IWWAGE
INITIATIVE FOR WHAT WORKS TO ADVANCE WOMEN AND GIRLS IN THE ECONOMY

PCI

LEAD LEVERAGING EVIDENCE FOR ACCESS AND DEVELOPMENT
KREA UNIVERSITY

IMPACT OF COVID-19 ON RURAL SHG WOMEN IN ODISHA

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Initiative for What Works to Advance Women and Girls in the Economy (IWWAGE) aims to build on existing research and generate new evidence to inform and facilitate the agenda of women's economic empowerment. IWWAGE is an initiative of LEAD, an action-oriented research centre of IFMR Society (a not-for-profit society registered under the Societies Act). LEAD has strategic oversight and brand support from Krea University (sponsored by IFMR Society) to enable synergies between academia and the research centre. IWWAGE is supported by the Bill & Melinda Gates Foundation. The findings and conclusions in this report are those of the authors and do not necessarily represent the views of the Bill & Melinda Gates Foundation.

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SWAYAM is being implemented in Odisha by IWWAGE partners Project Concern International (PCI). For over two decades, PCI has maintained a diverse portfolio in India, with a presence in more than one-fifth of all districts in the country, reaching over 10 million people in 2019 alone. PCI's health, gender and community development programing focuses on low-income, vulnerable and hard-to-reach populations, especially adolescent girls, women of reproductive ages and children. By integrating its community mobilisation and empowerment approaches into the government strategies and systems, PCI is helping to ensure that millions of vulnerable women, children, families and communities throughout India have the ability to advocate for, access, and utilise quality health, nutrition and empowerment services and information for generations to come.

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LIST OF ABBREVIATIONS

AAY	Antyodaya Anna Yojana
APL	Above Poverty Line
ASHA	Accredited Social Health Activist
BPL	Below Poverty Line
CLF	Cluster Level Federation
CM	Community Mobilisation
CMIE	Centre for Monitoring Indian Economy
CPHS	Consumer Pyramids Household Survey
CRP	Community Resource Person
CRPF	Central Reserve Police Force
DAY-NRLM	Deen Dayal Antyodaya Yojana–-National Rural Livelihoods Mission
GFC	Gender Facilitation Centre
IRB	Institutional Review Board
GP	Gram Panchayat
GPLF	Gram Panchayat Level Federation
GRC	Gender Resource Centre
GSLP	Gender Self Learning Programme
HH	Household
IFMR	Institute of Financial Management and Research
ILO	International Labour Organization
IT	Information Technology
IWWAGE	Initiative for What Works to Advance Women and Girls in the Economy
JTSP	JEEVIKA Technical Support Program
LEAD	Leveraging Evidence for Access and Development
MIYCN	Maternal Infant Young Child Nutrition
MSME	Micro Small and Medium Enterprises
NRLM	National Rural Livelihoods Mission
OLM	Odisha Livelihood Mission
PCI	Project Concern International
PRI	Panchayati Raj Institutions
SC	Scheduled Caste
SD	Standard Deviation

SHG	Self Help Group
SMMU	State Mission Management Unit
SPEM	State Poverty Eradication Mission
SRLM	State Rural Livelihood Mission
ST	Scheduled Tribe
SWAYAM	Strengthening Women's institutions for Agency and Empowerment
VO	Village Organisation
WE	Women's Empowerment
WEC	Women's Empowerment Collectives

EXECUTIVE SUMMARY

The COVID-19 pandemic and subsequent lockdowns to curb the virus have had far-reaching impacts globally. The situation in India has been particularly difficult, with the country recording over 8.9 million cases as of November 2020. The nation-wide lockdown announced on 24 March 2020 had devastating effects on millions of people, their livelihoods and income generating activities. Given the scale of the crisis, it becomes imperative to focus on the impacts on already disadvantaged groups, and more specifically, on women and girls. Experiences from past disease outbreaks globally, demonstrate the need for a gendered analysis for preparedness and response. The Ebola virus outbreak in West Africa in 2014/16 established the gendered impacts of a pandemic. Given gendered norms, women were more likely to be infected by the virus due to their roles as caregivers and frontline workers. Additionally, women had lower decision making power around the outbreak and their needs therefore were largely unmet.

This report presents findings from the study, 'Impact of COVID-19 on Rural SHG Women in Odisha', conducted by the Initiative for What Works to Advance Women and Girls in the Economy (IWWAGE) and Project Concern International (PCI). The main objectives of this study were to (i) study the overall impacts on women's well-being during and post the lockdown period, and (ii) understand SHG participation in COVID-19 response activities. A total of 423 SHG women were surveyed in the districts of Deogargh and Jagatsinghpur in the month of July 2020 for the study.

The results of the study have been mixed. The study has found that SHG members were well aware of COVID-19 related health information, with 90 per cent respondents reporting they had received health advisories/information. Moreover, the findings demonstrate the immense source of support that the SHG movement has been for rural women: 81 per cent women reported that would reach out to their SHG in times of need. The SHG also emerged as the preferred avenue for women to access emergency loans, savings and gain information. It also proved to be an important space where women formed social bonds; respondents reported they missed the socialisation spaces and the financial opportunities the SHG provided during the lockdown period when all SHG activities had come to a halt. Notably, 86 per cent women reported that they had the ability to call the police or legal services if the need arose. These findings are encouraging and demonstrate the strength of the SHG movement.

However, not all findings are as positive: 83 per cent respondents reported that they did not have sufficient food, women with BPL and senior citizen cards were particularly vulnerable to food insecurity. In terms of livelihood, at the time of the survey over half the respondents reported that they could not say to what extent the current situation would impact their livelihood and sources of income. Additionally, a low but significant percentage (11 per cent) reported they would not be able to economically recover from this shock. Alarmingly, 89 per cent of women who had a personal source of income reported a deeply negative impact on their personal income. Findings also show that the lockdown had an impact on women's unpaid work, with over 50 per cent women reporting an increase in their household work. Given the precarious conditions, 66 per cent women reported being highly stressed, while 23 per cent reported being moderately stressed. The most prevalent triggers of stress were reported to be food insecurity, loss of income and worry about health.

Overall, the study demonstrates that rural women in Odisha have had to contend with rising stress and anxiety, loss of income, and an increased load of household work. Concomitantly, the SHG movement has proved to be an immense source of strength and support for women.

The report concludes with a set of recommendations to strengthen the SHG platforms and state- run gender initiatives, and to invest in digital tools as these have proved to be a means through which women have kept in touch with family and friends in difficult times.

1 INTRODUCTION

1.1 Background

The COVID-19 pandemic has precipitated an unprecedented crisis worldwide. The International Labour Organization (ILO) has characterised the pandemic as *'the worst global crisis since World War II'*.[1] The pandemic and the subsequent lockdown have had a substantial effect on people's socio-economic status, disproportionately affecting populations that are already vulnerable and disadvantaged.[2] Concurrently, there has been limited examination or understanding of the impact of the crisis on women. Governments have tried to highlight and address certain issues regarding gender, but this proved to be difficult as most government departments were in 'total response mode' to fight the COVID-19 crisis.[3]

Pre-COVID-19, time spent by Indian women on care and unpaid work was 9.8 times more than men. Now, measures to contain the spread of COVID-19 such as closure of schools, anganwadi centres, day care centres, and suspension of normal healthcare facilities have significantly increased women's burden of work within the house. Subsistence responsibilities are also adding to women's anxiety. With dwindling food stocks and no recourse of mid-day meals for children, women face exceedingly difficult times. Women in the paid workforce face further challenges, predominantly being farm workers and employed in the informal economy as domestic workers, construction workers and micro-entrepreneurs with little access to social safety nets. The Government of India (GoI) announced a nation-wide lockdown on 24 March 2020, that continued till 31 May 2020. It is seen to have catastrophic effects on their income, livelihood and well-being. The lockdown exacerbated the existing economic marginalisation of women.[4] According to the Centre for Monitoring Indian Economy (CMIE)'s Consumer Pyramids Household Survey (CPHS) data, an estimated 17 million women were left jobless, in both the formal and informal sectors, between March and April 2020, aggravating the already declining female labour force participation rates.

Policies and healthcare services have not adequately addressed the gendered impacts of disease outbreaks.[5] The response to the COVID-19 pandemic has been no different. Within India, ongoing and completed studies have focused on economic impacts and access to rights and entitlements. However, there is a gap in knowledge when it comes to understanding gendered impacts of the pandemic. Recognising that disease outbreaks affect women and men differently, adding a gendered layer to our understanding is fundamental to delivering a more equitable response and policies in the future.

Experiences from past disease outbreaks globally have also demonstrated the need for a gendered analysis for preparedness and response. The Ebola virus outbreak in West Africa in 2014/16 established the gendered impacts of a pandemic.[6] Given gendered norms, women were more likely to be infected by the virus due to their roles as caregivers and frontline workers. Additionally, women had lower decision making power around the outbreak and their needs therefore were largely unmet. If we are to provide a response for COVID-19 that does not reproduce and perpetuate gender inequalities, it is essential that gender norms, roles and vulnerabilities specific to women are considered and addressed.

1.2 COVID-19 in Odisha: Spread of the Pandemic and Current Scenario

Currently, India has the second highest number of recorded COVID-19 cases across the globe,[7] however, the spread has not been uniform across all states. States like Maharashtra, Andhra Pradesh and Tamil Nadu have recorded a much higher quantum of cases in comparison to states such as Sikkim and Mizoram.[8]

As of October 2020, Odisha has recorded 276,094 cases.[9] The Department of Health and Family Welfare in the state has been collecting gender disaggregated data; Odisha has recorded 33 per cent of the total infected population to be women. The state has also been collecting district-wise data. In the two districts that were of interest for this study, the number of positive cases has been relatively low: Deogarh has recorded only 967 cases with 1 fatality, and Jagatsinghpur recorded 6,946 cases with 21 deaths. The two districts account for only 2.8 per cent of the total cases recorded in Odisha. Gender disaggregated data for the two districts is, however, not available.

That being said, numbers regarding heath statistics on infected patients is only half the story. The lockdown, while necessary, triggered a social and economic emergency, disproportionately affecting disadvantaged and already vulnerable populations.[10] The mass exodus of

[1] Monitor, ILO COVID-19 and the world of work (2020).

[2] Rao, Krishna. Protecting the Poor from Becoming Poorer. The Hindu. 26 April 2020. Accessed 17 September 2020. https://www.thehindu.com/opinion/op-ed/protecting-the-poor-from-becoming-poorer/article31439214.ece.

[3] MORD advisory dated 30 April 2020.

[4] Shah, Kadambari. How COVID-19 is Amplifying Gender Inequality in India. The Indian Express. 17 May 2020. Accessed 16 September 2020. https://indianexpress.com/article/opinion/coronavirus-gender-inequality-india-6414659/.

[5] Wenham, Clare, Julia Smith and Rosemary Morgan. COVID-19: The Gendered Impacts of the Outbreak. *The Lancet*, 395, no. 10227 (2020): 846–48. https://doi.org/10.1016/s0140-6736(20)30526-2.

[6] Davies, S. E Bennett B. A Gendered Human Rights Analysis of Ebola and Zika: Locating Gender in Global Health Emergencies. Int Aff, 92 (2016): 1041–60

[7] COVID-19 Map. Johns Hopkins Coronavirus Resource Center. Accessed 14 September 2020. https://coronavirus.jhu.edu/map.html.

[8] Coronavirus in India: Latest Map and Case Count. Coronavirus Outbreak in India. Accessed 14 September 2020. https://www.covid19india.org/.

[9] Shri Naveen Patnaik. Health Department. Accessed 14 September 2020. https://health.odisha.gov.in/covid19-dashboard.html.

migrant workers from cities, loss of informal sector jobs, a growing threat of starvation among particularly vulnerable peoples, and the loss of livelihood and income due to the lockdown have been major concerns.

Impact on the State's Economy

In Odisha, economic activities were severely affected. The standing rabi crop was almost completely destroyed and Information Technology (IT) and Medium, Small and Micro Enterprises (MSME) have also been impacted adversely. Statistics suggest that 92 per cent of the state's workforce belongs to the unorganised sector, for whom income and livelihood opportunities have been severely curtailed, especially given the shrinking economy, thus worsening their already precarious conditions.[11]

State Response to the Pandemic

The Odisha state government has been proactive in dealing with the challenges of COVID-19. Public awareness campaigns were undertaken, with the active involvement of women's Self-Help Groups (SHG), Panchayati Raj Institutions (PRI) and farmer producer groups.[12] SHG women have also participated in mask making efforts. Odisha set up state-wide helplines to assist migrants stranded within the state, as well as Odia people stranded in other states, and operationalised a state COVID-19 helpline number. It also prepared a database of returning migrants, recording that 78,233 migrants had returned to the state post-lockdown. Again, PRI institutions were instrumental in ensuring adherence to quarantine of returning migrants.[13]

1.3 IWWAGE and PCI India

The Initiative for What Works to Advance Women and Girls in the Economy (IWWAGE) is an evidence-generation to action-use programme aimed at influencing and informing policies and providing solutions to empower women economically. IWWAGE builds upon existing research and generates new evidence to understand factors that enable inclusive, equitable and meaningful financial inclusion among women. Specifically, IWWAGE works with a range of stakeholders including researchers, academia, civil society and donors to strengthen the evidence base to inform social and economic policies, and design solutions to enhance women's and girls' economic empowerment. The organisation also focuses on working with a community of practitioners and policy makers to provide workable and scalable solutions.

IWWAGE is spearheading SWAYAM—Strengthening Women's institutions for Agency and Empowerment. SWAYAM has a mandate to provide technical assistance to implementing the Deendayal Antyodaya Yojana–National Rural Livelihood Mission (DAY-NRLM) and work with Women's Empowerment Collectives (WEC) and State Mission Management Units (SMMU) across four states of Chhattisgarh, Jharkhand, Madhya Pradesh and Odisha to test the effectiveness of institutional platforms such as the Gender Facilitation Centre (GFC) where women can access rights and entitlements and record grievances, while also providing gender trainings. In Odisha, SWAYAM is being implemented by Project Concern International (PCI).

Project Concern International (PCI) is an international non-profit organisation dedicated to enhancing health, ending hunger, and overcoming hardship around the world. PCI's Women's Empowerment (WE) initiative has grown from a pilot concept, tested in four countries through four projects, to one of PCI's most significant global approaches supporting women to become powerful agents of change across programmes. In India, PCI has been working since 1998 and now has a presence in 155 districts across 10 states. Through its seven ongoing programmes—JEEVIKA Technical Support Program (JTSP) in Bihar; Maternal Infant Young Child Nutrition (MIYCN) Project in Uttar Pradesh; CORE Group Polio Project in Uttar Pradesh; Lymphatic Filariasis in eight states of the country; Kala-Azar in Bihar and Jharkhand; Sakshamin Delhi; and Children Home in Haryana—it covers more than one-fifth of all the districts in the country representing over 10 million people.

PCI is implementing the Gender Transformation Project under SWAYAM in the state of Odisha in collaboration with Kudumbashree—the poverty eradication and women's empowerment programme implemented by the State Poverty Eradication Mission (SPEM) of the Government of Kerala. Kudumbashree's community structure is an extremely evolved experiment. Kudumbashree has developed a comprehensive model to work on gender with community groups and institutions. It has succsessfully implemented a community level Gender Self Learning Programme (GSLP), a network of gender resource centres at the panchayat level, and a network of district level gender help-desks (called Snehitha) across the state of Kerala.

1.4 Gender Transformative Model: Introduction to the Project

Under SWAYAM, PCI is implementing the Gender Transformation Project in the state of Odisha. The project aims to design and test a Gender Transformation Model within the Odisha Livelihoods Mission (OLM) for the purpose of gender integration within OLM and, ultimately, scaling the model throughout Odisha, and for the purposes of replication and adaptation of the model to other State Rural Livelihoods Missions (SRLMs) across the country.

[10] India under COVID-19 lockdown. *The Lancet,* 395, no. 10233 (2020): 1315.

[11] Odisha Economy Braces for Coronavirus Impact. The New Indian Express. 13 April 2020. Accessed 14 September 2020. https://www.newindianexpress.com/states/odisha/2020/apr/13/odisha-economy-braces-for-coronavirus-impact-212938.html.

[12] PTI. Odisha to Intensify COVID-19 Awareness Campaign. Deccan Herald. 9 June 2020. Accessed 14 September 2020. https://www.deccanherald.com/national/east-and-northeast/odisha-to-intensify-covid-19-awareness-campaign-847435.html.

[13] Odisha Has Emerged as an Underrated Leader in COVID-19 Management. The Wire. Accessed 14 September 2020. https://thewire.in/government/odisha-covid-19-management.

The project focuses on four key areas:

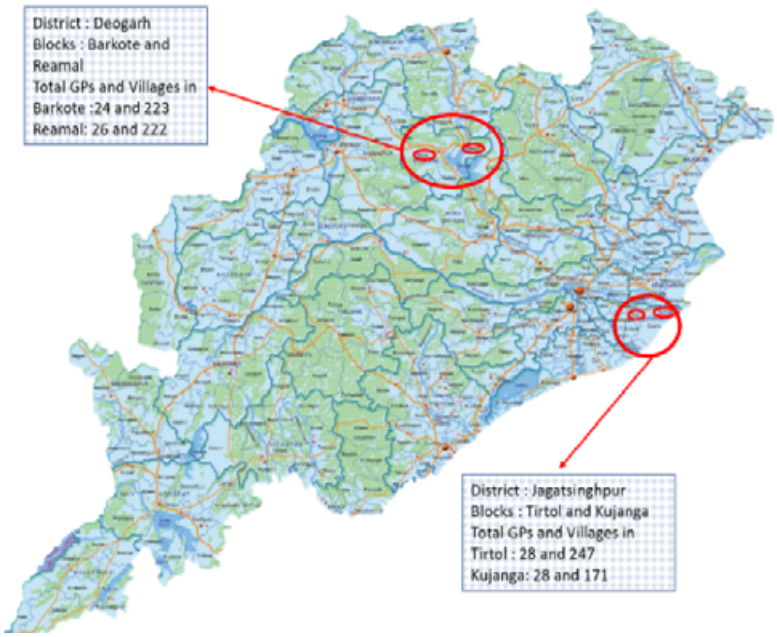
- security and freedom from discrimination, atrocities and violence;
- ensuring women's access to their social protection, rights and entitlements;
- strengthening the identity of women by increasing their self-identification as citizens and self-perception of their contribution to the society;
- creating Institutions of Women for Sustaining Change.

Additionally, with the support of Kudumbashree, PCI is implementing three major interventions in the state:

- **Gender Self Learning Programme (GSLP)** for increasing awareness of women about gender issues
- **Community Level Events** roll-out to sensitise the community on gender and equity related issues
- **Gender Resource Centres (GRCs)** to monitor the implementation, establish linkages to help and support women to fulfil their rights and entitlements, protect them from gender-based violence, and help survivors of discrimination and atrocities

The gender transformative model is being implemented in the districts of Deogarh and Jagatsinghpur in Odisha, covering eight GPLFs across four blocks. Both districts have a relatively high sex ratio: Deogarh reports 975 females to 1,000 men. Scheduled Castes (SC) account for 13.49 per cent of the population, and Scheduled Tribes (ST) account for 29.5 per cent. Jagatsinghpur fares slightly worse with regard to the sex ratio at 968 females to 1,000 men. The district has a 21 per cent SC and 0.7 per cent ST population. Figure 1.4a gives details on the geographical spread of the Gender Transformation Model.

Figure 1.4a: Gender Transformative Model—geographical spread



2
METHODOLOGY

2.1 Objectives

The study explored the impact of COVID-19 on women in the domains of:

1. Overall well-being; particularly focusing on stress and anxieties due to lack of food security, loss of livelihoods, increased domestic workload, well-being of migrant family members, lack of social security, social solidarity and networks.
2. Overall response of SHGs towards COVID-19.

2.2 Research Design: Survey Method and Issues Covered

The study aimed to cover rural SHG women to examine the gendered impacts of the COVID-19 pandemic. As physical travel was not permitted during the course of this study, the study focused on the methodology of phone-based interviewing.

The sample survey collected data from SHG women across two districts in Odisha to determine their acess to health services and entitlements, the impact on their livelihoods and income, unpaid labour, their decision-making power, levels of stress, the impact on their ability to connect with others and solidarity among SHG groups.

The research team leveraged work that had already been done by NRLM and Odisha Livelihood Mission (OLM) with regards to institution building and community mobilisation, procuring SHG member lists available and present with OLM to conduct qualitative phone surveys.

2.3 Sampling Framework

Respondents were drawn from eight GPLFs, across four blocks in two districts of Odisha. A GP-wise list of SHG members available with OLM was used to sample respondents at random. One in every five women was selected from the available listing, covering 423 women across the panchayats. Table 2.3a details the sample geography.

Table 2.3a: Gender Transformative Model—geographical spread

S. No.	District	Blocks	GPs in Blocks	No. of Villages/ Hamlets Covered by VOs	CLFs/ VOs	SHGs
1	JAGATSINGHPUR	TIRTOL	GARAM	14	6	85
2	JAGATSINGHPUR	TIRTOL	BODHEI	10	6	61
3	JAGATSINGHPUR	KUJANG	SAILO	10	12	123
4	JAGATSINGHPUR	KUJANG	TALAPADA	5	11	115
5	DEOGARH	REAMAL	CHADEIMARA	7	4	48
6	DEOGARH	REAMAL	KUNDHEIGOLA	9	8	76
7	DEOGARH	BARKOTE	BALANDA	9	6	80
8	DEOGARH	BARKOTE	DANARA	15	10	140
TOTAL	**2**	**4**	**8**	**79**	**63**	**728**

2.4 Data Collection

Surveys for all respondents were conducted by bi-lingual data collectors with the help of smartphones which contained pre-loaded survey forms. With these devices data could be saved offline and submitted to the main server at the end of each day through an internet connection. Data collectors were trained over a two-day period via a zoom meeting. Since the data being collected was sensitive in nature, PCI counsellors[14] were chosen to conduct data collection as there is a level of trust between them and the SHG women they will speak to about delicate issues that impact women's lives.

The research team trained the counsellors over a two-day digital training on the survey tools, operationalisation of survey and ethics. Data was collected over a period of 21 days. At the end of each day, the data collected was submitted to the main server, being checked by the research team regularly. The research team also held daily de-briefs with data collectors, and any issues and problems being faced at the field level were addressed by the team.

The counsellors telephonically called the respondents to confirm their availability. If they were available at the given time, counsellors continued the interview; else, they fixed a time for a detailed call later.

[14] Counsellors are PCI employees who have been trained to give support and guidance to women in need through the Gender Facilitation Centre (GFC).

2.5 Data Analysis

Data collected was analysed at three levels. First, a basic analysis for all relevant data points was undertaken according to frequencies. In the second level of analysis, the research team collectively undertook a detailed comparison across categories of data, disaggregating particularly relevant and important data points by the profile of respondents. In the third and final round of data analysis, the cross-tabulated data was further broken down and analysed across other relevant categories.

2.6 Ethics

This study was supported under IWWAGE's SWAYAM programme. The study obtained the Institutional Review Board (IRB) clearance from the IFMR Human Subjects Committee. Consent forms were used to inform all research participants about the purpose of the evaluation and their rights as participants, including their right to choose not to participate, refuse to answer a particular question, end the survey/interview midway, and their right to withdraw consent at any time post the completion of data collection. All participants of this study were able to articulate consent or refusal.

As the study was exclusively focused on women, it was ensured that all data collectors were female. This study was of minimal risk to all participants. All respondents who have taken part in this study have been kept anonymous and no names have been used during analysis or reporting. Access to the data was limited to the research team and the counsellors while data collection was ongoing, and limited to the research team post the completion of data collection.

2.7 Limitations

There were certain limitations to this study.

Methodological

Use of telephonic approach: Given the fact that the study was conducted during the time of the pandemic, physical surveys were not possible. Therefore, a phone based strategy was adopted. Phone based strategies come with certain drawbacks. The availability of correct phone numbers is mandatory in the first phase of data collection, and obtaining these numbers was a slow process. Certain SHG members were able to provide numbers for others within the sample; taking the practical consideration of obtaining phone numbers into account, limited snowballing strategy was adopted to achieve the targeted sample.

Operational

Timing of calls: As July was the height of harvesting the rabi crop, a significant number of women were too busy during the day to make time to answer questions. While ethical guidelines stipulated that SHG members should not be telephoned after 8 pm, this was sometimes unavoidable. Any calls after 8 pm were always made through appointment, availability and willingness of the respondent.

Long duration: Additionally, while the research design had accounted for the fact that women have limited time during the day and the team did not want to take more than 20/25 minutes per interview, this was not always possible. As we were discussing nuanced and sensitive issues, some interviews took up to 40 minutes.

Lack of access to a phone: Not all women we spoke to had acess to a phone within the house. These women were contacted through the Community Resource Person–Community Mobilisation (CRP-CM) and spoke to us on the phone line of the CRP. In other cases, women used the phones of their neighbours or of other SHG members. Given these circumstances, it was not possible to ensure complete privacy for respondents who did not have their own devices.

Call failure: Finally, in some areas the phone numbers obtained were not correct or were continuously switched off. The research team accounted for non-response and refusal within the sampling strategy.

3
KEY FINDINGS

3.1 Profile of Respondents

All the respondents of this study were women, members of SHGs organised by the Odisha Livelihoods Mission. In this section, we discuss the respondent group in terms of age, poverty, social group and childcare responsibilities.

By age distribution, we find that a majority of respondents (84 per cent) were over 30 years of age (see Figure 3.1a). The mean age of the respondents was 42 years (SD=9.8). The youngest participant was 20 years old while the eldest was 64 years old. Over 93 per cent of the women were married. While only 13 per cent respondents came from small households (1–3 members), most respondents (69 per cent) were from households in the range of four to six members. Most households (68 per cent) had two children or less. However, in a majority of cases (80 per cent), the children were older than 5 years (as most of the women were older mothers). In the remaining 20 per cent households, there were 87 children below 5 years of age.

Figure 3.1a: Distribution of respondents by age

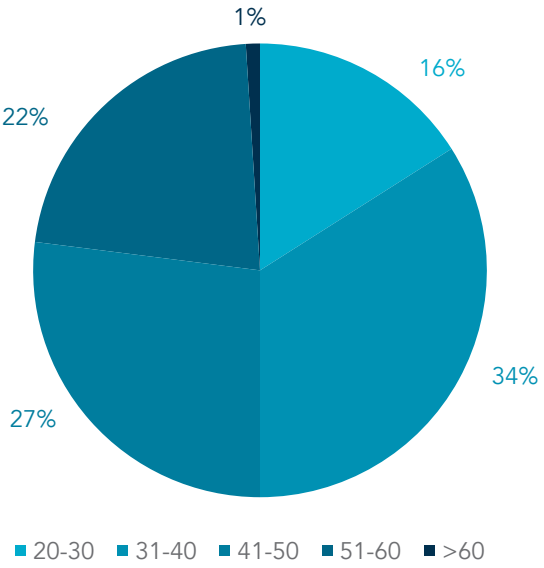
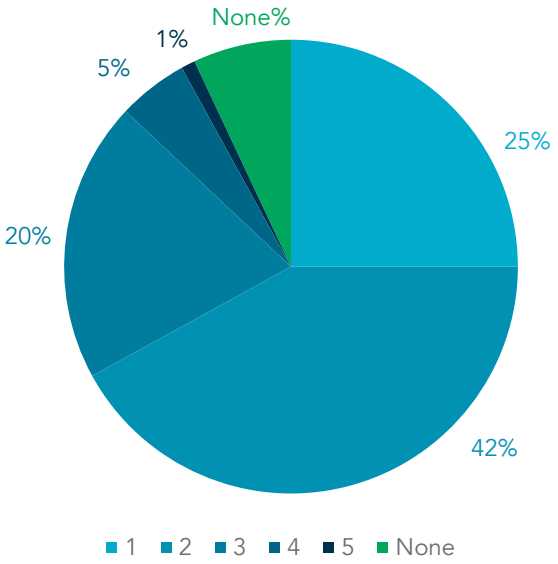
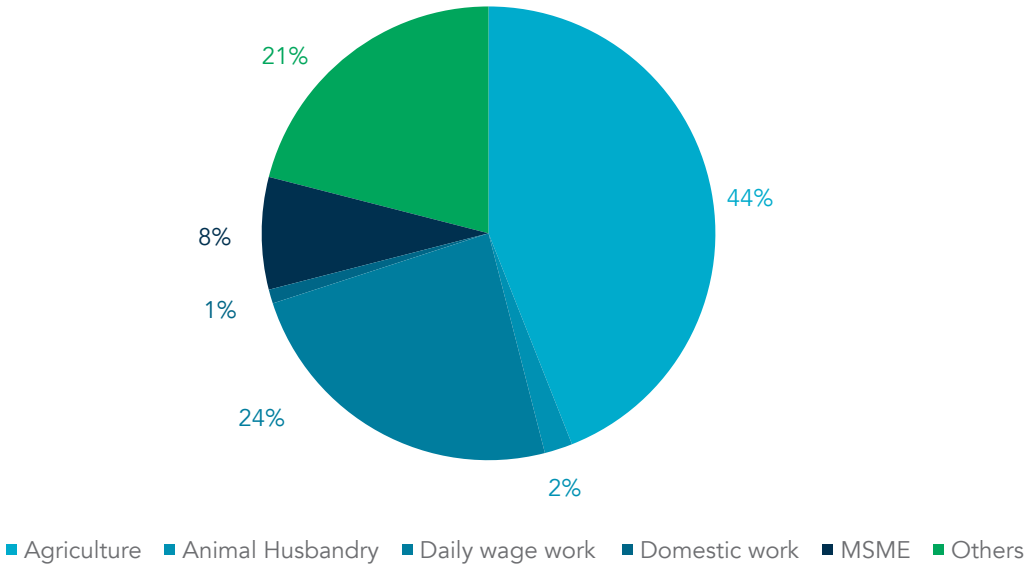


Figure 3.1b: Number of children in the family



Approximately 71 per cent households depend on agriculture and allied occupations, wage labour or domestic services. In comparison, only 8 per cent respondents draw their income from MSMEs.

Figure 3.1c: Main source of income of the household



Twenty-one per cent respondents reported that they earn their income from other sources, which include the following:

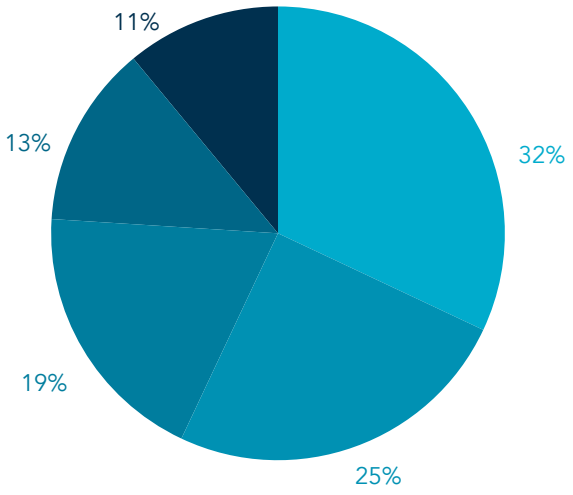
Table 3.1a: List of nature of occupation of respondents

Nature of Occupation	N
Service (in a private company, agency or factory, teaching etc.)	37
Semi-skilled worker (driver, cleaner, carpenter, cook etc.)	21
Government/semi-govt. job (including CRPF and ASHA)	10
Small business (shop, store, stall, clinic)	9
Income from rent/pension	5
Others (e.g. priest, moneylender, etc.)	5
Off-farm activities (e.g. fishing, kitchen garden, etc.)	2
No response	1
TOTAL	**90**

Due to time constraints the survey did not include an explicit question on the amount of income earned by the household, size of its landholding or assets owned. However, most of the respondents belong to households that would qualify as economically weak, if the type of ration card is taken into account. Barring 11 per cent households that do not possess a ration card, 64 per cent have an Annapurna Card, Antyodaya Anna Yojana (AAY) Card or a Below Poverty Line (BPL) Card.[15]

[15] The Annapurna Scheme was launched with effect from 1 April 2000. It aims at providing food security to meet the requirement of those senior citizens who, though eligible, have remained uncovered under the National Old Age Pension Scheme. The AAY is one of the public distribution system schemes in India implemented from 2000. The main objective of the scheme is to ensure food security for the poorest of the poor in India by supplying subsidised food and other important commodities for their daily needs.

Figure 3.1d: Distribution of households by ration card



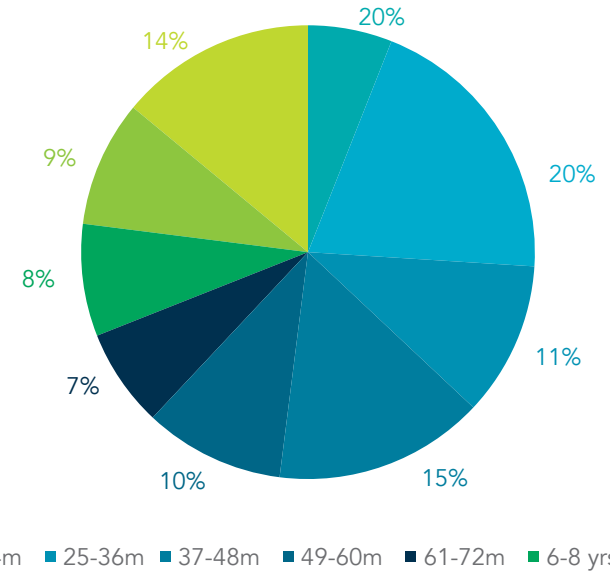
Phone ownership is high among the respondents irrespective of income group, as Table 3.1b indicates. Over 65 per cent have a basic mobile phone, 8 per cent a smartphone, and 2 per cent have a feature phone. This is an important finding considering that in the post-COVID-19 scenario, mobile phones are emerging as the preferred method for delivering awareness messages, training and information. A high phone ownership percentage is therefore an enabling factor for the providers.

Table 3.1b: Type of ration card

Type of Phone	Type of Ration Card											
	APL	%	Annapurna	%	BPL	%	AAY	%	No Card	%	Total	%
Basic phone	70	66.0	82	59.9	64	81.0	30	54.5	31	67.4	277	65.5
Feature phone	0	0.0	6	4.4	0	0.0	1	1.8	0	0.0	7	1.7
Landline	0	0.0	0	0.0	2	2.5	0	0.0	0	0.0	2	0.5
Smartphone	4	3.8	15	10.9	3	3.8	3	5.5	7	15.2	32	7.6
No phone	32	30.2	34	24.8	10	12.7	21	38.2	8	17.4	105	24.8
TOTAL	**106**	**100**	**137**	**100**	**79**	**100**	**55**	**100**	**46**	**100**	**423**	**100**

A majority of respondents (63 per cent) have been associated with their SHG for three years or more. This is a sufficiently long period for members to develop affinity and become a strong collective.

Figure 3.1e: Years of association with the SHG



3.2 COVID-19 and the Impact on Women

3.2.1 Access to health services and entitlements

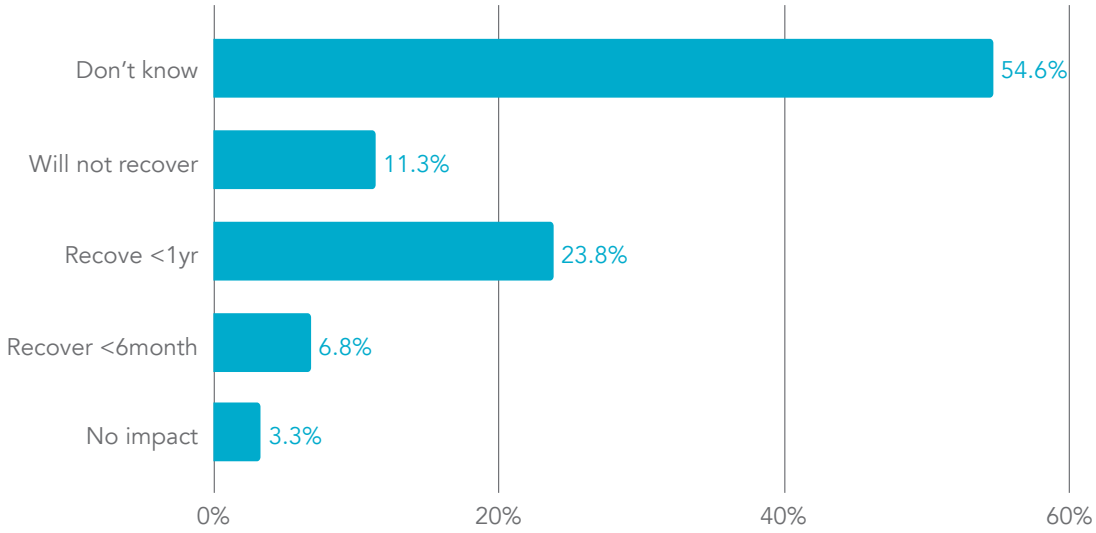
Sixteen per cent respondents reported that they or a family member had to visit the health centre for non-COVID-19 issues during the lockdown. Of these, 35 per cent reported that they/the concerned family members faced difficulty in commuting to the health facility to access the service. Over 85 per cent reported that when they reached the health facility, they were able to see a doctor. Others reported that either the centre was closed or they were turned away.

3.2.2 Household livelihood and income

At the time of the lockdown, a number of media stories reported that rural households were struggling to maintain their livelihoods and income generating activities. Given the overall circumstances, this study specifically looked at household level income generation and the impact of the pandemic and lockdown on these activities.

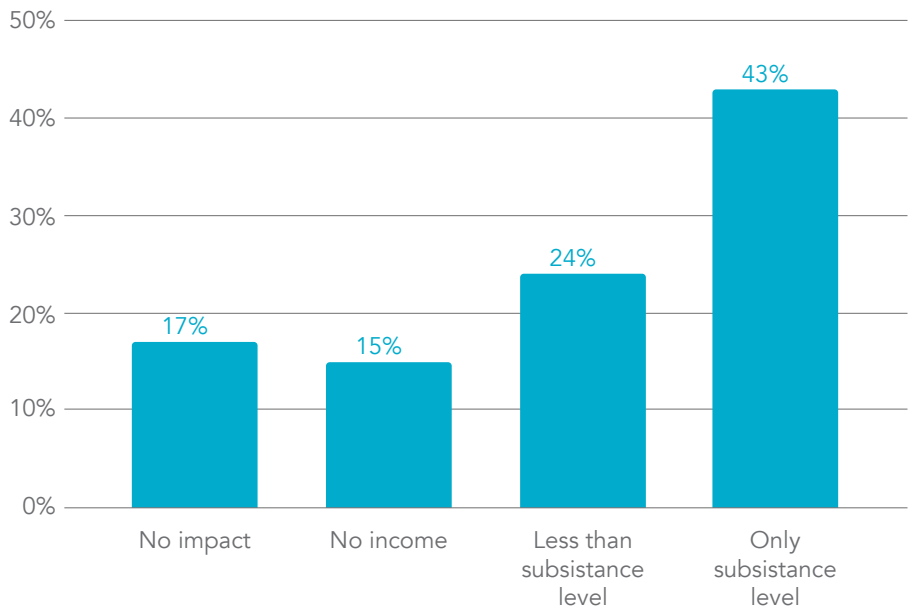
As mentioned earlier, a significant number of respondents reported their income was generated through agriculture and allied activities, followed by agricultural and non-agricultural daily wage labour. Over half the respondents surveyed (54 per cent) reported that it was difficult for them to say exactly what the impact of the lockdown will be on their income generating activities. However, it is important to note that a low but significant number of respondents (11 per cent) reported that they would not be able to recover from the economic shocks of the lockdown.

Figure 3.2.2a: Impact of household income generating activities



Overall, a majority of respondents (43 per cent) reported that they were only able to maintain subsistence level income generation; therefore, any other emergencies would plunge families into debt. It is also important to note that 15 per cent of the respondents reported that they had not generated any income post-lockdown.

Figure 3.2.2b: Impact of lockdown on household income



Significantly, 83 per cent respondents reported that they will not have the ability to buy more food once their current stock of food runs out, especially households with a red (BPL) card or a senior citizen (Annapurna) card. These results demonstrate a significant stagnation of income generating activities during the lockdown.

Table 3.2.2a: Ability to access more food by type of ration card

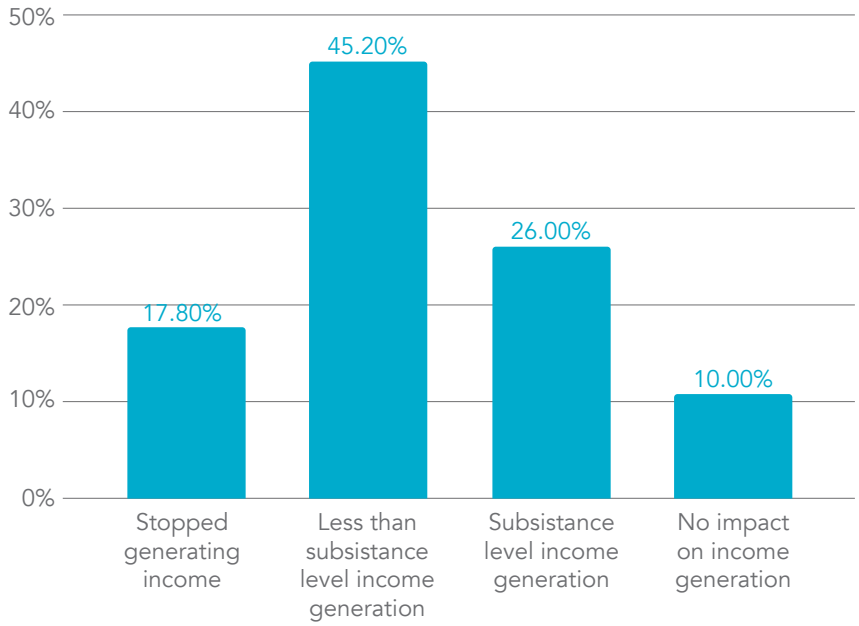
Type of Ration Card Owned	HH that have Money to Pay for More Food			
	No	**Yes**	**Total**	**% of No**
Blue (APL)	90	16	106	84.9
No ration card	24	22	46	52.2
Green (Annapurna)	118	19	137	86.1
Red (BPL)	77	2	79	97.5
Yellow (AAY)	44	11	55	80.0
GRAND TOTAL	**353**	**70**	**423**	**83.5**

Overall, in households that have seen a fall or total disruption in income support in the form of direct cash assistance, free rations or MGNREGS jobs have been limited. Providing such assistance is important for rural families to be able to tide over the crisis. A large percentage of households (68 per cent) reported they had not received any support for falling income and livelihood opportunities.

3.2.3 Women's personal income and livelihood

Women-led initiatives were hit particularly hard during the lockdown. The study sample did not have a considerable number of women who had their own personal source of income, demonstrating that livelihood and income generating activities are largely dominated by men. Only 35 per cent of the sampled women had personal sources of income, of which 6 per cent reported being primary earning members in the household. Post-lockdown, 45 per cent women reported that they were earning less than subsistence level income, while 18 per cent reported that their livelihood activities had come to a complete halt. Figure 3.2.3a gives the status of women's personal sources of income during the lockdown. In comparison to household income generating activities, it is evident that women-led initiatives have been disproportionately impacted. Close to half are generating less than subsistence level income, and a proportion of those have stopped generating income altogether.

Figure 3.2.3a: Impact on women-led sources of income

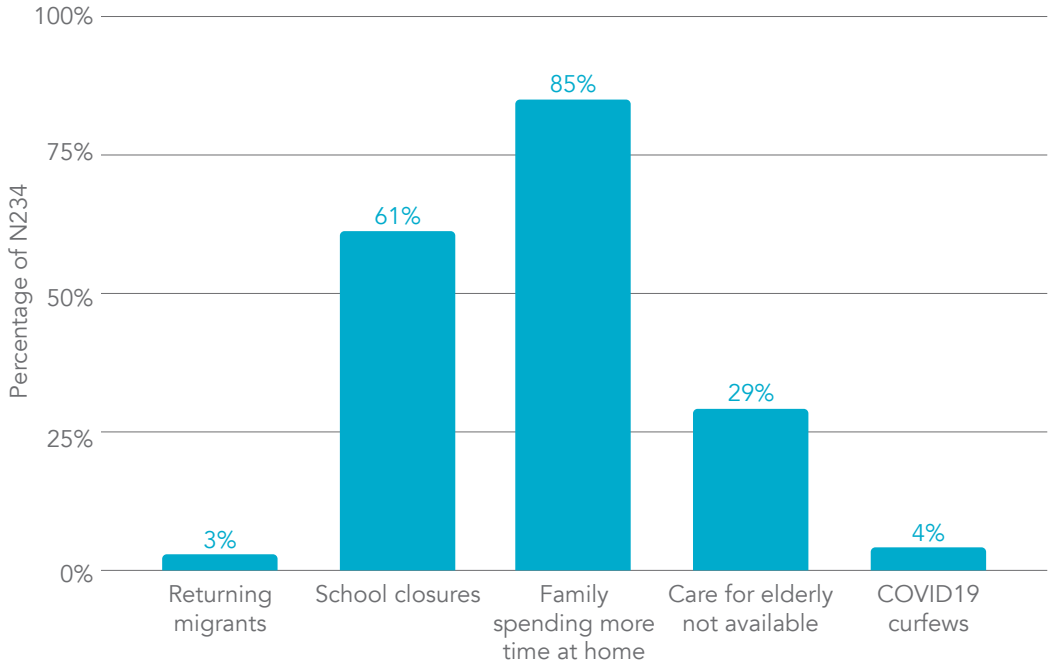


3.2.4 Women's household work

The lockdown has had a significant impact on women's work within the households. Over 50 per cent of the women surveyed reported that their household work had increased during the lockdown. This sub-section of the study focused on women's unpaid work within the household, the nature of this work, and amount of time women spend on undertaking domestic duties.

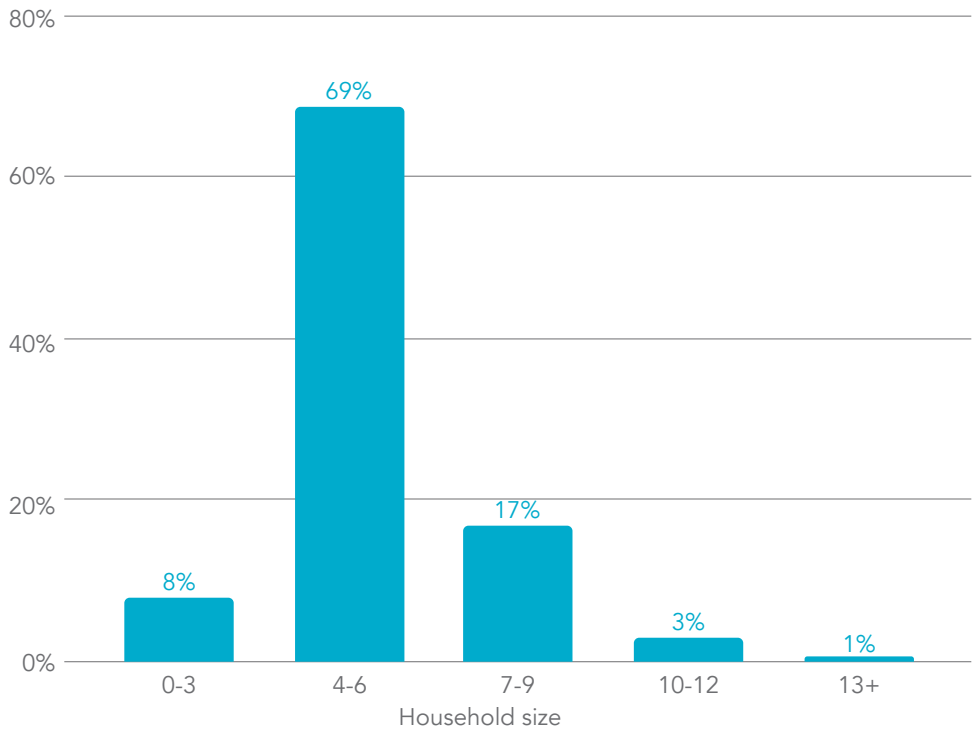
Fifty-five per cent women reported that their household duties had increased during the lockdown. Of those, most women reported the increase in work was due to family members spending more time at home (85 per cent), while the second most prevalent cause of increase in household work was the closure of schools (61 per cent) and children being at home.

Figure 3.2.4a: Reasons for increase in household work



As the main reason for the increase in workload was family members spending more time at home, it logically follows that work increased in domains such as cooking (98 per cent), washing clothes and dishes (88 per cent), fetching water (73 per cent) and childcare (59 per cent). Additionally, it was interesting to note that small and large households showed significantly less increase in workload. One assumption could be that larger households have more women within the household to help with domestic duties. The largest increase (69 per cent) was in households with between four to six members.

Figure 3.2.4b: Household size and increase in household work



A significant number of women, close to 70 per cent, reported that they spent six hours or more every day on household work. This clearly accounts for a substantial proportion of a woman's day. The findings from this study are consistent with global data[16,17], reporting that a disproportionate amount of household work has fallen on women during pandemic induced lockdowns.

3.2.5 Decision making within the household

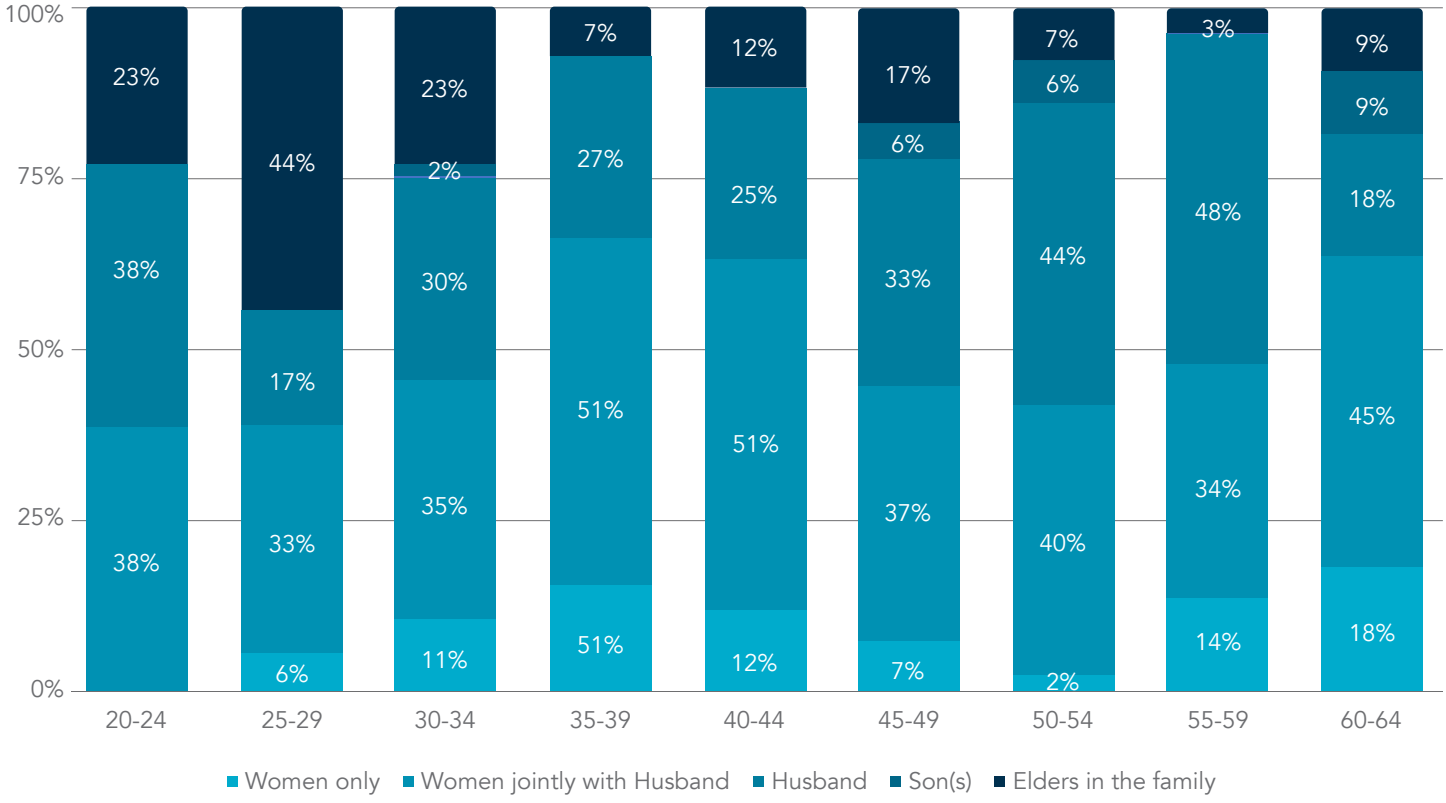
The formation of SHGs is aimed at building collective and individual agency of its members so that they can gain spaces in the critical decision-making processes in their families and share their opinions, choices and suggestions. Hence, it is critical to understand the pattern of decision making at the HH level (and how this impacted during COVID-19 times.

1. Who controls the decision making at HH levels and the impact of the lockdown on it?
2. Who controls the HH income?
3. To what extent are women feeling stressed due to the effect of the lockdown on their lives and family?

Decision making at HH levels and impact of lockdown on decision making:

Joint decision making—together by husband and wife—is the most prevalent pattern (41.3 per cent) of decision making among respondents. Nine per cent of respondents shared that they lead the decision-making process at the HH level. Together, 50.6 per cent of women are at least participating or getting the opportunity to participate qualitatively in the household decision making process. This pattern is valid across all groups of women from 20 years of age to 64 years of age.

Figure 3.2.5a: Women's decision making by age



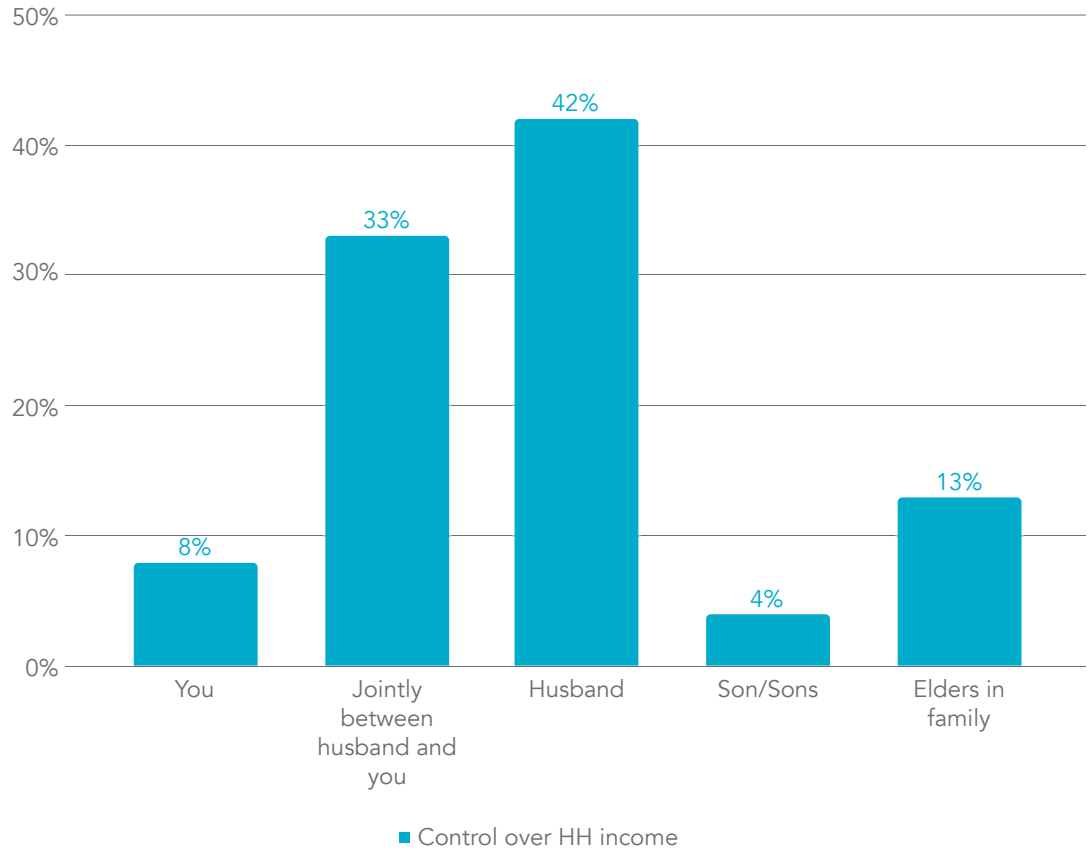
Control over HH income:

Similar to joint decision making, husbands alone (42 per cent) or jointly (33 per cent) are the top most prevailing pattern for control of HH income. Elders (13 per cent), son (4 per cent) and the woman herself (8 per cent) have minor opportunities in this regard.

[16] Hupkau, Claudia, & Petrongolo, Barbara. (2020). Work, Care and Gender During the Covid-19 Crisis. Retrieved from London: https://cieg.unam.mx/covid-genero/pdf/reflexiones/academia/ work-care-and-gender.pdf

[17] Power, K. The COVID-19 Pandemic has Increased the Care Burden of Women and Families. *Sustainability: Science, Practice and Policy (2020), 16(1): 67–73.*

Figure 3.2.5b: Women's control over household income



Women's control over HH income improves very slightly between 30 to 45 years of age, although that is still much lower than control of income by husbands alone and joint control.

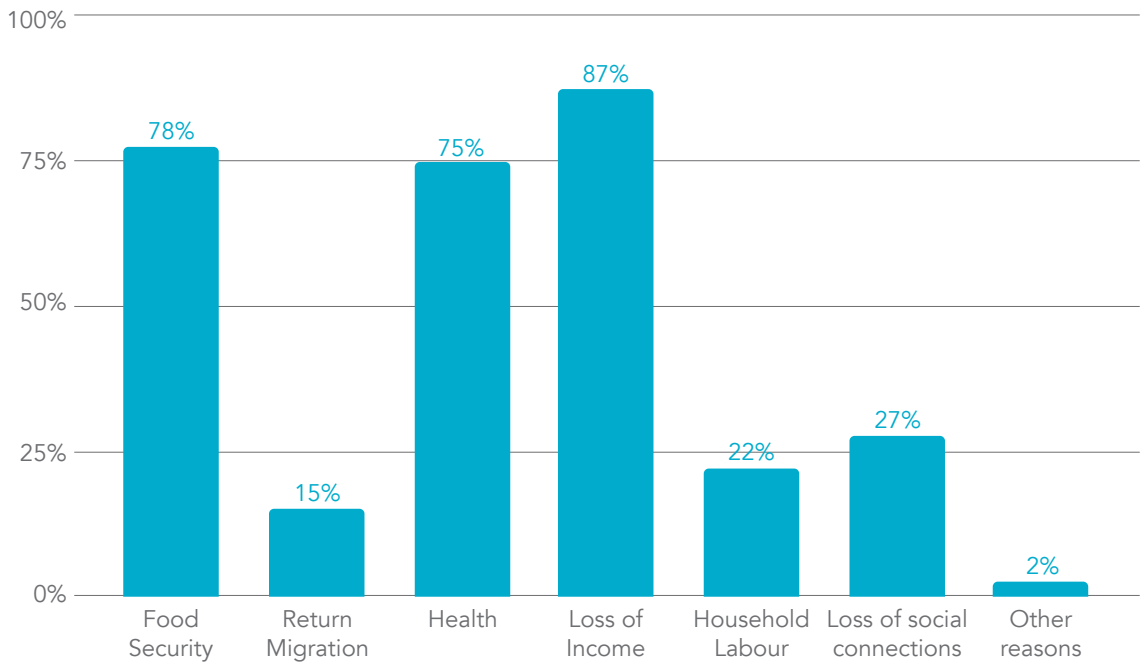
Impact of COVID-19 on decision making spaces at HH level:

When asked if there has been a perceived difference in control over decision making between the time before and after the COVID-19 induced lockdown, three-fourths women responded they had 'No Change' in their status.

Impact of lockdown and stress among women:

The lockdown had a major impact on respondents' livelihoods and sources of income. When asked about their level of stress, 66 per cent of women responded that they had high stress levels. The major reasons cited for this were: loss of income (87 per cent), food insecurity (78 per cent) and health (75 per cent).

Figure 3.2.5c: Reasons for women's stress



3.3 Social Solidarity and Lockdown—Learning from the Lives of Rural SHG Women

Collective empowerment has been the principle underlying the formation of SHGs. SHGs are a platform for rural women to undertake savings and credit activities, while simultaneously building capacities and supporting one another to address social and developmental issues.

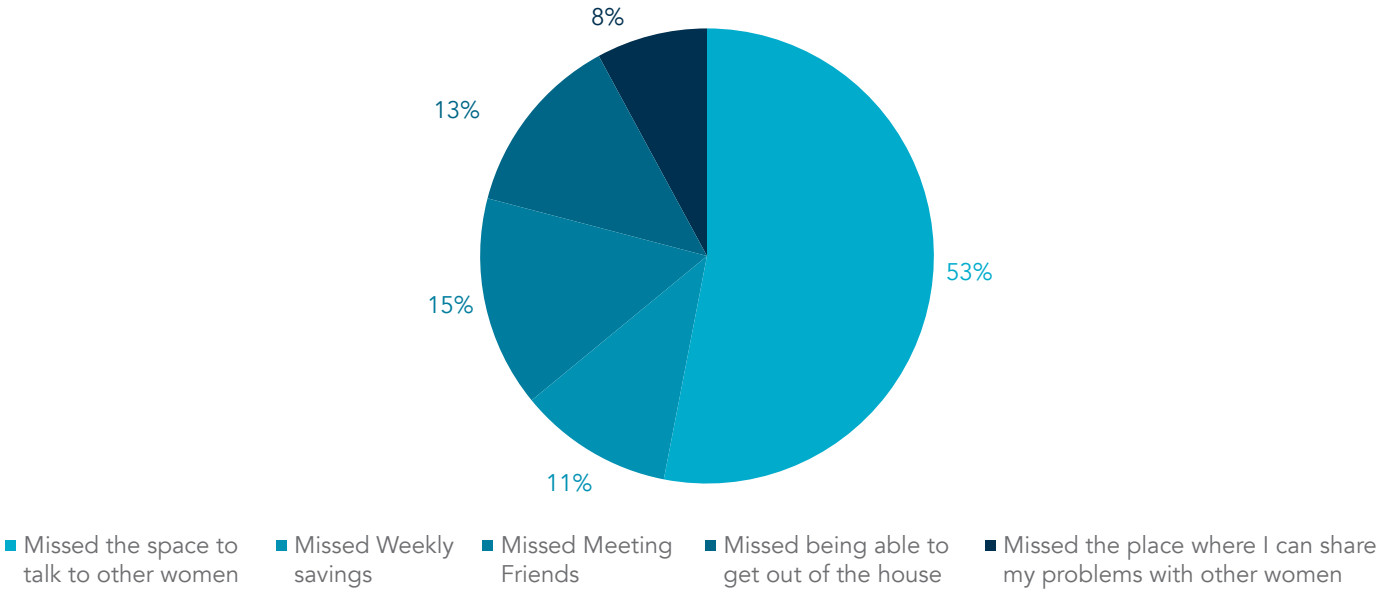
To prevent the spread of COVID-19; government of India, imposed a nationwide lockdown. Among the many implications of the lockdown was the curtailment of women's mobility outside their houses and access to a space of their own. In addition, there is limited knowledge regarding the expectation of the members from the SHG platform to mitigate the impact of the lockdown on their lives. Through our survey we tried to explore the following related areas:

1. How were SHGs able to make individuals feel part of a larger social collective?
2. How are SHGs standing with their members during the COVID-19 crisis?
3. What are the factors that are helping rural SHG members and their social networks to remain unharmed?

Perception regarding SHG meetings:

Most respondents had been attending their SHG group meetings for over two years. We first sought to understand whether women missed having SHG meetings as these were halted due to the lockdown. Based on the responses, we found that more than half of the respondents did not miss the SHG meetings, which could be due to the fact that meetings were not taking place due to strict imposition of lockdown rules. SHG meetings are the most locally available and socially acceptable platforms which have given women the opportunity to step out of their houses, explore peer networking with other members, and gain knowledge and information being disseminated through these platforms. The survey also informs that more than half the women who missed the SHG meetings, missed the space to talk to other women in the group. Fifteen per cent women missed meeting their friends, 13 per cent missed being able to get out of the house, 11 per cent missed weekly savings, and 8 per cent missed a place to share their problems with other women.

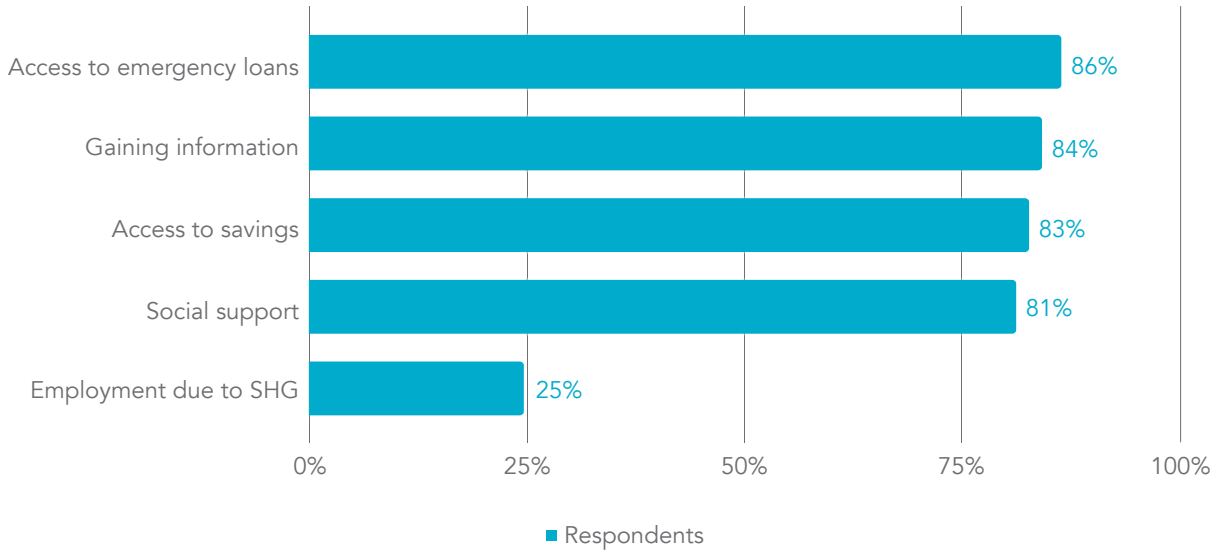
Figure 3.3a: Reasons for missing SHG meetings



Expectations from SHG during lockdown:

When asked whom they would reach out to for support amid lockdown, 82 per cent of the respondents preferred to reach out to the SHG, whereas neighbours topped the list of preference with 87 per cent respondents choosing this option . When asked the reasons for identifying the SHG as a body from which to seek support, 92 per cent responses were to gain information regarding COVID-19 and related matters; 91 per cent and 88 per cent women, respectively, expected access to their savings, and access to loan and social support, as the reason to look to the SHG for support during the crisis. Loss of livelihoods and income sources very obviously shape respondents' expectations from SHGs where they have been keeping their hard-earned savings for years.

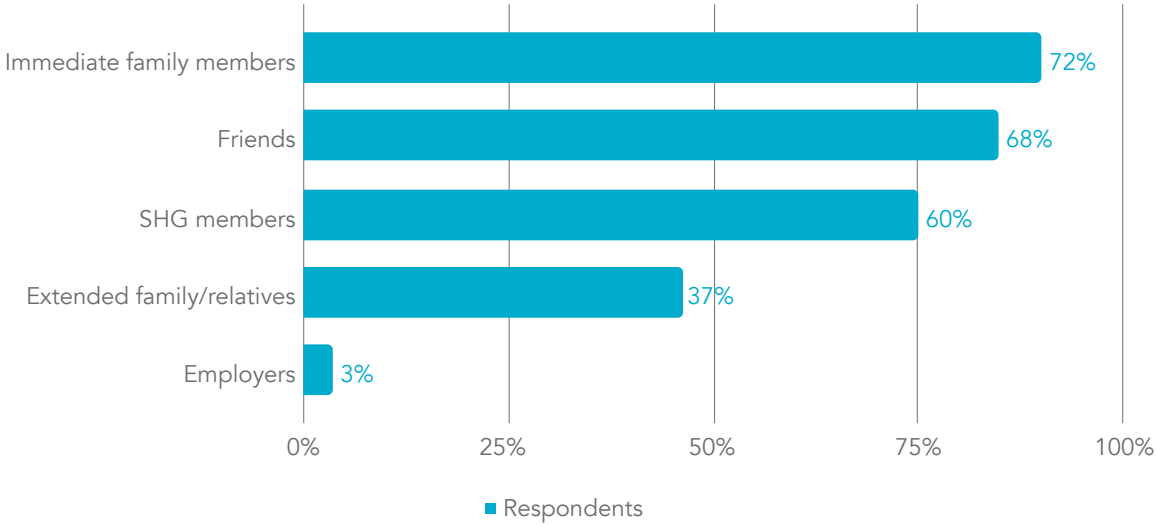
Figure 3.3b: Reasons why women relied on SHG during the crisis



Connecting with near and dear ones and other services during lockdown:

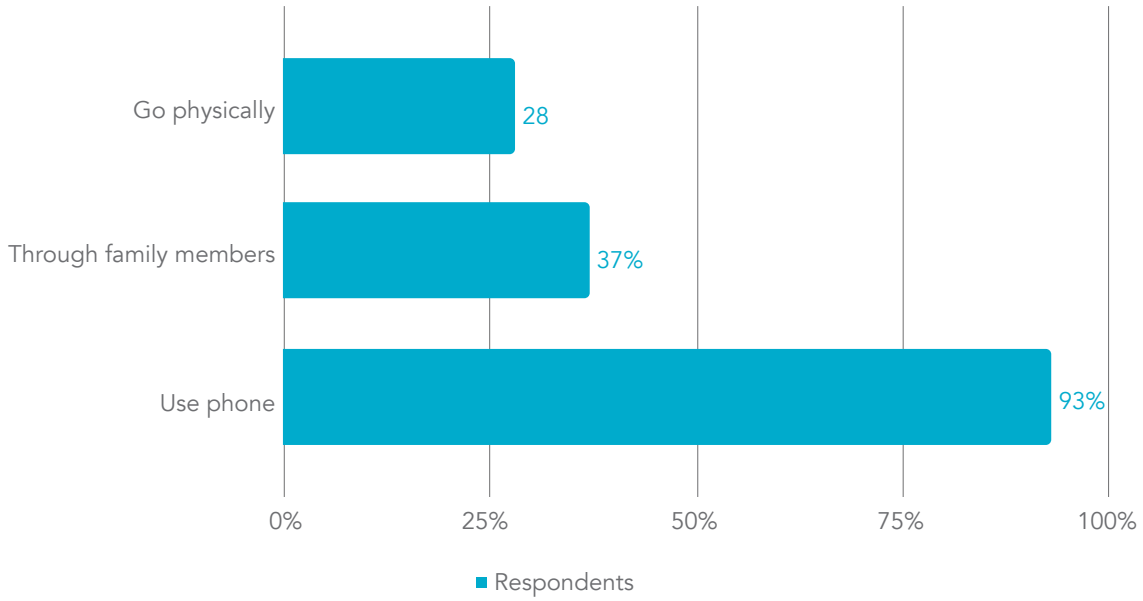
Good family connections and communication with peers is an effective means of developing resilience to respond to any crisis. The COVID-19 induced lockdown has resulted in family members getting cut off from each other. Migrants, immediate and extended family members stranded in different locations caused respondents anxiety and distress. The survey showed that women worried about their well-being, safe return, and their potential to contract the virus. Hence, people lost no time in switching to technology to counter this. There was heightened usage of electronic technology to connect with family members and friends. Our survey informs us that 75 per cent of the respondents had access to mobile phones (basic to smartphones); 72 per cent of them used the phone to connect with their immediate/extended family members; followed by 68 per cent women who also remained connected with their friends over mobile phone.

Figure 3.3c: Social networks and support systems contacted via phone



Mobile phones have become the basic communication tool to connect not only with each other, but also to access services and entitlements. During the survey, when asked whether they would be able to connect with police or access legal services if needed during COVID-19, an overwhelming number of respondents (93 per cent) reported they were confident of using phones to reach out to police or legal services if needed. The availability of knowledge and resources together can easily lead to achievements in terms of change in behaviours.

Figure 3.3d: Women's choice of method to contact police and legal services



3.4 Role of Women in COVID-19 Response

Study data showed that a very small proportion of women (13 per cent or 54 women) were involved in delivering COVID-19 related relief in the sampled GPLFs. Among them, 33 per cent were involved in community kitchens, another 33 per cent were involved in distributing masks door to door, and 19 per cent were disseminating COVID-19 related information door to door in their communities. Six women reported that they were engaged in making masks and two women informed they were involved in making sanitisers. These activities were all initiated at the SHG level.

In discussions with OLM, the research team was informed that the two districts that SWAYAM is working in are not high out-migration districts. It is therefore possible that COVID-19 response was not as intensive in these districts and, therefore, only a few women were involved in response activities.

4
RECOMMENDATIONS

The study of the impact of COVID-19 on rural SHG women in Odisha study has thrown light on various facets of the lives of SHG women. The study has demonstrated that the SHG platform is one that rural women rely on for financial, social and emotional support. Simultaneously, the study also shows that despite being members of women's empowerment collectives, very few women take leadership roles within the house. In a majority of cases, decisions on spending the household income is taken by men and only one-third of the women surveyed had a personal source of income. Taken together, the findings demonstrate that although some remarkable strides have been taken in advancing women's position in society, a significant amount of work still remains to be done. In light of the findings of this report, this study recommends the following:

SHG platforms

- The SHG movement has emerged as an important platform and network for financial and psycho-social support for women. It is important to continue to strengthen and nurture these institutions so that they remain vibrant forms of solidarity for women.
- SHGs have also emerged as preferred avenues for women to access savings and emergency loans during periods of crisis. It is imperative that these institutions remain financially robust to meet the needs of women in times of emergency.

Gender Equality Initiatives

- Strengthening gender equality initiatives is important. The sections on household work and decision making demonstrate that although we have come a long way in furthering gender equality, there is still some way to go.
- Mental health and supporting women in distress needs heightened attention.

Digital Communication

- Access to digital and electronic modes of communication could be harnessed as the additional mode of disseminating social development schemes and services.

5
CONCLUSION

The nation-wide lockdown as a strategy to prevent transmission of infection among the masses delayed India's entry to stage 3 of transmission; however, it had a far-reaching impact on the lives of the rural population.

Study results clearly demonstrate that SHGs are the most relevant and accessible collective platform and are expected to contribute towards strengthening social networks, solidarity, and providing economic support to members. Digital or IT penetration in rural areas has had a far- reaching impact on women's ability to connect with others during the lockdown, as they were able to stay connected with their family and friends, allowing them to remain close with their network. Hence, IT-supported channels should be explored further for effective social mobilisation and message dissemination. Dissemination of knowledge among women, coupled with the strength of SHGs and access to digital services, enhances women's confidence and their ability to reach out to police or legal services when necessary.

That said, women's role in decision making and controlling household income needs further reflection; especially when it is being undertaken jointly by husband and wife. The study informs us that men lead both these fronts, in spite of women being equal contributors towards family finances. Furthermore, women take on the bulk of household unpaid duties, their personal livelihoods have been massively impacted, and their level of stress and anxiety are rising.

While the study results show encouraging findings in certain domains, it is important to focus on areas where women lack control and strengthen their individual and collective capabilities so that they can be equal participants in deciding their own, their families' and their societies' futures.

LIST OF TABLES

LIST OF FIGURES

ANNEXURE

A.1 LIST OF CONTRIBUTORS

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