

Women in India: COVID-19's impact, response, and the way forward

Sattva has looked to understand the impact of COVID-19 on women in India through a consolidated gender lensed analysis, including the response to the pandemic through social protection, stimulus packages and other interventions. Further, this research and analysis focused on understanding how changes in the policy environment worked in practise, identifying challenges that reduced effectiveness, and concluded with recommendations and best practices that can help build a holistic, gender-lensed response to the COVID-19 pandemic in the short and long term.

The Gendered Impact of COVID-19 in India

COVID-19 causes women to suffer disproportionately whether through impact on their incomes, savings, agency, or access to healthcare.

- a) **Women's Livelihoods and Income Security:** The nationwide lockdown imposed by the Government of India and overall economic turmoil created by the COVID-19 crisis created compounded economic impacts that are felt especially by women and girls- who are generally earning less, saving less, and holding insecure jobs or are living close to poverty. Between March and April 2020 alone, an estimated 17 million women in both the formal and informal sectors, were left jobless.¹
- b) **Women's Social Welfare:** COVID-19 has exacerbated pre-existing social barriers and decreased women's ability to access essential services. The challenges include difficulties in accessing adequate food and nutrition, gaps in access to basic healthcare as supply chains for essential medicines and reproductive health services are interrupted. The pandemic has had a long-reaching impact on mental health, and has increased the prevalence of oppressive manifestations of gender inequality, like domestic violence (estimated that over 31 million cases of gender-based violence would occur if the lockdown in India went on for 6 months.²)

Additionally, given the uncertain nature of the impact of pandemic and the length of time it will last, along with the very nascent understanding in the ecosystem of how successful or effective the response to it has been, it is vital to look at the long-term impact of COVID-19 on women in India. A number of reports suggest that the long-term impact could be significant enough to roll back gains made over decades for women's empowerment globally, partly because in the rush to

¹ [Guha Deepro and Kumar, Rohit: Advancing gender equality in a post COVID context: Gender sensitive policies to enhance food security and expand wage employment](#)

² [Population Foundation of India: The Impact of COVID-19 on Women](#)

address the looming public health crisis, most nations have failed to take a gender-intentional approach when planning their responses.³

Understanding the Response

There have been a variety of schemes and initiatives (both gender-lensed and otherwise) that have looked to address the spectrum of socio-economic impact of the pandemic on the women of India. However, while components of the response have been effective, there have been challenges for women as well.

- a) **Women's Livelihoods and Security:** The Indian government's response to the economic impact of COVID had two primary thrusts; stimulus for MSMEs (including a Rs 50,000 crore equity infusion for MSMEs, almost Rs. 300,000 crore collateral free loans for MSMEs and other businesses, and 2% interest subvention on MUDRA Shishu loans. 68% of the beneficiaries of Shishu loans are women, and 99% of all women-owned enterprises in India fall in the MSME category⁴) and cash transfers to individuals to make up for lost livelihood and income.

However, the emphasis of the MSME announcements was on easing loans and credit- but as lockdown ended and enterprises returned to functioning, market access has still been largely ignored leading to continued challenges in generating income. And many women do not benefit from cash transfers (176 million poor women (53 percent) lack PMJDY accounts and will may be missed in the cash transfers.⁵)

- b) **Women's Social Welfare:** Schemes and interventions were broadly focused on continued operation of and access to essential services, improving rations through increased foodgrain, and ensuring one-stop crisis centres and institutional machinery remain functional during the period.

However, 70 million women in India (21%) lack ration cards, which grant access to the central food ration system. An IWWAGE survey further found that of their respondents, 28% of women didn't have PDS access, and 20% of women did not have ration cards.⁶

Delivery Mechanisms: These response efforts have been delivered through a variety of ways, two key channels being collectives and digital mediums.

³ [Vaidyanathan, Gayathri: COVID-19: When a Contagion Comes, Women Bear a Heavy Burden](#)

⁴ [Sinha, Deepa & Mitra, Sona: Women's employment amidst a pandemic: What are we missing?](#)

⁵ [CGAP: Digital Cash Transfers in Times of COVID-19 - Opportunities and Considerations for Women's Inclusion and Empowerment](#)

⁶ Expert Interview

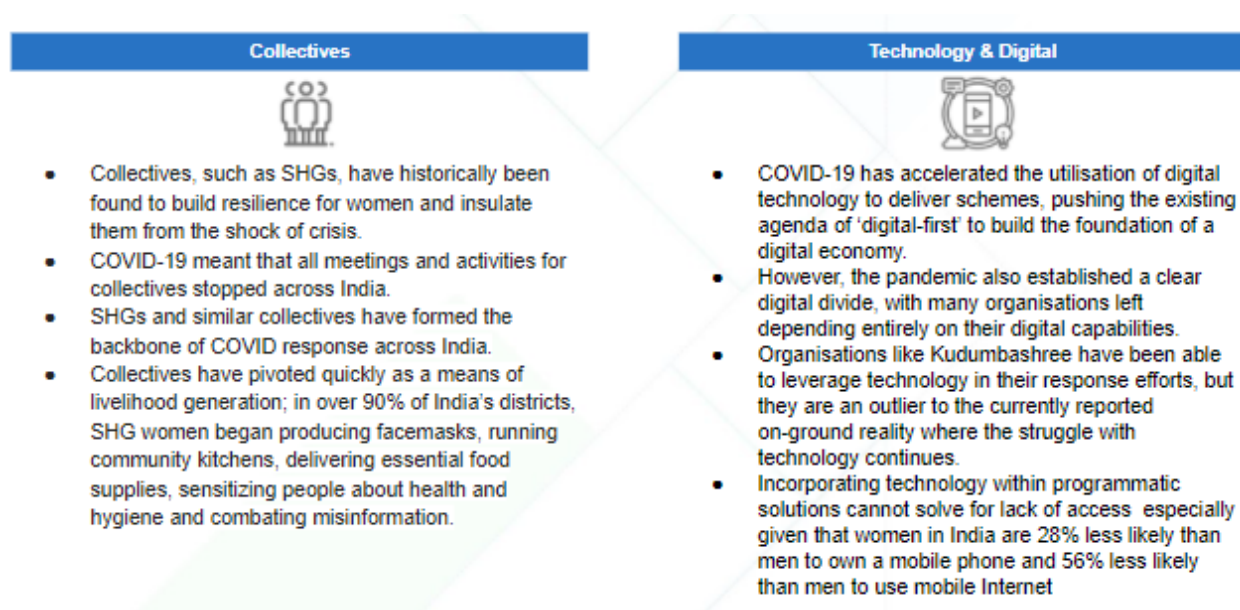


Figure 2: Methods of response delivery

The Way Forward

Major stakeholders have offered a number of recommendations to build out a gender-intentional response for women in India. Three key priorities here are;

1. There is a need for an explicit, gender-lensed perspective among policy makers for understanding and analysing the disproportionate effects of the coronavirus outbreak and the lockdown on women.
2. This can be supported by the generation of decentralised and sex-disaggregated data on various indicators to capture the gendered-impact of COVID and thus help inform policy.
3. Additionally, involving more women lawmakers and policymakers in post-pandemic recovery planning is also vital, both at a central and a local level, as well as tailoring schemes to be focused on women.⁷

Other specific recommendations to speed up the recovery from COVID-19 and build women's resilience in the long-run could include:

1. **Universalising cash transfers for women over the foreseeable future**, and by ensuring that they have access to and control over these transfers. Additionally, existing budgets can be reallocated to fund emergency cash transfers where applicable.
2. **Providing women with work opportunities** can be done through improvements in livelihood schemes like the Mahatma Gandhi Employment Guarantee Act (MNREGA), which can be extended to urban centres, and also by increasing spending on the scheme,

⁷ Expert Interview

as both wages and number of days were reported as inadequate during COVID. The ICDS network can also be leveraged to provide full-time childcare services for working mothers.

3. **Ensuring food and nutrition security for women by universalising the public distribution system, and supplementing cash transfers with in-kind transfers** of cereals, pulses, and other essential commodities⁸, while allowing for free movement and delivery of these commodities.
4. **Improving healthcare access for women by classifying reproductive and sexual health services (including gynaecology and obstetrics) as essential services**, and creating mass publicity on access and availability of such essential goods. This can be ensure that the flow of necessary and essential reproductive health medicines are not restricted by future border closures and lockdowns⁹
5. **Ensuring that women's safety is maintained by including measures to address increases in violence against girls and women within preparedness and response plans for disaster management by Governments and policy makers**. Reaching women in distress could be classified as an essential service, and future crisis management could account for women and children suffering from abuse (e.g. easing mobility restrictions during lockdowns).

⁸ Ibid

⁹ [Amnesty International: India: Gender Distanced From COVID-19 Policy Measures?](#)