WGH
WOMEN IN GLOBAL HEALTH

ROSHNI
Centre of Women Collectives
Led Social Action

Resilient Women Collectives during COVID-19 pandemic: Experiences & Concerns

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ACKNOWLEDGEMENT

The ROSHNI Centre acknowledges and is grateful for support from Women in Global Health India (WGHI) to organise a series of virtual dialogues to deliberate on the experiences of women SHGs during COVID-19 and as well as policy response measures and actions to enhance the institutional resilience of SHGs as a way forward. This report summarized key lessons that emerged from two webinars organized on DAY-NRLM SHG womens' contributions to COVID-19 response, and to unpack and learn from their experiences rural India. These webinars were organized by ROSHNI I collaboration with WGHI as part of their ongoing dialogue series on Frontline Health Workers (FLWs) engagement for COVID-19 response.

We extend our acknowledgement to the esteemed speakers from different organisations who participated in the sessions- **Ms Anupa Siddhu** (Director, Lady Irwin College, Delhi University & Chairperson, ROSHNI), **Ms Babita Mahapatra** (Additional CEO (Operations), Odisha Livelihoods Mission), **Ms Sarita Anand** (Associate Professor, Department of Development Communication & Extension, Lady Irwin College, Lead, ROSHNI- CWCSA), **Ms Vani Sethi** (Nutrition Specialist, UNICEF, India), **Mr Binju Abraham**, (Integrator, PRADAN), **Ms Smita Kumari** (Secretary, Saheli Cluster Level Federation, JEEViKA), **Ms Lalita Bhagel** (Member, Sandhya Mahila Gram Sangathan, Bastar, Bihaan), **Ms Sanjini Santhosh** (Chairperson-Community Development Society (CDS), Kerala State Poverty Eradication Mission, Kudumbashree), **Ms Nita Kejrewal** (Joint Secretary, (Rural Livelihoods), Ministry of Rural Development), **Ms Tulasi Hantala** (Poshan Sakhi, Koraput Sadar, Odisha Livelihoods Mission).

ABBREVIATIONS

- AAA: ASHA, Anganwadi Workers, ANMs
- ANM: Auxiliary Nurse Midwife
- ASHA: Accredited Social Health Activist
- AWW: Anganwadi Worker
- CIF: Community Investment Fund
- CLF: Cluster Level Federation
- CRP: Community Resource Person
- DAY: NRLM: Deendayal Antyodaya Yojana – National Rural livelihoods Mission
- FLW: Frontline Health Worker
- FNHW: Food, Nutrition, Health, WASH
- IBCB: Institution Building Capacity Building
- OLM: Odisha Livelihoods Mission
- RF: Revolving Fund
- ROSHNI -CWCSA: ROSHNI – Centre of Women Collectives led Social Action
- SHG: Self-help Group
- SRLM: State Rural Livelihoods Mission
- THR: Take Home Ration
- UNICEF: United Nations International Children's Emergency Fund
- VO: Village Organisation
- WGH: Women in Global Health
- WGHI: Women in Global Health India

INTRODUCTION

Women's Self-help Groups (SHGs) and their federations –Village Organisations (VOs) and Cluster-level Federations (CLFs)–promoted under the Deendayal Antyodaya Yojana-National Rural Livelihoods Mission (DAY-NRLM), have emerged as resilient community-based institutions amidst the COVID-19 pandemic. They were swift to respond to emerging needs and produced masks, sanitizers, ran community kitchens, supported quarantining, awareness generation and surveillance activities. Significantly, they also supported continued access to essential health and nutrition services for women, adolescents and children, especially for those at nutritional risk.

While AAA (ASHAs, Anganwadi workers, ANMs) frontline workers have been at the forefront of the delivery of health services, SHG members have played a crucial role by filling gaps in service delivery and reaching the most vulnerable. Some examples of this include production and doorstep delivery of 'ready to eat' nutrition supplements and take-home ration (THR) in states which used to run hot cooked meal programmes, combined home visits along with AAA to women with high-risk pregnancies, and ensuring delivery of antenatal care (ANC) services usually accessed during the monthly Village Health Sanitation and Nutrition Days (VHSNDs).

This effectiveness has been made possible through earlier investments in SHG women's capacities, social capital and established systems. Since its inception, DAY-NRLM has worked towards developing community resource persons (CRPs) within its SHG network to lead social development in rural communities in various domains including agriculture, livelihoods, jobs, animal husbandry and banking. Food, nutrition, health, and WASH (FNHW) were further integrated into this based on observations of lost that SHG members lost a lot of their savings/ credit on health expenditure and frequent illness. Implementation of DAY-NRLM's programmes is also based on a convergence framework enabling allied departments to leverage the support of women cadre and the versatility to generate demand for services and entitlements. In Odisha for instance, SHG women and CRPs were already working with ten departments and were thus able to effectively support the community during the pandemic.

This report aims to amplify SHG women's contributions and to unpack and learn from their experiences of COVID-19 response in India. Concerns and recommendations shared are taken from deliberations from Women in Global Health India's (WGHI) ongoing dialogue series on Frontline Health Workers (FLWs) engagement for COVID response. WGHI in collaboration with ROSHNI-Centre of Women Collectives led Social Action, Lady Irwin College organized a couple of dialogues with a focus on Highlighting the experiences of women SHGs during COVID, discussing policy response measures and actions to enhance the institutional resilience of SHGs as a way forward. As a part of this collaboration, two virtual dialogues were organised:

1) **Session one (18th August 2020, 1500-1630 hours IST):** Here we heard voices of women from the field. Speakers were members of DAY-NRLM women collectives from Bihar, Chhattisgarh, Odisha and Kerala.

2) **Session two (21st August 2020, 1500-1700 hours IST):** This session saw discussions

on institutional and policy level responses, by bringing together stakeholders from the state and national levels, academic and development partners.

KEY DISCUSSION POINTS: EXPERIENCES & CONCERNS

While the strength of these community institutions has been based on the spirit of 'self-help' and volunteerism, specific contextual challenges and vulnerabilities faced by SHGs during COVID have come to light and need to be addressed. These include:

Stigma, fear and rumours: SHG members were tasked with conducting surveys to enlist families to access social protection schemes and entitlements and were also expected to lead awareness generation efforts in the rural community. This was particularly challenging because the risks of going door-to-door for this activity were high. Women had to work on this *despite their families' apprehensions.* Given SHG women's training and reach within the community, the immediate urgency and pressure to nudge behaviour change, tackle rumours and resistance from the community was also borne by them. As a result of widespread stigma against those suspected of being COVID-19 positive, those who were to be linked to social protection schemes were initially uncooperative and unwilling to share any information even if this was to help them access entitlements. It took a lot of convincing for them to willingly participate. People were also hesitant to seek treatment for other diseases like diarrhoea and malaria, because of similarities with symptoms of the COVID-19 infection. Villagers had also imposed their restrictions on movement and moving between hamlets and to far-flung areas on foot was harder than before.

- ***Difficult to collaborate with FLWs:*** Effective convergence with FLWs from allied departments was a challenge for SHGs. Women collective representatives from Bihar and Chhattisgarh explained how the ANMs often did not have sufficient information to support the SHG women in the field. SHG women cadre also often ended up replicating tasks of ASHAs to ensure continued delivery of essential services as ASHAs were given additional responsibilities.

- ***Task shifts and supply gaps in essential goods and services***: They were also not prepared to deal with shortages of essential goods, rising prices and the non-availability of emergency facilities like ambulances for pregnant women, for instance, at the required place/time because of 'Corona Duty'. In states like Chhattisgarh and Odisha, while SHG women ensured available social assistance was initially used to provide sanitary napkins to adolescent girls, they also reported that they had to deal with *gendered consumption spending within the household*, with men's perception of this as an added expenditure.

- ***Limited ITC facilities & digital literacy***: While remote, online training was organised, to support self-help group women to deal with emerging exigencies, limited internet connectivity, power-cuts, lack of access to mobile phones and digital literacy were all issues faced.

- ***Delayed honorarium and reimbursements***: Members said that while the work was tiring and took long hours they willingly participated because this was an emergency. However, delayed receipt of assured honorarium and reimbursements for expenses borne on COVID-19 response activities were reported. In Jharkhand,

efforts like Take-Home Ration preparation by SHGs used Community Investment Funds (CIF) & Revolving Funds (RF) – both of which are low-interest credit instruments designed for SHG members to access for their own local needs such as the purchase of inputs for cropping season. These were unreplenished.

- ***Lost livelihoods and food security:*** Delayed seed and fertiliser procurement by the government was an added challenge for the Kharif monsoon crop and women farmers collectives in states like Jharkhand–where mono-crop rainfed agriculture is the mainstay of the rural community– were acutely affected. Farmers who move to cities or neighbouring districts for informal work to earn, and invest in inputs for the Kharif crop were stranded and unable to send money home. In the context of such a money order economy, families' existing cash and food reserves were diminishing. Restrictions on movement and market closures meant families were also unable to sell their produce, impacting household income and food purchases. While fund allocation for the MGNREGA scheme was increased, the system was unable to respond to the registered demand for work.

Women collective members from Bihar also reported that this year, Village Organizations could not arrange for the distribution of dry rations to the families in flood-prone areas due to the lockdown. It was also reported, however, that through women collectives' existing kitchen gardens, sack farming, backyard poultry, produce was sold within the village and supported nutrition security.

- ***Regular meetings & savings disrupted:*** Regular SHG meetings, required for credit and thrift, have not fully resumed as SHG members are reluctant to leave their homes. Due to this, members are unable to save as a collective, return loans or pay interest. Some women were reported to have turned to informal moneylenders who provide loans at exorbitant interest rates. Regular meetings are also crucial to the process of ***reinforcing collective strength and supporting all members of the SHG institution***, particularly those most vulnerable. This is important to consider given the rising unemployment, food security and cases of domestic violence being reported from across rural areas. However, there are efforts to resume. SHG members under the Kerala State Poverty Eradication Mission- Kudumbashree have conducted meetings online. Meetings are planned on Sundays when all family members are at home and women can access phones even if there is only one phone in the household. In other states, initiatives are being made to resume meetings with smaller groups.

- ***Inadequate support from Panchayati Raj Institutions (PRI)****:* Effective convergence of women collectives and PRIs remains a challenge. Gender dynamics between men leaders of PRIs and members of women collectives were reported as being part of the problem, where the women were unable to voice their requirements appropriately.

KEY RECOMMENDATIONS

DAY-NRLM's implementation framework highlights the role of women collectives as leaders of development in rural communities. COVID-19 has further emphasized the importance of this role. Given this, there is an urgent need to address the above challenges shared by SHG members and experts and ensure an enabling environment for responding to community-level needs and challenges in a manner that is community-led. The following suggestions emerged from the two dialogues:

- ***Social protection schemes must be in place***

DAY-NRLM must not be reduced to a savings and credit institution, but an institution that tracks access to rights and entitlements of women and ensures social protection. Vulnerable persons are often not enrolled/enlisted for available social protection schemes. If there is a shock in the employment scenario social protection mechanisms need to be in place.

- ***Revisiting governance processes to ensure women collectives have a say in National programmes***

The COVID-19 experience has shown that SRLMs lead and women collectives follow. It needs to be the other way. National and state mission staff are to act as facilitators; build capacities and support access to resources. Many schemes/ programmes, however, are rolled out without consultation with or on the terms of the women collectives. The question of 'who sets the development agenda?' needs to be rethought along with governance restructuring to ensure that collectives have a voice in the programmes of State and National Missions.

- ***Renewed focus on capacity & institution building***

DAY-NRLM's programmes hinge on the effectiveness of its Institution Building and Capacity Building (IBCB) vertical. Only when higher-order federations of women collectives such as village organisations & cluster level federations are matured and capable of managing grants from the government, can they be involved as implementers of integrated programmes. For this, they need to be capacitated, supervised and safeguarded against exploitation and violence.

- ***SHG women must not replace FLWs of allied departments and must be paid a service cost***

The potential of women collectives to support the improvement of health and nutrition outcomes in the community is still being explored. These institutions must support gap-fill to the line departments; however, it needs to be ensured that Community Resource Persons (CRPs) do not replace FLWs but compliment them. State missions must add a service cost in funds provided to federations, so that the women, including the poorest and the vulnerable, who are attached to SHG groups are paid for the services they provide.

- ***Developing Food Producer Organisations (FPOs) amongst women collectives***

SHGs alone cannot produce livelihoods. FPOs of SHG women are required. At the moment, the setting up of FPOs is taken up by the Department of Agriculture. DAY-NRLM and the Department of Agriculture should work together to develop FPOs as subsidiaries of federations of SHGs and facilitation of these should be in the hands of the women.

- ***Support for livelihoods and developing enterprises that can respond to emergency needs***

Income generation activities through sustainable local enterprises must be initiated so that members can take up work and repay loans. In the long run, the focus on developing enterprises needs to be strengthened and collectives should be appropriately capacitated – in terms of training content, business plans and developing managerial skills.

- ***Addressing ITC impediments and digital literacy to support the adaption of SHG activities post-COVID-19 unlock***

Training modules must be adapted and developed with audiovisual content to be

used for different communication channels (such as the use of pico projectors). Further, sensitisation and training sessions of federation leaders and CRPs must be done so that activities can continue till the SHG level even in low-tech areas, with appropriate precautions. Digital literacy sessions for cadres, particularly related to financial transactions need to be conducted. Financial support to Cluster-level Federations to build infrastructure, with laptops or desktops and Wi-Fi connections, must be given.

- ***Better coordination between PRIs and SHGs***

Given that the 15th financial commission guidelines are in place, there is a better allocation of funds and each Panchayat is entitled to around 40 lakh rupees. Panchayats can make plans on how to use these funds and SHG women must be part of planning in the Gram Panchayat Development Plan process.

- ***State missions must also be sensitised on gender dynamics***

for them to build women's leadership capacities to put forth concerns at platforms like the *Gram Sabha.*

- ***Linking livelihoods, nutrition and health with emergency preparedness***

State livelihoods missions that were already engaged in health, nutrition and WASH promotion along with their livelihoods programme were also better prepared to respond to emergent nutrition and food security needs and support the most vulnerable during COVID. Initiatives like DAY-NRLM's Swabhimaan programme have shown the importance of having FNHW micro-plans as an inherent part of the VO level micro-plans, and that grants must be

- ***Feeding research into implementation to support system strengthening***

Evidence of what works while engaging collectives for integrated adolescent and maternal health programmes must be documented and used to feed into programmes and enhance the robustness of systems. Having academic institutions document and highlight evidence and effective modules from pilot projects treated as learning and relearning sites has proved useful during the COVID-19 emergency, this is because systems, job aids and repositories were available for adaptation and use at scale. Nutri-garden interventions, for instance, have shown success because systems in terms of inter-ministerial convergence as well standard operating documents for setting these up were in place.

The COVID-19 experience has also shown the need for evidence generation on social and governance determinants of public health such as social stigma, preventive health, nutrition and looking at how this can be well managed by SHGs.

About WGHI:

Women in Global Health-India is the national arm of the global social movement: Women in Global Health that works on India specific issues and contributes towards greater global health
impact. Established in 2015, WGH was founded with the values of being a voluntary movement. WGH works with other global health organizations to encourage stakeholders from governments, civil society, foundations, academia, professional associations, and the private sector to achieve gender equality in global health leadership in their space of influence.
For updates on WGHI's work, follow them and reach out on the following platforms:

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Twitter: @WGHIndia
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About ROSHNI:

ROSHNI, a technical support unit to the Ministry of Rural Development (MoRD), Government of India equips women collectives for social action on food, nutrition, health, water, sanitation and hygiene (FNHW). It serves as a technical and capacity building hub for scaling up FNHW interventions, aligned with the DAY-NRLM Dashasutra strategy and Jan Andolan under POSHAN Abhiyan.

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ANNEXURE 1

Speaker names and organisations in alphabetical order:

1. Anupa Siddhu, Director, Lady Irwin College, Delhi University & Chairperson, ROSHNI
2. Babita Mahapatra, Additional CEO (Operations), Odisha Livelihoods Mission
3. Binju Abraham, Integrator, PRADAN
4. Lalita Bhagel: Member, Sandhya Mahila Gram Sangathan, Bastar, Bihaan
5. Nita Kejrewal, Joint Secretary, (Rural Livelihoods), Ministry of Rural Development
6. Sarita Anand, Associate Professor, Department of Development Communication & Extension, Lady Irwin College, Lead, ROSHNI- CWCSA
7. Sanjini Santhosh, Chairperson- Community Development Society (CDS), Kerala State Poverty Eradication Mission, Kudumbashree
8. Smita Kumari: Secretary, Saheli Cluster Level Federation, JEEViKA
9. Vani Sethi, Nutrition Specialist, UNICEF, India
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