



All India Women's Conference

# Gender, Climate Change and The Pandemic

*A report prepared under the Gender into Urban Climate Change Initiative (GUCCI) Project*



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## Acknowledgments

This document has been prepared under the aegis of All India Women's Conference under the Gender into Urban Climate Change Initiative (GUCCI) project. This report highlights the impacts of the COVID-19 pandemic on women and other gender identities and the space of gender in the response measures taken by the government and other agencies. Finally, the report makes some policy recommendations to make the policies and actions gender sensitive and gender inclusive. It has been authored by Ms. Aditi Sharan, with valuable inputs from Ms. Kalyani Raj.

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## List of abbreviations

<b>ASHA</b>	Accredited Social Health Activist
<b>AWW</b>	Anganwadi worker
<b>CSO</b>	Civil Society Organisation
<b>GBV</b>	Gender-based abuse and violence
<b>KAP</b>	Knowledge, attitude, practice
<b>MGNREGS</b>	Mahatma Gandhi National Rural Employment Guarantee Scheme
<b>PMGKAY</b>	Pradhan Mantri Garib Kalyan Anna Yojana
<b>PMKVY</b>	Pradhan Mantri Kaushal Vikas Yojana
<b>PRI</b>	Panchayati Raj Institution
<b>UNDP</b>	United Nations Development Programme
<b>WHO</b>	World Health Organisation

# Gender, Climate Change and The Pandemic

## Introduction

History makes it evident that the poorest and the most marginalized sections of a society are most at risk to disasters and hazards. The spread of COVID-19 has once again posed a major obstacle in the mainstream “development” framework. Not only has the pandemic resulted in an unprecedented public health emergency but also led to many economic shocks for the poor and the vulnerable, which affect the different gender identity groups in different ways. The impact of the spread of COVID-19 in India can be also directly linked to the multifaceted effects of the stringent lockdown that was imposed nationwide. The lockdown was imposed on March 24, 2020 and went on to be extended till May, 2020 in four phases. Losing employment and income, disruptions in the supply chain coupled with the crumbling health system put India in a state of extreme crisis on both health and economic fronts. P. Sainath in one of his talks during the lockdown mentioned that a number of people view the COVID-19 situation as a great leveler in the country. However, that can never be true. The impact of a crisis is never equal. In fact, like with all other disasters in the past, COVID-19 presents a vivid scenario of neo-liberalism and capitalism in its full might, that exposes the vulnerable society when there are talks about economic growth as if the economic inequality does not exist at all.

At the best of times, the poor, migrant workers, daily wage labourers face insecurity of work and income, insufficient levels of food and nutrition security and even basic social security. Food security in India was in a dire condition even before the lockdown (Mishra and Rampal, 2020). It was difficult even for the people with resources to get through the lockdown, however, people from poor economic backgrounds had to choose between hunger and safety (ibid). The existing socio-economic inequalities put the vulnerable and marginalized sections of society on the receiving end of the impacts of the pandemic and the lockdown (Chauhan, 2020). Women and girls more generally are at the receiving end of this, while the experiences of “other” gender identities remain unheard of. There are several reports and articles that highlight the plight of women and girls and the limited gender-targeted relief measures by the government and other organisations, while there are also reports that suggest that the situation provides an opportunity to reset things and view the government schemes and policies from a gender lens so that it serves the population it is targeted for in an effective manner.

### *COVID-19 and Climate Change*

To trace the linkages between COVID-19 and climate change, first of all, they are both global problems. Both are exponential in nature affecting vast populations across the planet. Public health and environmental health are very closely related, and in the context of the pandemic and climate change directly reiterates the negative externalities and consequences that they leave behind. Policy makers have to learn to deal with the

threats and risks of COVID-19 and global climate change similarly as the nature of both keep evolving and impacts changing in its severity and are unprecedented (Fuentes et al, 2020; Mende and Misra, 2021). Climate change impacts women and men differently, and same can be seen with regard to COVID-19. Poverty and mortality are the reasons attributed to the unequal impacts of climate change on women with reasons that are more deeply entrenched in the socio-economic conditions. The idea of climate justice largely stands on the conception of fair treatment of all people and freedom from discrimination, through inclusive climate change related policies and projects, which cannot be achieved if there is no gender justice. This is exactly the need of the hour with respect to responding to the pandemic. This report highlights therefore, the impacts of the pandemic on women and other gender identities and the space of gender in the response measures taken by the government and other agencies. Finally, the report makes some policy recommendations to make the policies and actions gender sensitive and gender inclusive.

This report has been prepared under the GUCCI Project. “Gender into Urban Climate Change Initiative” (GUCCI) project initiated by Gender CC, Germany and implemented in collaboration with All India Women’s Conference in India, Aksi! for gender, social and ecological justice in Indonesia, and Gender CC Southern Africa and Equidad de Género: Ciudadanía, Trabajo y Familia, Mexico. The GUCCI project explores options for integrating gender and social aspects into climate policies in several pilot cities. It seeks to build capacity at a local level and develop gender-responsive policy recommendations with the aim of strengthening citizens’ capacity to become involved in local government planning processes, implementation, and to enhance the effectiveness, inclusiveness and acceptance of local mitigation and adaptation policies. The project is implemented in 4 countries, India, Indonesia, South Africa and Mexico. It was launched in 2015 and is part of the International Climate Initiative (IKI), supported by the German Federal Ministry for the Environment, Nature Conservation, Building and Nuclear Safety (BMUB).

## Impacts of pandemic on women and gender relations

*Women’s health:* Owing to the existing inequalities in society, the pandemic resulted in increase in poverty by pushing more people below the poverty line; it worsened the socio-economic inequalities and led to compromises in health related precautions to COVID-19 for certain groups of people (Gopalan and Misra, 2021). The front line “warriors” of COVID-19 apart from the doctors are the nurses, the sanitation workers, ASHA workers and others who have been working day and night to respond to COVID-19. A recent report by the UN Women highlights these issues in the wake of the COVID-19 pandemic. A major portion of the healthcare workers and 80% of the nurses and midwives is women. Till July, 2021, 17% more men were getting vaccinated than women. There were questions of access and lack of correct information, also due to rumors in regards to the effects of getting vaccines like that of infertility in women, that were

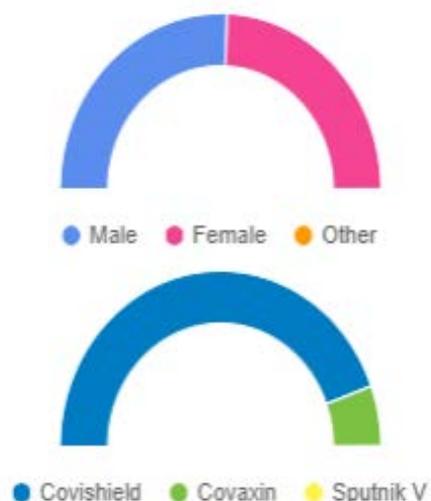
preventing women to get vaccinated. There are also arguments that the protective gears are largely designed and sized for men (UN Women, 2021; Srivastava and Sanyal, 2021).

*Unemployment and unpaid labor:* More women have been pushed out of employment and into poverty. According to the *Global Gender Gap Report* published by the World Economic Forum in 2020, India ranks 112 out of 153 countries studied and a further 149 in both economic participation and education, while 150 in health aspects. This results from the wage gap between men and women, the unpaid domestic work and the unaccounted exploitation of labor that adds to women's drudgery. A report by the Center for Sustainable Employment at Azim Premji University reported that during the first lockdown in 2020, only 7% of men lost their jobs, compared to the huge 47% of women, who lost their jobs and did not return to work by December, 2020. Between March-April, 2021, 80% of rural women in informal jobs lost their jobs. The unpaid labour at home also increased by nearly 30%, which according to an OECD Stat report of 2021, is 7 times more hours compared to men (UN Women, 2021; Srivastava and Sanyal, 2021). Due to the gendered roles of women in society, women are responsible for performing domestic and care work. The closure of offices, start of online education, led to disproportionate burden of unpaid work on women. Working women also faced increased burden of household chores in addition to their professional work (Chauhan, 2020). The lockdown exacerbated the gender inequalities that already existed. Women belonging to the lower socio-economic stratum (SES) faced lack of proper provision of safety nets like food security, access to relief and increased possibility of malnutrition. Hence, it affected the physical and mental health of women disproportionately (Gopalan and Misra, 2021).

*Gender-based abuse and violence and drop outs from the educational system:* There was also increased drop out girls from schools and increased cases of domestic violence (UN Women, 2021). The incidence of gender-based abuse and violence (GBV) has been stated as a "shadow pandemic" by UN Women and the WHO. Given that most of these occurrences take place within the premises of the "home", women, girls, transpersons and others who are at the receiving end of the physical and mental abuse are under close monitoring of the perpetrators in a zero mobility situation (Dasgupta and Mitra, 2020). The main issue, other than the uneven health risks for women and girls, is then the high risk of this exit from employment and education being permanent, resulting in an entire generation of women and girls with very limited education and employment opportunities (Sanyal, 2021). Further issues are their safety from physical and mental harassment, along with the increased stress, workloads and very limited resources (Dasgupta and Mitra, 2020).

*Health of gender minorities:* There is a wide range of marginalized communities when it comes to gender identities in India. A major section of this are also the transgendered women and the *Hijras*. Some media posts have drawn attention to the incidents of protests, harassment and violence at different locations involving these groups. The largely ignored inhumane treatment towards them, merely because of their identity did

## Vaccination - Category



Source: GoI CoWin Dashboard

*Economic and psychosocial impact on gender minorities:* The psychosocial offshoots of the impact on the transgender population stems from traditional stereotyping of people in categories that puts them on the margins of the social strata. There are unmet needs with regard to knowledge, attitude, practice (KAP) related to COVID-19 specifically and more generally with respect to social inclusion, physical and mental health care, stigma and discrimination leading to their increased social and emotional risks (Banerjee and Rao, 2020). During the lockdown, the transgendered individuals whose source of income depends on the *badhai* (dancing ceremonies in functions), *mangti* (begging) and sex work, had no option but to remain unemployed. Not to forget the risks of contracting HIV and COVID-19 as limited medical assistance was available at the time (Chakrapani et al, 2021). Also, it is important here to mention that it is not a single dimension that defines the issue, but its intersectionality with other factors like age, economic status, caste, etc. further exacerbate the risks of transgendered individuals (ibid).

## Response measures to the pandemic and gender

It is established that the brunt of the lockdown has been borne by the most marginalized and vulnerable groups in normal time. These are people without social safety nets, who

not even make it to the mainstream media headlines. By the end of May, 2021 (till after the dreadful second wave) only 5.22% of transgender persons were vaccinated. The reasons being misinformation, lack of documents and the digital divide according to the activists, again bringing up the questions of access – to information and resources (Singh, 2021). The updated dashboard of the CoWin government website shows the percentage of men and women who have been vaccinated (the percentage of vaccinated women have increased till the last week of November, 2021 as compared to the earlier reports). Even though there is a category of the “other” mentioned on the dashboard, there is no information or data provided regarding the same.

have been socially and economically disadvantaged. Like many others, the Feminist Policy Collective (FPC) also viewed the COVID-19 situation as an opportunity to promote gender-responsive and sensitive policy framework (Dasgupta and Mitra, 2020). The relief and response during the first and the consequent nationwide lockdowns and the two waves of the spread of COVID-19 have been commendable. The government's work with the vaccination drives has been effective and is doing very well on that front. The civil society organisations (CSOs) really stepped up during this time of crisis and were a major support system for the marginalized sections of our society. They have worked on various issues of the local levels, from distributing ration and hygiene kits to the most vulnerable people, coordinating with government agencies so that people can avail its services, to creating livelihood avenues for people who have lost their source of income due to the lockdown.

Like mentioned in the previous section, a significant part of the front line including the nurses, the sanitation workers, ASHA workers and others for response were women. In fact, the ASHA and AWW have been leading the whole process in the rural areas which overwhelmingly increased their work load. Anganwadi workers in most communities were assigned the task of community surveillance, provision of Take Home Ration, spread awareness on COVID-19, amongst their other regular activities. In order to make sure that mortality from treatable diseases does not increase, they were in charge of ensuring the upkeep of the health of mothers, children and those who require regular treatments during the lockdown. ASHA workers were responsible for disseminating information about prevention of spread and protection from COVID-19 by inter-personal communication with the community. They were engaged in household visits for awareness on health related issues and assistance to pregnant and lactating mothers. Special attention was needed to address their concerns. In order to function effectively, they need all the support with regard to training, material and safety gear. A study conducted in Gujarat in 2020 stated that 62.2% of AWW and 75.7% of ASHA from the study sample had received some form of training on COVID-19 and on identifying and referring children and women. Similarly, provision of safety gear is equally important, while most of the respondents had masks, gloves were provided to 41.7% of AWWs and 66.67% of ASHA. They were visiting several households on a daily basis and were in contact with various surfaces, which puts them at high risk, along with those whom they were visiting.

During the immediate response phase, many schemes were announced by the government. Most of these were the regular public schemes which were advertised accordingly as per the COVID-19 response needs. For instance, public schemes like the Pradhan Mantri Garib Kalyan Anna Yojana (PMGKAY) meant to assist the vulnerable, depend on the efficacy of the implementation of the scheme and adequacy of food distribution to realize its original intent (Gopalan and Misra, 2020). However, at the time of this emergency, the implementation left out those who could not produce their ration cards (Dasgupta and Mitra, 2020). Hence, in true terms, the most vulnerable people were

actually excluded from the food distribution system during the response. Similar instances happened with the other national schemes (ibid). Some reports further argue that the “pandemic budget” in some ways overlooked the plight of women as there were clear cuts in the schemes for women (Sanyal, 2021).

### *Some gender focused initiatives*

Most CSOs prioritized their services for women, children and the elderly. Bigger organisations like the UN Women, who apart from relief also focused on campaigning for spreading correct information about the disease, its prevention, vaccination and also gender-based violence. They also supported online education and vocational trainings for women and created partnerships with other organisations to support women for shelter, financial and legal assistance and medical help for the survivors of gender-based violence (UN Women, 2021). Similarly, UNDP worked with transgender groups and trained their volunteers and community leaders in some locations. They also assisted with accessing the government sponsored health, life and accidental insurance schemes (Sanyal, 2021).

#### *The story of the SHGs (Self help groups)*

The SHGs in India have risen to the extraordinary challenge of responding to the pandemic. The women engaged with the SHGs across the country have stepped up to the occasion to address:

- The shortage of masks, sanitizers and protective gear;
- Running community kitchens;
- Fighting misinformation;
- Providing banking and financial solutions;
- Providing essential supplies;
- Sensitizing people about health

In Odisha, for instance, women who were earlier engaged in stitching school uniforms, started sewing masks instead. They made more than 1 million masks, also providing protective gears for police personnel and health workers.

Till April, 2020, 19 million masks were made by 20,000 SHGs across 27 Indian states. 100,000 liters of sanitizers and nearly 50,000 liters of hand wash, 10,000 community kitchens for stranded workers, poor and the vulnerable.

Some organisations had been working exclusively to assist migrant workers, since the initial lockdown throughout the month of June, 2020. Listing the migrant workers, articulating their needs and complaints, through platforms of labor sangathans (associations) were also being done on a daily basis and being conveyed to the local and district administration. However, not much response was received from the administrative end. A unique initiative was taken up by an organisation called Janvikas in Gujarat, which supported the Institute of Social Studies and Transformation to set up Dignity Community Kitchens for the migrant workers, where they operate their own kitchens through community support. Some companies and the local

sangathans had done a very good job in supporting the stuck migrant workers for example in Banaskantha, Panchmahal, and other North Gujarat districts. Most of these workers belonged to Rajasthan, southern Uttar Pradesh, Bihar, Madhya Pradesh and Odisha.

## Policy recommendations and way forward

The incidence of the pandemic led the Government of India to enact the Disaster Management Act, 2005 for the first time since it was made. All actions were/are being carried out under this Act to respond effectively and timely to contain the spread of the virus. The Disaster Management Act, 2005, under Chapter XI, Section 61, prohibits all forms of discrimination – be it based on gender, caste, community, descent or religion – in any activities related to disaster risk reduction, disaster relief or in humanitarian assistance to the affected people. The preamble of National Policy of Disaster Management, 2009, notes that the economically weaker and socially marginalized sections, women, Scheduled Castes, Scheduled Tribes, persons with disabilities and other minorities and marginalized groups tend to suffer more during disasters. The revised National Disaster Management Plan, 2019 also lays down the matter of social inclusion in details and is therefore, an integral part of the DRR planning process. Keeping these in mind, the response to the pandemic could have had a wider reach by prioritizing those who are in reality the most marginalized, thus reaching out to the last mile.

- *Achieving universal food security:* Research suggests that 45% of all women in India are underweight, while 53% of them are anemic. The condition was bound to get worse during such an adverse emergency. Hence, in addition to the immediate food or nutritional security, a universal mechanism for emergency cash transfer and distribution of food materials was needed (Dasgupta and Mitra, 2020). It became very difficult for those without ration cards to access the government relief and a mechanism for those in such a dire condition to be able to avail the government relief services is much needed for future reference.
- *Representation of women and other gender identities in the policy making decisions:* Different gender groups have varying strategic and practical needs. It thus becomes very important to reach out to women and minority gender and sexual identities to address these needs and wants (Dasgupta and Mitra, 2020), which need to be reflected in the policies that are formulated and the ways in which they are implemented. At the framework level, it is important that while doing any form of assessment and analysis, there is participation and consultation with all gender groups, so that they are represented in the policies and their needs addressed in their implementation. There is politics of oppression of the poor powerless women and gender minorities who dwell in the cities. Every day they have to negotiate with the

power bearers to safeguard their space in the city. Hence, the inclusion of the local worldviews becomes extremely important. The projects by the CSOs and the government and the policies that are drafted by the government need to be focused and start with what these vulnerable and marginalized populations want to do or have/need.

- *Gender disaggregated data:* To be able to have representations in the decision making processes, and to include the minority groups in policies, it is important to have gender disaggregated data. Especially, when dealing with a country having a population of 1.3 billion people. This should not be limited to the quantitative connotation of the data but the meanings behind such data needs to be understood, acknowledged and worked upon. However, the first step would still be having such gender disaggregated data. Consistently, non-traditional gender disaggregated COVID-19 related data along with other intersecting key factors relevant in the national context is needed to analyze the health and socioeconomic impacts of the pandemic, especially where women, girls and gender minorities' lives may be disproportionately affected by COVID-19.
- *Long term assistance and investment in social protection programs:* What is needed after the immediate response phase is long term assistance for the government relief measures to be adequate and accessible, especially with regard to food security. The COVID-19 outbreak is going to have long term social and economic impacts that are gendered, adversely affecting the marginalized gender groups in an unequal manner. Specifically, with regard to social protection plans for the gender-responsive economic recovery and educational enhancement that 'builds back better', also adhering to the Sendai Framework of for Disaster Risk Reduction (SFDRR) 2015-30. Investments in universal, gender responsive social protection systems to support women's income security.
- *Partnership with state and local governments:* The response to the pandemic in India was largely central government led. The response phase clearly highlighted the role of local governments, the PRIs in the rural areas and the Municipal Corporations in the urban areas. Linkage and coordination with block health officials, CDPO with the Panchayat has been equally important for effective implementation of all schemes and response related activities. Apart from health, partnerships of the Central government with the state and local governments in the form of decentralization as well other agencies working on food security is equally important to address the health issues of women and girls in an effective manner.
- *Women's organisations:* Because of the increase in COVID-19 related work, the non-COVID related health issues might be getting ignored. A comprehensive long term strategy needs to be formulated for preventive care and health of non-COVID women and children health and nutrition. Planning and tracking of Antenatal Care (ANC) and Postnatal Care (PNC) needs to be done. Local level health committees in both urban

and rural areas, as well as SHGs can take the leading role in this apart from the AWW and ASHA as this would share their burden as well. In many places, the SHGs were involved in making cloth masks and distributing them for free, highlighting their agency in such grave situations, thus once again reiterating the role and importance of women's organisations. In this regard, the survival of MSMEs (Micro, Small and Medium Enterprises) is equally important for the employment of women and gender minorities for their economic or fiscal independence.

- *Capacity strengthening:* Largescale awareness drives were done (and are still being done) by the government and the CSOs on COVID-19 and health related matters. Similarly, trainings are also required at a bigger scale of different gender groups in order for them to cope and adjust according to their strategic and practical needs. Making use of government schemes like MGNREGS and PMKVY and other programs under the National Skills Development Corporation (Skill India) to make sure that women farmers, women engaged in fishing, poultry, daily wage women labourers, and those in the informal sector in urban and semi-urban areas are not exploited financially, physically and psychologically. Same goes for the other gender identity groups.
- *Protection from gender based abuse and violence:* A mechanism to respond to the risks of gender based abuse and violence must be in place in the long term planning. It is important to include women and other gender identities in monitoring and accountability mechanism of the government. Effective and inclusive grievance redressal mechanisms need to be embedded in social protection planning.
- *Need of a "justice" framework:* Sainath in one of his talks held during the lockdown, carefully explained that to go ahead through the prism of the mainstream "development" framework would be a complete failure. By mainstream "development" framework, he means capitalism. What is needed at this point is the "justice framework". Justice in every aspect: health, food, livelihood, education. The example of the work of Kutumbhashree who believe that the producers must never go hungry can be used here. He brought in the concepts of health justice and food justice citing the work of Kutumbhashree. Kutumbhashree, a women run community kitchen chain, which hosts 4.4 million members ran 1300 kitchens across the state of Kerela during the COVID-19 response phase. Hence, a well-informed citizenry needs to be developed for addressing all sectors mentioned above through justice framework.

These actions will enhance resilience and thereby contribute to adapting to the impacts of climate change, as well.

There is always a risk to challenge power structures that are there in place, however, until and unless this is challenged, power shifts cannot take place.

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