NATURAL HAZARD INDUCED DISASTERS AND THE COVID-19 PANDEMIC IN INDIA: AN INTERSECTIONALITY PERSPECTIVE

SUMMARY

Since the beginning of the COVID-19 Pandemic, the Government of India has taken several measures to protect the lives and livelihoods of its citizens. However, experiences and outcomes are not the same for everyone. The Pandemic has affected women differently and more. Therefore, special attention should be given to ensuring that the government policies and actions reduce rather than aggravate existing inequalities women face daily and during natural shocks. As the Government continues to lead the way in pandemic management and natural hazard-induced disasters, they are presented with an opportunity to adopt gender-inclusive approaches to preparedness, response, and recovery. In this light, the brief draws on existing literature and field responses of India's response to the Pandemic and recent natural shocks. This brief aims to support governments and their civil society partners in designing gender-inclusive policies and measures, especially at the local levels.

AN OVERVIEW OF COVID-19 SITUATION IN INDIA

India detected its first case of COVID-19 on January 30, 2020, in Kerala. To contain the virus's rapid spread, the first nationwide lockdown was imposed for 21 days, *w.e.f.* March 2020 to April 14, 2020. The lockdown had to be extended thrice[1], initially for 19 days from April 15 to May 3, 2020; for 14 days from May 4 to May 17, 2020; and for another 14 days from May 18 to May 31, 2020, respectively. In January 2021, the Indian Government declared that India had beaten the Pandemic and began to relax the restrictions and loosen standard public health protocols.[2] However, in early May 2021, the B.1.617.2 variant of SARS-CoV-2, known as Delta and other highly transmissible variants, drove India's devastating second wave. According to official records, in June 2021, India was approaching 3 million active coronavirus cases, and 200,000 people died.[3] It is now widely acknowledged that the figure could be three to ten times higher.[4] As of January 2, 2022, the country has 1,22,801 activeCOVID-19 cases; these 1,525 are Omicron cases[5]. According to the National Covid-19 Supermodel Committee in India, "the third wave, driven by Omicron, is likely to arrive early next year and peak in February."[6]

NATURAL SHOCKS DURING COVID-19 PANDEMIC

The extremely severe cyclone 'TAUKTAE' (category three cyclone Tau'Te) made landfall in Gujarat at around 8.30 pm on May 17, 2021. Tropical Cyclone Tauktae came when it was battling the second wave of COVID-19 since late April with severe shortages of medicines, beds, oxygen, and other medical supplies. Nearly 2 lakh people were evacuated in Gujarat, mainly from the coastal belt of Saurashtra and Kutch. Vaccinations were suspended for two days to facilitate evacuations. According to the Gujarat Government, 45 persons lost their lives; over 16,000 houses were damaged, more than 40,000 trees and over 70,000 electric poles were uprooted, while 5,951 villages faced a total power blackout. After conducting an aerial survey of cyclone-hit areas in Gujarat, the Prime Minister approved Rs 1,000 crores for immediate relief activities on May 19, 2021. As a part of the research, people from two Cyclone Tauktae-affected villages from the Patan district of Gujarat, India (*释Anternes* and *Rajusara*) were consulted through focus group

Focus Group Discussion at Rajusara village, Patan district, Gujarat, India. 2022. Photo AIDMI.

discussions (4), case studies (4), and interviews (4). In total, 64 individuals from these two villages were consulted in 2022.

IMPACTS OF COVID-19 ON WOMEN

In India, the COVID-19 Pandemic compounded existing vulnerabilities around food, livelihoods, water and sanitation, and health. "Women and girls in India seem to be fighting a triple pandemic: one, that is restricting their mobility; two, that is restricting their access to education and employment; and three, that is pushing them into forced child marriages and cycles of violence."[7]

Livelihoods

The second wave triggered a fresh wave of unemployment in the country; over 7 million jobs were lost in April 2021.[8] Because 90% of women are engaged in the informal sector characterized by irregular work and payment, women have faced more economic uncertainty than men during the current Pandemic.[9] According to a report, "Women in the rural informal sector accounted for 80 percent of job losses between March and April 2021."[10] Compared to men (61 percent), only 19 percent of working women remained employed during the lockdown. While just 7 percent of working men lost employment and did not return to work, 47 percent of working women suffered a permanent job loss during the lockdown, not returning to work even by the end of 2020.[11] FGDs in *Anternesh* and *Rajupura* villages revealed a lack of diversified sources of income as the significant barrier to overcoming the economic effects of the Pandemic.

As per Census 2011, India has a transgender population of 487,803.[12] The enactment of the "Transgender Persons (Protection of Rights) Act" in 2019 provides them equitable access to health, education, skill development, and housing. But, the Pandemic has affected them disproportionately by wiping out meager means of livelihoods for transgendenders. "A lot of transgender people resort to begging or are sex workers, or they go to ceremonies like weddings to perform. The Pandemic has put an end to most of these activities. As a result, many people in my community were starving," said Pia, who now works as a coordinator with a local NGO in Uttam Nagar, an impoverished part of New Delhi.[13]

Health

Because of factors such as low literacy levels, internet usage, ownership of a mobile, and media exposure, compared to men, women are seven percentage points less likely to know the main symptoms of COVID-19 and 22 percentage points less likely to practice preventive behaviours.[14] The Pandemic reduced women's access to essential healthcare services and increased cases of violence against women. A policy brief in May 2020 estimated that 24.55 million couples would not access contraceptives in 2020.[15] Another study in July 2020 estimated that 1.85 million women would be unable to access safe abortion services for unintended pregnancies due to India's national lockdown.[16] Communities from *Anternes* village reported three deaths from COVID-19 and attributed lack of awareness, testing, and treatment as the main reasons for the widespread impact. "All the three people who died were neither tested nor did they visit a hospital for treatment as most households were afraid of social stigma and fear of hospitalization for 14 days," said An Accredited Social Health Activist (ASHA) worker from *Anternes*. It was reported that villagers were afraid of the COVID vaccine, and only 60 percent of the villagers in *Anternes* are vaccinated. "Initially, I was afraid of the vaccine. I took it only after half of the village got vaccinated. I have not received the second dose of the vaccine as nobody came to my village again," Said a 62-year-old widow from *Anternes*.

Violence against Women and Girls

According to the National Commission of Women, India recorded a 2.5 times increase in domestic violence between February and May 2020.[17] The Commission responded by opening a Whatsapp helpline to improve reporting, but this policy left out women without access to cell phones or the Internet.[18] A year after the lockdown, the NCW continues to receive over 2,000 complaints every month of crimes against women; 1463 domestic violence complaints against women were received from January 2021 to March 25, 2021.[19] The return of male family members employed in other states, and their uncertainty regarding future livelihoods, led to an increase in domestic violence and marital rape.[20] "Lockdowns, stay-at-home orders, and other measures implemented during the COVID-19 pandemic have led to what the UN has called a "shadow pandemic" of rising gender-based violence."[21] "An estimated 1.5 million underage girls marry each year in India. The Pandemic appears to be causing a spike in numbers."[22] Women with disabilities are more vulnerable to any form of violence than non-disabled women. "There is simply no recognition of such issues in the official data, which fails to provide any disaggregated information around disability."[23]

The Burden of Household Responsibilities and Unpaid Work

India's first-ever time use survey found that women spent 243 minutes a day on domestic and household work, almost ten times compared to men in 2019.[24] With schools, *Anganwadis*, and childcare centers closed almost for a year, and men spending more time at home due to restrictions and loss of work, women's time spent on unpaid domestic work is bound to increase. In addition, the Pandemic has increased the burden of unpaid work for women by an estimated 30%.[25] The time use survey "showed that women spend 84% of their working hours on unpaid activities, while men spend 80% on paid work. Just 6% of men participate in cooking, and just 8% do any house cleaning."[26] The survey also revealed how Caste and geographic location intersections play an essential role in determining the gendered division of time and labor. It found that: 1. Upper caste women spend the least time on paid work among all social groups, but upper-caste men spend the most time on paid work. 2. In Telangana and Tamil Nadu, women spend over 30% of their working hours on paid work, while in Bihar and Uttar Pradesh, fewer than 10% of women's working hours result in any pay. "When caste intersects with other identities such as sex, gender identity or disability, we find that the nature of discrimination experienced by people at the interstices is severe."[27]

POLICY RESPONSES

Policy Measures

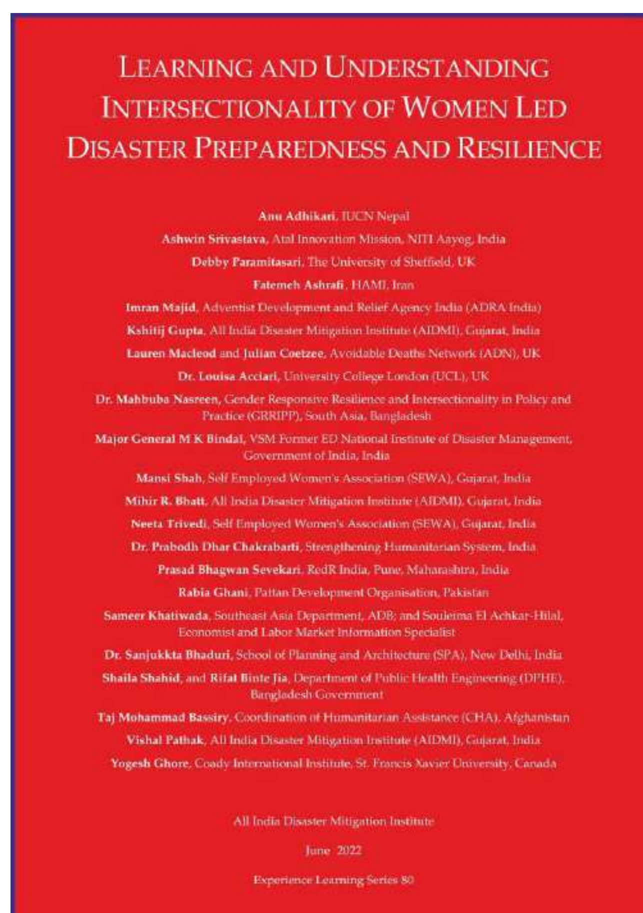
The Government of India took the following measures in response to the COVID-19 Pandemic.

- The Epidemic Diseases Act, 1987 was invoked, and international travel remained suspended during the peak of both the waves.
- The Government of India also invoked the Disaster Management Act, 2005, which declared the Pandemic a 'national disaster' and increased fund access to states and UTs. The nationwide lockdown was implemented on March 25, 2020.
- Section 144 of Criminal Procedure Code, 1973 was activated prohibiting public assembly of ≥4 people; and States drafted respective COVID-19 pandemic regulations at regular intervals based on directions received from the Government of India.
- The Aarogya Setu mobile app was launched for risk communication and contact tracking/ tracing.
- The Government provided free-of-cost testing and treatment for COVID-19 under the national universal health insurance scheme ('PM JAY').
- The price of masks (two-ply/three-ply surgical masks, N95) and hand sanitizers were capped by the enforcement of the Essential Commodities Act, 1955.
- On January 16, 2021, the Government of India launched free vaccination drives against COVID-19.

Since March 2020, the central Government has rolled out three stimulus packages, which have largely ignored the needs of women. In March 2020, India announced a package worth Rs 1,70,000 crore for the poor, daily wagers to shield the poor. The package[28] offered; a) a compensation of Rs 500 per month for three months to 20 crore Jan Dhan women account holders and, b) doubled the collateral-free loans to Rs 20 Lakh for women self-help groups under the Deen Dayal National Livelihood Mission, and c) one-time additional amount of Rs 1,000 in two instalments to widows. But half of the poor women, i.e., 0.56 percent, who do not even have a PMJDY account, were excluded from direct benefit transfers.[29] The Government also provided in-kind benefits, including grains and dal (pulses) for ration cardholders and free gas cylinders for households below poverty. However, many groups and households faced difficulties accessing these entitlements. Some benefits were only available to those with ration cards or the Aadhaar biometric ID, active bank accounts.

ROLES AND CONTRIBUTIONS OF WOMEN

Women in India have individually and collectively contributed to COVID-19 responses and natural shocks. Females account for 83.4% of the nurses category in India have been at the frontline of COVID-19 response.[30] In rural areas, 1 million accredited Social Health Activist (ASHA) workers have worked tirelessly for tracking, testing, and monitoring COVID-19 patients.[31] Across the country (Bihar and Jharkhand


LEARNING AND UNDERSTANDING INTERSECTIONALITY OF WOMEN LED DISASTER PREPAREDNESS AND RESILIENCE

Anu Adhikari, IUCN Nepal

Ashwin Srivastava, Atal Innovation Mission, NITI Aayog, India

Debby Paramitasari, The University of Sheffield, UK

Fatemeh Ashrafi, HAMI, Iran

Imran Majid, Adventist Development and Relief Agency India (ADRA India)

Kshitij Gupta, All India Disaster Mitigation Institute (AIDMI), Gujarat, India

Lauren Macleod and **Julian Coetzee**, Avoidable Deaths Network (ADN), UK

Dr. Louisa Acciari, University College London (UCL), UK

Dr. Mahbuba Nasreen, Gender Responsive Resilience and Intersectionality in Policy and Practice (GRRIPP), South Asia, Bangladesh

Major General M K Bindal, VSM Former ED National Institute of Disaster Management, Government of India, India

Mansi Shah, Self Employed Women's Association (SEWA), Gujarat, India

Mihir R. Bhatt, All India Disaster Mitigation Institute (AIDMI), Gujarat, India

Neeta Trivedi, Self Employed Women's Association (SEWA), Gujarat, India

Dr. Prabodh Dhar Chakrabarti, Strengthening Humanitarian System, India

Prasad Bhagwan Sevekari, RedR India, Pune, Maharashtra, India

Rabia Ghani, Pattan Development Organisation, Pakistan

Sameer Khatiwada, Southeast Asia Department, ADB; and Souleima El Achkar-Hilal, Economist and Labor Market Information Specialist

Dr. Sanjukkta Bhaduri, School of Planning and Architecture (SPA), New Delhi, India

Shaila Shahid, and **Rifat Binte Jia**, Department of Public Health Engineering (DPHE), Bangladesh Government

Taj Mohammad Bassiry, Coordination of Humanitarian Assistance (CHA), Afghanistan

Vishal Pathak, All India Disaster Mitigation Institute (AIDMI), Gujarat, India

Yogesh Ghore, Coady International Institute, St. Francis Xavier University, Canada

All India Disaster Mitigation Institute

June 2022

Experience Learning Series 80

AIDMI. June 2022. Learning and Understanding Intersectionality of Women Led Disaster Preparedness and Resilience. Experience Learning Series 80. http://www.aidmi.org/sub-images/reports/Learning%20and%20Understanding%20Intersectionality%20of%20WLDPRR.pdf

to Kerala and Karnataka), nearly 6.8 crore women in Self Help Groups (SHGs) joined the fight against covid to make up for shortages of masks, food, sanitizers, and other essential supplies as early as May 2020.[32] "women, if given a chance, turn their intersectionality as an asset for resilience building at the local level where it matters the most." [33] Yogesh Ghore, Coady International Institute, Canada, reported that about 500 women from SEWA learned how to make the masks and produced half a million masks during the national lockdown in March 2020.[34] "The trinity of women functionaries at the grassroots – ASHA, Anganwadi and ANM – deal with issues of child and female reproductive health and nutrition which assume critical importance post emergencies." Said, Dr. Prabodh Dhar Chakrabarti.[35] "In the recently held Mayor's conclave at the World Congress on Disaster Management in Delhi, women Mayors of many cities, including that of Mumbai, Indore, and Ranchi stole the show with their impassionate interventions regarding the role they played in leading from the front the fight against the Corona Virus."[36]

CONCLUSION

Discrimination and inequality have to be examined through an intersectional lens, where multiple identities of people such as Caste, sex, gender identity, disability, religion, etc., collide.[37] The Government took many effective measures to combat COVID-19. However, actions did not adequately take into account gender disparities. COVID-19 will result in an increased gender gap due to the widening of already existing socio-economic inequalities in India.[38] "The intersectionality of gender, risk and resilience very often makes women much more vulnerable to the adverse impacts of disasters and extreme events."[39]

The following analysis tries to capture the experience of COVID-19 by different groups of women.

Caste	Caste has always been an important determinant of vulnerability, resilience, and recovery speed from shocks in India. The COVID-19 pandemic experience in India again shows that compared to higher-cast women, women from lower Caste have faced greater discrimination and stigma, including loss of paid work rise in unpaid work. Social norms established by certain casts in India don't allow women to work, especially in rural villages such as *Anternes* and *Rajusara,* and restrict girls from studying beyond primary levels.
Age and health status	The COVID-19 pandemic experience in India shows that older women with pre-existing medical conditions such as diabetes, high blood pressure, heart and kidney diseases are most vulnerable and least likely to recover. In addition, the Pandemic is forcing young girls out of schools and exposing them to child marriages, trafficking, and domestic violence. Cases of lack of access to health facilities among older women, school dropouts, and early marriages were reported in field research.
Disability	While the official data fails to provide disaggregated information around disability, evidence suggests that women and girls with disabilities are more vulnerable to any form of violence than non-disabled women. They are also less likely to access medical healthcare facilities due to mobility issues.
Location	While the COVID-19 Pandemic made women living in densely populated urban areas more exposed to infection, women living in remote villages lacked information and easy access to medical services. *Anternes* and *Rajusara* villages are remote and located near the desert area. During floods and cyclones, they become inaccessible for almost a week. In addition, because they are not well-connected with the administration, they receive less and timely information to prepare against possible threats.

Migration status	Millions of women, along with their families, found themselves stranded in cities and towns of India due to lockdowns, restrictions, and containment measures. As a result, many of them could not meet their basic needs such as food, shelter, and necessary health services for days to weeks. Moreover, women from migrant families faced enormous financial pressure to take care of their families as the Pandemic adversely affected remittances from migrant males.
Literacy and access to technology	Gender differences in knowledge of critical COVID-19 symptoms, preventive behaviour, and vaccination could be attributed to low literacy levels, internet usage, ownership of cell phones, and lower media exposure of women. In addition, the lack of access to cell phones and the Internet and increased care burden reduced the accessibility of education for girls. Access to technology and smartphones is found low in women compared to men in two communities consulted for this study. Only 20 percent of women (estimated) owned a cell phone. Education levels were also much lowered compared to men as families don't prefer to send girls outside villages for higher studies.
Employment	Because 90% of women are engaged in the informal sector, characterized by irregular work and payment, women have faced more economic uncertainty than men during the current Pandemic. In addition, women employed in the informal sector are not protected by social security and social protection. In *Anternes* and *Rajusara*, most women depend on agriculture or animal husbandry work. Most of their work in and around house and farms remain unpaid.
Domestic workload	India's first-ever time use survey found that women spent 243 minutes a day on domestic and household work, almost ten times compared to men in 2019.[40] With schools, A*nganwadis*, and childcare centers closed almost for a year, and men spent more time at home due to restrictions and loss of work, women's time spent on unpaid domestic work is bound to increase. In addition, the Pandemic has increased the burden of unpaid work for women by an estimated 30%.[41] In both villages, where women were consulted, complained about increased workload (household and income early activities) due to the Pandemic.
LGBTQ	The Pandemic has affected the LGBTQ community disproportionately by wiping out meager means of livelihood for transgenders. "Many transgender people resort to begging or are sex workers, or they go to ceremonies like weddings to perform. The Pandemic has put an end to most of these activities.

RECOMMENDATIONS

The study recommends the following actions.

1. **Introduce alternate models for outreach services for family planning:** The Government must introduce alternate models for outreach services for family planning, such as the use of technology (telemedicine services and virtual appointments) should be explored to avoid unwanted pregnancies and prevent maternal and reproductive mortality and morbidity during emergencies.[42]
2. **Arrest violence against women:** It is recommended to provide safe access to emergency support, including legal assistance, judicial remedies, and medical and psychological support to arrest violence against women.[43] "Various tools like mobilizing police and judicial services, the assistance of volunteers, etc., should be implemented to support women, especially where digital access is lacking." [44]

3. **Build capacity of school authorities and teachers to protect the rights of girl child:** Teachers must be trained to counsel parents to ensure that girls do not drop out of school due to extended school closures.[45] Such initiatives can prevent early marriages, child labour, and domestic violence.
4. **Introduce women-specific economic stimulus packages:** It is recommended to introduce women-specific financial support packages, including direct cash transfers, subsidized loans to women-owned small businesses, and increased allocation to Mahatma Gandhi National Rural Employment Guarantee Scheme (MNREGS) and expanding the limit of collateral-free lending to women's self-help groups.[46]
5. **Bundle social protection strategies and schemes:** The Government response during the Pandemic has shown the need for a bundled social protection strategy that includes a universal Public Distribution System with no domicile requirements and universal entitlements to food, water, and shelter.
6. **Make intersectionality analysis mandatory for government schemes:** While relief and social protection measures are intended to support the poorest, benefits are not always accessed equally. In addition, geographies, gender, age, and social class influence individuals to access benefits. Thus, conducting an intersectional analysis of benefits and vulnerability is essential to achieving equitable outcomes. But such methods and tools are yet to be developed and applied. "Intersectionality offers a promising framework for contextual assessment as it can boost development outcomes for women."[47]
7. **Increase budgetary allocations for priority areas of women's empowerment:** India's budget needs to increase allocations for areas such as social protection, digital literacy, skill training, and domestic violence, emerging in the wake of Covid-19. "it is imperative to understand and address this 'intersectionality' to redeem the pledge of India's NDMP and PM's 10-point agenda on DRR which lay stress on improving the disaster preparedness and participation of women in risk reduction activities across different levels".[48]

Endnotes

1 Parliament of India, Rajya Sabha, in July 2021. Three Hundred and Eighth Report on Impact of Covid-19 Pandemic on MSME Sector and Mitigation Strategy Adopted to counter it Pertaining to the Ministry of Micro, Small, and Medium Enterprises. https://rajyasabha.nic.in/rsnew/Committee_site/Committee_File/ReportFile/17/145/308_2021_7_12.pdf

2 Quint, T. (2021, April 23). In January, PM Modi Had Expressed India's Victory Over COVID-19. TheQuint. https://www.thequint.com/news/india/in-january-pm-modi-had-expressed-indias-victory-over-covid-19

3 MoHFW | Home. (n.d.). Retrieved June 9, 2021, from https://www.mohfw.gov.in/

4 Gamio, L., & Glanz, J. (2021, May 25). Just How Big Could India's True Covid Toll Be? The New York Times. https://www.nytimes.com/interactive/2021/05/25/world/asia/india-covid-death-estimates.html

5 The quint. January 2, 2022. 1,525 Omicron Cases in India; 30,653 New COVID Cases Reported in Last 24 Hours. https://www.thequint.com/coronavirus/covid-19-omicron-india-daily-update-live-blog

6 Karmakar S. 2021. Omicron-Driven third Wave. https://www.thehealthsite.com/news/covid-19-third-wave-omicron-cases-in-india-likely-to-arrive-early-next-year-peak-in-february-predicts-covid-supermodel-panel-853145/

7 Bansari Kamdar. 2021. Ms. Addressing Gendered Burdens in India During COVID-19. https://msmagazine.com/2021/05/25/women-india-covid-19/

8 Delhi. May 4, I. T. W. D. N., May 4, 2021 UPDATED:, & Ist, 2021 17:53. (n.d.). Covid-19: Unemployment rate rises to 4-month high, over 70 lakh out of jobs in April. India Today. Retrieved June 13, 2021, from https://www.indiatoday.in/business/story/covid19-unemployment-rate-rises-to-4-month-high-over-70-lakh-out-of-jobs-in-april-1798800-2021-05-04

9 ILO. 2018. Women and men in the informal economy: A statistical picture. https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_626831.pdf

10 Norzom T. 2021. Two years since the COVID-19 outbreak, Indian women in the informal sector continue to pay a heavy price. https://yourstory.com/herstory/2021/12/covid-19-outbreak-indian-women-informal-sector-unemployment/amp

11 Azim Premji University (2021) State of Working India 2021: One year of Covid-19, Centre for Sustainable Employment, Azim Premji University. https://cse.azimpremjiuniversity.edu.in/wp-content/uploads/2021/05/SWI2021_May12.pdf

12 Ministry of Social Justice & Empowerment. 2019. Welfare of Transgenders. https://pib.gov.in/PressReleasePage.aspx?PRID=1575534

13 UNDP India. 2021. Making COVID-19 response third gender inclusive. https://www.in.undp.org/content/india/en/home/sustainable-development/successstories/Making_COVID19_response_third_gender_inclusive.html

14 Citation: Pinchoff J, Santhya K, White C, Rampal S, Acharya R, Ngo TD (2020) Gender specific differences in COVID-19 knowledge, behavior and health effects among adolescents and young adults in Uttar Pradesh and Bihar, India. PLoS ONE 15(12): e0244053. https://doi.org/10.1371/journal.pone.0244053

15 V.S. Chandrasheker. et.al., 2020. Impact of COVID 19 on India's Family Planning Program. https://pratigyacampaign.org/wp-content/uploads/2020/05/impact-of-covid-19-on-indias-family-planning-program-policy-brief.pdf

16 Ipas Development Foundation. July 2020. COVID-19 restrictions compromised abortion access for 1.85 million women in India. https://www.ipas.org/news/covid-19-restrictions-compromised-abortion-access-for-1-85-million-women-in-india/

17 National Human Rights Commission. October 7, 2020. Human Rights Advisory on Rights of Women in the Context of COVID-19. https://nhrc.nic.in/sites/default/files/Advisory%20on%20Rights%20of%20Women_0.pdf

18 Bansari Kamdar. 2021. Addressing Gendered Burdens in India During COVID-19. https://msmagazine.com/2021/05/25/women-india-covid-19/

19 PTI/The Times of India. 2021. Complaints of domestic violence against women spiked in year of lockdown: NCW data. https://timesofindia.indiatimes.com/india/complaints-of-domestic-violence-against-women-spiked-in-year-of-lockdown-ncw-data/articleshow/81687915.cms

20 Pickard, J., Srivastava, S., Bhatt, M. and Mehta, L. (2020) 'In-Focus: COVID-19, Uncertainty, Vulnerability and Recovery in India', Brighton: Social Science in Humanitarian Action (SSHAP). https://www.ids.ac.uk/publications/sshap-in-focus-covid-19-uncertainty-vulnerability-and-recovery-in-india/

21 United Nations. 2020. COVID-19 worsening gender-based violence, trafficking risk, for women and girls. https://news.un.org/en/story/2020/11/1078812

22 Sushmita Pathak and Lauren Frayer. 2020. npr. Child Marriages Are Up In The Pandemic. Here's How India Tries To Stop Them. https://www.npr.org/sections/goatsandsoda/2020/11/05/931274119/child-marriages-are-up-in-the-pandemic-heres-how-india-tries-to-stop-them

23 Meghna Sharma and Niharika Das. EPW. 2021. 'Invisible Victims' of Violence: A Gender and Disability Perspective of Coronavirus in India. https://www.epw.in/engage/article/invisible-victims-violence-gender-and-disability

24 Bansari Kamdar, 2020. The Diplomat. India's Women Bear the Burden of Unpaid Work – With Costs to Themselves and the Economy. https://thediplomat.com/2020/11/indias-women-bear-the-burden-of-unpaid-work-with-costs-to-themselves-and-the-economy/

25 Roopa Purushothaman, Anu Madgavkar and Vivek Pandit. 2020. Hindustan Times. Opening with care. https://www.hindustantimes.com/analysis/prioritise-care-work-to-integrate-women-working-from-home-into-the-economy/story-QCCWBFL2j5Qm6G6NuULm1O.html

26 Rukmini S. 2020. Mint. Your cast and class determines how you spend time. https://www.livemint.com/news/india/your-caste-and-class-determines-how-you-spend-time-11602657834829.html

27 Jayna Kothari et al, Intersectionality: A Report on Discrimination based on Caste with the intersections of Sex, Gender Identity and Disability in Karnataka, Andhra Pradesh, Tamil Nadu and Kerala (CLPR, Bangalore, 2019). https://clpr.org.in/wp-content/uploads/2019/08/Intersectionality-A-Report-on-Discrimination-based-on-Caste-with-the-intersections-of-Sex-Gender-Identity-and-Disability-in-Karnataka-Andhra-Pradesh-Tamil-Nadu-and-Kerala.pdf

28 India Today. 2020. Coronavirus: FM Sitharaman announces package worth Rs 1,70,000 crore for poor, daily wagers. https://www.indiatoday.in/business/story/finance-minister-nirmala-sitharaman-live-updates-economic-relief-package-india-coronavirus-1659912-2020-03-26

29 Khullar A. 2021. The Quint. How India's COVID Relief Package Ignores Women – 50% of Population.

https://www.thequint.com/voices/opinion/indias-covid-relief-package-ignores-women#read-more

30 Sudhir Anand and Victoria Fan (WHO 2016). The health workforce in India. https://www.who.int/hrh/resources/16058health_workforce_India.pdf

31 Khullar A. The Diplomat. May 29, 2021. Women in India Come Together to Fight COVID-19. https://thediplomat.com/2021/05/women-in-india-come-together-to-fight-covid-19/

32 Seethalakshmi S & Rahul Nandan. Mint 2020. 6.8 crore women in self-help groups join fight against covid-19. https://www.livemint.com/news/india/6-8-crore-women-in-self-help-groups-join-fight-against-covid-19-11588501444406.html

33 AIDMI. June 2022. Learning and Understanding Intersectionality of Women Led Disaster Preparedness and Resilience. Experience Learning Series 80. http://www.aidmi.org/sub-images/reports/Learning%20and%20Understanding%20Intersectionality%20of%20WLDPRR.pdf

34 AIDMI. January 2022. Issue No. 197, Intersectionality of Women Led Disaster Preparedness and Resilience. http://www.aidmi.org/sub-images/publication/Snet%20Intersectionality%20of%20Women%20Led%20DRR.pdf

35 AIDMI. January 2022. Issue No. 197, Intersectionality of Women Led Disaster Preparedness and Resilience. http://www.aidmi.org/sub-images/publication/Snet%20Intersectionality%20of%20Women%20Led%20DRR.pdf

36 AIDMI. June 2022. Learning and Understanding Intersectionality of Women Led Disaster Preparedness and Resilience. Experience Learning Series 80. http://www.aidmi.org/sub-images/reports/Learning%20and%20Understanding%20Intersectionality%20of%20WLDPRR.pdf

37 Jayna Kothari et al, Intersectionality: A Report on Discrimination based on Caste with the intersections of Sex, Gender Identity and Disability in Karnataka, Andhra Pradesh, Tamil Nadu and Kerala (CLPR, Bangalore, 2019). https://clpr.org.in/wp-content/uploads/2019/08/Intersectionality-A-Report-on-Discrimination-based-on-Caste-with-the-intersections-of-Sex-Gender-Identity-and-Disability-in-Karnataka-Andhra-Pradesh-Tamil-Nadu-and-Kerala.pdf

38 Sangita Dutta Gupta and Susmita Chatterjee. 2020. COVID-19 and its gendered impact. https://www.orfonline.org/expert-speak/covid19-gendered-impact/

39 Women Led Disaster Preparedness and Resilience. Experience Learning Series 80. http://www.aidmi.org/sub-images/reports/Learning%20and%20Understanding%20Intersectionality%20of%20WLDPRR.pdf

40 Bansari Kamdar, 2020. The Diplomat. India's Women Bear the Burden of Unpaid Work – With Costs to Themselves and the Economy. https://thediplomat.com/2020/11/indias-women-bear-the-burden-of-unpaid-work-with-costs-to-themselves-and-the-economy/

41 Roopa Purushothaman, Anu Madgavkar and Vivek Pandit. 2020. Hindustan Times. Opening with care. https://www.hindustantimes.com/analysis/prioritise-care-work-to-integrate-women-working-from-home-into-the-economy/story-QCCWBFL2j5Qm6G6NuULm1O.html

42 Singh S. March 8, 2021. DNA. Impact of COVID-19 on women's access to family planning services. https://www.dnaindia.com/analysis/comment-impact-of-covid-19-on-women-s-access-to-family-planning-services-2879831

43 World Economic Forum. 2021. COVID-19 has been a setback for women. Gender-responsive policies can stem the losses. https://www.weforum.org/agenda/2021/04/women-must-not-be-left-behind-in-the-fight-against-covid-19-india/

44 AIDMI. June 2022. Learning and Understanding Intersectionality of Women Led Disaster Preparedness and Resilience. Experience Learning Series 80. http://www.aidmi.org/sub-images/reports/Learning%20and%20Understanding%20Intersectionality%20of%20WLDPRR.pdf

45 World Economic Forum. 2021. COVID-19 has been a setback for women. Gender-responsive policies can stem the losses. https://www.weforum.org/agenda/2021/04/women-must-not-be-left-behind-in-the-fight-against-covid-19-india/

46 World Economic Forum. 2021. COVID-19 has been a setback for women. Gender-responsive policies can stem the losses. https://www.weforum.org/agenda/2021/04/women-must-not-be-left-behind-in-the-fight-against-covid-19-india/

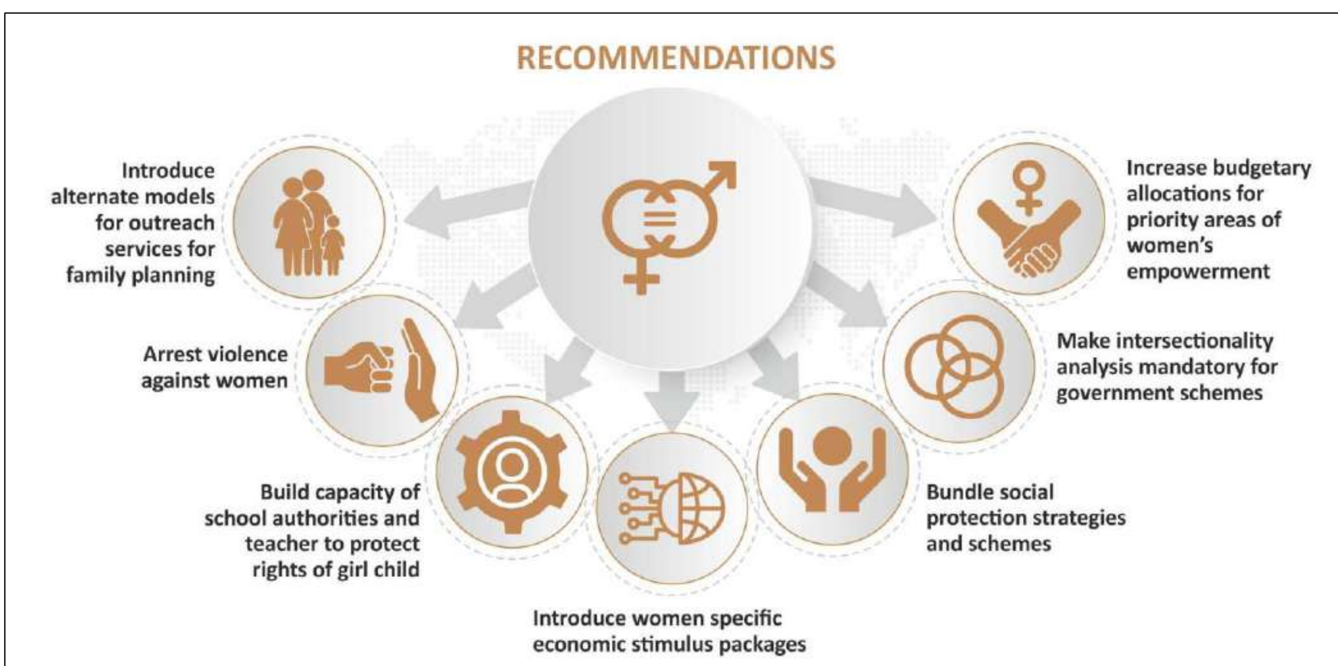
47 AIDMI. June 2022. Learning and Understanding Intersectionality of Women Led Disaster Preparedness and Resilience. Experience Learning Series 80. http://www.aidmi.org/sub-images/reports/Learning%20and%20Understanding%20Intersectionality%20of%20WLDPRR.pdf

48 AIDMI. June 2022. Learning and Understanding Intersectionality of Women Led Disaster Preparedness and Resilience. Experience Learning Series 80. http://www.aidmi.org/sub-images/reports/Learning%20and%20Understanding%20Intersectionality%20of%20WLDPRR.pdf

Thematic Areas – Women's Leadership in DRR

AIDMI and Priorities of Action of Sendai Framework for Disaster Risk Reduction

Priority 1 Understanding Disaster Risk	Priority 2 Strengthening disaster risk governance to manage disaster risk	Priority 3 Investing in disaster risk reduction for resilience	Priority 4 Enhancing disaster preparedness for effective response, and to Build Back Better in recovery, rehabilitation and reconstruction
• Key Role in Peace and Security • Programmes for and with Women • Enhancing Women's voice by engaging Men and Boys	• Participation in Local Actions • Role of Active Young Girls • Governance and Local Planning	• Implementation of SDGs, NDCs and SFDRR • Education, Health and Social Protection Services • Ownership and control of physical and financial assets – Land, Housing, Finance	• Sustainable Economic Empowerment • Making Humanitarian Action Flexible • Removing constraints for more and better jobs for young girls



Acknowledgements: Muhammad Taher, Mahbuba Nasreen, Ramona Miranda, Madhavi Ariyabandu, Achyut Luitel, Mihir R. Bhatt, Preeti Bhatt, Arun Hial, Laxmi Awsthi, Manish Patel.

ALL INDIA DISASTER MITIGATION INSTITUTE

https://duryognivaran.org/ https://www.grripp.net/ http://www.aidmi.org/

For more information contact Mehul Pandya: mehulp@aidmi.org

June 2022