to include pulses, oil, soaps, sanitiser, and sugar in the package.

At many places cooked food is being served to the migrant workers. State, Civil society organizations (CSOs) and Citizens groups are offering the same. These are offered at specified locations and times. Instances of migrants losing meals during scheduled times are common. Special food needs of pregnant and lactating mothers, infant children is not being met. There are also instances of insufficient meals (twice a day) and limited quantity being served.

To meet the need for serving cooked food, possibilities of engaging local self-help groups (SHGs) for preparing food, serving food beyond time limits, meeting the special needs of certain segments such as pregnant mothers and children, supplying food at doorsteps for those who are sick – aged could be explored. SHGs can be handed over the necessary food stocks such as cereals, pulses, oil and cash to purchase vegetables, milk (for infants and children). Cooked food could be supplied at doorstep to those who cannot reach food serving location. The ward members in the municipal corporation could ensure that SHGs receive the necessary stocks and serve.

4.1.2 Shelter

Shelter homes have been started for the migrant workers as part of the relief work. Apart from the existing ones, public spaces such as schools and private spaces such as lodges, hostels can be used to accommodate workers. The distribution of migrant workers across different locations is to avoid situation of overcrowding. Tents in open spaces such as stadiums, grounds, parks, army cantonments could also be explored if necessary.

Clean drinking water and water for domestic use such as washing and bathing is to be provided in all shelter locations. Water tanks are to be arranged where no water supply exists.

4.1.3 Cash

As part of cash relief, government has announced a cash relief of Rs. 500 per month for three months. However, this is insufficient to meet needs for food, water, transportation, communication etc. There has been suggestions to provide Rs. 7,000 to each migrant household for a period of three months. Economists such as Abjijeeet Banerjee have suggested transfer of cash to 60% of India's poor. There is a demand to extend the period of cash relief.

For welfare of some poor segments, about Rs. 1,000 per month is to be paid to widowers, poor citizens, disabled and senior citizens for a period of three months. However, there is need for advance payment of upto double this amount for a period of six months. Full entitlements are to be provided to all eligible mothers under Pradhan mantri mathru vandana yojana and Janani suraksha yojana.

4.1.4 Special Transport

Special trains named as shramik express were started to transport back workers to their home states. However, there was delayed action on this front. Due to the limited services for such trains as well as charges being levied, many of the migrant workers still continue to walk. This has also resulted in multiple accidents and hunger deaths on the way. Till July, about 300 migrants deaths had occurred due to starvation, exhaustion due to walking and road / train accidents.

The services of Shramik express needs to be increased both in terms of frequency and number of trains. If about 50 million migrant workers are to be transported back by Shramik trains, about 40,000 trips should have been operational. However, only about 4,600 trips were operational as on 9 July. The train delays in reaching home states caused inconvenience to the migrant workers. About 110 deaths were also reported in Shramik train or while stationed in stations following journey by Shramik trains. The number of Shramik train services needs to be substantially increased. These can be run from locations such as Mumbai, Delhi, Surat, Ahmedabad, Chennai, Hyderabad, Bangalore, Thirunvanthapuram etc. The transportation costs can be compensated from PM Care's fund.

4.1.5 Services on Highways

There were large number of migrants who were already walking to their villages. Being exposed to hot summer, lacking water and food facilities and lack of spaces for taking rest, they were at a high risk of falling sick and vulnerable to accidents. There is need for having facilities which offer feeding, water provision and medical aid at a distance of every 50 kilometres. These shelters could be set by the respective block / gram panchayats in partnership with local NGOs and community based organizations (CBOs).

4.2 Short term relief

4.2.1 Livelihood related

There is a likely chance of migration pattern reducing in the next 2 years. This necessitates the need for creating local employment and self-employment opportunities for wage employment in the coming years.

Migrant workers are largely dependent on wage employment. Due to low wage employment opportunities in their villages, they are forced to move out to urban areas in search of employment. To ensure their livelihood security, the suggestions which are emerging include the need for increasing MGNREGS wages and person days of employment. The number of days of employment under MGNREGS can be doubled. Currently the wages are fixed at Rs. 202 per day. This needs to be increased to Rs. 250. The economic activities to be taken up under MGNREGS need to be planned in a manner which help build long term livelihood assets of the community. There are also suggestions emerging for creating a replication of MGNREGS in urban areas also for meeting livelihood security needs of urban poor.

There is a need to give push towards local entrepreneurship. The number and size of micro-enterprise loans that can be provided to self-help groups can be increased. COVID has also provided opportunities for initiation of new forms of enterprises such as that of masks, sanitisers etc. Few SHGs can be identified for undertaking such activities and can be provided the technical know-how of doing it.

The loans to small borrowers needs to be increased. This is through changes in priority sector lending norms, micro-finance lending through SHGs and JLGs and interest regulations in a manner which offer flexibility to lend to poor. Loans for initiating micro-enterprises can be provided to migrant households either through SHG or non SHG route. Agri, agri-allied, horticulture based enterprises can be encouraged.

Producer collectives need to be strengthened. This necessitates increasing investments on Farmer producer organizations (FPOs) both for their capacity building and lending for taking up business operations. Increase in minimum support price (MSP) for crops are also suggested.

Skill programs which promote local employment & self-employment opportunities can be promoted.

4.2.2 Deepening and widening public distribution system

Covid is likely to increase the proportion of poor in India. Due to loss of income, there is a likely chance of upper poor falling into extreme poor and low income into poor category. Studies by Transform Rural India show that to cope with the

crises, households have started eating less and having lesser meals per day. This threatens the long term health of the workers. This situation necessitates the need for deepening and widening public distribution system to also cover new set of people.

4.2.3 Health, Safety and Hygiene awareness

As COVID is going to stay for some-time, it might be necessary to develop new work practices which adhere to physical distance, hygiene and safety. Awareness programs in relation to hygiene and safety practices needs to provided, to rural and urban poor households, inclusive of migrants. The informal sector enterprises related to repairs & services, food & beverages, transportation, manufacturing etc. can be trained towards the same. The concept of physical distance, safety and hygiene practices can be built into the same.

4.3 Medium and Long Term

The migrants are characterised by informality of employment and living conditions. There is a need for bringing about decent work and living conditions. The challenges of migrants in urban areas need to be addressed.

4.3.1 Amendments to Inter-state Migrant Workmen (Regulation of Employment and Conditions of Service) Act, 1979

Currently India has Inter-state workmen act in place. This act intends to prevent exploitation of inter-state migrants by contractors and calls for ensuring fair and decent conditions of employment for the workmen. The act mandates registering of inter-state migrants and also the contractors who recruit such workmen to be licensed. Contractors are to provide details of workmen to state authorities and also fair wages similar to local workmen, displacement allowance, journey allowance and wages during the journey. Contractors are also expected to ensure regular payment, non-discrimination, providing accommodation, medical facilities and protective clothing for workmen. However, this act hasn't been implemented in practice. While the act carries the intent, it lacks means for bringing it to action.

Contractors hardly provide such details to authorities and state does not have adequate mechanisms to ensure compliance with the spirit of the act. The factors associated with compliance costs and capacities of the authorities prevents in implementation of this legislation. Alternative mechanisms such as engaging community based organizations, workers associations, civil society organizations in taking up roles played by contractor in recruiting and placing labour and then negotiating with employers and state authorities for providing fair conditions of work can enable in improving systems for its implementation.

Many of the state governments have also come out with their own acts. The acts in Kerala and Maharashtra are considered to be the most migrant friendly. The

Kerala act provides a registered migrant four benefits: accident/ medical care for up to ₹25,000; in case of death, ₹1 lakh to the family; children's education allowance; and termination benefits of ₹25,000 after five years of work. When a worker dies, the welfare fund provides for the embalming of the body and air transportation. The central act can be amended integrating good practices in states. It can also include mechanisms which enable adherence to the act.

The central government can also come out with model advisories to be followed by central and state governments in relation to handling migrant issues at the state level.

4.3.2 Access to membership associations

Currently it is seen that migrants are hardly able to demand services in a city from urban local bodies, government and employers. Commentators point that migrant labourers are the most disenfranchised invisible citizens. It is necessary to improve their negotiating ability. Being part of the networks such as federation of migrant workers, workers unions, NGO formed networks can result in better ability to negotiate with state and urban local bodies and demand basic urban services.

4.3.3 Workers housing cooperatives

To promote decent housing among urban poor and migrants, workers housing cooperatives need to be promoted. These cooperatives can be funded by National cooperative housing federation, CSR funding, contribution by employers and workers associations. Two types of housing facilities can be built – for families (single room with kitchen), single male workers (dormitory type). There could be a common toilet for every four households. These houses can be maintained and run by the cooperatives. These houses would have municipal water connection. Rentals for houses could be similar to the ones currently prevailing. However, houses constructed through such workers housing cooperatives can provide better living conditions including for stay, water and sanitation facilities.

4.3.4 Sensitising the employers, officials and local citizens

Migrants undergo a harsh behaviour with the stakeholders. A pro-migrant environment cannot prevail unless the stakeholders with which migrants interact on a daily basis are not sensitised to the needs of migrants. Hence employers, officials and local citizens are to be sensitised of the migrant issues and challenges. Any rude behaviour against the migrants needed to be treated as a punishable offence.

4.3.5 Recognizing basic services as a right

Basic services such as housing, water and sanitation, health and education need to be treated as a basic right. Migrants should be allowed to demand these services

from urban local bodies. A thing which comes in the way of entitlement to such services includes the local proof of address. In many instances, if they have identity documents such as Aadhaar card, voter id, ration card, these are usually in village addresses. Local address proof does not exist. In such cases, a letter issued by employers or registered membership associations or worker facilitation centres need be treated as necessary proofs of local address.

4.3.6 Workers facilitation centres

Aajeevika Bureau has Shramik sahayata evam sandharab Kendras (3SKs), which work as workers service facilitation centres. These centres address the challenges faced by migrant workers on the ground. These could be related to counselling, accessing basic services and legal disputes if any. These centres can also network with other agencies such as NGOs, workers networks, government departments in facilitating access to services. Such worker facilitation centres can be established in major migrant clusters in cities.

4.3.7 PDS beyond local address proof

Since many of the migrants stay for a longer duration of the year in their destination locations, they lose opportunity to access services such as public distribution system. In such cases, Aadhaar card or any other card along with village ration card in combination should be treated as proof and provided with rations even in urban areas. Recently 'One nation, one ration card' scheme has been announced. This will enable migrant workers and their family members to access PDS benefits from any fair price shop in the country.

4.3.8 Integrating concept of Guest workers

Kerala model is being hailed for the concept of 'Guest workers'. A paradigm shift takes place when the word migrant workers are replaced with the changed word. Among the good practices include 'guest workers' enjoying rights similar to 'local workers'. Among good practices seen in relief operations include preparation of food to cater to varied regional food habits (roti and sabji for guest workers from Uttar Pradesh, sattu for workers from Bihar, rice for others). Multiple languages are being used for information dissemination services and helpline services cater to lingual diversity. The services are available in Assamese, Odiya, Hindi and Bengali. This makes it easier for migrants across multiple regions and linguistic groups to seek redressal of their problems.

The state has also built hostels for migrant workers named as 'Apna ghar', where accommodation is rented at Rs. 850 per month. It also provides health and accident insurance for registered migrant workers. Wages for migrant workers do comply with minimum wage norms. Similar concept can be taken by other states too.

5. Conclusion

Migrant crises increased visibility of the challenges faced by them. However, it also presents with an opportunity to address these challenges in creating a more pro-poor and pro-migrant policies. A comprehensive set of strategies addressing their livelihood and living conditions can help. Addressing their immediate, short, medium and long term concerns may make migrant related welfare measures and urban policies more inclusive. It can be concluded through a quote from UNICEF and UNESCO report on internal migrants in India that “it is clear that there is an urgent need to develop a governance system for internal migration in India, i.e. a dedicated system of institutions, legal frameworks, mechanisms and practices aimed at supporting internal migration and protecting migrants.” Social protection which enables them better access to public distribution system (PDS), health services, education can bring about improvement in their situation.





Future of India's School Education in COVID era

Yuvraj Kalia, Fellow, RGICS

This brief action report is based on ideas and reflections from an online panel discussion¹ titled “The likely and desirable future of school education in the times of COVID 19”, conducted by RGICS in June 2020. The panel consisted of Dr Alok Shukla, former Principal Secretary for Education, Chhattisgarh; Ms Chitra Ravi, Chrysalis; Prof Pankaj Jain, Gyan Shala; and Mr Sandeep Dutta, Learning Forward India Foundation.

The COVID pandemic hit India when millions of school children in India were either preparing for their end term examinations or were in the midst of it. The ensuing lockdown has disrupted the academic year. While the lower classes have been promoted without examinations, many affiliation boards are still mulling over options for key examinations (Class 10 and 12). At the same time, a huge challenge for policymakers, practitioners and innovators in the education sector has come to the fore, that is to continue education remotely, especially rural and public education system.

The school education system in India is marred by a variety of issues, such as low gross enrolment ratios, high pupil-teacher ratio (PTR) (particularly at secondary and senior secondary level), infrastructure (more so in the public sector), shortfall of teachers and lack of trained teachers, among others and consequently unimpressive learning outcomes². These issues are systemic and require to be addressed as such. However, these are out of the purview of this article. The discussion in the abovementioned panel discussion and this article are concerned with exploring strategies and ways to overcome the disruption caused by the pandemic. In the context of the uncertainty that opening up of educational institutions, especially schools, this report presents a few ideas in action and some ways forward.

Current Response

Various affiliation boards and state governments, partnering with social enterprises and NGOs in some cases, have responded to the challenge posed by the pandemic. The immediate and most common response has been to rely on technology. The central government's internet based platforms like Diksha, NROER, e-pathshala, and Swayam provide access to NCERT books and learning resources. The institutions of higher education in India were quick to take classes online and continued with the academic year without much trouble. A number of state governments have put similar digital platforms in place to provide access to learning material, interactive classes, and a feedback system. For instance, in Chhattisgarh, the government platform cgschool.in provides live, interactive and recorded sessions classified based in the curriculum of each class. All the textbooks are available in downloadable PDF. Relying on support from parents,

¹ https://www.rgics.org/aiovg_videos/panel-discussion-the-likely-and-the-desirable-future-of-school-education-in-the-time-of-covid19/

² Educational Statistics at a Glance, Ministry of Human Resource Development, Gol, 2018

there are home assignments available online, which pupils can complete and upload. These are evaluated by teachers, who give feedback and answer questions. Both teachers and students receive SMS notifications.

However, for school education system relying on a digital and tech based platforms does not suffice. There are two constraints, first, while urban areas are better placed in terms of access to digital infrastructure and services, rural areas are at a disadvantage. Second, the uptake of digital education for lower end private schools and public schools remains limited, while higher end private schools transition rather smoothly. The diversity and complexity of the school education system plays out more in case of such issues. In Chhattisgarh, the online platform mentioned above has reached 2 million students or 40% of the total in the state, and almost 100 % of some 200,000 teachers.

A number of innovators in school education sector have also responded in different ways. Chrysalis, a social enterprise which works largely with private schools on pedagogy, initiated an online program focused on emotional well being of the students. The program helps students deal with sudden changes brought into daily life due to the pandemic.

Eyes on the future

Assuming that COVID situation will prevent opening up of schools until there are consistent zero cases over time, the new normal needs to be synthesised using best practices and solutions. Along with bridging the access gap, some key adjustments would have to be made to ensure that learning outcomes are achieved in the radically changed circumstances. It should also be an agenda to take up the task of transforming the school education in India to produce quality human resource.

Short term alternatives

In order to address some of the aforementioned concerns with the current response to the disruption, in the short term, the focus needs to be on rural areas and public education system in both rural and urban. The DTH and radio seem to be prime contenders for short term alternatives. Under National Mission on Education through ICT, the MHRD runs the Swayam Prabha group of channels, which are dedicated to higher education. Similar initiative for school education may be beneficial. The access and context of learning community is an important factor in building such a system on scale. An innovative use of the most accessible medium of communication, the radio, perhaps provide a short term solution too access issue.

The Chhattisgarh government plans to introduce audio content at a much wider scale, primarily through a call centre wherein parents/ children can call a toll free number and request to listen to content of their choice. For tribal areas, something called 'Bulltu' radio is a popular medium of listening to audio content. It is basically a mechanism of sharing audio files among people who come to weekly tribal haats (markets) using Bluetooth technology on handsets. This is especially important for remote areas with little or no network reception or connectivity. An Android app of the state board wherein one can download and save digital content while connected and view later during no connectivity also seems to be under progress.



The short term and rather immediate responses are essentially focused on filling up the sudden and huge gap between the learner and the learning resource. The task is humongous given around 260 million school children in India, much of which are in understaffed and under funded public education system. The challenge gets accentuated when proportion of children in rural areas is considered. The current approach is heavily reliant on technology, perhaps rightly so. However, without much research into the capacity of delivering the desirable outcomes, the current approach is likely to be not enough. In other words, through short term response of the system, digital and tech based learning resources are simply establishing channels of learning, which requires crucial adjustments in the medium term to achieve the required learning outcomes.

Medium term adjustments

The curriculum for school education needs to be adjusted for reduced in-school time. An appropriate process of consultation with educators and experts in the country is essential while carrying out the said reduction. Recently, the CBSE made some adjustments to the curriculum, wherein, complete chapters have been omitted from the syllabus for secondary and higher secondary classes. Such decisions run contrary to the objectives of school education. While parts of a chapter may be reduced or omitted, key concepts and ideas that all the chapters bring together must be retained. The objective of this exercise must be to achieve similar levels of learning outcomes, while bringing in a structured involvement of parents in the process.

Having said that, an important distinction must be made between home schooling and home learning. What the disruption caused by the pandemic calls for is home learning, as home schooling is rather a complex process which requires knowledge of teaching methodologies. The unequipped parents and guardians in case of first generation learners as well as educated

parents, with additional constraints on their time and energy, simply cannot replace the role that trained and experienced teachers play at school. Therefore, the suggestions of home schooling do not hold much merit. However, home learning is completely different, wherein activity based learning, through play or do-it-yourself activities involving parents, can be delivered by teachers remotely. This type of engagement also keeps in mind the limitations of using smart devices and technology, which are typically rooted in the context in which learning takes place and also the attention span which a learner has while working on a screen.

In remote or inaccessible rural areas, something like what Chhattisgarh government plans to execute may be desirable. The concept of mobile schools addresses the concern of both accessibility and safety. In this approach, teachers are provided with smart devices/ tabs with structured learning resources with minimal instruments mounted on a two wheeler. The teacher visits the remote villages and carries out classes in the open while maintaining social distancing among pupils. In doing so, it avoids crowded indoor classrooms, does away the need of children having to travel to school, provides access to a professional teacher and contextualises learning that is often crucial for rural children.

In essence, the medium term adjustments cannot dispense with technology and ICT either. In fact, the adjustments make an instrumental use of technology to apply the knowledge of pedagogy and learning theories. The recent announcement of partnership between Google and CBSE focuses on training 1 million teachers in digital education to deliver “blended learning” in around 22000 schools by end of 2020.² A synthesis of pedagogy, restructured curriculum, involvement of parents/ guardians and technology with a trained teacher at the centre, could be the desirable medium term approach for carrying on with the current academic year.

Long term transformation

While the uncertainty remains, the pandemic has provided the opportunity to reimagine the school education system in India. Within the huge, complex, and diverse system of 260 million students, around 20 million teachers there are numerous areas of improvement. By and large, while the gaps remain in basic infrastructure in public and low cost schools, the incremental expenditure on school education has failed to yield adequate learning outcomes, as consecutive ASER reports indicate.³ The foremost issue of concern is the quality of teachers and the scale at which it is required. Additionally, non-teaching and administrative work in public system reduces the time available for skill enhancement. While India lacks excellent teachers, what it does possess is a large number of moderate quality teachers. The opportunity lies in leveraging the factors in the ecosystem, such as a child’s ability to learn, establishing relationships between teachers, parents, management and the community, etc., to enable moderate quality teachers to deliver the desired level of outcomes. An important factor in that opportunity is the second major issue of the school system, that is the curriculum.

The curriculum in schools remains bulky and rigid. Just as a set curriculum may not appeal to skills and abilities of different children, it might also not do good to different quality of teachers with varying skill level. A redesigned and structured curriculum that reduces the reliance on and simplifies the role of a teacher using established theories of learning, and has something

² Google partners with CBSE to train 1 million teachers to deliver ‘blended learning’, NDTV, 2020

³ <https://www.asercentre.org>

for all children with varying abilities might be more appealing to the Indian context as a starter. The fundamental feature of school education that has remained more or less static for a long time in India, perhaps the world, is the pedagogy. The method of teaching in schools is identical whether it is private or public system. There is a group of children in a room with a teacher who is supposed to know one subject better than others. The learning outcomes take priority and overall development of every child's unique character takes a backseat. The pedagogy must take into account social, emotional and physical development of children that remain outside of the assessment framework.

What perhaps is required is a school culture transformation, with each individual involved in the system as one to be developed. This requires rethinking the relationships in the system with teachers at the centre, build environment for a continuous capacity enhancement of children, teachers, management as well as the larger community, including the parents. In essence, a deliberative systemic overhaul through a wide and varied community of practice seems to be a good way forward.

Conclusion

In the COVID era, the schools are likely to remain shut, however, the learning has to continue. The use of technology is helpful and even necessary, but considering it a panacea is just oversimplification of what is required. For a temporary uncertainty such as this, writing off the schools and teachers may not be helpful either. In fact, it is required to utilise this opportunity to reimagine the school education system in India having teachers at the centre. It can be achieved by bringing in improved pedagogy based on established learning theories and the context of learners, wide scale teacher training programs, and involvement of the community and the management. To devise such a system, it is always better to create a community of practice to lead the process. Such community of practice is intrinsic to the ecosystem and more often than not, understands constraints, strengths and solutions better than the decision makers.



Impact of Covid-19 on Artisans and Crafts Enterprise

From the report titled “Impact of Covid-19 on Artisans and Crafts Enterprise-Part 2: A study to understand the extent of the impact of Covid-19 on the business and livelihood of Craftmark members” of the All India Artisans and Craftworkers Welfare Association (AIACA)

Introduction

As governments and communities across the world are adopting a variety of strategies to tackle the healthcare burden from the ongoing Covid-19 pandemic, India’s initial response was a complete lockdown, beginning 25 March 2020. While it did delay a spike in cases, it came with heavy economic costs, particularly because the lockdown extended well upto the end of May 2020. As the country eases restrictions now and the whole world is learning to live with this ‘new normal’, the Indian creative and cultural industries are also adapting to an altered way of life. In this, a lot is being determined by what their condition was during the initial months of the pandemic and their resultant responses. It is this impact that the study attempts to understand in greater detail.

This study of the impact of Covid-19 on the artisanal community is not the first. Before this, All India Artisans and Craftworkers Welfare Association (AIACA) had conducted a dipstick qualitative assessment on Covid-19 back in April 2020, with a representative sample of its Craftmark members, to understand the problems and requirements at the ground level.

The study highlighted that while there was a general sense of panic and uncertainty, the responses to the pandemic had been varied. The study discovered that even in the face of a health emergency, livelihood and financial issues were the most pressing ones. Rising costs of vegetables, groceries and other essentials were found to be a major concern. Widespread cancellation of orders, pending payments, a mounting product inventory, shipments on hold or stuck in transit and a generalized sense of confusion about area-specific government relief activities and measures, were some of the difficulties faced by both artisans and craft enterprises during phases 1 and 2 of the countrywide lockdown. Production for business came to a complete standstill. As regards big craft enterprises, a specific observation was that many were anticipating the shutdown of a few centers. In many cases, the staff salaries had been unpaid. Others were found revisiting production planning, conducting exploratory work, preparing back-up plans, new designs and a strategy for online presence.

Overall, through the qualitative study, AIACA observed that the sector was unanimous in its

demands for cash support for recurrent expenses, long-term loans at lower interest rates for sustained financial buoyancy, marketing support, subsidized essentials and better healthcare support through knowledge dissemination, scaled-up testing and referral services.

Now, as the initial shock of the pandemic is behind us, there is a greater need to revisit the time, to examine what was gained and what was lost. The quantitative survey is thus, critical at this juncture. It would be a benchmark against which existing strategies can be re-assessed, going forward into Unlock 1.0 and beyond.

Key Observations

The survey was conducted on 59 Craftmark members, including both individual artisans and craft enterprises. Over half the survey respondents possessed more than 9 years of experience in the crafts sector.

In terms of resources, it was found that 60 percent of artisans did not possess raw materials for production, whereas this percentage was smaller in case of craft enterprises (36 percent).

By and large, tools and equipment were in working condition, except a few instances of regular wear and tear related repair or replacement requirements.



Need for working capital was a recurring concern for all. Artisans had absolutely no cash reserves that could be used as working capital, while 25 percent enterprises had working capital. Thus, the former were in greater need for immediate support, compared to enterprises that mostly asked for support beyond 6 months.

Transcending boundaries of individual and enterprise, all respondents were reeling under severe financial stress.

30 percent of all respondents had failed to pay wages to their employees during the lockdown period.

Production activity evidently came to a standstill during the pandemic. 40 percent individuals and 29 percent enterprises saw halted production during the said period. 20 percent artisans and 14 percent enterprises had continued production throughout the lockdown. Others had resumed production in a staggered manner.

More than half the respondents reported over 75 percent decline in overall sales. This largely had to do with large-scale cancellation of domestic and export orders and orders being put on hold. As a result, a piling inventory was a major problem. In case of enterprises, it's worth running into INR 50 lakhs or more, in 20 percent cases.

For the Unlock phase, it was observed that ease of business operation ranged between 45-48 percent for the respondents. Adherence to new MHA guidelines was greater in case of enterprises.

Respondents confirmed that new products were largely being launched in the domestic market. Enterprises (20 percent) were found producing items specific to the pandemic, besides developing other products.

Recommendations

Short-term

- Financial bailout for individual artisans and crafts enterprises reeling under severe stress due to the ongoing pandemic. So far, the Ministry of Textiles (MoT), Government of India, has not announced any such bailout or support plan.
- Faster inventory liquidation through augmentation of online sales and marketing platforms, like the dedicated rural tribal e-commerce marketplace being developed by Tribal Cooperative Marketing Federation of India (TRIFED) and Government e-Marketplace (GeM)— a government- run e-commerce portal that facilitates easy online procurement of goods and services needed by government departments, organisations and public sector undertakings (PSUs). While recently, the government announced the onboarding of 50 lakh artisans on this portal, there is a need to expedite the process, so that there is faster conversion into concrete business opportunities. In addition, any digital onboarding can be stressful and cumbersome, especially for small-scale artisans. Therefore, concrete steps need to be taken to make the integration hassle-free; with appropriate components for training and capacity building for the smaller artisan segment. What we have seen otherwise is that larger and more established craft enterprises occupy a regular space in the platforms, with the same names being given visibility and access.
- Urgent need to reposition sales and marketing strategies, in the changed scenario of the pandemic, with a view to remain buoyant. Any strategy must take into account the following:
 - ♦ Economic environment is not conducive to the sale of luxury goods.
 - ♦ Altered consumer behaviour, which is more focused on purchase of need-based essentials, is a trend that is here to stay.

- ♦ Digital channels are gaining prominence, in addition to exhibitions and bazaars that still remain the primary source of revenue generation for many. For example, EPCH is preparing for a Virtual Sourcing Fair between the 13th and 18th July 2020, as a pilot. Virtual Trade Shows are the online counterparts of physical trade shows, where exhibitors can connect with attendees in a virtual space and showcase their products through a virtual trade show software or a virtual trade show platform. High-resolution 3D visuals are employed to replicate the environment and format of a physical trade show and ensure a realistic and immersive experience. Customized exhibition booths are placed across space, and visitors can freely explore the surroundings, stopping by any booth of their choosing and browsing its products. The scale and format of the show can range from basic to elaborate, depending on the exhibitor's requirements. A range of interactive and informative tools can be employed to allow real-time communication and information sharing that delivers value to the visitors and encourages conversions. For example, visitors can view product demos, videos, chat with booth reps, flip through brochures, etc. Therefore, efforts should be made to forge partnerships with online marketplaces; adapt to new presentation methods in trade shows; collaborate with socially responsible retail brands in this hour of crisis to bring out artisan stories for every product; encourage entry-level brands and tap the 'reduce, recycle and reuse' potential of the crafts sector, particularly for export.
- Creation of a centralized knowledge bank or information repository for free access, which details out standard operating procedures, tender advertisements, occupational health and safety measures, government schemes, etc. This would be a one-stop shop for all concerns of the artisan community.

Medium-term

- Infusion of capital, particularly to cater to the financial needs of individual artisans, through tax relief, subsidized raw materials and easy access to soft loans at minimal interest rates. AIACA has released a White Paper on fiscal recommendations particularly for craft enterprises, in this tenuous environment, keeping in mind the MSME outlays already announced.
- Provision for capacity building training, need-based handholding and equipment to empower individual artisans, collectives and enterprises, for smooth transition to e-commerce. AIACA, with extensive experience in outreach, community mobilisation and skill development training, could play an important role as an implementing partner.
- 3. Long-term
- Strengthening mechanisms to encourage greater institutional procurement of handmade products, to deal with the problem of a mounting inventory. This would naturally increase cash flow in the sector, helping it kick-start production activity, to bounce back.
- Strategize to repurpose products for the changed environment. While tapping into the ready national and international markets for products specific to the pandemic is critical at this point, individuals and enterprises must also re-think their long-term planning. Since the market for luxury goods has collapsed and continues to remain an uncertain investment

option, there is a pressing need to develop products on lowered price-points. For smaller artisans and groups, the pivoting to produce essential items during the pandemic (example, face masks, PPEs) has been a challenge, also keeping in mind questions of scale and quality.

- Greater exposure for artisans and enterprises to venture into government procurement. For this, they need orientation and handholding to walk through the complex and tiresome processes for tender applications. Such support must also take into account the need for re- skilling artisans for quality control and up scaling to meet strict procurement standards.
- As the new definition for micro, medium and small enterprises (MSMEs) stands reviewed, it must be noted that the raising of the upper limit of investments has almost completely thrown the handloom and handicrafts community out of this categorisation. If at all, they merely qualify as micro units. Besides, this has allowed the entry of bigger players, increasing competition. Therefore, the government must think of creating a special outlay category exclusive for the crafts sector, to address their needs in a focused manner.

Long-term

- Strengthening mechanisms to encourage greater institutional procurement of handmade products, to deal with the problem of a mounting inventory. This would naturally increase cash flow in the sector, helping it kick-start production activity, to bounce back.
- Strategize to repurpose products for the changed environment. While tapping into the ready national and international markets for products specific to the pandemic is critical at this point, individuals and enterprises must also re-think their long-term planning. Since the market for luxury goods has collapsed and continues to remain an uncertain investment option, there is a pressing need to develop products on lowered price-points. For smaller artisans and groups, the pivoting to produce essential items during the pandemic (example, face masks, PPEs) has been a challenge, also keeping in mind questions of scale and quality.
- Greater exposure for artisans and enterprises to venture into government procurement. For this, they need orientation and handholding to walk through the complex and tiresome processes for tender applications. Such support must also take into account the need for re- skilling artisans for quality control and up scaling to meet strict procurement standards.
- As the new definition for micro, medium and small enterprises (MSMEs) stands reviewed, it must be noted that the raising of the upper limit of investments has almost completely thrown the handloom and handicrafts community out of this categorisation. If at all, they merely qualify as micro units. Besides, this has allowed the entry of bigger players, increasing competition. Therefore, the government must think of creating a special outlay category exclusive for the crafts sector, to address their needs in a focused manner.



THE IMPACT OF COVID-19 ON WOMEN

The COVID-19 pandemic has forced the world to embrace a new normal, with self-isolation and physical distancing being the global way of life today. And while such preventive measures are critical, combating the COVID-19 crisis necessitates a robust and inclusive societal and health system response, bearing in mind the specific needs of vulnerable populations.

Policies and public health efforts have not addressed the gendered impacts of disease outbreaks. The COVID-19 pandemic is deepening pre-existing inequalities, exposing vulnerabilities in social, political and economic systems, which are in turn amplifying the impacts of the pandemic. Across every sphere, from health to the economy, the impact of COVID-19 are exacerbated for women and girls.

This policy brief explores the differential impact of COVID-19 and makes recommendations to ensure that women and girls remain central to COVID-19 response planning and recovery efforts.

Increased risk to women

Evidence from past epidemics, including Ebola (2014-16) and Zika (2016) suggests that women and children are at greater risk of exploitation and sexual violence.¹ Increasing the risks of violence for women were increased stress, the disruption of social and protective networks, and decreased access to services. Efforts to contain outbreaks have in the past diverted resources from routine health services including pre- and post-natal health care and contraceptives,² and exacerbated already limited access to sexual and reproductive health services.³

The Report of the High-Level Panel on the Global Response to Health Crises, set up by the United Nations (UN) Secretary-General, submitted in 2016⁴ underscored in its recommendations 'Focusing attention on the gender dimensions of global health crises'. It noted the need to incorporate gender analysis into responses, as well as recognize the critical role played by women in responding to health emergencies. It further stated that 'policy-makers and outbreak responders need to pay attention to gender-related roles and social and

cultural practices'. Yet evidence across sectors, including economic planning and emergency response, continue to lack a gender lens. Less than one percent of published research papers on both Ebola and Zika outbreaks focused on the gender dimensions of the emergencies.⁵ Research on the gendered implications of previous health emergencies is even more scarce.

Economic Impact

Emerging evidence on the impact of COVID-19 suggests that women's economic and productive lives will be affected disproportionately and differently from men.⁶ Across the globe, women earn less, save less, hold less secure jobs, and are more likely to be employed in the informal sector. In developing economies 70% of women work in the informal sector with few protections against dismissal or for paid sick leave and limited access to social protection.⁷ The Ebola virus showed that quarantines can significantly reduce women's economic and livelihood activities, increasing poverty rates, and exacerbating food insecurity.⁸ In India, the nationwide lockdown imposed by the government has left millions of migrant women unemployed and starved for food, placing a huge financial burden on these women, who contribute substantially to their household income.

On an average, women spend two times as many hours as men doing unpaid caregiving work as well as domestic work. With health facilities being overburdened and non- COVID-19 related health and social services being scaled down, women will be primary, unpaid caregivers to ailing family members, including children and old people. Women's greater involvement in the unpaid care economy could also impact their already low workforce participation rate. It is imperative to recognize women's caregiving responsibilities and include this work in economic metrics and decision-making.

Health Impact

Restrictive social norms, gender stereotypes, home quarantining and diversion of resources to respond to the COVID-19 pandemic can limit women's ability to access health services as well as make them more susceptible

PFI's studies to assess the impact of COVID-19

To assess the impact of COVID-19 on young people, girls and women and their access to health services, Population Foundation of India (PFI) commissioned two rapid telephonic surveys; first, with front line workers, grassroots organizations and community members in five states (**Bihar, Jharkhand, Odisha, Rajasthan and Uttar Pradesh**), and second, with young people (15-24 years) in three states of **Bihar, Rajasthan and Uttar Pradesh**. Key findings from the studies are shared below:

Awareness and perceptions regarding Covid-19

- Both front-line workers (FLWs) and community members in five states were aware of the disease, its symptoms, and preventive measures to be followed.
- There was a predominant perception of fear among FLWs and community members often leading to discriminatory behaviour and stigma.
- Young people's awareness on the symptoms of COVID-19 in Rajasthan, UP and Bihar was high.
- **Sources of information-** For **community members**, media and family members were the major source. **FLWs** received information from capacity building sessions, colleagues and media while **young people** received information from traditional media and face-to-face interactions with FLWs.

Availability of and access to healthcare

- While **OPD services** were functional, communities were encouraged to access health care for deliveries or medical emergencies only.

- The fear of being infected kept many away from accessing services at health facilities and led to resistance in interacting with ASHAs and ANMs on family planning during their home visits.
- Consistent with national guidelines and state orders, across states, Village and Health Nutrition Days (VHNDs) were suspended during lockdown period.
- In absence of VHND and service provision by ANMs in villages, nearly 50 percent or more FLWs reported that women were not accessing **Ante-natal care (ANC) services**; and 70 percent or more reported beneficiaries not accessing **immunization services**.
- Young people in UP, Bihar and Rajasthan reported an unmet need for reproductive health services, sanitary pads and IFAs during the lockdown.
- While **contraceptives** were available at the district level, limited access to public transport prevented FLWs to collect supplies from PHCs/CHCs.
- Concerns were raised around complications arising from limited availability of essential and emergency health services,
- Concerns were also raised around increase in unwanted pregnancies and unsafe abortions due to inadequate supply of contraceptives and limited service provision.
- Increase in **domestic violence** at home were only reported by one-fourth of the participants, most of which were women.
- Young people expressed the need for mental health care services, and those who have used these, have found them to be positively influential.

to health risks. Global lockdowns have led to several women being stuck at home with their perpetrators and incidents and reports of violence against women has been on a rise globally. Women's access to sexual and reproductive health services has also been severely impacted due to the COVID-19 emergency response and global lockdowns. Multiple responsibilities has also put severe strain on their mental health.

1. Violence against women and girls

According to the WHO, violence against women remains a major threat to global public health and women's health during emergencies. Although data are scarce, reports from China, the United Kingdom, the United States, and other countries suggest an increase in domestic violence cases since the COVID-19 outbreak began. The National Commission of Women in India has also reported a surge in the reported cases of violence in the country. Stress, the disruption of social and protective networks, and decreased access to services can all exacerbate the risk of violence for women. As distancing measures are put in place and people are

encouraged to stay at home, the risk of intimate partner violence is likely to increase.

In India, 1 in 4 girls get married by age of 18 years (27% prevalence).⁹ One third (32 per cent) of women who had married before the age of 18 had experienced physical violence at the hands of their husbands. The sex ratio at birth in India is 899 girls for every 1,000 boys born.¹⁰ According to UNFPA's recently released **State of the World Population (SWOP) report**, COVID 19 may exacerbate the already concerning numbers around early marriage, violence and sex birth ratio at birth.¹¹ UNFPA's recent projections estimate that **31 million additional cases of gender-based violence** can be expected to occur if the lockdown continues for at least six months. For every three months the lockdown continues, an additional 15 million extra cases of gender-based violence are expected. The projections further suggest that due to the **disruption of programmes to prevent female genital mutilation in response to COVID-19**, two million female genital mutilation cases may occur over the next decade that could have been averted. **COVID-19 will disrupt efforts to end child**

marriage, potentially resulting in an additional 13 million child marriages taking place between 2020 and 2030 that could otherwise have been averted.¹²

The health impacts of violence, particularly intimate partner/domestic violence, on women and their children, are significant. This can result in injuries and serious physical, mental, sexual and reproductive health problems, including sexually transmitted infections, HIV, and unplanned pregnancies. Violence not only negatively impacts women but also their families, the community and the nation at large. It has tremendous costs, from greater health care and legal expenses and losses in productivity, impacting national budgets and overall development.¹³

What can be done to address violence against women during the COVID-19 response?

- Inclusion of measures to address violence against women in preparedness and response plans for COVID-19 by Governments and policy makers.
- Development of a public health response to violence against women.
- Ensuring preventive, curative and systematic referral support to the survivors of violence and early detection cases.
- Training of healthcare providers to provide better quality of care and counseling services to victims of violence.
- Facilitating hotlines, telemedicine services, shelters, rape crisis centers, counselling for survivors of violence must be ensured.
- Emphasis on greater reporting on violence in COVID-19 response plans.

2. Mental health

While there have been reports suggesting that men, the elderly, and persons with compromised immune systems may be at greatest risk of fatality from COVID-19, the greater caregiving role that women and girls are expected to perform may compromise their mental health and well-being. Results from a recent PFI study to assess the knowledge and impact of COVID-19 on young people in three Indian states of Uttar Pradesh (UP), Bihar and Rajasthan show that 51% female adolescents experienced an increase in workload during the nationwide lockdown, as compared to 23% male adolescents. In UP 96% females experienced an increase in workload, with 67% being below 18 years of age.¹⁴

Specific population groups are showing high degrees of COVID-19-related psychological distress. Frontline healthcare workers are facing backlash from communities leading to stress. In the wake of the lockdown, people across all strata and age groups are finding it increasingly difficult to deal with social isolation and stress at home, with some facing increased

abuse, disrupted education and uncertainty about their futures.

In addition to the caregiving burden, social norms in some contexts dictate that women and girls are the last to receive medical attention when they become ill, which could hinder their ability to receive timely care for COVID-19. Furthermore, **myths, misconceptions** and **stigma** surrounding COVID-19 can further drive people, particularly vulnerable sections like women and children particularly vulnerable sections like women and children to hide their illness to avoid discrimination. This would prevent people from seeking health care immediately as well as discourage them from adopting healthy behaviours.

The caregiving responsibilities of women extend beyond their homes, with women making up 70 percent of the health workforce globally.¹⁵ In India, there are 1 million ASHAs (Accredited Social Health Activists)¹⁶, 0.9 million ANMs (Auxiliary Nurse Midwives)¹⁷ and 1.4 million nutrition workers called Anganwadi workers.¹⁸ During the ongoing crisis, these frontline health workers are leading the health system's response to COVID-19. In Italy 66% of the total health workers infected with COVID-19 are women while in Spain 72% of the total infected health workers are female.¹⁹

Outbreaks could also result in disruptions to mental health and psychosocial support services. Given the increase in such cases during the COVID-19 outbreak, frontline health workers, women and girls with caregiving burdens, and community members fearful of becoming infected or infecting others may all experience stress and trauma relating to the outbreak.

What can be done to address mental health issues stemming from the COVID-19 pandemic?

- Inclusion of psychological support services for women into primary health care.
- Development of a comprehensive crisis prevention and intervention system including epidemiological monitoring, screening, referral and targeted intervention to reduce psychological distress.
- Awareness campaigns to ensure vulnerable groups including women, are well informed about the availability and accessibility of mental health related services.
- Increased investments in mental health research.
- Building a cadre of trained professionals to strengthen mental health services.

3. Access to Sexual and Reproductive Health Services

Evidence suggests that during past public health emergencies, resources have been diverted from routine health care services toward containing and responding to the outbreak. These re-allocations constrain already

limited access to sexual and reproductive health (SRH) services, such as clean and safe deliveries, contraceptives, and pre- and post-natal health care.²⁰

What do projections tell us?

Guttmacher Institute recently released an estimate of the potential impact of COVID-19 pandemic on provision of sexual and reproductive health services (SRH services) in low and middle income countries (LMICs).²¹ The study takes into account data from 1.6 billion women of reproductive age across 132 LMICs and makes the following projections:

- A 10% decline in use of reversible contraceptive methods in LMICs due to reduced access would result in an additional 49 million women with an unmet need for modern contraceptives and an additional 15 million unintended pregnancies over the course of a year.
- A decline of 10% in coverage of pregnancy-related care and newborn health care would result in an additional 1.7 million women giving birth and 2.6 million newborns experiencing major complications due to lack of care they need.
- Countrywide lockdowns which are forcing clinics to close or if abortion is considered a nonessential service, an additional 3.3 million unsafe abortions would occur in LMICs over the course of a year.

Recently released projections by the UNFPA suggest that 47 million women in 114 low- and middle-income countries may not be able to access modern contraceptives and 7 million unintended pregnancies are expected to occur if the lockdown carries on for six months and there are major disruptions to health services. For every three months the lockdown continues, up to an additional two million women may be unable to use modern contraceptives.

UNICEF has estimated that in the nine months span dating from when COVID-19 was declared a pandemic, the countries with the highest numbers of forecast births are expected to be India (20.1 million), China (13.5 million), Nigeria (6.4 million), Pakistan (5 million) and Indonesia (4 million).²²

An analysis of the projected demand for contraceptive methods, based on previous year's contraceptive methods distribution and use of services, basis Government of India's Health Management Information System (HMIS)²³ indicates that approximately one million women undergo sterilization or accept IUCD or an injectable method in the month of March alone. **The data from HMIS further suggest that approximately 2.8 million condoms and 4.3 million pills are distributed monthly during the months of April and May . With the country under extended lockdown and a large number of migrants returning to their villages, the demand for contraception**

will likely be higher. This phenomenon, in normal course, is witnessed during major festivals, and is directly proportional to an increase in the number of pregnancies in states like Bihar, which have a huge migrant population.

What can be done to mitigate the risk to family planning programs?

- Social marketing organizations and FP service delivery organizations could support the government in ensuring **uninterrupted supply of reversible methods of contraception** and take some burden off the public health system.
- The availability of **self-care methods** like condoms, oral contraceptive pills, emergency contraceptive pills, pregnancy test kits and sanitary pads at the pharmacies should be ensured. Furthermore, continuity of contraceptive supply chain is imperative to rule out stock outs in districts upto PHCs.
- **ASHAs** and other community level health workers should be supported to ensure continued access to family planning services.
- **Counseling on family planning** through helplines, telemedicine services, community radios, chatbots and mobile services should be ensured.
- **The government should leverage partnerships with NGOs** to support information and service delivery in this time of crisis. The government has recognized the critical role of NGOs in delivering services to vulnerable groups at this time of crisis. Ensuring easy mobility and smooth operations of NGOs providing health and family planning services will be critical to many women and children accessing essential non-COVID-19 healthcare services.

Way forward

Going forward, it is important for us to not view COVID-19 as a standalone disaster impacting the world. It is after all, the third coronavirus outbreak the world has witnessed in the past two decades. The impact of COVID-19 has been, by far, the most fatal and widespread, partly because of the severity of the condition and partly because today the world is way more connected making transmission quicker. It is the need of the hour to develop a health systems approach to disaster management, both natural or manmade, where lessons identified from disasters are effectively collated and used to enhance disaster preparedness of the country.

First, we need effective solutions to ensure that women's health does not remain on the fringes in

the post-COVID-19 era. Given the evidence, we must apply an intentional gender lens while designing programmes and prepare ourselves with adequate knowledge, gender disaggregated data and evidence to address the socio-economic impact of COVID-19.

Second, investing in our **3.3 million strong female frontline workforce** is the only solution for combating the aftermath of COVID-19. Even in the cases of HIV and polio eradication, it was the support of the community, which proved to be effective. Our community health workers need to be valued prioritized and resourced.

Third, there is a need to step up investments in family planning. Studies from across the globe have revealed that investing in family planning is one of the most cost-effective public health measures and a development “best buy”. A study conducted by Population Foundation of India for the period of 2015-2031 estimated that effective family planning interventions can prevent 2.9 million infant deaths and save 1.2 million maternal lives. Additionally, availability of quality family planning services can prevent 206 million unsafe abortions in India during the same period. In contrast, inaction in family planning can have a disturbing influence on several fronts – it can disrupt the growth equilibrium and result in loss to individuals, households and the economy.

Fourth, as the pandemic and its ramifications on the economy, social dynamics and health outcomes continue to spread, health education and **social and behavior change communication (SBCC)** campaigns can help spread awareness on all aspects of sudden disasters across all stratas of society and dispel surrounding myths and misconceptions doing the rounds. Changing mindsets is only possible by adopting innovative SBCC strategies pertaining to health, which enable people to observe and imbibe healthy behaviours. **For instance, Population Foundation of India, is providing content support to government of India to improve people’s access to verified, reliable and updated information on COVID 19.** Vetted by leading public health experts and epidemiologists, the information is being translated into different languages to reach a wider audience. In addition, as we prepare to embrace a ‘new normal’, SBCC strategies will play a crucial role in promoting self-care, fighting stigma and transforming regressive social norms which have impacted the status of women for centuries.

Fifth, given that routine health services are the first to be impacted at the time of health disasters, such as COVID-19, extra efforts are needed to revamp and strengthen public health, especially primary health care and increase health budget. It is crucial to optimize service delivery settings and platforms by mapping health facilities, maintaining supply

chains and establishing outreach mechanisms. There is an urgent need for redistribution of health workforce, capacity building of frontline workers and strengthening paramedics and greater investment in medical research. This will not only enable accurate prognosis and subsequent referrals to specialists but also ensure uninterrupted service provision with the limited health workforce.

As researchers continue to study the coronavirus and develop therapeutic strategies to prevent and stop the spread of disease, the public health system needs to simultaneously evolve and prepare itself to combat severe health challenges, which is not at the expense of other healthcare priorities.

How can we combat the aftermath of COVID-19?

- Ensuring women’s equal representation in all COVID-19 response planning and decision-making.
- Targeting women and girls in all efforts to address the socioeconomic impact of COVID-19.
- Integrating prevention efforts and services to respond to violence against women into COVID-19 response plans.
- Partnerships between government and civil society organizations to ensure uninterrupted supply of sexual and reproductive health services.
- Extend basic social protection to informal workers
- Health systems strengthening and adequate/increased health budget allocation.
- Capacity building of community level health workers to ensure continued access to family planning services, improved quality of care and counseling services to women.
- Strengthening counseling services through helplines, telemedicine services, community radios, chatbots and mobile services.
- Greater health awareness through behaviour change communication campaigns- stepping up advocacy and awareness campaigns, including targeting men at home.
- Ensuring psychosocial support for women and girls combatting mental health issues and stigma.
- Developing a public health response to end violence by providing preventive, curative and systematic support to the survivors of violence and early detection.

PFI's efforts to combat the COVID-19 crisis

- **Small grants to organizations in Bihar, Uttar Pradesh, West Bengal, Delhi and Jharkhand** relief and rehabilitation work by way of providing daily essentials, sanitizers, masks and livelihood support to approximately 18,000 beneficiaries since March 2020.
- **Content partner** for Government of India's citizen-centric platform for **creating the content strategy, messaging and creatives around COVID-19**
- Conceptualized and created a short film on female healthcare workers at the forefront of COVID-19. The video garnered **4.6 million views within 24 hours** of being posted. [[Hindi Version](#), [English Version](#)]
- In collaboration with the renowned theatre and film director, Mr Feroz Abbas Khan, PFI has been working on a social and behaviour change campaign to disseminate key messages, tackle misinformation and reinforce a sense of solidarity around the fight against COVID-19. [Hasya Kavi Potliwala](#) is a short animation film featuring a poet who recites a short "kavita" addressing stigma against COVID-19 patients. We have also conceived a **five-episode animation series, titled Corona Ki Adalat (Court of Corona)** - [the first film of the series](#) addresses the issue of stigma and discrimination against healthcare workers.
- **Partnerships with State Governments and NGOs.** PFI is working directly with state governments, Ministry of Health and Family Welfare and civil society organizations to develop and disseminate materials on COVID-19 in Hindi, English and regional languages for their use.
- **Generating evidence on the impact of COVID-19**
 - PFI commissioned a study on impact of COVID-19 on availability of services and commodities in public health facilities and outreach by front line workers in five Indian states (Bihar, Odisha, Jharkhand, UP, Rajasthan) – *May, 2020*,
 - PFI conducted a telephonic rapid assessment with adolescents and youths in three states (Rajasthan, UP and Bihar) to understand the level of knowledge and impact of COVID-19 – *May, 2020*.

References

1. UNGA A/70/723. Protecting Humanity from Future Health Crises: Report of the High Level Panel on the Global Response to Health Crises; UNICEF Helpdesk, "GBV in Emergencies: Emergency Responses to Public Health Outbreaks," September 2018, p. 2.
2. UNGA A/70/723. Protecting Humanity from Future Health Crises: Report of the High Level Panel on the Global Response to Health Crises. Measure Evaluation (2017). The Importance of Gender in Emerging Infectious Diseases Data. Smith, Julia (2019). Overcoming the 'tyranny of the urgent': integrating gender into disease outbreak preparedness and response, *Gender and Development* 27(2).
3. Smith, Julia (2019). Overcoming the 'tyranny of the urgent': integrating gender into disease outbreak preparedness and response, *Gender and Development* 27(2).
4. https://www.un.org/ga/search/view_doc.asp?symbol=A/70/723
5. Sara E. Davies & Belinda Bennett, "A Gendered Human Rights Analysis Of Ebola And Zika: Locating Gender In Global Health Emergencies," *International Affairs* 92, no. 5, accessed March 14, 2020, <https://doi.org/10.1111/1468-2346.12704>.
6. UN Policy Brief-Impact of COVID-19 on Women's Health
7. International Labour Organization data
8. Ministry of Social Welfare, Gender and Children's Affairs, UN Women, Oxfam, Statistics Sierra Leone (2014). Multisector Impact Assessment of Gender Dimensions of the Ebola Virus Disease
9. National Family Health Survey (2015-16)
10. Sample Registration Survey (SRS), 2016-18
11. <https://www.unfpa.org/swop-2019>
12. https://www.unfpa.org/sites/default/files/resource-pdf/COVID19_impact_brief_for_UNFPA_24_April_2020_1.pdf
13. <https://www.unwomen.org/en/what-we-do/ending-violence-against-women>
14. Population Foundation of India (2020). Rapid assessment on impact of COVID-19 on young people in three states (Uttar Pradesh, Bihar and Rajasthan)
15. WHO (2019). Gender equity in the health workforce: Analysis of 104 Countries.
16. <https://pib.gov.in/newsite/PrintRelease.aspx?relid=200175>
17. National Health Profile 2019
18. <https://pib.gov.in/PressReleasePage.aspx?PRID=1578557>
19. UN Policy Brief- Impact of COVID-19 on Women's Health
20. Camara BS, Delamou A, Diro E, et al. Effect of the 2014/2015 Ebola outbreak on reproductive health services in a rural district of Guinea: an ecological study. *Trans R Soc Trop Med Hyg.* 2017;111(1):22-29.
21. <https://www.guttmacher.org/journals/ipsrh/2020/04/estimates-potential-impact-covid-19-pandemic-sexual-and-reproductive-health>
22. https://news.un.org/en/story/2020/05/1063422?utm_source=UN+News++Newsletter&utm_campaign=e90d7a9b3eEMAIL_CAMPAIGN_2020_05_07_12_30&utm_medium=email&utm_term=0_fdbf1af606e90d7a9b3e-107346842
23. Health Management Information System Data (last accessed on May 07, 2020 at 11:34 AM)
24. Analysis conducted by Population Council





RAJIV GANDHI
INSTITUTE FOR CONTEMPORARY STUDIES

Rajiv Gandhi Institute for Contemporary Studies

Jawahar Bhawan,
Dr Rajendra Prasad Road,
New Delhi 110 001
India

Please visit us at:

web: www.rgics.org



<https://www.facebook.com/rgics/>



<https://www.youtube.com/user/RGICSIndia>