

IMPACT OF COVID-19 ON WORKING WOMEN IN INDIA: A HOLISTIC APPROACH

Anita Kakkar* Chaitali Roy**

ABSTRACT

This paper highlights the impact of COVID-19 on working women in India. The available literature revealed the adverse impact of COVID-19 on the income and jobs of working women and housewives, especially domestic workers, casual workers, health workers, and women working in sectors such as manufacturing, home-based activities for assembling production, teaching, coaching, and agriculture-based activities. Due to the lockdown, working women faced the challenges of increasing workload at home. Meeting deadlines of outside work and household work has ultimately increased their mental stress, thereby adversely affecting their health. This paper also highlights the issue of domestic abuse during the lockdown, which is supported by the various case studies of National Commission for Women, and the challenges faced by women working in the health sector.

Keywords: COVID-19, Lockdown, Women workers, India

1. Introduction

The year 2020, which marked 110 years of International Women's Day and the 25th anniversary of the Beijing Platform for Action, was intended to be groundbreaking for gender equality. However, with the spread of the COVID-19 pandemic, even the limited gains made in the past decades are at a risk of being rolled back. According to United Nations (UN) (2020), the pandemic

* Anita Kakkar, Deputy Director, NILERD, Sector A-7, Narela, Delhi-1100 40 email id anitakakkar2004@yahoo.co.in

** Chaitali Roy, Assistant Director, NILERD, Sector A-7, Narela, Delhi-1100 40. email.id drchaitali_pal@yahoo.co.in

is deepening pre-existing inequalities, exposing vulnerabilities in social, political, and economic systems, which are in turn amplifying the impacts of the pandemic¹.

The spread of COVID-19 has affected almost all countries around the world and all sections of the society. According to agencies and researchers, economic growth and jobs have been adversely affected due to COVID-19. Duffin (2020) had predicted that if the outbreak becomes a global pandemic, major economies will lose at least 2.4% of their gross domestic product (GDP) value over 2020. The International Labour Organization (ILO) estimated a loss of 5.4% of global working hours (equivalent to 155 million full-time jobs) in the first quarter of 2020 relative to the fourth quarter of 2019. Working hour losses for the second quarter of 2020 relative to the last quarter of 2019 were estimated to reach 14.0% worldwide, equivalent to 400 million full-time jobs (ILO Monitor: Fifth Edition, 2020). COVID-19 has not only negatively impacted the overall employment but also had a particularly dire impact on domestic workers globally. According to ILO (2020) estimates, on 15 March 2020, 49.3% of domestic workers were significantly impacted. This figure peaked at 73.7% on 15 May 2020, before reducing to 72.3% on 4 June 2020.

In India too, domestic workers were severely impacted by the country-wide lockdown. A survey conducted by Domestic Workers' Rights Union (DWRU), Bruhat Bangalore Gruhakarmika Sangha (BBGS), and Manegelasa Kaarmikara Union covering 2500 domestic workers found that as many as 91% of domestic workers were not paid salaries in April 2020 and 50% of workers, who were aged >50 years, lost their jobs and 87% of the them were told not to return to work after the lockdown, with no communication if they would be called again.²

In this context, the present study attempts to find out how working women were impacted by COVID-19 and how they tried to manage the situation with less family income and job loss. The paper also analyses increased domestic violence in the context of prolonged lockdowns and the role of the National Commission for Women (NCW) as well as other state-level commissions in this regard.

To analyse the key objectives of this paper, various articles, write-ups, gist of policy brief on women, national as well as international newspaper clippings, and information of NCW and state commissions on women were referred to determine the impact and provide policy suggestions.

The paper is structured as follows. Section 2 discusses women labour

1 <https://www.unwomen.org/en/digital-library/publications/2020/04/policy-brief-the-impact-of-covid-19-on-women>

2 <https://www.thehindu.com/news/cities/bangalore/91-of-domestic-workers-not-paid-during-lockdown-survey/article31835257.ece>

participation in both the global and Indian context. Section 3 presents the impact of COVID-19 on domestic workers and how they faced the crisis, followed by some case studies. Section 4 discusses about the lockdown and domestic violence with special reference to India, supported by few case studies. Section 5 presents the impact of the COVID-19 pandemic on both women's nutritional and mental health as a whole. Section 6 focuses on the initiatives taken by the government to overcome the pandemic-induced crisis. Section 7 presents the policy brief on the impact of COVID-19 on women, which comprises gender-responsive employment policies to bring more women into the informal economy, and finally, Section 8 presents the conclusions and policy suggestions of the paper.

2. Women's Participation in Labour Force

The rate of female labour force participation in South Asia was just 30.5% in 2013, whereas that for men was 80.7%. In Bangladesh, long-term trends suggest that women have increased their participation mainly due to the growth of the readymade garment sector and an increase in rural female employment, primarily on account of the spread of micro-credit; the participation rate for women reached 79.4% in 2010–11. Apart from Nepal and Maldives (54% in 2009–10), Bangladesh now has the highest rate of participation in the region. The rate has also increased in Pakistan, albeit from a very low starting point, and is particularly low in urban areas. Participation of women in the labour force has remained relatively stable in Sri Lanka, although it has witnessed robust economic growth and strong improvements in social indicators in recent years (Verick, 2020)³.

In the United Kingdom, women form 77% of the National Health Service workforce and the majority of the workforce in informal careers. More broadly, an analysis of 104 countries revealed that women form 70% of workers in the health and social sectors and 50% of workers in unpaid careers. At the same time, over 70% of CEOs and board chairs in global health are men, whereas just 5% are women from low- and middle-income countries. Although so many women are working on the COVID-19 frontline, they have little say in the policy measures implemented to address the crisis (Farzana and Siwale, 2020).

In India, participation of women in the labour force has been trending downward for the past several years. By occupation, approximately 80% working women in India have been engaged in agriculture, health, education, paid domestic work, and manufacturing sectors.⁴ During COVID-19, the socioeconomic conditions of girls and working women have adversely affected their working conditions, exposing them to a high risk of exploitation and abuse

3 <https://www.ilo.org/wcmsp5/groups/public/--->

4 <https://feminsminindia.com/2020/05/01/post-covid-19-women-work-India>

for their economic survival. While there are several reasons for a decrease in women participation in the formal sector, a crisis like COVID-19 is sure to have serious implications. The unemployment tracker managed by the Centre for Monitoring the Indian Economy, May 2020, indicated that India has already seen a 20% decline in vacancies. Economists had already sounded the alarm bells for an oncoming global depression; in such a situation, women are at a higher risk of losing their jobs and facing issues re-entering the labour force.

During the lockdown, with little savings and less institutional support, migrant women, daily wage workers, and vendors, as well as women serving in sectors such as retail and hospitality were particularly dependent on the revival of the national and global economy. Flexible working conditions enable working women to juggle childcare, work, and familial commitments and allow them those extra few hours for essential tasks. With less commute time, women stand to gain a few additional hours in the day for them to apportion between their personal and work-related tasks. In every family, there is at least one member who is not earning to potential, simply because it is not sustainable. To drive economic growth and sustainability, especially in a post-COVID world, it is imperative that women's workforce participation is focused on every single Indian woman professional (Saundarya, 2020).⁵

3. Impact of COVID-19 on Domestic Workers' Livelihood

The COVID-19 pandemic has adversely affected thousands of domestic workers across India, who are struggling for basic needs such as food and shelter. Although recent data on the exact number of domestic workers in India are lacking, according to the 68th round of NSSO survey 2011–12, approximately 39 lakh people were employed as domestic workers by private households, of which 26 lakh were women. This number may have substantially increased owing to the rise in informal jobs within the formal sector. The nationwide lockdown, which was declared on 24 March 2020 considering the contagiousness of COVID-19, may have adversely affected the income and jobs of many of these domestic workers. Initially, the Government of India declared a complete national lockdown for 21 days from 25 March to 14 April 2020. On 14 April, the lockdown was extended for another 19 days until 3 May 2020, owing to the continuous increase in the number of active cases in most states.

Due to the lockdown, many domestic workers lost their jobs, several of them did not get full salary, and even many of them were told not to come to work. A survey conducted by DWRU, BBGS, and Manegelasa Kaarmikara Union covering 2500 domestic workers found that as many as 91% of domestic workers were not paid salaries in April 2020; 50% workers, who were above 50 years of age, lost their jobs; and 87% of the them were told not to come

5 <https://www.thehindu.com/opinion/open-page/bringing-more-women-to-work/article31659540.ece>

to work after the lockdown, with no communication if they would be called again⁶. A study by IIHS (2020) covering 382 domestic workers found that the average income for these workers declined by 35% in March and by 93% in April 2020. About 52% households reported no income for April 2020. Overall, the monthly household income declined sharply by 75% during April and May 2020.

In the initial stages, some domestic workers were not given leaves from those household where people returned from abroad and did not take precautionary measures or maintain social distancing. This shows an extreme lack of responsibility. In these cases, workers still choose to go to work being the sole bread earner in their family.

In case of female domestic workers, the working condition was even more challenging, as most of them belong to economically disadvantaged groups, and live in slum areas. Without any uniformity in their wage structure, they work in the unorganised sector at very low wages. Yet, they are compelled to do this work because of illiteracy as well as their poor financial conditions. Their silent contribution has remained invisible for a long period. During the pandemic, they faced double marginalisation. As they are engaged in informal productive work in the unorganised sector, they are not recorded as wage labour and deprived of any benefits given to wage labourers. It is high time to consider their contribution to the society and recognise them as wage labour. A suitable policy may be framed by bringing them to the mainstream, so that if such a situation arises again in future, they would not have to face similar problems like during this lockdown. Paid domestic work (female domestic workers) is categorised under informal and unskilled job without any constitutional guarantees. Declination of joint families and entrance of more number of women into the employment sector have generated the need for a supporting hand to work inside the home (Jyotsnamayee, 2020).

Over the years, several attempts have been made at passing laws to ensure the rights of domestic workers such as those regulating minimum wages and the number of working hours, mandating regular holidays, as well as addressing physical and sexual harassment, but nothing has been formalised. While some legal instruments do exist, giving them a degree of protection, such as the Unorganized Social Security Act, 2008; Sexual Harassment against Women at Workplace Act, 2013; and some minimum wages provisions at the state level, a comprehensive legislation addressing the sector is lacking. Although they are covered under the Sexual harassment Act, the fact that the home or several homes are their workplace makes availing the benefits of the law almost impossible for women. Therefore, their position continues to remain precarious and dependent on the goodness (or not) of their employers as no legislation

6 <https://www.thehindu.com/news/cities/bangalore/91-of-domestic-workers-not-paid-during-lockdown-survey/article31835257.ece>

can hold the employer accountable in any way. In addition to the informality of their work, its gendered nature reduces its value. Domestic work in most homes across different classes is still largely the work of women. It is repetitive and invisibilised. The International Labour Organization Report (2018)⁷ revealed that women in India perform 312 minutes of housework a day, while men perform only 29 minutes of housework. The lockdown period amplified the conversation around the work of care as suddenly the middle classes had to do much more themselves. While there were several social media discussions and posts around men's involvement, it is unlikely the share of the burden shifted in any significant way. An Oxfam report released earlier this year 'Time to Care: Unpaid and Underpaid Care Work and the Global Inequality Crisis' revealed that Indian women and girls put in 3.26 billion hours of unpaid care work every day—a contribution of at least INR 19 trillion a year to the Indian economy. Conferring a monetary value to this effort is a step in the direction of appreciating it.

3.1 Case Studies

Here, Padmaja Ravula from Flagship Projects 1 and 6 shared her insights into the impact of the lockdown on women who work as domestic help or in part-time occupations in urban and semi-urban Hyderabad. Most women living in Hyderabad's slums work as domestic help in many apartment complexes and independent bungalows. These women get a monthly salary for their services ranging from INR 3000–6000 (£31.50–63.00) per household per month, depending on the kind of work they do. Each woman on average works in 3–4 households. In addition to their salary, they receive payments in kind either as cooked food, vegetables, and other essential items.

In another case, Devi, a widow who works in a Government Bank as a sweeper, recalls that the continued working of banks helped her family to avoid going to bed hungry. Her daughter, who in normal times worked in a shopping mall and son-in-law live with her. She receives INR 100 (approx. £1.05) per day, and this amount keeps her family going. Devi reported that they cannot afford nutritious food but at least they are not starving. More concerning, she reported an increase in domestic violence. Her son-in-law, who is addicted to toddy, beats up her daughter for not giving him money to buy liquor illegally. The crisis situation has forced women to think of alternative livelihood options⁸.

7 <https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcm>

8 <https://www.cgjar.org/>

4. Lockdown and Domestic Violence

As the COVID-19 pandemic has forced several countries to implement lockdown, cases of domestic violence increased at an alarming pace globally. On 6 April 2020, the UN's Secretary-General Antonio Guterres called for a 'ceasefire' to address the horrifying global surge in domestic violence.⁹ A likelihood of increased gender-based violence within the sphere of the household exists. As more countries report infection and lockdown, more domestic violence helplines and shelters across the world are reporting an increase in calls for help. Helplines in Singapore and Cyprus registered an increase in calls by more than 30%. In Australia, 40% of frontline workers in a New South Wales survey reported increased requests for help with violence (Phumzile, 2020¹⁰). Almost every third woman in India has experienced spousal violence. The household chores and caregiving capability of women are the most reported justification for wife beating by perpetrators. Mobility restrictions may increase the exposure time towards the perpetuation of violence against women. Evidence from the Southeast Asia region shows that seasonal male outmigration is linked to the reduction in gender-based domestic violence (Swain, 2020¹¹). The victims are unable to speak out because they are home quarantined with the perpetrators and the lockdown prevents them from seeking help outside. The electronic media can raise awareness through regional language infomercials because domestic violence is a crime under the Indian Penal Code. Save your souls (SOS) messaging to police already exists in several cities; however, this should be enhanced with relocation facilities (Natarajan, 2020).¹² Incidences and reports of violence against women within the household have also increased during the lockdown. This points to male psychological distress due to short-term loss of work and earnings, which lead to subsequent violent behaviour against women when they were in home confinement with abusive partners during the lockdown. Consequently, in the long run, women's psychological well-being might be affected even more adversely than men's due to financial and emotional stress, in addition to physical violence. The data on various forms of domestic violence against women in India are presented in figure 1 and reveal that all indicators registered a rising trend during the lockdown. More than 200% increase was registered in some cases such as cybercrime against women and right to live with dignity during June 2020.

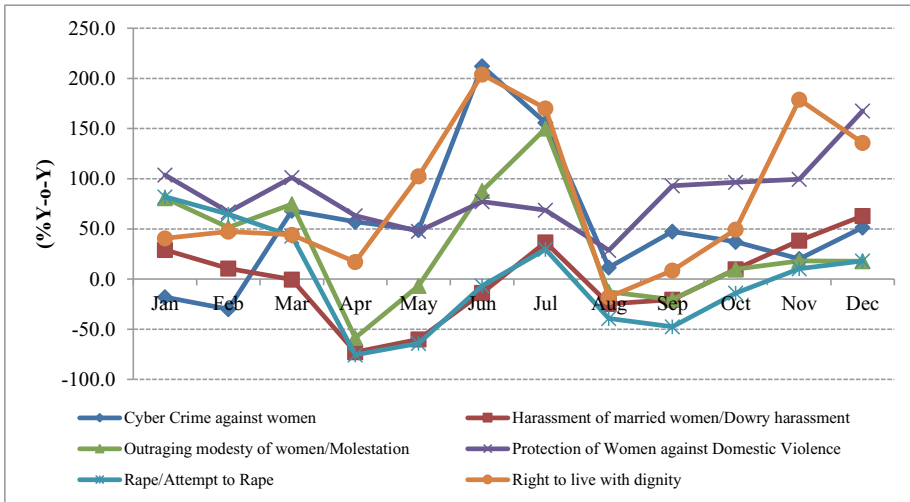
9 <https://www.thehindu.com/opinion/op-ed/a-greater-impact-on-women/article31465962.ece>

10 <https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic>.

11 <https://www.livemint.com/opinion/online-views/opinion-impact-of-covid-19-on-women-in-developing-nations-will-be-harsher->

12 <https://www.thehindu.com/opinion/op-ed/womens-safety-during-lockdown/>
UPDATED: APRIL 13, 2020 13:25 IST

**Figure 1: Crime against Women during the Lockdown
(April to December 2020)**



Source: National Commission for Women (NCW)

4.1 Case Studies

Here, we have attempted to highlight some case studies pertaining to domestic violence with special reference to India. A Hindustan Times analysis of cases recorded across the country reveals two important aspects of the issue.¹³ First, some states have reported a decline in the number of domestic violence complaints, whereas others have reported a spike in the calls received by helplines. This indicates that the incidence of domestic violence during the lockdown depended on the ability of victims to register complaints while they share domestic spaces with perpetrators. In some states such as Rajasthan, Madhya Pradesh, and Telangana, the number of complaints received by state-run helplines decreased.

The second aspect of this issue is that while there are several helplines and shelter homes available for women to call or live in—both state-run and those maintained by NGOs—the lockdown has curtailed the help that they can provide. Women could not travel to police stations, and social workers could not reach them or arrange for their travel; the police were overburdened with COVID-19 duties, and visiting homes to investigate domestic disputes is often not considered a priority.

Dolly Singh, the coordinator and counselor at Shakti Shalini, based in Jangpura, stated that the shelter home had received 25 calls since the beginning of the lockdown. In some cases, the police mediated between the women

13 <https://www.hindustantimes.com/india-news/domestic-violence-during-covid-19-lockdown-emerges-as-serious-concern/story->

and their abusers and asked them to stay put till the lockdown was over. The 28-year-old mother of two toddlers had allegedly undergone sustained physical abuse by her husband and his family. Initially, the police mediated between the two and asked the woman to stay home during the lockdown. However, the woman reported that the abuse worsened after the husband came to know that a police complaint had been filed. On 14 April, the police took her for a medical checkup, recorded her bruises, and transported her and her two children to Shakti Shalini's shelter home (Ratnam, 2020)¹⁴. The NCW had received 250 domestic violence complaints between 25 March and 22 April 2020¹⁵.

5. Impact on Women Health

In 2000, the World Health Organization (WHO) declared 'gender'¹⁶ as a critical determinant of mental health and mental illness. WHO also stated that 'gender determines the differential power and control that men and women have over the socioeconomic determinants of their mental health and lives'. Following the coronavirus outbreak, the Inter-Agency Standing Committee has also called for the 'gender-sensitive' deployment of healthcare, especially mental health. Therefore, some aspects need to be taken care of to reinforce the necessity of keeping women in the front and centre of mental health policy (Swarnima, 2020).¹⁷ As per WHO Statistics 2019,¹⁸ in India, US\$62 is invested per capita as current public health expenditure, which is only 3.6% of the GDP. Access to existing universal healthcare is very limited in India. The Universal Health Coverage Service Index of India is as low as 56%. Furthermore, a shortage of doctors has exacerbated the problem. The density of medical doctors (per 10,000 population) is only 8.57. The concern increases when we analyse these reports to check women's access to this infrastructure. As per the report, 19% of Indian women still give birth without being attended by skilled health personnel. The density of nursing and midwifery personnel (per 10,000 population) is only 21.1.¹⁹ Globally, women dominate the healthcare workforce as they form 67% of the total number of health workers. In the Southeast Asia region, 79% of the frontline health workers such as nurses are women. If we draw upon the recent experience of China and Italy, health workers are most likely to be directly affected by the pandemic. The risk of COVID-19 infection is higher

14 <https://www.hindustantimes.com/india-news/domestic-violence-during-covid-19-lockdown-emerges-as-serious-concern/>

15 NCW 2020 <https://theprint.in/india/domestic-violence-on-the-rise-during-lockdown-69-complaints-since-24-march-ncw/393730/http://>

16 <https://www.who.int/emergencies/diseases/novel-coronavirus-2019?gclid>

17 <https://timesofindia.indiatimes.com/blogs/uterus-diaries/what-covid-19-teaches-us-about-womens-mental-health.>

18 WHO Statistics 2019. https://www.who.int/gho/publications/world_health_statistics/2019/en/

19 WHO: Statistics

among health workers, and the stress of treating and managing the infection can traumatise the mental health of frontline health workers (Swain, 2020).

During the lockdown, healthcare resources were often diverted from routine health services. Some women even gave births on the way to the hospital without proper facilities. In some cases, even in metropolitan cities, pregnant women were refused admission to government/private nursing homes and were first asked to undergo the COVID-19 test. They were running from one hospital to another but were not allowed to step inside the hospital. In many cases, mother and babies lost their lives. Such incidents occurred in Delhi, Noida, and other places. An 8-month pregnant woman died in an ambulance after a frantic 13-hour hospital hunt failed to find her a bed as over half-a-dozen facilities denied her treatment.²⁰ We cannot ignore the impact of COVID-19 on women health workers who comprise approximately 70% of the global healthcare workforce. These healthcare professionals are under immense pressure to contain the pandemic at a great risk to their own lives.

Every country where the pandemic is wreaking havoc has reported a shocking number of deaths of doctors and nurses as they perform their duties, often without adequate protective gear or sufficient time off to allow necessary rest and care for their own mental health. In addition to the risks of the work, healthcare workers who have brought attention to PPE shortages faced repercussions from their employers for speaking out. Among these overextended professionals, female healthcare workers globally find their distress compounded further as they are also primary caregivers at home for spouses, children, and the elderly people, while also performing household work. The unfair expectation on women to be solely responsible for unpaid work adds hidden opportunity costs, negatively affecting not only their quality of life and career advancement but also the advancement of their communities. Policy-level decisions addressing the needs and safety of female health workforces, especially nurses engaged in frontline combat, are required. So, why must we especially focus on women's mental health during this global pandemic? Due to various social, cultural, and economic factors, women are facing a sharp increase in caregiving responsibilities, with even less freedom, space, or economic security, during this pandemic.

5.1 Nutrition and Women Health

During the lockdown across the globe, social life was adversely affected; factors such as economic slowdown adversely impacted the production and distribution system both at the rural and urban level. It also started affecting food and nutrition security in countries such as India. Lower availability of food and access to the market and other distribution systems affected women's

²⁰ <https://www.indiatoday.in/india/story/up-pregnant-woman-dies-ambulance-after-running-between-hospitals-for-hours>.

nutritional well-being more. Moreover, the intra-household distribution of resources is always low for women in developing countries such as India. When household resources are reduced, women are more likely to be left with very inadequate food and nutrition. The shutdown of informal sectors, where women constitute a significant share of the workforce leads to a reduction in access to income by women, resulting in further marginalisation (Swain, 2020).

As per the Global Wealth Report, Indian women have between 20% and 30% of the \$6 trillion (INR 73 lakh crores) overall household wealth in the country, which is very less than the global share of 40% (Global Wealth Report 2018).²¹ Furthermore, the estimated earned income for a woman in a year is one fifth of that of a man, which is also among the world's lowest (144th). Of the women employed, 94% are in unorganised sectors. This 94% employed women in the unorganised sector might have had to bear the brunt of the economic crisis due to COVID-19 in terms of job losses. Because of this situation, they could not pay back loans and their house rents.

5.2 Women and Mental Health

Due to poor credit history, most women borrow money from the informal financial market. This history of such emergency reveals that such a situation of financial instability makes women more vulnerable to sexual abuse by money lenders or land owners. Stress due to poverty and economic insecurity increases such incidents and can lead to an increase in intimate partner violence and child maltreatment. Quarantine and social isolation, which means close quarters with a high social and economically stressful environment, lead to an increased likelihood of frustration, fear, and poor mental health. Pandemic have potentials to breakdown social infrastructure and accumulate weakness, disadvantages of the communities, and inequalities in society. This in turn may lead to an increase in family separation, interfamilial violence, and exposure of women to unsafe conditions including exposure to sexual violence and harassment as they seek to obtain basic goods including food, firewood, and water (Bhasin, 2020).²² Lockdowns and self-quarantine measures across the world have increased women's workload as more people are home-bound for a continued period and caregiving tasks have increased. Data from the Organization for Economic Cooperation and Development show that Indian women perform nearly 6 hours or unpaid care work each day. Indian men, on the other hand, spend less than an hour on an average doing the same. Globally, women perform 76.2% of total hours of unpaid care work. According to UNESCO, 300 million children are missing school globally due to the current virus outbreak, increasing the responsibilities of women. According to 'Time to Care', a report by Oxfam,

21 <https://www.thehinducentre.com/publications/policy-watch/article26438502.ece/binary/global-wealth-report-2018.pdf>

22 <https://www.youthkiawaaz.com/2020/04/covid-19-emergency-in-india-and-crisis-for-women-gendering-covid-19-implications-on-indian-women/>

women and girls spend 3.26 billion hours of unpaid care work each day, making a contribution to the Indian economy of INR 19 lakh crores per year, which is equivalent to 20 times the entire education budget of India.

Not just at home, a survey by ‘Stop Street Harassment’ found that 81% of women surveyed had experienced some form of sexual harassment at the workplace. This has detrimental effects on the morale of other female coworkers, increasing a fear of lack of safety and affecting perceptions of women in offices and often even hiring decisions. The survey also found that 66% of the women who responded had faced some form of harassment in the public place. Notably, the risk of posttraumatic stress disorder following exposure to trauma is twice as high in women than in men. During this lockdown, some cases of chain and money snatching had been reported because the streets were isolated; although the government had requested everybody to stay at home, sometimes women were compelled to go out to fulfill emergency needs.

6. Initiatives Taken by the Government

Like other countries, India too tried to control COVID-19 transmission through lockdown. The Government of India has announced various measures to tackle the situation, from food security, extra fund for healthcare to sector-related incentives and tax deadline extensions. The government allowed the movement of essentials and nonessentials during the lockdown. Health warriors, police, NGOs, other religious groups, and government societies have done an excellent work during the lockdown. Initially, India succeeded in controlling COVID-19 spread but after lockdown 4, the situation worsened in most states, especially Delhi, Maharashtra, Tamil Nadu, Gujarat, Rajasthan, West Bengal, and Kerala. Government reached out to women-led MSMEs and startups to help COVID-19-hit women workers earn a livelihood. The government’s initiative to boost women entrepreneurship—Women Entrepreneurship Platform (WEP)—had invited women-owned startups and small businesses to procure and supply raw materials to home-based women workers so that they could make masks as an alternate source of income. NITI Aayog, which houses WEP, tweeted the initiative ‘Masking it up with WEP’ to support women workers hit hard due to COVID-19. ‘Home-based women workers have been hit hard and are struggling to make ends meet in this uncertain climate’, the initiative said inviting women-led businesses to join this initiative. This initiative was aimed at helping women workers cope with the economic difficulties that had ensued due to the pandemic and combat the shortage of surgical and reusable cloth masks.

WEP was formally launched in March 2018 to help the aspiring and existing women entrepreneurs grow and scale their ventures through necessary support required such as incubation, entrepreneurship skilling, marketing assistance, funding, and compliance support. WEP has over 30 partners such as Paypal, SIDBI, Nasscom, Google, Facebook, CRISIL, Institute of Chartered

Accountants of India, and US India Business Council, and more importantly, women have been the biggest beneficiaries of the government's two pet schemes to support entrepreneurship and self-employment: Stand-up India and Pradhan Mantri Mudra Yojna (PMMY). Under the Stand-up India scheme, wherein bank loans of INR 1 lakh to INR 1 crore are facilitated to at least one scheduled caste or scheduled tribe and one woman borrower per branch of scheduled commercial banks. Over 81% account holders are women as on 17 February 2020, as per the Ministry of Finance. Similarly, for PMMY, as per the Finance Ministry's statement, of over INR 22.53 crore loans sanctioned till 31 January 2020, more than INR 15.75 crore loans were extended to women—70 % of total borrowers. Government has reached out to women-led MSMEs and start-ups to help COVID-19-hit women workers.²³

7. Policy Brief—The Impact of COVID-19 on Women

Today, all countries are facing the same crisis, and none will prevail over COVID-19 by acting alone. Given that we share the same future, all of us must work to ensure that the future is built on solidarity and partnership (Linde, 2020).²⁴ The UN advocates for sufficient and affordable water, sanitation, hygiene as well as electricity supply to rural and remote areas to support women's productive and unpaid care and domestic work, which is exacerbated by the crisis. UN will also use its existing programmes to prevent and respond to violence against women in a coordinated manner. Therefore, national response plans must prioritise for women by implementing measures that have proven to be effective. These measures are as follows:

- Integrating prevention efforts and services in response to violence against women into the COVID-19 response plan. Designating domestic violence shelters as essential services and increasing resources of these shelters and civil society groups on the frontline of the response. Expanding the capacity of shelters for victims of violence by repurposing other spaces, such as empty hotels or education institutions, to accommodate quarantine needs and integrating considerations of accessibility for all; designing safe space for women where they can work comfortably.
- The involvement of women in policymaking and implementation is necessary for a better understanding of women's social, cultural, and health issues.
- Addressing the needs and safety of female health workforces, especially the nurses engaged in frontline combat, is crucial.
- There is an intense competition across the globe to capture the new market

23 <https://pib.gov.in/newsite/PrintRelease>.

24 <https://www.project-syndicate.org/commentary/covid19-pandemic-gender-differences-by-ann-linde-and-arancha-gonzalez-2020-05?>

for COVID-19 related products, including tests, drugs, vaccines, critical care equipment, and PPEs. India is trusted globally to supply quality goods at affordable costs—it supplies the bulk of vaccines and drugs for viral infections such as hepatitis C and HIV.

- Private manufacturers should leverage the large research and development capacity that exists in the public sector. The innovations need not be in developing new products. They can look at repurposing existing drugs or innovate on processes that reduce production cost. They should also partner with international universities and multilateral bodies looking at bulk manufacturing partners to ensure equitable supply to low- and middle-income countries.

Healthcare providers can adopt innovative methods—telemedicine, mobile clinics, home visits, and remote monitoring systems—for mild to moderately ill patients to provide services remotely in order to avoid crowding healthcare facilities. Payment systems for these remote services should be designed and implemented (Ahmad, 2020).²⁵ With time, public and private healthcare systems diverged from each other so much that there is an evident distrust between them. The private sector focuses on individuals, whereas public healthcare looks at the whole population. COVID-19 may be devastating in terms of every aspect of life, but we should not lose the opportunity to learn and grow. This is the time for the private sector to develop strategies for the whole health system—not just their own sector—in terms of population health and not just individual health.²⁶

In the wake of the COVID-19 pandemic, new forms of administrative support and legal safeguards are essential for protecting the rights and interests and secure the entry of millions of women into the formal economy and recognise the enduring value of their contributions. Governments and private organisations must consciously design gender-responsive employment policies to bring more women into the formal economy.

- A renewed focus on upgrading existing skills and providing new types of training relevant to the new industrial revolution is required.
- Understanding the impact of lockdown on women and girls could lead to the development and implementation of other effective policy measures.
- Unconditional cash transfers to women bank account holders are expected to improve the financial and intra-household status of female beneficiaries, as well as their psychosocial well-being.

8. Conclusions and Policy Suggestions

25 <https://www.odi.org/blogs/16747-five-ways-coronavirus-could-shape-our-digital-future>

26 <https://www.thehindu.com/news/national/india-coronavirus-lockdown-may-13-2020-live-updates/>

.....

This paper found that due to the lockdown most women are facing numerous challenges, which includes increased workload, domestic violence, mental stress, loss of jobs, particularly those of domestic workers, migrant women, casual workers in public and private sectors, and health workers. Some women working with health warriors and going door to door to provide healthcare services to the people were suspected of contracting COVID-19, and therefore, people were not cooperative with such women and abused them. Members of NGOs and social organisations engaged in community services also tried to help lower class people from slum areas by distributing food, essential items, medicines, etc during these times.

- Government, societies, employers, and family members all must play a major role and act responsibly by cooperating with women to cope up with the challenges of COVID-19. Moreover, social media can play a crucial role in educating and encouraging family members by raising public awareness and empathy.
- Addressing the need and safety of the women health workforce, government should take needful steps to mitigate the collateral damage of COVID-19 that is going to hit women harder.
- Community-based support systems for domestic violence survivors, including phone-in support systems, sensitised police, and neighbourhood watch, need to be strengthened.
- Cash transfer to women bank accounts are expected to improve the financial and intra-household status of women beneficiaries as well as their psychological well-being.

Although it is a big challenge, presently government has taken initiatives and implemented some programmes to overcome this crisis to some extent. Cash transfers to poor people, farmers, and daily wage workers and distribution of pulses, rice, and wheat under central and state programmes have been initiated since the lockdown. Prime Minister Shri Narendra Modi had announced to continue this scheme until November 2020. Furthermore, those who had no ration card could also avail the benefits of the aforementioned programme.

- The prevailing mindset needs to be changed in both healthcare systems; the private sector should also be accountable for population health, while the public sector should not neglect individual basic health needs such as safety, quality, and experience. While medical professionals have drifted more towards the private health sector, nursing and allied healthcare professionals and ASHA workers prefer the public health system. Public healthcare is overburdened in terms of bed occupancy and consults per doctor. By contrast, much of private healthcare has underutilised capacity,

be it beds, high-end equipment such as computed tomography and magnetic resonance imaging scanners, doctors, or teachers. A strong case needs to be made for nurturing the public–private partnership with a shared goal of better population health.

References

Access Health International (2020). The Private Sector Response to COVID-19 in India May 13, 2020 Coronavirus, Digital Innovations, Policy Development: <https://accessh.org/the-private-sector-response-to-covid-19-in-india/>.

Agarwal Kanksshi and Sharma (2020). All India Council of Human Rights, Liberties and Justice, <https://www.lawyerservices.in/All-India-Council-of-Human-Rights-Liberties-and-Social-Justice>

Anand Sristy and Nanda (2020). Post COVID-19 for Women in Work: Perspectives From India: <https://feminisminindia.com/2020/05/01/post-covid-19-women-work-india/>.

Bhasin, Karina (2020). Gendering COVID-19 -Does A Pandemic Impact Women And Men In The Same Way?: <https://www.youthkiawaaz.com/2020/04/covid-19-emergency-in-india-and-crisis-for-women-gendering-covid-19-implications-on-indian-women/>

Bhattacharya Swarnima (2020). What Covid-19 teaches us about women's mental health: <https://timesofindia.indiatimes.com/blogs/uterus-diaries/what-covid-19-teaches-us-about-womens-mental-health>.

Blogger Guest (2020). Women This Week: The Gendered Effects of COVID-19: <https://www.cfr.org/blog/women-week-gendered-effects-covid-19>.

Dhamini Ratnam (2020). Kerala State Women Commission Domestic violence during Covid-19 lockdown emerges as serious concern. <https://www.newindianexpress.com/nation/2020/jun/10/indian-women-with-covid-19-at-higher-risk-of-death-than-men-study->

Duffin Erin (2020). Impact of the coronavirus pandemic on the global economy - Statistics & Facts available at <https://www.statista.com/topics/6139/covid-19-impact-on-the-global-economy/> accessed on August 12, 2020.

Farzana Afridi and Siwale (2020). COVID-19 and the impact on women.

Guterres Antonio (2020). Covid 19- Domestic Abuse and Violence: Where do Indian Women Stands?: www.epw.in.

Guterres Antonio (2020). COVID-19 Poses a threat to women's livelihoods and increases their burden of work at home.

Juniad Ahmed (2020). Coronavirus Digital Innovations, Policy Development:

<https://www.google.com/>

IIHS (2020). Impact of COVID-19 and the Lockdowns on Domestic Workers, First report, Rajasthan Kaamgar Union.

https://iihs.co.in/knowledge-gateway/wp-content/uploads/2020/10/RMKU-IIHS-Covid-19-impact-study_OCT.pdf

ILO Monitor (2020) COVID-19 and the world of work. Fifth edition https://www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/documents/briefingnote/wcms_749399.pdf accessed on July 31, 2020

ILO (2020). Impact of the COVID-19 crisis on loss of jobs and hours among domestic workers, 15 / June /2020.

https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---travail/documents/publication/wcms_747961.pdf

Linde and Gonzalez (2020). Pandemic's Gender Imperative: <https://www.project-syndicate.org/commentary/covid19-pandemic-gender-differences-by-ann-linde-and-arancha-gonzalez-2020>.

Nanda Jyotsnamayee (2020). Impact of Lockdown for COVID -19 on Female Domestic Workers: A case study from Cuttuck City.

Natarajan Jayanthi (2020). Women's safety during lockdown: <https://www.thehindu.com/opinion/op-ed/womens-safety-during-lockdown/>.

Pandey Vikas (2020). Coronavirus lockdown: The Indian migrants dying to get home: <https://www.bbc.com/news/world-asia-india>

Phumzile Ngcuka (2020). *Women* Violence against women and girls: <https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic>.

Rajesh Saundarya (2020). Bringing more women to work: <https://www.thehindu.com/opinion/open-page/bringing-more-women-to-work/article31659540.ece>

Shanker Apurva (2020). Education in Time of COVID How Students, Teachers & Parents are Dealing with the Panademic: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/coronavirus-disease-covid-19-schools>

Shubh Swain (2020). Opinion | Impact of covid-19 on women in developing nations will be harsher: <https://www.livemint.com/opinion/online-views/opinion-impact-of-covid-19-on-women-in-developing-nations-will-be-harsher>

Singh Kanta (2020). Why Covid-19 Response Needs to Focus on Women Globally: <https://www.shethepeople.tv/blog/covid-19-response-women-focus/>.

Sukumaran Ajay (2020). Coronavirus and the Great Depression of 2020: How mental Demons Are to Life's Miseries: <https://www.outlookindia.com/magazine/story/india-news-coronavirus-and-the-great-depression-of-2020-how-mental-demons-are-adding-to-lifes-miseries/303066>.

Verick Sher (2020). Women's labour force participation in India: Why is it so low? :<https://www.ilo.org/wcmsp5/groups/public/--->

World Economic Forum COVID Action Platform (2020). COVID-19: What you need to know about the corona virus pandemic :<https://www.weforum.org/>

World Economic Forum Report (2019). <https://www.weforum.org/agenda/2019/12/world-economic-forum-2019-highlights/>.