



**Save the Children**

**WINGS 2022**

**World of India's Girls**

**Spotlight on Adolescent Girls amid COVID-19**



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# Acknowledgement

We would like to thank the girls and boys who, not only participated enthusiastically in the survey and the group discussions, but also put forth many thought-provoking ideas regarding the issues that were discussed with them. Our gratitude also to parents of adolescent girls and other stakeholders who gave us their precious time and responses. We are grateful to the communities in Bihar, Delhi, Maharashtra and Telangana for participating in the study who shared important insights from their lives. We acknowledge the contributions of various government officials and field implementers who shared their insights and challenges during the unprecedented times of COVID-19.

We are thankful to Mr. Sudarshan Suchi, CEO, Save the Children and Mr. Anindit Roy Chowdhury, Director, Policy and Program, Save the Children for their constant encouragement and guidance. We thank Dr. Namrata Jaitli, Director - Policy and Programme Impact for overall leadership, review and provision of technical inputs at various stages of the study. The report has benefited immensely from the inputs and the technical guidance from our technical advisor - Prof. A. K. Shiva Kumar, development economist, policy advisor and visiting faculty at universities in India and abroad.

We are grateful to Dr. Sonali Mukherjee, former Head – Research, Save the Children, who finalised the research framework, and provided dynamic leadership and technical inputs on the report. We extend our thanks to the following chapter authors from Save the Children, India for their significant contribution : Dr. Sonali Mukherjee (*'Intimacy, Endearment, Anxiety and Powerlessness: Voices of Adolescent Girls'*); Dr. Rajesh Khanna, Dr. Antaryami Dash and Dr. Gursimran Kaur (*'The Health and Nutritional Well-being of Adolescents Takes a Major Hit Head'*); Ms. Kamal Gaur and Ms. Ketaki Saksena (*'Setback to Early Learning and School Education as Decades of Progress Gets Erased'*); Mr. Prabhat Kumar and Mr. Om Prakash Arya (*'Gains Made In Reducing Child Marriage Could Get Reversed'*); and Mr. Manish Thakre (*'Shrinking Access to Safe and Inclusive Spaces for Play and Recreation'*). Special thanks to Dr. Poulomi Pal for her contribution to the introductory chapter (*The Covid-19 Pandemic: An Unprecedented Setback for Rights of Girl Child*).

We thank Bhawna Mangla, Assistant Manager – Research for the statistical analysis and overall coordination of the report. Our sincere thanks to Dr. Jatinder Bir Singh, Head- Monitoring Evaluation Accountability and Research and Mr. Farrukh Shah; former Manager, Research for their technical review and expert inputs to the report. We acknowledge the contribution of Global Pathfields for supporting us in data collection at the ground level. We acknowledge the contribution of Ms. Stephanie Samuel and the National Advocacy Team members, for their advocacy-related insights.

We sincerely acknowledge the contributions of Ms. Madhura Kapdi, Director- Campaigns and Communication and her team for coordinating and providing technical inputs in the editing and designing of report and other relevant information for the report.

Our sincere thanks are due to the Programme Implementation Team, under leadership of Mr. Santanu Chakraborty, Director, Programme Implementation, and support from Mr. Chittapriyo Sadhu, Mr. Jatin Mondar, Mr. Sanjay Sharma, Mr. Vikas Gora, Mr. Rafay Ejaz Hussain, Ms. Ipsita Das and Ms. Prasanthi Bathina. We thank Manu Bhatia for copy editing and Papyrus Printmakers India for the designing support for the report.

# Preface

## World of India's Girls: Spotlight on Adolescent Girls amid COVID-19

Girls, especially adolescents, face specific and often disproportionate economic, education, health, and social risks, which is not only due to persistent poverty but also due to deep-rooted patriarchal, and harmful social and gendered norms. Unequal power relations at home as well in the society with limited access to resources, and information, coupled with child marriage and early pregnancy, disallow adolescent girls and young women to fully grow to their potential and actively contribute to the society. The COVID-19 pandemic has caused further damage to this existing inequality as well as access to basic rights.

Save the Children (also known as Bal Raksha Bharat) is committed to help adolescents build their own “agency” to make good choices as they transition to adulthood, choices that will improve their well-being. Engaging with parents, communities and local governance structures, Save the Children aims to catalyse efforts to ensure adolescents have the knowledge, attitudes and skills to challenge restrictive social and gender norms and to build a sensitive programme and policy environment that enables young people to thrive and lead dignified lives.

At Save the Children, we strongly believe in investing in generating evidence and using that evidence to inform programme and policy initiatives for greater impact. In May 2013, Save the Children conceptualized the *World of India's Girls Report (WINGS 2014 Report)*, a document that took an in-depth look into the complex status of girls in India. In 2018, Save the Children came out with the second edition- “*WINGS 2018: World of India's Girls: A study on the perception of girls' safety in public spaces*”. This report aimed at exploring and understanding how the perceptions of girls' safety (or the lack of it) acts as a barrier to these young girls accessing their basic rights and living productive lives.

With the intent of understanding the implications of COVID-19, on the lives of girls from vulnerable households in urban slums Save the Children, India conceptualised the report titled “**WINGS 2022 .World of India's Girls: Spotlight on Adolescent Girls amid COVID 19**”. The report is aimed at understanding the implications of pandemic on adolescent girls' access to education, health, nutrition and play and recreation, and risk of child marriage.

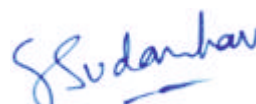
The study findings from the four states highlights the food and nutrition insecurity faced by majority of the adolescent girls from marginalized households of urban slums. During the pandemic, adolescent girls have limited access to sanitary napkins, information channels on adolescent sexual and reproductive health rights. Very few were able to attend virtual classes and instead took the additional responsibilities of household chores with limited opportunities for play and recreation.

The findings are a glimpse of during and post lockdown early pandemic situation in India, which would have only worsened with the multiple mutations of the COVID-19 virus since then. The study also recognizes efforts undertaken by the government and civil society organisations in providing support to adolescent girls. The report concludes with set of robust recommendations and good practices for the policy makers, child rights organisations and other key stakeholders to adapt and scale up.

The issues of vulnerability of girls highlighted by the report needs to be owned by each one of us; as individuals, families, communities, civil society organisations, media and the Government. We hope that this report will be widely used by all stakeholders to inform policy and programmes , leading to catalytic change in making India an equal and better place for our girls.



**Deepak Kapoor**  
Chairperson  
Save the Children, India



**Sudarshan Suchi**  
Chief Executive Officer  
Save the Children, India

## In the words of Save the Children's Girl Champion



Image Credit: Save the Children, India

नमस्कार, मैं लूसी शर्मा, सेव द चिल्ड्रन (बाल रक्षा भारत) की एक चाइल्ड चैंपियन हूँ, बच्चों की आवाज बनकर उनके अधिकारों के लिए लोगों को जागरूक करती हूँ। जब मैं बड़ी हो रही थी तब सोचती थी कि काश मैं भी लड़का होती। लेकिन धीरे-धीरे मुझे यह बात समझ में आ गई कि मैं वह सब कुछ कर सकती हूँ जो लड़के करते हैं। जब मेरा चुनाव लंदन में होने वाले विश्व कप के लिए हुआ तब मेरे समाज के लोगों को विश्वास नहीं हुआ। कई लोगों ने शंका भी जताई। लेकिन मेरे माँ और पापा ने मेरा साथ दिया था। मुझे लगा कि अगर मैं अपने डर को हावी होने दूँगी तो कभी भी अपनी क्षमताओं के बारे में नहीं जान पाऊँगी और वे समाज के लोग यही सब कहते रहेंगे जो आज कहते हैं। मैं लोगों को गलत साबित करना चाहती थी। ये थी मेरी कहानी। आज भी लड़कियाँ अपने सपनों को पूरा नहीं कर पाती हैं।

कोविड-19 के आने के बाद हमने ये देखा कि लड़कियाँ और भी पीछे होने लगी। स्कूल बंद होने के कारण हमारी पढ़ाई रुक गई। ऑनलाइन क्लास आसान नहीं है। हमारे मोहल्ले के ज्यादातर लोगों के पास एंडरोइड फोन नहीं है। मेरे घर में भी सिर्फ एक ही फोन है। जब यह उपलब्ध होता है तब मैं क्लास कर लेती हूँ। लॉकडाउन में यह विशेष रूप से मुश्किल था। पापा को बहुत ज्यादा काम नहीं मिल रहा था और कई बार तो ऐसा हुआ कि हम अपना फोन तक रिचार्ज नहीं करवा पाते थे। मैंने ये देखा कि लड़कियाँ घर का सारा काम कर रही थी, उनकी छोटी उम्र में शादी हो रही थी। उस समय बहुत से लोगों की आय कम हो गयी तो लोग डर गए थे।

मैं चाहती हूँ कि दुनिया में कोई भी लड़की कैद न रहे। अगर उसे खेलना है, पढ़ना है, दौड़ना है या कॉलेज जाना है तो माता पिता को उनका सहयोग करना चाहिए। आज की दुनिया में ऐसा नहीं है कि सिर्फ लड़के उनके माँ बाप का ख्याल रखते हैं। हम लड़कियाँ भी रख सकती हैं। हम सब आगे बढ़ना चाहती हैं और हमारी पूरी कोशिश रहेगी कि सब जगह जाकर हम जागरूकता बढ़ायें।

मेरे लंदन जाने से लोगों की सोच में भी बदलाव आया है। इलाके के सभी लोगों को हम पर गर्व है। अब उन्हें इस बात पर भरोसा है कि लड़कियाँ भी कुछ कर सकती हैं। इस खेल ने मुझे बहुत कुछ सिखाया है। सबसे जरूरी सीख यह है कि अकेले कुछ भी नहीं किया जा सकता है। आपको अच्छे परिणाम तभी मिलते हैं जब आप एक टीम के रूप में काम करते हैं।

सेव द चिल्ड्रन ने शुरु से हमारा साथ दिया है। मेरी उम्मीद है कि हम साथ मिलकर अपना पूरा दम लगाएंगे ऐसी दुनिया बनाने में जहाँ बच्चों को, खासकर लड़कियों को अपना अधिकार हासिल हो। उनके सपनों को बुलंद उड़ान मिले।

*Lusi Kumari*

लूसी कुमारी, कोलकाता

# Abbreviations

<b>ADB</b>	Asian Development Bank
<b>ANM</b>	Auxiliary Nurse Midwife
<b>ASHA</b>	Accredited Social Health Activist
<b>AWDC</b>	Anganwadi Development Committee
<b>AWWs</b>	Anganwadi Workers
<b>CPC</b>	Child Protection Committees
<b>CSOs</b>	Civil Society Organisations
<b>DEO</b>	District Educational Officer
<b>FGDs</b>	Focus Group Discussions
<b>ICDS</b>	Integrated Child Development Scheme
<b>IFA</b>	Iron Folic Acid
<b>IMF</b>	International Monetary Fund
<b>KIIs</b>	Key Informant Interviews
<b>NCW</b>	National Commission for Women
<b>NFHS</b>	National Family Health Survey
<b>NGO</b>	Non-Government Organisation
<b>NSDC</b>	National Skill Development Corporation
<b>OECD</b>	Organisation for Economic Co-operation and Development
<b>PCMA</b>	Prohibition of Child Marriage Act
<b>PDS</b>	Public Distribution System
<b>PPE</b>	Personal Protective Equipment
<b>SDGs</b>	Sustainable Development Goals
<b>SHG</b>	Self-Help Groups
<b>SRHR</b>	Sexual Reproductive Health Rights
<b>THR</b>	Take Home Ration
<b>UN</b>	United Nations
<b>UNCRC</b>	United Nations Convention on the Rights of the Child
<b>UNDP</b>	United Nations Development Programme
<b>UNESCO</b>	United Nations Educational, Scientific, and Cultural Organization
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations International Children's Emergency Fund
<b>WASH</b>	Water, Sanitation and Hygiene
<b>WHO</b>	World Health Organization
<b>WINGS</b>	World of India's Girls

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# Executive Summary

## 1 About the Study

WINGS 2014, the first report - explored unequal challenges faced by girls and women despite economic growth and social development. WINGS 2018 examined the underlying gender stereotypes and their implications on girls' safety in public spaces. WINGS 2022, the third in the series highlights the adverse impact of COVID-19 on girls with a focus on inhabitants of urban slums.

The ravaging pandemic has brought an unprecedented loss of lives and livelihoods coupled with catastrophic food insecurity, lack of access to healthcare, quality education, and increased vulnerabilities, adversely impacting the children belonging to the populations living on the fringe worldwide. Gender inequality has perpetuated and aggravated, derailing decades of progress. The once-in-a-century humanitarian crisis has devastated and threatened the rights of millions of girls.

India, which has the world's largest proportion of children of below 18 years is rapidly urbanizing. Never before in history, hundreds of thousands of people have been forced to move to live in unhealthy conditions in these urban settlements. Restrictions and lockdowns have led to a severe blow to their livelihoods. Girls, more than boys in these localities have been severely affected.

Any crisis disproportionately impacts more vulnerable population. The detriments could be stark. Girls have for long suffered gender discrimination. Unfortunately, there is lack of evidence about the impact of COVID-19 on girls, especially those living in urban areas. This lack of evidence impacts all the stakeholders in framing response as well as long-term strategies to ensure that girls are not denied their rights. Considering this gap in evidence, Save the Children (also known as Bal Raksha Bharat) conducted a research study with an aim to generate evidence on understanding impact of COVID-19 on girls.

The study captures the repercussions on girls' access to health, education, and opportunities for play and recreation. It focuses on the changes that have taken place in the overall context of their insecurities. It also includes understanding the coping mechanisms adopted by the families to deal with the increased health and nutritional insecurities, the abrupt decline in learning opportunities, the pressure on early marriages, and limited play and recreation facilities. The study also captures the voices of adolescent girls, to describe the changes that have occurred in their lives. The findings are paramount to framing an appropriate response to build back better by way of formulating recommendations to all stakeholders #allyouforher. These will enable the policymakers and implementers to take informed long-term strategic measures to safeguard and uphold the rights of girl children.



### Methodology

The study was conducted in February 2021 in Delhi, Maharashtra, Bihar, and Telangana representing the four geographical zones (East, West, North and South). The states in each zone were selected using a composite measure including metrics such as incidence of COVID-19, child sex ratio, women getting married before 18 years, annual dropout ratio and women between the ages of 15-24 years using hygienic methods during menstrual cycle. The sample was selected using the nonprobability sampling technique. Within each state, two districts/cities were selected, hence, eight districts/cities were included in the study.

A mixed methods approach was used involving a combination of quantitative and qualitative tools; primarily a quantitative survey, focus group discussions (FGDs) and key-informant interviews (KIs). The sample is not meant to represent a pan-India picture but to draw an overall sense of the prevailing perception on the issue of impact of COVID-19 on rights of girls in urban spaces of the selected states. The quantitative survey involved a structured questionnaire survey administered among 1,092 mothers of adolescent girls (aged between 10 to 18 years). Additionally, a subset of the structured questionnaire was also administered on adolescent girls (1092 in number) from the same household (daughters of the respondent mother). A total of 30 FGDs were conducted with adolescent girls (aged 10-14 years and 15-18 years), adolescent boys (aged 15-18 years), and mothers and fathers of adolescent girls. In addition, KIs with various stakeholders such as front line health workers and school staff were conducted.

The study used recall method to understand their experience and access to services during lockdown period (April to June 2020) and post lockdown situation (November 2020 to January 2021). For some indicators, general experience during the pandemic (since March 2020) was also captured. Lastly, for a select set of indicators, experiences were asked for three time periods - before lockdown (before March 2020), during lockdown (April to June 2020) and post lockdown (November 2020 to January 2021). Key findings that have emerged from the study are as follows:

## 2 Key Findings

### 2.1

**The health and nutritional well-being of adolescents has taken a major hit:** In households living in poverty, women and girls are particularly disadvantaged in their access to household resources, including food and nutrition (UNICEF, 2019). Undernourished girls grow up to become undernourished women who give birth undernourished children. As per the study findings:

- a) More than four out of five households (81 per cent) suffered from food insufficiency (as reported by mother respondent) during the initial lockdown period as shops were closed, food became expensive, and government relief did not reach all families.
  - During this period, rising food prices, food shortages, long lines, and limited support from government made it difficult for households to access food.
  - Most families had to cope with the situation by taking resort to cheaper or less favored food options, borrowing money or food, reducing the number of meals eaten, and limiting the portion sizes of meals.
- b) Four out five mothers (78 per cent) reported that their adolescent daughters faced difficulties in accessing sanitary napkins during lockdown period owing to limited government supplies, lack of money, and closure of shops.
- c) Two in three adolescent girls (68 per cent) reported that they did not have access to or receive any health and nutrition services (including interacting with the frontline health workers) during the lockdown.
  - During lockdown period, fear of getting infected, closure of schools and health centers, long queues and unavailability of health staff made it difficult for adolescent girls to access health and nutrition services
  - During the post lockdown period, more than half (51 per cent) of the adolescent girls continued facing challenges in accessing health services.
- d) Three in five adolescent girls (62 per cent) did not have access to information on sexual and reproductive health rights (SRHR) during the pandemic.
  - Only one in five girls (21 per cent) was able to access information on SRHR using the digital medium or social media platforms.

### 2.2

**School closures have caused a major setback to learning continuity:** The COVID-19 pandemic disrupted children's learning around the world. In India, it erased seven decades of progress made through proactive programs and legislations including the Sarva Shiksha Abhiyan or Education for All (2000) and the Right to Education Act (2009). Closure of learning facilities disrupted the lives of over 320 million children majority of which were enrolled at the primary and secondary level (86 per cent). Some of the major findings of the study are:

- a) Across the four states, one in three (33 per cent) girls attended online classes during the lockdown.
- b) Three in four mothers (73 per cent) clearly indicated that the pandemic had adversely impacted their daughter's learning to a large extent.
- c) Since the closure of school, two in five girls (42 per cent) were not contacted by school staff as reported by mothers during the pandemic period.
  - School closures severely reduced the learning opportunities for girls.
- d) With respect to the support received from external sources during pandemic, more than one in two mothers (55 per cent) reported that their adolescent daughters did not receive any support.
- e) One in four (23 per cent) girls did not have access to any type of learning materials at home during the pandemic
  - One in two girls (46 per cent) did not have course books, as reported by mothers.
- f) Two in five mothers (44 per cent) reported that their adolescent daughters felt agitated and anxious during the lockdown period (April to June 2020).

**2.3 Progress made in ending child marriage could get reversed:** The prevalence of child marriage in India has seen a sharp reduction in terms of the rate and absolute numbers in the recent years. The prevalence of child marriage has declined from 74 per cent in 1970 to 27 per cent in 2015. There has been a decrease in absolute numbers as well in the number of girls being married before 18 years from 12.3 million in 1992-93 to 10.7 million in 2015-16. Findings from the study suggest that:

- a) Job losses and reduced household incomes due to the pandemic have increased the likelihood of child marriages.
- b) One in seven (14 per cent) mothers felt that the pandemic has increased the risk of early marriage among girls.
- c) Girls face greater risk of early marriage than boys as one in two mothers (52.4 per cent) perceive that the chances of girls rather than boys getting married early are higher due to COVID-19.
- d) There is lack of awareness about the issue of child marriage. About one in ten mothers (10 per cent) believe that appropriate age of marriage is below 18 years.
- e) Nine in ten mothers (92 per cent) shared that they have not come across any awareness building activity around the issues of child marriage during the pandemic.

**2.4 Access to safe and inclusive spaces for play and recreation has diminished during the COVID-19 pandemic:** COVID-19 has further heightened the already restricted access to play and recreation made worse by the closure of schools and restrictions on movement during the lockdown. Physical restrictions due to COVID-19 have severely dented the opportunities for adolescent girls to meet their friends, engage in sports, play and participate in extracurricular and other leisure activities. These circumstances have seriously jeopardized their access to spaces that are traversed on a daily basis to keep them active and playful. The study shows that:

- a) An overwhelming majority (88 per cent), nine out of ten mother respondents, perceive play and recreation to be extremely important for girls between the ages of 10-18 years.
- b) Not going to school has reduced the opportunities for play and recreation as schools are the spaces for girls to engage in extracurricular activities and pursue creative pursuits with their classmates. One in two girls (50 per cent) reported that they missed the journey of going and coming back from school with their siblings and friends. Many girls also missed the games period (one in two girls, 46 per cent), library class (two in five girls, 40 per cent), lunch break (one in three girls, 35 per cent) as well as the drawing and painting class (one in three girls, 30 per cent).
- c) The mothers shared that the pandemic has reduced the time spent by girls outdoors for playing, recreation and meeting friends as adolescent girls found it really difficult to take out time for outdoor activities during lockdown. More than one in two girls (56 per cent) did not get time to indulge in outdoor play and recreation during the lockdown as responded by mothers.
- d) Before the lockdown, streets were the most preferred outdoor space for girls (two in five girls, 40 per cent) followed by school ground (one in three girls, 33 per cent), friend's place (one in three girls, 27 per cent), parks (one in five girls, 21 per cent) and playgrounds (one in ten girls, 10 per cent). Streets remained the second most preferred places for outdoor activities for girls during the lockdown (15 per cent) and this increased to 33 per cent after the lockdown.
- e) Lockdowns, imposed on account of the COVID-19 pandemic, seriously limited children's access to spaces for play and recreation.
- f) One in two girls (51 per cent) reported that they were watching TV more as compared to pre-pandemic days. This was followed by household chores (two in five girls, 43 per cent), use of mobile phones (two in five girls, 39 per cent), and playing board games (one in three girls, 33 per cent).

## 3 Recommendations

### 3.1 Thematic Recommendations

#### Education



- **Ensure safe back to schools (SB2S) for girls:** Plans to re-open schools should be gender-responsive and need to ensure a supportive environment for girls to return to schools. School infrastructure must ensure proper water, sanitation, and hygiene (WASH) facilities, especially gender-specific toilets. It is important that teachers, Anganwadi Workers (AWWs) and helpers, limit their role to teaching/academic work with minimized use of schools and educational institutions for any public health interventions.
- **Equitable access to teaching learning materials** for vulnerable children with special focus on girls should be ensured. There is a need to focus on developing low-tech and no-tech solutions. There is need to map digital content to textbooks to aid the concurrent use. For highly popular platforms like WhatsApp, more immersive content can be created for example quizzes, multiple choice questions and open book questions.
- **Hold virtual (call/SMS-based) and in-person meetings with parents, and students to ensure re-enrolment in case students have dropped out of school/not re-enrolled:** These meetings can be used to encourage parents to ensure enrolment of girls for the next academic year. An attendance tracking mechanism could be established at school level to identify frequent absenteeism and track children with a focus on girls to bring them back to school. Gender disaggregated data should be collected to check progress on re-enrolment and attendance. Officials at the block and district levels (BEO/DEO/BRC/CRC) as well as School Management Committees, Mothers Groups, and Anganwadi Development Committees can play a key role in these efforts.
- **Ensure psychosocial wellbeing support to combat the impact of COVID-19 for children, parents, caregivers, and educational personnel:** Given that psychosocial wellbeing is a significant concern, states can consider appointing trained counsellors to schools to hold virtual sessions with students in the near term and in-person sessions as schools re-open. States can explore launching community well-being drives to address well-being challenges and make resources available. This can involve district-level training sessions of community 'well-being teams' made of AWWs and school teachers to equip them with counselling skills and well-being resources.

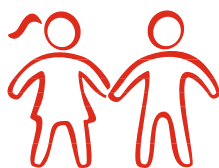
Save the Children's Guidelines for Safe Return to Anganwadi Centres and Schools have been shared with the State Education Departments of Karnataka, West Bengal, Uttar Pradesh, Telangana and Andhra Pradesh along with safe return protocols including class-wise timetable, duration of sessions, safety procedures (i.e., sanitizing classrooms after each class and provision of personal protective equipment (PPE) kits) to be followed, and re-course steps, if COVID-19 cases emerge.

## Health and Nutrition



- **Improve equitable coverage of healthcare services:** There is a need to improve equitable coverage of healthcare services by removing financial and non-financial barriers. It is important to prioritize efforts and resources to make services available free at the point of use for vulnerable children, especially girls.
- **Action plan for continuity of services:** Develop a strategic plan of action for continuation of services provided through the anganwadis (reproductive and child health services, routine immunization, menstrual hygiene products, supplementary nutrition, distribution of iron and folic acid tablets, etc.) or alternative modes to deliver them with a specific focus on girls.
- **Strengthen adolescent-specific programs:** Strengthen existing programs such as Adolescent Friendly Health Centres to address issues of young people, especially girls, including their mental health needs.
- **Ensure food security:** Ensuring food security by continuing existing social protection schemes is important (including those announced during the pandemic) so that the most deprived and marginalized (including migrants) families can also provide for healthy development of girl child.

## Addressing Child Marriage



- **Develop community-based monitoring systems to prevent child marriages:** with the involvement of different committees established at the ward/village and gram panchayat level such as Child Protection Committee (CPC), Village Health, Sanitation and Nutrition Committee (VHSNC) and others. These committees should jointly conduct a census of adolescent children, particularly adolescent girls, and protect them from becoming potential victims of marriage and trafficking.
- **Invest in building the agency of girls and women:** There is a need to empower girls and women so that they exercise their life choices. Civil society organizations can play an important role in doing the same. This will require supporting monthly meetings of adolescent girls, advocating with government for improved services and functioning of protection mechanisms for children. It is also important to create opportunities for child and young people-led advocacy and accountability on child marriage through forums such as children's groups and youth groups.
- **Support girl's life skills education:** This can be done by introducing self-paced learning on life skills and incorporating this in their academic learning.
- **Encourage home visits:** It is important to encourage home visits by frontline workers and committee members to the households having adolescent girls to educate the parents or caregivers with the right message to break the prevailing harmful social and gender norms that make girl child vulnerable.
- **Strengthen law enforcement agencies:** Strengthening law enforcement agencies is critical to make them more effective in (i) spreading awareness about the criminal provisions under different child protection laws including the Prohibition of Child Marriage Act, 2006 (PCMA) and (ii) enforcing provisions in law that punish officers for dereliction of duties.
- **Rapidly scale up inclusive digital and remote learning:** This will require developing programs to support the safe return of the girls to school including access to WASH and SRHR services, introducing tele-counseling and information support services on SRHR and menstrual health and hygiene, as well as information on contraceptives and family planning methods.



## Play and Recreation



Several initiatives of the Ministry of Housing and Urban Affairs (MoHUA) including the flagship Atal Mission for Rejuvenation and Urban Transformation (AMRUT) and Smart Cities Mission on refurbishment of parks and playgrounds including tactical urbanism interventions recognize the critical importance of play and recreation for the physical growth and mental well-being of children. However, even before the COVID-19 pandemic, children and girls did not have sufficient spaces for safe play and outdoor recreation activity. The COVID-19 pandemic has made situation worse by causing serious disruptions to girls' access to play and recreation whether indoor or outdoor due to physical restrictions on movement as well as school closures. Considering this, it is important to:

- **Promote active behaviors:** Encourage teachers and parents to engage girls in active behaviors by promoting participation in sports, games or other creative pursuits rather than spending time on sedentary activities such as watching TV, using mobile, or doing nothing.
- **Create new safe spaces:** Impress upon governments and communities to create new safe spaces for children and girls to congregate and play.
- **Raise awareness about available facilities:** Make girls aware about the different facilities for play and recreation in their neighborhoods.
- **Install age-appropriate play equipment in parks:** Urge communities to build separate playgrounds and install age-appropriate play equipment (such as swings and see-saws) in parks.
- **Ensure proper lighting:** Provide proper lighting in the play area including the route traversed by girls for accessing parks or playgrounds from their homes.
- **Child-friendly parks:** Design parks and playgrounds in a creative manner and make them child-friendly in order to improve girls' footfall.
- **Make play equipment available in schools:** Open gymnasiums and make play equipment available in schools for increased engagement of girls in play and recreation activities.
- **Appoint female physical training teachers:** Appoint female physical training teachers to train girls in various sports.

## 3.2 Cross-Cutting Recommendations

- **Scale-up Investments on Girl Child:**

Considering that COVID-19 pandemic and its after-effects will continue to impact the lives of girls in near future, there is a need to increase investments on girl child. Hence, it is important to ensure that health, nutrition, education, and protection services are well-resourced and inclusive with a specific focus on girls. Greater importance on Gender Responsive Budgeting is required to address gender inequality.

- **Build Engagement of Multi-Stakeholders:**

A coordinated and synergized effort is required to have state, civil society organizations, private sector, academia, media, community, citizens, and girls to work together to address the issue of violation of rights of girls and come up with innovative solutions to address this challenge.

- **Listening to Voices of Girls:**

There is a need to listen to the voices of girls. It is important to ensure that dialogue and interaction with girls captures their experience and the impact of COVID-19. These experiences and interactions should be used to develop response plans to improve girls' access to services.

- **Build agency of girls:**

Building the agency of girls and empowering them to exercise their life choices by (i) advocating with the government for improved services and functioning of protection mechanisms for children, (ii) creating opportunities for child and young people-led advocacy and accountability on child rights issues including child marriage, and (iii) utilizing children's groups, youth groups and other forums for children to disseminate information about child rights and lead activities for children in their communities.

- **Strengthen the Delivery System:**

There is a need to strengthen the delivery mechanisms to ensure effective implementation of programs for girls. Ensuring the availability of trained and skilled workforce is also crucial to reach out to girls.

- **Provide Additional Support to the Institutions, Structures, and Frontline Workers**

in terms of finance, capacity-building, providing incentives to work proactively for by motivating, educating and convincing parents and guardians of girls to advance child rights and promote the best interests of children, particularly girls.

- **Improve and Develop Community-based Monitoring Systems**

to ensure involvement of different committees established at the ward/village/gram panchayat level such as CPC and VHSNC, among other efforts. Jointly conduct census of adolescent children, particularly of adolescent girls.

- **Generate Evidence on Girl Child:**

There is a need to invest in building evidence on the impact of COVID-19 on girls. Efforts in generating data on girls in the context of COVID-19 should be directed at all the critical child rights issues including health, nutrition, education, and child protection.

Image Credit: Save the Children, India





**Chapter : 1**

**The Covid-19  
Pandemic:**

**An Unprecedented Setback for  
Rights of Girl Child**



## 1.1 Child Rights and the Covid-19 Pandemic

The COVID-19 pandemic is an unparalleled health, education, and humanitarian crisis that has impacted the lives of millions of children worldwide. At the peak of the global lockdowns, there were over 1.5 billion affected learners in 194 countries due to school closures in nearly all of Europe, Africa, Latin America, and much of Asia (UNESCO, 2020).

The COVID-19 pandemic has not only disrupted learning of children but has led to the discontinuation of school meals, reduced access to sanitary and hygiene products, and limited interaction with friends and associates (UNICEF, 2020). Globally, school closures and the subsequent suspension of school meals are estimated to have affected nearly 368.5 million children worldwide (World Vision, 2020). The impact of the pandemic on children and the Sustainable Development Goals (SDGs) is expected to be worldwide. According to the United Nations, 'hundred and thousands of additional under-5 deaths are expected in 2020; school closures have impacted 90 per cent of students; remote learning is out of reach for 500 million students' (United Nations a, 2020). The Malala Fund estimates that globally 20 million additional girls might drop out of secondary schools (Malala Fund, 2020). The United Nations Educational Scientific and Cultural Organization (UNESCO) estimates around 10 million more secondary school-aged girls could be out of school following the crisis (UNESCO, 2020).

Globally, the Guttmacher Institute, in 2019, found that adolescent girls (43 per cent between the ages of 15-19 years) were not using modern contraceptives, which have resulted in unsafe abortions (5.7 million) and unwanted pregnancies (10 million) (Sadinsky, et. al., 2020).

In South Asia, the pandemic is threatening to reverse the progress made over the years in improving antenatal and new-born care, reducing dropout rates of girls, and delaying early marriages (UNICEF, 2020). Significantly, the pandemic has affected women and girls more adversely than men and boys.

Adopting a gender lens, this chapter examines the impact of COVID-19 pandemic on the survival, development, and protection rights of children in India, especially girls. The chapter also maps responses from non-governmental organizations (NGOs), humanitarian organizations, state governments, the private sector, and calls for COVID-related prevention and risk mitigation strategies to strengthen programs and policies promoting child rights.

## 1.2 The Disadvantaged Girl Child in India

Over the past three decades, India has recorded considerable progress in the assurance of child rights. Children have benefitted from the impressive increase in India's per capita incomes (World Bank, 2018) and the resulting declines in poverty (Oxford, 2018). The infant mortality rate (IMR) fell from 55 in 2009 and 32 per 1,000 live births in 2018 (SRS, 2020). India's maternal mortality rates, closely linked to the survival of the child, declined from 130 per 100,000 live births in 2014-16 (SRS, 2014-16) to 113 in 2016-18 (SRS, 2016-18). The proportion of women who were literate increased from 55.1 per cent in 2005-06 to 68.4 per cent in 2015-16. Gains were made along other dimensions of child rights as well. For example, by 2015-16, 88 per cent of children aged 6-17 years were attending school – with an equal proportion of boys and girls (NSS 76<sup>th</sup> Round, 2018).

Despite the progress, large shortfalls continued to persist in the assurance of child rights. For example, in 2015-16, of those who were poor, close to 156 million (around 35 per cent) was a child under 10 (Oxford, 2018). In 2016-18, nearly 39 million - close to 34.7 per cent of children 0-4 years - were stunted. Of these, 15 million were severely stunted (CNNS, 2018).

Indian girls faced several disadvantages vis-à-vis boys. Several studies have pointed out poor nutritional status, lack of education, poor access to health services, poverty rather than age of marriage to be factors leading to school drop outs and the persistence of child marriages. It is estimated that millions of women and girls are 'missing' from India's population due to sex-selective abortions and female infanticide. The sex ratio of children under 6 years old declined from 945 in 1991 to 918 in 2011 indicating a worsening of the anti-female bias across society (Census 2011).

UNICEF estimates that South Asia has '7.7 million children under five suffering from wasting, over 56 million are stunted of which 40 million children are in India' (UNICEF, 2020). In India, 60 million children are underweight, 45 per cent are stunted, 21 per cent are wasted, and 75 per cent are anemic. In fact, malnutrition is the most significant contributor for under-five mortality in India. Women and girls form a majority of undernourished population in India (Khullar & Sharma, 2020).

Adolescent pregnancies and reproductive health rights of adolescents in India and globally have often been stigmatized based on age, marital status, fertility, and class among other factors. Adolescent pregnancies and birth have remained the leading cause of mortality for girls (WHO, 2020). In addition, neonatal mortality accounted for 23 per cent, under-5 mortality accounted for 17 per cent, and stunting for under 5 accounted for 27 per cent of the global burden (UNICEF, 2020).

There have been significant improvements in the enrolment of girls at primary and elementary levels, but the drop-out at the higher secondary levels is drastic from 91.58 per cent (elementary) to 31.42 per cent (higher secondary) (National Institute of Educational Planning and Administration, 2018). The increase in school dropout between lower secondary and upper secondary levels is due to a number of factors including marriage, economic barriers, safety concerns, quality of school education, taking up paid work or engaging in unpaid care work within the household. Additionally, education is not perceived to be geared for employment and employability by parents of adolescent girls. Close to half (51 per cent) of Indian girls drop out of school by the age of 15; 7.9 per cent of women aged 15-19 years are already mothers or pregnant; 26.8 per cent of women aged 20-24 years were married before the age of 18 years; 22.5 per cent of ever married adolescent girls and women have experienced spousal violence (UNICEF, Girls Not Brides, n.d.).

Data shows a decline in child marriage in the last decade (from 46 per cent to 23 per cent for women) (National Family Health Survey (NFHSV, 2019-21), in India. However, one in three (29 per cent) women (aged 18-49) married or with a partner have experienced physical, sexual, or emotional violence by their husband or partners, and 1.5 per cent young girls had experienced physical violence of the age group (NFHSV, 2019-21).

In India, girls also face an unequal burden of household domestic and care work, and are often least likely to have access to devices and internet which leads to facing barriers in distance learning. In addition to education inequality in terms of access and opportunities, it is pertinent to recognize that girls were already twice as likely to have less than four years of education even prior to the pandemic (WIDE Database, 2015).

### 1.3 The Adverse Impacts of Covid-19 on the Girl Child

World Health Organization (WHO) declared COVID-19 a public health emergency on January 30, 2020 and a global pandemic on March 11, 2020 (European Centre for Disease Prevention and Control, 2020; Cucinotta and Vanelli, 2020). Since then, countries have responded by instituting measures that include compulsory lockdowns, quarantines, mass testing, bans on social gatherings, closure of restaurants and certain retail industries, international and local travel bans, and the shutting down of schools. The corona virus pandemic and containment measures have plunged the global economy into deep contraction with most countries recording negative growth rates in 2020. Millions of workers have lost their livelihoods and families have been severely impoverished. The impact has been felt most disproportionately by vulnerable and marginalized communities, inequalities - intersectional and intergenerational - have been made worse by the pandemic (UNDP, 2020; Plan International, 2020; Oxfam India, 2021). Overall, as pointed by the International Monetary Fund (IMF), World Bank, and the Organisation for Economic Co-operation and Development (OECD), the impact of COVID-19 pandemic will exacerbate poverty and increase inequality in countries worldwide (World Bank, 2020).

When the first case of COVID-19 was detected in India in January 2020, the growth of the Indian economy had begun to slow down (Economic Survey, 2019-20). This triggered job losses and a sharp increase in unemployment (Nagaraj, 2020). India's unemployment rate reached a 45-year high of 6.1 per cent in 2017-18 (PLFS Survey, 2017-18). Youth unemployment rates (persons of age 15-29 years) during the same year were particularly high among rural male youth (17 per cent) and urban female youth (27 per cent) (World Bank Databank, 2020).

The impact of the global COVID-19 pandemic has drastically affected children and disproportionately impacted the girl child in many different ways. The disadvantage faced by girls is stark when it comes to accessing education, sexual and reproductive health, food and nutrition, ensuring menstrual hygiene, and dealing with mobility and migration. Girls, more than boys, face heightened risks of abuse and sexual violence, increased burden of domestic care work and dropping out of educational institutions. Girls are also at a disadvantage when it comes to socializing and play, facing mental health challenges, and accessing digital technology (A Generation at Stake, 2020; Population Foundation of India, 2020; Plan International, 2020).

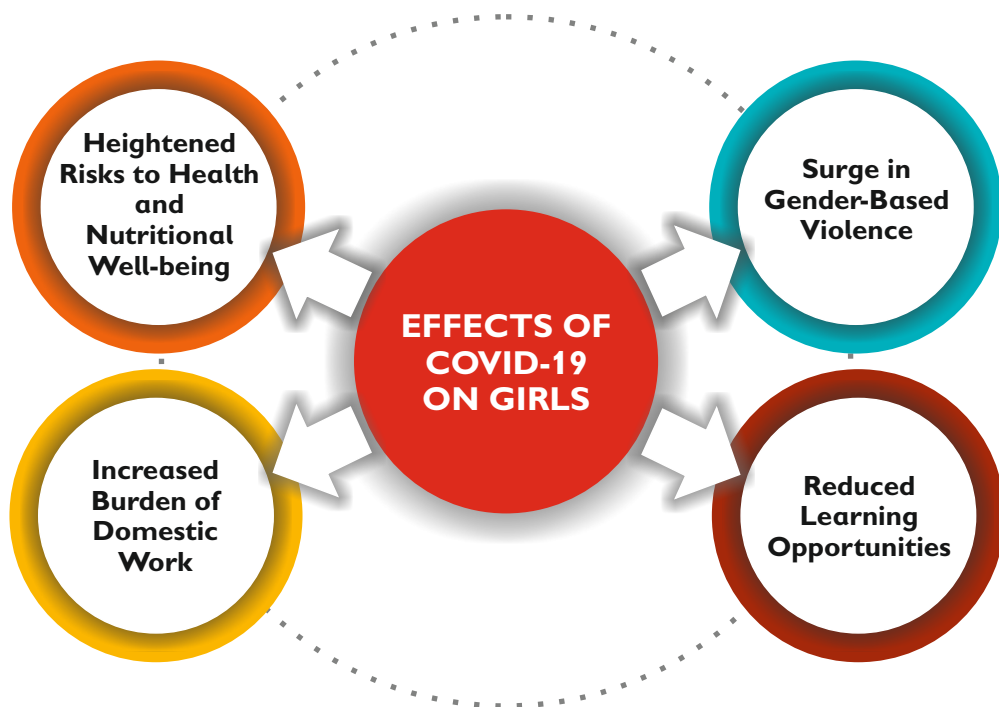
Particularly disadvantaged are street children living in urban areas. According to a study conducted by Save the Children (also known as Bal Raksha Bharat), 79 per cent of street children do not have legal documents, 70 per cent are involved in child labor, and every third child has faced violence. One out of four children sleep hungry at least once a week, 63 per cent cannot read or write, and 37 per cent sleep on pavements (Save the Children India, n.d). According to the United Nations Report on Sustainable Development Goals, globally, 90 per cent of COVID-19 cases are occurring in urban areas and impacting the most vulnerable communities living in densely populated informal settlements and slums in low- and middle-income countries (United Nations a, 2020).

When resources are scarce at the household level, girls tend to be drawn into domestic and care work within households much more than boys. Moreover, given the gender norms and practices that discriminate against the girl child, boys' education is often prioritized, and girls are pulled out of schools, especially if poor families cannot afford to send both boys and girls to school at the same time.

COVID-19 has seen an increase in digitization across all sectors be it 'work from home' for 'tertiary-level institutions and offices' or 'home schooling' for children using technology. Here again, the stark gender digital divide has been established. Boys from middle and low-income countries are 1.5 per cent more likely to own a phone than girls (Plan International, 2020). Ownership, access to digital technology, internet facilities have been restricted for girls and women in India due to socio-cultural norms and patriarchal mindsets that deny them equal freedoms and opportunities, especially in the spheres of education and employment.

Two qualifications. One, gender is only one of the intersectional dimensions to understand the multiple levels of vulnerabilities of children. Other identities of caste, tribe, and religion, for example, also play an important role in shaping the vulnerabilities of children. Two, while addressing concerns of marginalities and vulnerabilities, it is important to note that children and girls are not homogenous categories. Given the extent of unequal opportunities in India, the impact of COVID-19 on children will depend on several factors including the socio-economic context of the family, gendered socialization, as well as socio-cultural norms and practices.

**Figure 1:** The Four Pathways by which the COVID-19 Pandemic has Directly Affected Girls (created by author)



### 1.3.1 Heightened Risks to Health and Nutritional Well-Being

UNICEF has estimated that there will be additional deaths of '881,000 children aged five or under and that of 36,000 mothers in the next six months' with the worst affected countries being Afghanistan and India (UNICEF, June 2020).

The Global Nutrition Report has highlighted COVID-19 related impacts evident from linkages between the massive economic crisis, growing inequalities in accessing food and health in countries and recommends policy response to include these concerns. It is important to address inequalities of under nutrition and other diet-related diseases to effectively end malnutrition (Global Nutrition Report, 2020).

Factors like lockdowns, restricted movements, unavailability of transport, and fear of contracting the virus often hinders access to health services, a significant number of respondents from relatively resource poor households reported facing barriers in access to health care, medicines, menstrual products as well as basic necessities such as masks, sanitizers, remote healthcare services, access to coronavirus testing (A Generation at Stake, 2020).

Due to lockdown restrictions and disruption of access to contraceptives and other family planning methods, antenatal and prenatal health care services, maternal mortality and child mortality have also been on the rise in India (Motihar, 2020). Specifically, during the lockdowns there have been reports of many women delivering on the road, and facing hardships while walking for miles along with their children<sup>1</sup>.

### 1.3.1.1 Reduced Access to Sexual and Reproductive Health Services

COVID-19 and mobility restrictions have impacted access to health and reproductive care services among other things. Marie Stopes International (MSI), with its presence in 37 countries, estimates that closures of health services due to the pandemic would result in '9.5 million women and girls will have no access to contraception and safe abortion services in 2020' (Lancet, 2020). In India, the Foundation for Reproductive Health Services, an affiliate of MSI, estimates that the lockdown would impact '26 million couples without access to contraception leading to 2.3 million unintended pregnancies and over 800,000 unsafe abortions' (The Lancet, 2020).

Apart from lockdowns and social distancing leading to limited mobility and restricted access to sexual and reproductive health care needs, other factors such as disruptions on the global supply and manufacturing chains causing reduction in availability of contraceptive/reproductive health commodities; closure of health care facilities; limited availability of medical staff; women themselves not being able to visit these clinics due to COVID-19 restrictions as well as other factors including fear of contracting the virus will also have an impact. After a year of the pandemic, UNFPA estimates disruption of contraceptive use for about 12 million women, with 1.4 million unintended pregnancies, in 115 low- and middle-income countries during 2020 (UNFPA, March 2021). UNFPA projections highlight not only limited access to sexual and health care needs impacting contraceptive choices and unintended pregnancies but also larger impacts on family planning needs (UNFPA, April 2020).

Global Financing Facility brief estimates 4 million women in India without access to facility-based deliveries; 40 per cent increase in child mortality and an increase of 52 per cent of maternal mortality over the next year due to disruptions in essential reproductive and health care needs (Global Financial Facility, 2020). Similar but glaring estimates have been made on such disruptions of services due to COVID-19 leading to drastic impacts on maternal deaths, child deaths, access to contraceptives, unintended pregnancies, abortions, etc. in three scenarios (best case, likely, and worst case) by the Foundation of Reproductive Health Services India (FRHS, 2020). In India, the government announced Reproductive, Maternal Newborn, Child, Adolescent Health and Nutrition (RMNCAH+N) as an essential service in mid-April 2020. They released guidelines (Government of India, MoHFW, 2020) on contraceptives through public health facilities (except sterilization and intra-uterine contraceptive devices) and also those provided by Accredited Social Health Activities (ASHAs) and Auxiliary Nurse Midwives (ANMs), however, the operationalization of such services have been rather challenging (Motihar, 2020).

In consonance with the UN Secretary Generals' strategy to respond to the impact of COVID-19 as well as the targets of the SDGs, UNFPA is rolling out a Global Response Plan on interrelated priorities: protecting the health care workforce; ensuring continuing access to contraceptive and reproductive health commodities; addressing gender-based violence, and continuing sexual and reproductive health care interventions and services to address these needs (UNFPA, April 2020).

### 1.3.1.2 Reduced Access to Menstrual Products

During the initial phase of the lockdown in India, menstrual products were not a part of the list of essential goods, and were included only by late March 2020. Moreover, the lockdown impacted the functioning of the Adolescent Friendly Health Clinics under the National Health Mission. Additionally, there was shortage due to disruption in the supply chains (Mendoza, 2020). These factors impacted access to sanitary products for girls and women in adverse ways. There have been reported cases of girls using unhygienic practices due to no access to sanitary products, which have resulted in toxic shock syndrome and reproductive tract infections (Bahl, Bassi, & Arora, 2021).

In India, since 2014, the government has been running the Rashtriya Kishor Swasthya Karyakram designed to address adolescent health issues, however, the community-based activities and services have been disrupted due to the lockdowns. However, there were instances of counselling via phones for health-related issues that adolescents faced during the lockdown (Ministry of Health and Family Welfare, 2020).

According to a study conducted by the Population Foundation of India in three states of India, '58 per cent of the girls under the age of 18 years reported unmet need for sanitary pads' (Population Foundation of India a, 2020). There have been studies that have reported lack of water, sanitation and hygiene, especially for girls and women, in informal settlements, in quarantine facilities, for displaced migrants due to sealed borders as an aftermath of the lockdown in March 2020 (Centre for Policy Research, 2020).

<sup>1</sup> See Katariya Meenu (2020) Forced to give birth to baby on the road & then walk 160 kms. This is the plight of migrant workers, May 10, Scoopwhoop.com, <https://www.scoopwhoop.com/news/forced-to-give-birth-on-the-road-then-walk-160-km-plight-of-india-migrant-workers/>; News18 (2020) Pregnant migrant worker walking back home delivers baby on the roadside in Telangana's Medak, May 5, <https://www.news18.com/news/india/pregnant-migrant-worker-walking-back-home-delivers-baby-by-roadside-in-telanganas-medak-2607249.html>



In addition, Plan International, in their global survey on menstrual hygiene management and water, sanitation and hygiene (WASH) during the pandemic, found that there were increased restrictions to accessing WASH facilities to help change, clean and dispose sanitary products and an increase in stigma, shaming or harmful cultural practices associated with menstruation impacting adolescent girls and women (Plan International, 2020). Further, WaterAid has highlighted two main barriers for women and girls to use public facilities – restricted access and fear of the virus. Additionally, women and girls, especially those with disabilities are disproportionately vulnerable to access WASH facilities (WaterAid, 2021).

### 1.3.1.3 Adverse Effects on Mental Health

Research highlights that factors such as 'fear of harm due to the virus, implications of work, education, lack of social interaction, lack of physical activity' has linkages with growing anxiety leading to mental health issues effecting many and specifically those who are already facing these issues (Plan International, 2020). The internet, social media is often flooded with a lot of misinformation on the COVID-19 crisis, which makes children and adolescents more vulnerable and they suffer from depression, anxiety, and other potential symptoms affecting their mental health (Bahl, Bassi, & Arora, 2021). Further, myths, discrimination, and stigma attached to mental health leads to many, especially women and girls, to hide their state of mind, which impacts directly on poor help-seeking behavior (Population Foundation of India, 2020). There is also evidence of direct linkages of school closures affecting mental health of the young (Lancet, 2020).

Findings from the COVID-19 knowledge, attitudes, and practices by the Population Council Institute in Bihar and Uttar Pradesh show that little more than two out of five respondents have reported mental health symptoms during the lockdown with relatively higher occurrences in certain groups (family member who have lost their job; households with financial resources to survive for less than two weeks; migrant households where a family member did not returned; women who experienced violence during lockdown). The symptoms have included feeling lonely, irritable or depressed (Population Council Institute, 2020). Findings from the DASRA report also reiterate increasing incidents of young people showing symptoms of mental health issues during the lockdown in India (DASRA, 2020).

## 1.3.2 Reduced Learning Opportunities

According to UNESCO, nationwide school closures in 185 countries have indicated that 89 per cent of the students enrolled in education globally are currently out of school (representing 1.54 billion children and youth, including 743 million girls) (UNESCO, COVID-19 Educational Disruption and Response, 2020).

Girls, more than boys, are at a disadvantage when it comes to schooling. Research conducted by Plan International in 14 countries found that girls are more likely than boys to drop out of school. Moreover, being forced to stay at home and not being able to study affect the mental health of girls more than boys, and draws more girls than boys into increased domestic work (Plan International, 2020). Factors linked to the COVID-19 pandemic that prevent girls from never returning to the classroom include growing poverty, increased household responsibilities, child labor, and teenage pregnancy (Malala Fund, 2020).

UNESCO estimates that 320 million girls have been impacted by school closures in India (UNESCO, 2020). A report by Forbes points out that disruption of funding, school nutrition programs, access to schools, and decreased incentives for female enrolments are posing challenges to girls' education in India and putting them under growing risks of 'early and forced marriages, early pregnancies, poverty, violence and growing digital divide' (Forbes, 2020).

Schools were shut down in India following the national lockdown from March 16, 2020. Save the Children's longitudinal study (Rapid Needs Assessment - round 1 and 2) reiterate these findings. Nearly half of urban (44 per cent) and one-thirds of rural households (34 per cent) reported that their 'children are playing without learning'. Two out of five households reported that their children did not receive any kind of support either from school or from education department. In addition, 14 per cent did not own a smart phone or required internet bandwidth connection to attend online sessions. "Fear of corona infection" (81 per cent) and "being out of school & lack of learning at home" (67 per cent) are two leading concerns expressed by surveyed households (Save the Children, RNA Round 11, 2020).

The impact of COVID-19 on higher education institutions has been mixed. Institutions have had to overnight change the method of imparting education using online mediums. The University Grants Commission and Government of India's Ministry of Education, for example, introduced several digital initiatives for students to access education materials virtually. Systems of internal assessments were suitably modified.

The shift to online medium of instructions has adversely impacted children and especially girls from resource poor households and marginalized communities (Oxfam India a, 2020). While it is too early to

assess the impact of these shifts on the learning achievements of the students, it is likely that government's initiatives at 'direct to home' or distance learning modes may not achieve the desired learning and teaching goals (Jena, 2020). Save the Children has identified several factors that tend to impede learning through online education including an exacerbation of the gender digital divide, difficulties in accessing devices and internet facilities for teachers as well as children belonging to resource poor households, and amplification of existing issues of equity and quality of education (A Generation At Stake, 2020). For instance, only 4 per cent of rural households in India have a computer and less than 15 per cent have internet connections (Ministry of Statistics and Programme Implementation, 2019). Besides this, households may not be getting 24-hour electricity, internet connectivity may be weak, and for many poor households, data plans may be too expensive to afford.

Oxfam India has estimated that close to 270 million children have been impacted by school closures in India (A Vyas, 2020)<sup>2</sup>. Overall, 60 per cent of children faced difficulties in accessing education ever since schools shut down. The study found that teachers, parents, and students in private and government schools have faced difficulties in accessing education and delivering education through the digital medium.

Research by Save the Children in India shows that girls are less likely to access learning materials. For instance, only three per cent of children from among program participants (of Save the Children) and migrant group had access to a computer. Four out of five children from the total sample reported facing one or more obstacles to learning (A Generation At Stake, 2020).

A survey conducted by the Right to Education Forum, in collaboration with the Centre for Budget and Policy Studies and Champions for Girls' Education, in five states reveals similar findings. More than half (54 per cent) of the girls were uncertain about returning to their school after the pandemic; 64 per cent of girls were pulled into care and domestic work whereas 78 per cent of boys were spending time on leisure (Sharda, 2020).

The COVID-19 pandemic has exacerbated the role of structural factors including poverty and low incomes as well as adverse social norms that contribute to children, and particularly girls, dropping out of school (Save the Children, RNA Round 11, 2020). There is a greater propensity to marry-off girls in families impoverished due to COVID-19. In addition, education remains highly underfunded by the state and received only 3.3 per cent of the 2020-21 Union Budget (Bloomberg, 2020). Even this amount of resource allocation for education is under strain because of the pressure to divert resources for dealing with the COVID-19 pandemic.

School closures due to the COVID-19 pandemic have also disrupted mid-day meals for many children, putting close to 115 million children, worst of all dalit and adivasi children, at increased risk of malnutrition (Bhowmick, 2020). The Supreme Court of India, in March 2020, directed the state governments to ensure supply of mid-day meals (Rautray, 2020). However, a study by Oxfam found that 35 per cent of the children did not receive their mid-day meals (Oxfam India a, 2020). Similarly, a study by Save the Children showed that 40 per cent of urban and 38 per cent of rural children were not receiving mid-day meals and one in every three households were not receiving take home ration (THR). Except for 'child immunization' (42 per cent), most maternal, newborn and child health services were not accessible to a majority of population (Save the Children, RNA Round 11, 2020).

Similar findings are reported by DASRA's survey of 111 organizations working with close to three million young people in the age group of 10 to 19 years. One quarter (28 per cent) of responding organizations were aware of students reportedly going hungry because they were not receiving midday meal and THR facility was not available. More than two in three organizations knew of young adolescents who complained about loss of friendship networks or access to opportunities to play and meet friends (69 per cent). The lack of access to appropriate devices and lack of network access among students have posed serious challenge for students to attend online classes. A large proportion of organizations also reported that young people faced difficulty in accessing a range of services (contraceptives, sanitary napkins, iron and folic acid supplements, ante-natal services, delivery, etc.) since the lockdown was imposed (DASRA, 2020).

### 1.3.3 Loss of Livelihood and Disrupted Delivery of Social Protection Schemes

Globally, the COVID-19 pandemic has led to a sharp increase in unemployment<sup>3</sup>. Around 1.6 out of 2 billion people working in the informal economy have been affected drastically by the crisis (ILO a, 2020). Today, close to 90 per cent of workers in the informal economy and around 400 million workers are at the risk of falling

<sup>2</sup>This rapid Assessment survey was conducted in Odisha, Bihar, Jharkhand, Chhattisgarh, Uttar Pradesh involving 1200 parents and 500 teachers.

<sup>3</sup>See for instance the situation in the United States of America: <https://www.pewresearch.org/fact-tank/2020/06/11/unemployment-rose-higher-in-three-months-of-covid-19-than-it-did-in-two-years-of-the-great-recession>; India: <https://www.bbc.co.uk/news/world-asia-india-52559324>; France: <https://uk.reuters.com/article/uk-health-coronavirus-france-youth-jobs/frances-generation-covid-faces-bleak-future-with-jobs-scarce-idUKKBN23134C>; and Ethiopia: <https://ethiopianmonitor.com/2020/04/10/covid-19-two-million-ethiopians-could-become-jobless-within-3-months>

deeper into poverty during the pandemic (ILO b, 2020). Women's employment in particular has been hit hard.

Emerging evidence points to the gendered impact of high unemployment rate, growing economic recession (Wearden, 2020), lack of water, sanitation, as well as the burden of unpaid domestic and care work along with increased risks of domestic violence (Wenham, Smith, & Morgan, 2020). Even in India, the situation is no different with the pandemic hitting the most vulnerable populations (informal laborer, daily wage earners, migrants and refugees, domestic workers, sex workers, care workers, single women households, trans population, street vendors, and rag-pickers), and families living in informal settlements or without decent housing.

While the long-term impact of the pandemic is still uncertain, global economic activity is expected to fall by 6 per cent in 2020 with average unemployment in OECD countries rising to 9.2 per cent from 5.4 per cent in 2019. In the eventuality of a second round of outbreak and following lockdowns, these numbers will be much worse (OECD, 2020). A report by the United Nations Development Programme (UNDP) shows that countries with a higher degree of human development are more prepared to handle the impact and the aftermath of the virus, and here the Global South gets the short end of the straw (UNDP, 2020).

The immediate impacts of the COVID-19 pandemic on macroeconomic stability, human development, economic growth, and environmental systems have been a drastic setback for the SDGs (ADB, 2020). The COVID-19 pandemic has disrupted developmental work towards SDGs in many countries. It has been estimated that the COVID-19 pandemic could have pushed more than 71 million people into extreme poverty in 2020 and 400 million job losses were expected in the second half of 2020 (United Nations a, 2020).

A large number of workers in India's informal sector are daily wage earners with no form of social protection. For such workers, loss of jobs is a blow to their livelihoods. Social distancing is also not an option for resource-poor households struggling with poverty and survival issues. India witnessed the largest numbers in reverse migration of labor due to job loss and the sudden lockdowns. This led to deaths of hundreds of workers and devastated the lives of many more (Nair, 2020). More than 300 migrant workers died due to starvation, exhaustion, road and rail accidents, suicides, and denial of timely medical care in the first phase of the lockdown starting in March 2020 (Nath, 2020). The images of pain and suffering endured by thousands of migrant workers walking home with their families is etched in the collective memory of the country. Children in particular faced severe hardships in terms of fatigue, hunger, fear, and anxiety.

An International Labor Organization and UNICEF report estimates that '1 per cent increase in poverty leads to 0.7 per cent increase in child labor' (ILO and UNICEF, 2020). With the lifting of the lockdown restrictions cases of child labor have been on the rise since June 2020 as compared to previous months. Studies show that children are more likely to take up work at low pay and are exposed to vulnerable conditions (Tyagi, 2020). In India, ChildLine conducted 3653 interventions to rescue children from child labor from March to May 2020, 10 per cent of the rescued children were younger than 5 years and average age of children rescued was 12 years (Times of India, 2020).

Several categories of women have had to face additional disadvantage vis-a-vis men in terms of job losses and reduced earnings. This is because, in general, women earn less, save less, and hold insecure jobs in the informal sector without social protection plans, pensions, health insurance, or other benefits (United Nations, 2021). This is particularly so in India where the share of informal employment in total employment is 88 per cent – 87.7 per cent for men and 90 per cent for women (ILO, 2018).

Surveys reveal that job losses on account of the pandemic have been higher among women than men, and once displaced, women have been less likely than men to get re-employed (Deshpande, 2020). Women have suffered a higher loss of income during the lockdowns in occupations where they constitute a majority of the workforce (Action Aid India, 2020). Studies have also revealed that overall women were more likely to lose employment compared to men (Kesar et al, 2020).

Save the Children's Rapid Assessment Survey Round II (in 15 states) of India on the impact of COVID-19 on children looked at various aspects: vulnerability status, distress factors, access to social protection benefits, food security, health service delivery, education, child protection, and knowledge and practices related to corona virus (Save the Children, RNA Round 11, 2020). The study found that 'acute shortage of cash' (80 per cent) and 'lack of livelihood opportunities' (74 per cent) were the leading challenges and close to half (45 per cent) the households resorted to distress measures such as taking credit, mortgages, and loans. Additionally, one out of five households reportedly had not received ration from the the Public Distribution System as part of the relief measures announced by the Government of India (Save the Children - RNA Round 11, 2020). Another Save the Children study revealed that 78 per cent of the households reported loss in income with 9 out of 10 migrants households facing income loss since the beginning of the pandemic (A Generation At Stake, 2020)<sup>4</sup>. Job losses and drop in earnings have posed serious challenges to ensure adequate food for the

<sup>4</sup> Save the Children launched a global study involving 46 countries to generate evidence on impact of COVID-19 on children (11-17 years). This report is part of the data collected from India comprising children from two categories (Save the Children programme participants and migrants). For differential findings on rural and urban situations

family, pay for rent, child's education, and nutrition supplements.

### 1.3.4 Increased Burden of Domestic Work

Even before the COVID-19 pandemic, Indian women had to bear a disproportionately higher burden of care work than men. The pandemic contributed to a sharp increase in the burden of women's domestic work. Several rapid assessments suggest that COVID-19 has tended to further increase the burden on women of unpaid household and care work - with children out-of-school, jobless men staying at home, and heightened care needs of older persons (Basu, 2020) (Chakraborty, 2020). A likely consequence of the increased stress is the reduced time, attention, and care that children get from the mother as a care giver.

Additionally, school closures for girls limited their access to sanitary hygiene products, increased risk of violence within households, and increased their unpaid domestic work. A study conducted in three states – Uttar Pradesh, Rajasthan and Bihar - by the Population Foundation of India shows increasing burden of domestic workload on girls and women (51 per cent female adolescents and 23 per cent male adolescents reported increase in domestic workload). In Uttar Pradesh, the workload for girls increased by 96 per cent (67 per cent of them were below the age of 18 years) (Population Foundation of India a, 2020).

A recent survey of adolescents from Bihar, Jharkhand, Chhattisgarh, and Odisha points out that instead of being engaged in studies at home, girls were involved in household work (cleaning – 61 per cent; cooking – 59 per cent; washing clothes – 44 per cent; washing utensils – 41 per cent; taking care of siblings – 23 per cent). On the other hand, boys spent their time watching TV, farming, and doing other things. More than half the girls who were part of the survey did not have essential textbooks, only 22 per cent knew how to use the online platform, and 12 per cent had access to their own phones. The girls faced restrictions on their mobility and were vulnerable to domestic and sexual violence (Gogoi, 2021).

### 1.3.5 Surge in Gender-Based Violence

Research points to the vicious cycle of a declining rate of women's workforce participation along with an increase in unpaid care work within the households and gender-based violence (United Nations, 2020). A global study commissioned by the World Bank reveals that 'there is a direct co-relation between increase in male unemployment with increase in physical intimate partner violence against women' (Bhalotra, Kamnbhampati, Rawlings, & Siddique, Jan 2020).

The UN Secretary General has highlighted the 'horrifying global surge in domestic violence' and called on states and governments to address concerns of women's safety on priority (United Nations, 2020). Since the lockdowns, domestic violence has increased globally among women<sup>5</sup> and also among the young age group, especially girls (Plan International, 2020; The Alliance for Child Protection in Humanitarian Action, 2019). The Report of the High-Level Panel on the Global Response to Health Crises underlines the importance of 'focusing attention to gender dimensions of global health crises' (United Nations, 2016).

While multiple drivers contribute to gender-based violence, it is rooted in patriarchy, gender-based discrimination, and social norms that perpetuated within the family, society, community, and state. This is exacerbated even further by the risks associated with the COVID-19 pandemic (UN Trust Fund to End VAW, 2020).

UNFPA has estimated that, due to COVID-19, by 2030, there will be 31 million new cases of gender-based violence, 2 million more cases of female genital mutilation, and 13 million more child marriages could take place by 2030 (UNFPA, 27 April 2020). UNICEF has emphasized that the pandemic may force families to resort to 'negative coping mechanisms including child labor and child marriage (UNICEF, 17 November 2020). Save the Children estimates that 'an additional 61,000 girls are at a risk of child marriage and an additional 118,000 girls at risk of adolescent pregnancy across East Asia and Pacific region within the next year' (Global Girlhood Report, 2020). UNFPA has also estimated that lockdown-related disruption over six months could leave '47 million women unable to use contraception, leading to a projected 7 million additional pregnancies' (UNFPA, 27 April 2020).

Prior to COVID-19, India had a substantial number of cases of gender-based violence, which has only increased after/during the pandemic (EPW Engage, 2020). The National Commission of Women (NCW) has registered an increase in domestic violence reporting since the lockdown was implemented in India (Chandra, 2020). In the first two months of national lockdown in India, the NCW received record breaking increase in complaints of violence (online, physical, and mental) against women through the mediums of WhatsApp and phone. Studies have shown that lockdowns are responsible for increase in 'shadow pandemic' with exponential

<sup>5</sup> China more than tripled, India has 100% increase, Singapore 33% increase, Australia with 40% increase, Brazil with 40% increase, Italy saw 13.6% increase, Spain saw 18% increase, France saw 30% increase, Cyprus saw 30% increase, The USA reported up to 35% increase and UK reported about 25% increase in cases. Please refer to <https://www.thedailystar.net/opinion/news/addressing-the-rise-domestic-violence-during-lockdown-1894618>

rise in data on violence against women within the home and on online platforms. In India, Ravindran and Shah corroborated this by their research reflecting increase in domestic violence and online violence in districts which were designated as “red zones” and had shown the “strictest measures” during the COVID-19 lockdowns. Additionally, districts in which “husbands saw domestic violence as justified” saw a larger increase in violence during the lockdowns (Ravindran and Shah, 2020).

Reporting of cases of domestic violence are likely to have come down because of the diversion of the law enforcement machinery (police) as well as the medical establishments to handling the COVID-19 response. At the same time, restrictions on movement during the lockdowns are reported to have adversely affected the delivery and functioning of pre-existing provisions of services for survivors of gender-based violence. The UN policy brief to address the 'shadow pandemic' recommends measures such as 'allocating domestic violence shelters, reorganizing empty hotels to shelters, raising awareness, allocating safe spaces for women to report abuse, and providing online services to report abuse' (UN Women, 2020). Many countries have already undertaken these measures, however, some are still grappling with crisis redressal for survivors of violence as essential services” during the pandemic.

The global rise in domestic violence linked to movement restrictions due to lockdowns have also increased the risk of other forms of violence for girls and women (child marriage, trafficking, sexual exploitation). The Indian Child Protection Fund has reported an increase of incidences of child pornography and sexual abuse online/cybercrime involving children (PWC and ICRW, 2020). Additionally, as has been established in the first section of this chapter, there have been rise of different cases of violence against women and girls: child marriage, female genital mutilation and unintended pregnancies during the COVID-19 pandemic lockdowns (UNFPA, 2020)

In India, about 90,000 SOS calls were received by the ChildLine India helpline seeking protection in just 11 days of the lockdown, which included calls for abuse, missing children, homeless and child labor (NCW, 2020) and 35 per cent calls were related to child marriages (Times of India, 27 June, 2020). Early child and forced marriages are rooted in gender inequalities in patriarchal societies with lack of education and economic deprivation, which is evident as implications of the pandemic (CARE, 2016).

In a study conducted by Centre for Catalysing Change in Chhattisgarh, Jharkhand, Bihar, Odisha among adolescents found that '8 per cent of the respondents have heard of incidences of child marriage in their neighborhood since the pandemic begun and two-thirds of the respondents (proportion was higher for girls) reported that 'their family members were planning for their marriages and their chances of getting married early have increased' (Centre for Catalysing Change, 2020). In Madhya Pradesh, between November 2019 and March 2020, the number of child marriage cases increased from 46 in April 2020 to 117 in June 2020. Similar increase was reported in Chhattisgarh (National Herald, 2020).



Image Credit: Save the Children, India

Regarding the reporting of surge of violence at home during the pandemic, Save the Children research highlights that '11 per cent children from participant group and 17 per cent children from the migrant group reported some form of violence'. It also reiterates that the 'psycho-social well-being of children was adversely impacted due to limited socialization, play and physical contact due to the pandemic, however some parents (45 per cent) reported that their relationship has improved with their children during the pandemic' (A Generation At Stake, 2020). Findings from research by DASRA show more organizations reported that 'they had been approached by girls who had witnessed household violence with more cases post lockdown'. Since the lockdown '33 per cent of reporting organizations had been alerted about a girl whose marriage was about to be performed and 36 per cent reported being approached directly by the girls themselves' (DASRA, 2020).

### 1.3.6 The Vulnerabilities of Urban Slums in India

The unprecedented COVID-19 pandemic has affected the population across globe, affecting over 8 million of population and claiming lives of another 0.43 million (as of June 15, 2020) (Our World in Data, 2020). The disease is largely seemed to be more of an urban-centric phenomenon (Jha, 2020). The urban population was found to be worst-affected by this deadly virus.

In India, the most significant effect was seen in 53 million-plus cities (especially the four mega cities - Delhi, Mumbai, Chennai, and Kolkata) with an average population density of more than 25000 per square kilometer (as on May 3, 2020) (Census, 2011; MOHFW, 2020a). The cities carry a huge number of marginal sections residing in the slum (Census, 2011). The lockdown imposed by the central government had a direct hit on the livelihood security of these slum dwellers. Another study found that only one in ten urban poor households (with per capita monthly income less than INR 6928) could sustain three months or more without any external assistance. The lack of cash-in-hand among the huge urban poor had seen to push the country into a deficit demand problem (Bertrand et al., 2020).

Save the Children's global report highlights how COVID-19 has exposed extreme inequalities in the rural and urban contexts<sup>6</sup>, though children from poor urban households face more vulnerabilities than those living in rural contexts (Hidden Impacts of COVID-19 on Children in Urban Context, 2020). The crowded living arrangements, lack of adequate water and sanitation facilities, and absence of social protection make it difficult to follow social distancing norms as well as washing hands as protective measures against COVID-19. The impoverished slum dwellers have been forced to choose between following protocols vis-a-vis containment measures prescribed by government leaders or to continue with their daily work (Wasdani and Prasad, 2020). A study conducted (during the end of first lockdown) in the urban slums of New Delhi describes the myriad of negative effects on children and young population, especially girls and women. Girls and women were found to be more exposed to household and financial stress at an earlier age than their male counterparts. The COVID-19 induced lockdown and closing of schools and office significantly increased in burden of housework. The unequal gendered division of domestic chores is deep rooted in India society, but the lockdown dramatically worsened the situation (Raman et al, 2021).

## 1.4 Responses by Non-State and State Actors

### 1.4.1 Response by the Central and State Governments

India announced five phases of lockdowns starting from March 25, 2020 until May 14, 2020. The financial relief assistance package (Pradhan Mantri Atma Nirbhar Yojna; Pradhan Mantri Garib Kalyan Yojana; Pradhan Mantri Arogya Yojna; relief through Jan Dhan accounts for women and the elderly) was instituted to address the needs of social protection, health and food security for the most vulnerable. The government organized Vande Bharat flights for evacuation and return of citizens abroad and Shramik Special trains for stranded migrant workers. Many of these provisions and schemes were difficult to access for the migrants, informal economy workers, especially women, due to lack of proper documents, making them ineligible for the provisions. Importantly, INR 500 per month for three months was highly insufficient to cover essentials (Nikore 2020; Amnesty International, 2020; Oxfam India, 2021). Moreover, many argue that the without 'notice' first lockdown as well as relief measures for the poor, their interstate domestic travel (which affected millions of migrants adversely) could have been better planned and executed by the state (Ghosh, 2020).

<sup>6</sup> 90 per cent of urban respondents reported that their access to healthcare had been affected by control measures. Nearly 58 per cent of urban respondents reported not having hand sanitizer or soap compared to 54 per cent of rural respondents. A higher proportion of women in urban contexts (37 per cent) reported not having access to sanitary products, compared to women in rural areas (18 per cent). 49 per cent of urban respondents reporting that they had lost their own job compared to 35 per cent in rural areas. Close to 39 per cent of urban respondents reported having difficulty paying for rent compared to 6 per cent in rural areas. Children in urban areas reported a higher incidence of violence in the home (18 per cent) compared to rural areas (14 per cent).

In response to major health crisis in India, the government leveraged the force of frontline health workers at the ground level namely ASHAs and AWWs to interact with the communities, conduct contract tracing, report cases, monitor people under quarantine, etc. The trust of community in the frontline health workers was capitalized to reach out to community in building awareness and ensuring all COVID-19 protocols are being followed. These front line workers conducted door-to-door awareness campaigns for people in some states during the lockdown despite knowing the risk of infection. Some workers also reported to have received backlash from the community.

In India, in addition to having a strong woman leadership (Kerala's Minister for Health, Social Justice and Women and Child Development), Kerala has often been lauded for its gendered response to the COVID-19 pandemic. The 'women-led community action' supported by the state policy initiatives to achieve 'people-centric responses' as the COVID-19 crisis unfolded have been different from the rest of the states and their response mechanism. The state had already developed a disaster management plan and protocol based on floods of 2018 and 2019 as well as the disaster caused by the Nipah virus in 2018. Members of women's collectives including community-based organizations, Kudumbashree, ASHAs, AWWs, sanitation and health workers constituted the front line workers in Kerala with a high proportion of the workers being women (V.T., February 2021). Kudumbashree's 'break the chain campaign' aimed at sensitizing communities about maintaining personal hygiene, social distancing, and use of masks; provided counselling and support through community counsellors; provided interest free loans without collaterals and promoted entrepreneurship; and instituted relief measures such as supplying food kits, running community kitchens, helping in tax reliefs, providing financial assistance and forming linkages with employment generation schemes.

With respect to child welfare, the Kerala State Financial Enterprises' Vidyashree Scheme provided micro credit to Kudumbashree members to buy laptops and internet connections for education of school and college going students. Kudumbashree members also manufactured fortified health supplements sponsored by the government and distributed by AWWs to meet the nutritional needs of children. Additionally, they held *balasabhas* (children's collectives) and campaigns and relayed instructions between teachers and parents of BUDS schools for children facing mental health challenges. To address cases of domestic violence, the Kerala State Women's Development Corporation provided efficient referral systems and set up additional 28 fast track courts for sexual assault and Protection of Children from Sexual Offences Act (POCSO) cases (V.T., February 2021).

Another exceptional example of response to COVID-19 was witnessed in Mumbai, Maharashtra where the Brihanmumbai Municipality Corporation put effective measures (deploying health workers, regular sanitary workers, established community quarantine centers, community toilets, contact tracing and tracking, and testing) in Dharavi, which has congested housing and considered to be one of the most vulnerable areas for COVID-19 (Oxfam India, 2021). In the initial stages of lockdown in India which attempted at 'ruthless containment' and other strategies to break the chain of transmission, the local administration of the Bhilwara district in Rajasthan implemented the response mechanisms exceptionally well (Dalal, 2020).

Self-help groups (SHGs) of women have been involved in producing masks, sanitizers, running community kitchens, raising awareness and challenging misinformation around COVID-19 were formed. SHGs in Jharkhand (under the Jharkhand State Livelihood Promotion Society) manufactured sanitizers and those in Chhattisgarh have produced sanitizers and masks during the lockdown. The National Rural Livelihood Mission and Bank Sakhis encouraged women-led entrepreneurial initiatives in Jharkhand.

Specific to the needs of children and girls, the Government of Chhattisgarh started mohalla classes that have been listed as the best practice by the Ministry of Education, Government of India (Department of School Education and Literacy, 2020). Other initiatives have addressed the needs of digitization of education, mid-day meals, addressing mental health issues, and incentives to address dropout rates of girls (Bahl, Bassi, & Arora, 2021)<sup>7</sup>.

There have been several initiatives taken by states to address the rising incidents of domestic violence (Uttar Pradesh has instituted a special helpline 'Suppress corona not your voice'; Odisha Police's phone-up program; Maharashtra government's Akshara Centers and Special Cells for Women and Children; Kerala government's women's tele-counselling facilities led by the State Commission for Women) (Nikore, 2020). In India, the local police encouraged women to call helpline numbers to report cases on violence. Community radio is being promoted for awareness against domestic violence. Apart from these initiatives, Women Entrepreneurs for

<sup>7</sup> For example: Andaman and Nicobar Island's Department of Education in collaboration with Doordarshan started online educational modules especially for children; initiatives such as 'Kutty desk' in Kerala and Psycho social support centers called "Snehi" counsellors help children with mental health issues. Women and Child development Department in Gujarat and Maharashtra government has online modules of pre-school education to households; Orisha government launched state wise competition (Mopratibha) to engage children and the youth in creative pursuits during the lockdown. Odisha government had declared 3 months free mid-day meal coupons to children. Chhattisgarh and Delhi initiated promoting child without exams from classes nursery to eight standard in order to address the issue of high dropout rates for girls.

Transformation instituted the 'Red Dot Initiative', where women can put a red dot on their forehead to show signs of abuse to neighbors or shopkeepers, if they are unable to verbalize their distress (DW, 2020). NCW, Ministry of Home Affairs started nationwide WhatsApp helpline numbers for survivors of violence to reach out for support. States like Odisha have provisions under lockdown for police to register the First Information Report on the spot rather than the survivors having to go to the police stations. The Ministry of Women and Child Development also launched a cyber crime reporting portal for survivors of online abuse in addition to helplines and counselling services. In addition to this, NGOs like Jagori are running virtual helplines for assistance and psychosocial counselling for survivors.

However, despite these measures, the survivors often find it difficult to reach any intended points of help due to measures of social distancing, limited mobility and perpetual surveillance at home. Lockdown ensures that all members of the family are homebound. Not only are women and girls more vulnerable to abuse due to confinement and isolation, it is sometimes impossible to reach outside for help through mobile/ telephone facilities.

## 1.4.2 Response by NGOs and Humanitarian Organizations

The COVID-19 pandemic has brought with it the challenges of reaching out to communities, and for many organizations, it has been difficult to transform their physical work in the communities and find alternative ways. However, many organizations have worked tirelessly to deliver essential commodities, rations, health-care needs, counselling, promoting e-learning through distribution of online and offline materials, collecting data for surveys/ evidence-based research,<sup>8</sup> but at the same time, have been struggling with how to continue their developmental programs given the travel and other restrictions.

The research conducted by Dasra (based on understanding of organizations working with adolescents and girls) showed that most organizations worked with peer educators and leaders from the communities to provide information and conduct activities with adolescents (wherever feasible); build capacities of front line workers to be able to respond to needs of the youth; some offered helpline services and distribution of materials on stress management for the youth; provided leadership skills to community volunteers. Lastly, organizations were involved in making referrals, raising awareness, mentoring programs (DASRA, 2020). To advance better learning outcomes, some organizations used digital platforms to provide students with useful materials. Additionally, virtual training kits developed by UNICEF and ChildLine helped address the needs of mental health of children and the youth (UNICEF and ChildLine, 2020)

Meanwhile, organizations continued their work on prevention of mental health and counseling, especially for the youth, on coping mechanisms. Some organizations have created online and offline spaces for girls specially to share their experiences and fears linked to COVID-19. Organizations receiving distress calls on violence within the household have helped in providing counselling through field staff and established referrals to helplines or other facilities. Innovative solutions such as involving adolescents online and offline to be connected through peer networks forming 'whisper groups' to identify cases of violence within their communities were also implemented. Some organizations also received information on girls at the risk of child marriage and they mostly reported it to authorities or referred them to helplines or other facilities (DASRA, 2020).

Organizations working on sanitation, water, hygiene issues helped in enabling access of women and girls to sanitary products. Some used innovative methods online and offline to continue their work on sexuality education for the youth and the disabled (DASRA, 2020). Anahat for Change that works on women's empowerment through SHGs and addresses issues of menstrual health, toilet facilities in government schools and its intersections with gender-based violence, have been recognized for their work during COVID-19 (Public Health Institute, 2020).

Some organizations and networks provided delivery of essential goods and their accessibility to the last mile. Child Rights and You worked on awareness generation campaigns on COVID-19 along with network of volunteers in hard hit communities in several states of India. CRY played an important role in online peer-to-peer learning, distribution of soap and water, delivery of dry ration, hygiene kits to many states (CRY, 2020). Swayam Shikshan Prayog, with the help of their network of leaders, collected and analyzed data through a survey from several villages in rural Maharashtra, and then distributed dry rations along with local panchayat members to the identified households. The organization was also involved in counselling on health and hygiene issues (Swayam Shikshan Prayog, 2020).

<sup>8</sup> This report is based on findings of many international developmental organizations such as WHO, World Bank, Plan International, Save the Children, UNICEF, Girls Not Brides, UNFPA, Oxfam, UN Women and has referred to some of their research findings however their work with their constituency of girls/ adolescents, children in India through their flagship programmes have not been included in this listing.





Image Credit: Save the Children, India

A consortium of 23 NGOs led the Rapid Rural Community Response in ten states of India that aimed at last mile delivery of essential goods and were involved in research and advocacy (RRCR, 2020). Several NGOs like Rural Development Trust, Goonj Rahat, PRADAN, SEWA Lok Swastha, Magic Bus have been involved in reaching out to the grassroots to address needs of communities (Deloitte, 2020).

CARE, in India, through their community-based girls' collectives have been involved in developing posters and messages as well as disseminating information about COVID-19. They have also been working with adolescents and the youth on issues of sexual and reproductive health rights needs (digitally during the lockdowns) and resumed the programs physically after the lockdown was lifted (CARE India, 2020).

Population Foundation of India is working with states to generate verified, tested, and reliable data and produce films/short clips to provide basis for their campaigns on COVID-19 using the principles of behavioral change and communications and translating finished products into regional languages for wider dissemination. They are also engaged in livelihood support providing daily essentials such as masks and sanitizers, gathering evidence, and undertaking research on the impact of COVID-19 in several states (Population Foundation of India, 2020).

Jan Sahas has collaborated with 40 partners in 15 states for relief distribution, created migrant workers database, provided mental health support, supported in cases of gender-based violence through helplines, distributed personal protective equipment (PPE) kits and safety kits to frontline workers, helped in processes for cash transfers, provided ration support for a month, cooked food support for migrant workers as well as transport for them (Jansahas, 2020)

Save the Children International across '87 countries have supported 16 million adults and children through their response to COVID-19'. It has generated evidence and provided humanitarian aid like distribution of hygiene materials; essential information; support in access to water and facilities to wash hands with soap; trained community health workers; provided sexual and reproductive health services in several countries globally. Through impactful campaigns, Save the Children has supported '53 countries in adapting to curriculums given the COVID-19 pandemic.' It has also helped children in remote locations with access to books and learnings. Lastly, they have been involved in actively training case workers and child protection committees who are directly involved in addressing issues of violence against children and girls (Save the Children, n.d).

In 2020, Save the Children in India impacted '15,50,428 children on issues of education, health and nutrition, poverty and inclusion, humanitarian aid, resilience and child protection' (Save the Children India, n.d). It has also generated data regarding on ground realities as well as produced resources, for example, how to communicate with children regarding the pandemic, comic book on COVID-19, stress busting techniques, tips for parents and care givers to cope with the pandemic (Save the Children India, n.d).

### 1.4.3 Response of Private-Sector Initiatives

The private sector in India has been involved in COVID-19 response in two key ways: (1) using their CSR for social issues or (2) investing in collaborative efforts with several state governments and the central government on financial stimulus packages, health systems strengthening, education, distribution and manufacturing of PPEs, and in the area of information and communication technologies.

The Asian Development Bank's (ADB) program, in response to COVID-19, has incorporated a strong gender dimension. ADB has invested in social assistance, economic stimulus packages, and health sectors towards effective response mechanisms. ADB, in several countries, has provided support on program to combat gender-based violence and gender equality across SDGs. To promote women's economic empowerment in the region, ADB, in collaboration with UN Women's regional offices in Asia and Pacific, is developing baselines for SDG targets related to gender equality. ADB has aided developed country members with access to vaccines and their distributions during the pandemic. To monitor the rollout of vaccines, ADB, in collaboration with Vaccines Global Access Facility (COVAX), Gavi, UNICEF, WHO, World Bank, and other partners, conducted health systems assessments and developed county preparedness plans – ADB has also launched Asia Pacific Vaccine Access facility to strengthen health systems with manufacturing, distribution, transport, procurement, diagnostics of vaccines (ADB, 2021). To respond to COVID-19, World Bank has invested in health care efforts in 71 countries (World Bank, 2020).

The 'Nand Ghar' initiative by Vedanta in India reimaged the ICDS framework and reconceptualized services provided at the level of anganwadis to offer services such as education, promoting primary health care, economic empowerment of women, and strengthening local governance and infrastructure. In the sphere of education (e-learning for children in Odisha and Uttar Pradesh), anganwadis have adapted to e-learning of 'Arunima' content to educate children. In Rajasthan, along with content of Nand Ghar and that of UNICEF, Anganwadis are reaching out to many children in communities. In the sphere of health systems, mobile health vans were provided to improve access to health care services in Uttar Pradesh, Rajasthan, and Odisha (KPMG, 2020).

In the sphere of education, private companies (Zoho, BYJU's, Swayam Prabha) have been involved in offering technology solutions, free classes for students, education on 'direct to home' channels. Mahindra and Mahindra Ltd. provided support to migrants to travel back home by collaborating with state governments in Uttar Pradesh, Bihar, Odisha. The organization also manufactured low-cost ventilators, sanitizers, and PPE shields. Tata Trusts as launched a country-wide WASH campaign on health and COVID-19 in 21 states. It engaged in rural outreach and providing health and safety (Deloitte, 2020).

To empower women to gain skills related to information communication technology and running micro entrepreneurial ventures, Britannia Marie Gold collaborated with the National Skill Development Corporation (NSDC) to build capacities of women entrepreneurs (The Week, 2020). Amazon, in partnership with NSDC, started the digital campaign titled 'fight against COVID-19' (Tripathy, 2020). ITC Ltd. supported the government in investing in value chains and essential goods (ITC, 2020).

## 1.5 Insights from the Save the Children India Wings 2022 Study

The discussion in this chapter clearly highlights the increased vulnerability of adolescent girls in India with respect to loss of learning, fear of never attending school, increased gender-based violence and burden of household chores, reduced access to safe menstruation practices, and increased psycho-social stress owing to confinement in houses. Moreover, the challenges related to the lockdown and spread of pandemic were found to be more critical for the urban population, and more so, for the poor and marginalized living in the slums. The slum inhabitants faced a constant threat of infection and deprivation at the same time. In light of the above discussion and insights, Save the Children India undertook a study in Bihar, Delhi, Maharashtra, and Telangana to assess the immediate effects of COVID-19 and the lockdowns on the rights of children, particularly adolescent girls living in urban India.

When the survey was conducted, the Government of India was optimistic and confident that the COVID-19 pandemic has been brought under control. The devastating effects of the second wave of the COVID-19 pandemic that struck India between had not been anticipated.

The study explores the immediate effects of the COVID-19 pandemic on the survival, development, protection, and participation rights of children, particularly girls, in the urban space. It focuses on changes that have taken place in the overall context of insecurities faced by poor and disadvantaged families, coping mechanisms adopted by families

to deal with the increased health and nutritional insecurities, the abrupt decline in learning opportunities, the pressure on early marriages, and limited play and recreation.

Additionally, the study captures the voices of adolescents, especially girls, to describe the drastic changes that have occurred in their lives following the COVID-19 pandemic. It covers cross-cutting gender-sensitive issues affecting the rights of adolescent girls to nutrition, menstrual hygiene, learning opportunities, play and recreation. The study has also identified promising practices and responses promoted by Save the Children, India for mitigating the effects of COVID-19 on adolescent girls.

Annex 1 presents the profile of respondents who participated in the study in Bihar, Delhi, Maharashtra, and Telangana.



Image Credit: Save the Children, India

## 1.6 The Structure of the Report

**Chapter 2** describes the research design and sampling methodology adopted for the field survey conducted as part of the Save the Children (SC) India WINGS 2022 Study. It also lists the key areas of enquiry and discusses the limitations of the study.

**Chapter 3** documents the real-life experiences of adolescent girls living in urban slums in two age groups (10-14 years and 15-18 years) as well as boys during the lockdown and soon after. Study probed adolescents and their parents to share positive and negative emotions related to awareness about COVID-19, their experience during the lockdowns, the impact on their lives, and the changes that the lockdowns brought in their lives. The chapter captures the views of adolescents living in urban slums through excerpts from short essays and their own drawings.

**Chapter 4** discusses the impact of COVID-19 on the health and nutritional status of adolescent girls. It presents the study findings of adolescent girls living in urban slums relating to health, nutrition, and food insufficiency at the household level during and after the first lockdown phase. It also discusses the coping mechanisms as well as the challenges faced by them in accessing essential health and nutrition services during and after the lockdown.

**Chapter 5** examines the effects of the lockdown following the COVID-19 pandemic on preschool and school education. It synthesizes the findings of the study that interviewed children (preschool to elementary level), government duty bearers, and caregivers who took care of children and spent time with them when learning facilities were shut down. The study also records the lived experience of children and caregivers and the preparedness of duty bearers to support learning at home during the protracted crisis. The chapter documents the different experiences of girls and boys during the lockdown particularly with respect to the higher burden of household responsibilities on girls. It discusses the nature and extent of psychosocial care and wellbeing needed for supporting learning continuity and safe return to schools, caregivers, children, and duty bearers during the pandemic.

**Chapter 6** addresses the concerns of early marriages, especially of adolescent girls, that have increased due to the economic hardships faced by families, closure of schools, and interruption in essential services. It presents the findings of the study related to the prevalence, reasons for early marriage, vulnerability of adolescent girls, and impact of COVID-19 pandemic on early marriage.

**Chapter 7** examines the reduced access to safe and inclusive spaces for play and recreation due to the lockdown and the preventive measures to deal with COVID-19. The chapter discusses the reactions of adolescent girls to the effects of COVID-19 on their right to play and recreation.

**Chapter 8** summarizes the discussions with a range of stakeholders including adolescent girls and their parents. The chapter points to three priority actions that are needed to prevent and mitigate the adverse effects of COVID-19 on the lives of children, particularly adolescent girls. It also includes measures to further (i) strengthen child protection systems; (ii) improve the delivery of basic social services; and (iii) target “at-risk households”.



# Chapter : 2

## Objectives, Research Design and Methodology



Save the Children (also known as Bal Raksha Bharat) undertook a study to assess the immediate effects of COVID-19 and the lockdowns on the rights of children, particularly adolescent girls, living in urban slums of India. Conducted in the first two weeks of February 2021, respondents were asked to recall the changes that had occurred in their lives (1) during the lockdown period (April to June 2020) and (2) three months before the time of interview (November 2020 to January 2021). When the survey was conducted, Government of India was optimistic and confident that the COVID-19 pandemic had been brought under control. The devastating effects of the second wave of the COVID-19 pandemic that struck India between had not been anticipated.

Detailed in this chapter are the objectives, methodology, areas of enquiry, and limitations of the study undertaken in four Indian states.

## 2.1 Objectives of the Study

The study seeks to understand and document the immediate effects of the COVID-19 pandemic on the survival, development, protection, and participation rights of children, particularly adolescent girls in urban slums in India. It focuses on changes that have taken place in the overall context of insecurities faced by poor and disadvantaged families, coping mechanisms adopted by families to deal with the increased health and nutritional insecurities, abrupt decline in learning opportunities, pressure on early marriages, and limited play and recreation. Specifically, the objectives of the study are to:

01

**Context:** set the context, identify the concerns and challenges of COVID-19 for children, especially girls, and understand the implication for child rights.

02

**Health and Nutritional Security:** identify the response mechanisms adopted by families to respond to food and nutrition insecurity, as well as other health challenges faced by girls especially in terms of access to adolescent health services and hygienic menstrual practices.

03

**Learning Opportunities:** understand effects of school closure on education of adolescent girls and the responses of parents in terms of support for ensuring continuous learning for girls.

04

**Early Marriages:** explore the possible effects of COVID-19 on adolescent girls including the pressure of early marriage.

05

**Play and Recreation:** recognize the effects on play and recreation for adolescent girls and the increased burden of household responsibilities.

Two features of the study are important to note:

### Voices of Adolescents:

The study captures the voices of adolescents, especially girls, living in urban slums to describe the drastic changes that have occurred in their lives following the COVID-19 pandemic. This covers cross-cutting gender-sensitive issues affecting the rights of adolescent girls to nutrition, menstrual hygiene, learning opportunities, play and recreation

### Promising Practices:

The study identifies promising practices and responses promoted by Save the Children India for mitigating the effects of COVID-19 on adolescent girls living in urban slums.

## 2.2 Study Methodology

### 2.2.1 Location

#### A. Selection of States

Four states (Delhi, Maharashtra, Bihar, and Telangana) were selected - one from each geographical zone, that is, east, west, north, and south. States were selected based on a composite index constructed using the indicators (and criteria) highlighted in Table 1. It is important to note that indicators corresponding to urban context were not considered in the selection of states but were considered while selecting the districts.

**Table 1: Indictors Used for Selection of States**

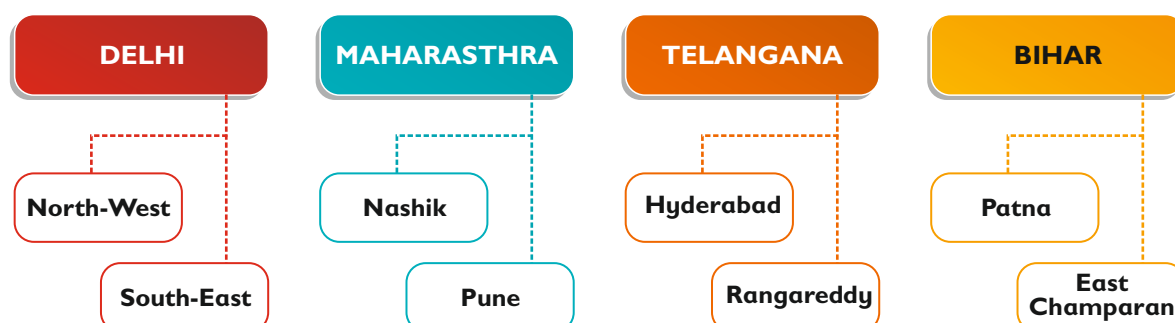
Indicator	Description	
1	Incidence of COVID-19	Absolute number of COVID-19 cases reported until mid-January 2021 (Source: Ministry of Health and Family Welfare, Government of India)
2	Child sex ratio	Number of female children aged 0-6 years per 1,000 male children aged 0-6 years, where lower values indicate greater disparity against females (Source: Census of India, 2011)
3	Women getting married before 18 years	The incidence of child marriage (Source: National Family Health Survey-4)
4	Annual dropout ratio	Proportion of children who drop out before completing schooling
5	Women age 15-24 years using hygienic methods during menstrual period	Proportion of adolescent and young girls using hygiene methods (like sanitary napkin) during menstrual period

Using the above indicators, the states selected for the study were Delhi, Maharashtra, Bihar, and Telangana.

#### B. Selection of Districts

Within each state, two districts were selected using the following criteria:

- High incidence of COVID-19 cases:** the top five districts of the state with maximum COVID-19 positive population.
- Proximity:** Districts close to each other were chosen to facilitate data collection keeping in mind the COVID-19 pandemic and risks of travelling.
- Urban population:** Districts with significant urban population were selected because the study focuses on impact of COVID-19 on adolescent girls living in urban slums.



Within each district, at least three slums were identified randomly to collect data based on the population as well as economic profiles.



## 2.2.2 Survey Methods

Study adopted a mixed-methods approach using a combination of quantitative and qualitative tools; primarily a representative quantitative survey, focus group discussions (FGDs), and key-informant interviews (KIs). The sample is not meant to represent a pan-India picture but to draw abroad sense of the prevailing perception on the issue of impact of COVID-19 on girl child rights in urban spaces of only four states.

The survey uses the recall method to compare their situation between two timelines - (1) during lockdown (April 2020 to June 2020); (2) three months before the time of interview (November 2020 to January 2021). In some questions, a third time dimension was added to seek additional information on the situation before the lockdowns and for select questions an overall experience since the onset of pandemic is captured (March 2020 onwards).

The survey, conducted during the first two weeks of February 2021, involved face-to-face interactions with the respondents using a Computer-Assisted Personal Interview(CAPI) tool to collect data. All COVID-19 related protocols were followed during data collection.

## 2.2.3 Sample Selection

The sample was selected using the non-probability sampling technique on the basis of geographical location and required primary stakeholders.

The quantitative survey involved a structured questionnaire survey administered among 1,092 mothers of adolescent girls (aged between 10 to 18 years). A few questions were addressed to the girl herself to obtain their first-hand experience of the pandemic.

### 2.2.3.1 Stratification Plan for Quantitative Survey

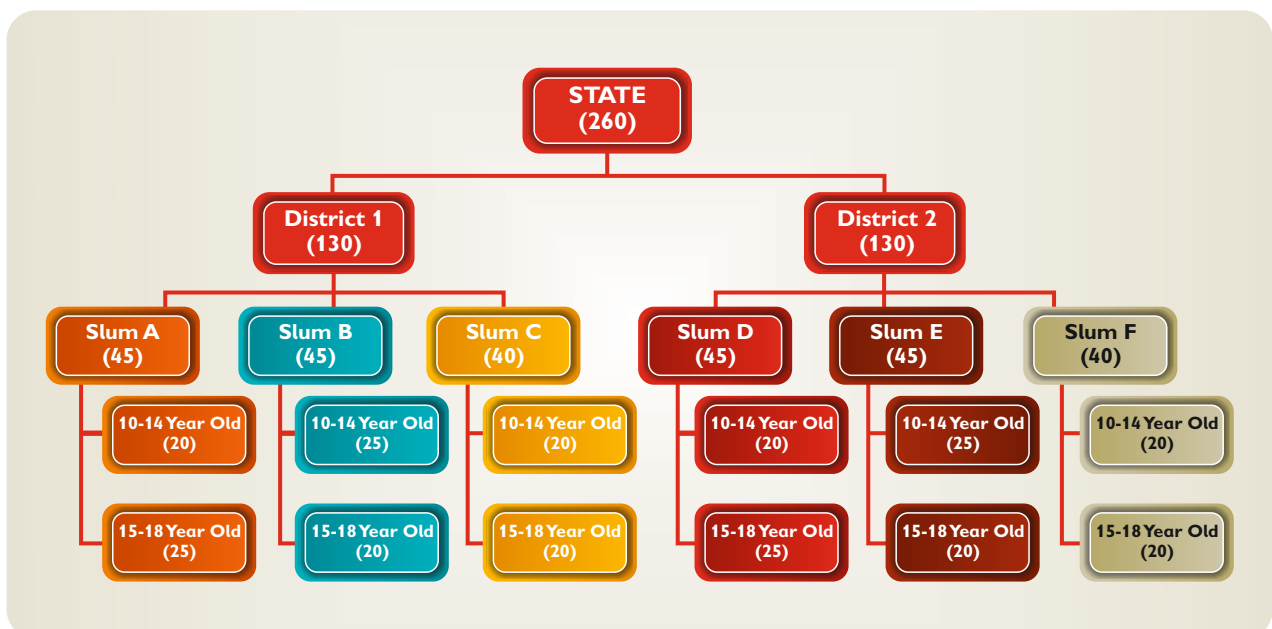
From each state, 260 forms (10 forms over and above the desired 250 forms to account for errors of commission and omission) were targeted to contribute to a sample of 1,000 households.

The following respondent segments were identified to be a part of the quantitative survey:

- a) Mothers of adolescent girls (aged 10-14 years)
- b) Mothers of adolescent girls (aged 15-18 years)
- c) Adolescent girls (aged 10-14 years)
- d) Adolescent girls (aged 15-18 years)

The stratification plan for the quantitative survey for each of the four states is as follows (Figure 2):

Figure 2: Stratification Plan for the Quantitative Survey



### 2.2.3.2 Sample Covered

The findings of the study are based on 1,092 respondent mothers and girls of the age-group 10-18 years old. Details of the sample are given in Table 2.

**Table2: Details of Respondents Sampled Across the Four States**

State	Mothers of			
	District	10-14 year old girls	15-18 year old girls	Total
Bihar	<b>Total</b>	<b>151</b>	<b>138</b>	<b>289</b>
	East Champaran	73	61	134
	Patna	78	77	155
Delhi	<b>Total</b>	<b>122</b>	<b>132</b>	<b>254</b>
	North- West	67	66	133
	South East	55	66	121
Maharashtra	<b>Total</b>	<b>147</b>	<b>124</b>	<b>271</b>
	Nashik	66	68	134
	Pune	81	56	137
Telangana	<b>Total</b>	<b>137</b>	<b>141</b>	<b>278</b>
	Hyderabad	73	68	141
	Rangareddy	64	73	137
<b>Grand Total</b>		<b>557</b>	<b>535</b>	<b>1,092</b>

Table 3 lists the slums covered in the different districts:

**Table 3 : Slums Covered in the Survey**

State	Districts	Slum Region
Bihar	East Champaran	Bada Bariyarpur Chhatauni Thana Gyanpur Chowk
	Patna	Kamala Nehru Nagar Shastri Nagar Yaarpur Ambedkar Colony
Delhi	North	Adarsh Nagar Shakurpur Rohini Sector-18
	South East	Bangali Colony V P Singh Camp Subhash Camp
Maharashtra	Nashik	Ambedakar Nagar Bharat Nagar Rajeev Gandhi Nagar
	Pune	Hadapsar Phule Nagar Tadiwada Yerwada
Telangana	Hyderabad	Chandrayan Gutta Lalitha Bagh Thukaram Gate
	Rangareddy	Anand Nagar Saheb Nagar Shashtripuram

### 2.2.3.3 Respondent Selection Protocol

The following protocol was followed to select the respondents:

1. To begin with, every fifth household in the slum was approached using the right-hand rule.
2. In each approached household, the investigator sought from the available household member, if any girl of the age group 10-14- or 15-18-years old lives in that household. If the response was affirmative, the investigator proceeded to the next step. In case of a non-affirmative response, the investigator approached the next house.
3. If the approached household had a girl of the required age category, the investigator further sought if the mother of this girl and the girl herself were available for the interview.
4. If both of the respondents were available in the house, the investigator explained the purpose of study and took consent from the mother and assent from the girl for participation in the survey. The consent was obtained verbally after reading a one-page document on the purpose of study and how the findings would be utilized, confidentiality protocol, expected duration of the interview, voluntary nature of participation and possible risks and benefits.
5. After receiving the due consent and assent from mother and daughter respectively, the investigator proceeded with the structured interview using digital devices.

The following additional factors were considered while selecting the respondents:

1. Among the households where 10–14-year-old girl child and her mother were selected; an effort was made to include households (at least 50%) who have children in the age group of 3–6-year-olds as well.
2. The households who had migrated during lockdown were not included in the survey.
3. If the households had more than one girl in the age group of 10–18-year-old, then the interview questions from mother are asked based on the experiences of the index girl child. The index girl child was randomly selected from the available girls and the same girl was later interviewed as well.

### 2.2.4 Sample Distribution for Qualitative Research

Thirty FGDs were conducted with adolescent girls (aged 10-14 years), adolescent girls (aged 15-18 years), adolescent boys (aged 15-18 years), mothers of adolescent girls, and fathers of adolescent girls. The FGDs supplemented the patterns that emerged through the quantitative data. In addition, in-depth interviews with various stakeholders representing duty bearers, front line health workers and school staff were also conducted.

The respondent segmentation for the qualitative survey is shared in Table 4.

**Table 4: Details of Focus Group Discussions and Key Informant Interviews**

Focus Group Discussions (FGDs)		Number of FGDs Targeted	Number of FGDs Achieved
1	Adolescent girls (aged 10-14 years)	4	7
2	Adolescent girls (aged 15-18 years)	4	5
3	Adolescent boys (aged 15-18 years)	8	8
4	Mothers of adolescent girls (aged 10-18 years)	4	7
5	Fathers of adolescent girls (aged 10-18 years)	4	3
<b>Total</b>		<b>24</b>	<b>30</b>
Key Informant Interviews		Number of Targeted Interviews	Number of Achieved Interviews
1	AWW /ICDS Official	4	4
2	Medical Officer- ASHA, USHA, ANM	4	4
3	Member of ICPS Committees/SCPCR/Childline	4	2
4	ICDS Official- BEO, DEO	4	1
5	SMC Member/Teacher	4	4
6	Ward Councilor/Municipality Officer	4	5
7	PT Teacher/Gardener	4	6
<b>Total</b>		<b>28</b>	<b>26</b>

In addition, a select number of girls were requested to essay their feelings on paper and voice their concerns and challenges faced during the COVID-19 pandemic.

## 2.3 Areas of Enquiry

The following indicators guided the structured questionnaire and qualitative discussions in the field.

Category	Variables/Indicators	Respondent	Rationale
<b>Socio Demographic</b>	Religion	Mother	These variables are used to understand the social, demographic and economic status of the respondent population.
	Caste		
	Asset holding pattern and income groups		
<b>Household Roster (gender and age segregated)</b>	Education	Mother	These variables provide information on situation of household in terms of literacy levels, occupational engagement, how are children of 6-14 years of age accessing education in times of pandemic and the status of services of ICDS. This section also provides information on how family members are engaging with 0-6 years old during lockdown and how the situation has affected the child's behavior.
	Primary occupation		
	Learning options for 6-14 year olds		
	Access to ICDS services for 0-6 year olds		
	Status of engagement with 0-6 year old kids and the observed change in their behaviour		
<b>Health and Nutrition</b>	Status of food insecurity and coping mechanism	Mother	This section covers different aspects of food security challenges anticipated because of lost livelihood opportunities for the targeted population (especially girls). Additionally, the section dwells on adolescent health challenges faced by the girl vis-à-vis access to menstrual hygiene products and related health services.
	Observed change in behavior of daughter amid lockdown		
	Access to sanitary napkins	Mother and daughter	
	Access to adolescent health care services		
<b>Education</b>	Availability and access to resources ensuring learning continuity	Mother	This section explores the support provided by parents and educational institution to ensure learning continuity in times of closed schools because of the pandemic.
	Support received from educational institutions during COVID-19		
<b>Child Marriage</b>	Prevalence of child marriage and factors affecting the same	Mother	This section collects information on perception of mothers on prevalence of child marriage in their community and understanding the factors contributing to early marriage of girl child. Also, the section gathers information on whether the pandemic has increased or decreased the incidence of child marriage and possible reasons for the same are sought.
	Possible impact of COVID-19 on child marriages		
<b>Play and Recreation</b>	Importance of play for girl child	Mother	This section focuses on understanding mothers' perception of important of play and recreational activities for her girl child. The section also understands how the life of girls has changed during the pandemic, how it has affected their play time, time in meeting friends, household chores, creative work, etc.
	Change in play time for girls before, during and after lockdown <sup>n</sup>	Mother and daughter	
	Activities in which girls are engaged (special focus on household chores)		

## 2.4 Limitations of the Study

The study focuses on adolescent girls living in urban slums of India. However, findings of the study cannot be generalized at the state or the national level. Since the data collection was done during the first wave of COVID-19, the sampling was limited to two districts of the four states. Additionally, since the data collection happened before the second wave of COVID-19, the findings are limited to the impact of the lockdown during the first wave of the pandemic.



Image Credit: Save the Children, India

# Chapter : 3

## Intimacy, Endearment, Anxiety and Powerlessness: Voices of Adolescent Girls



## 3.1 The Lockdown Experiences

The Government of India imposed a complete national lockdown to curb the spread of the disease starting end March 2020 until June 2020. The situation was similar to that of a curfew as public movements were restricted to the purchase of food and essential items and access to emergency health services. Schools were closed down as were most of the offices. Markets, malls, shopping centers, and restaurants were closed. Many informal workers lost their jobs. Several workers employed in the formal sector had to take salary cuts. Some even lost their employment. Everyone was physically forced to stay at home.

Participation is an important right under the Convention on the Rights of the Child (UNCRC). Lockdowns, physical distancing, and restrictions on movement necessitated by COVID-19 have severely restricted the freedom of children to meet and participate. The disadvantage that adolescent girls face vis-à-vis boys is most striking when it comes to participation. Physical safety is a factor that prevents adolescent girls from using public spaces to meet and participate in public events. According to a report titled *Wings 2018: World of India's Girls* released by Save the Children (also known as Bal Raksha Bharat), young girls (47 per cent in urban areas and 40 per cent in rural areas) reported feeling more susceptible to molestation or abuse while using public transport. Above all, adverse social norms and cultural practices deny girls as much freedom as boys to socialize and freely express their views and opinions.

Children are known to speak out and express themselves once they overcome the initial awkwardness of being questioned by an adult. It is also fascinating how a little encouragement and prodding can get girls to speak, especially in a group. When one child speaks, she encourages others to speak up and soon this has a strong ripple effect. Just few words of empathy break all barriers. Sometimes the conversation becomes so engaging that the girls themselves forget all sense of time and continue to discuss with heightened energy and fervor. This could be because of limited opportunity available for girls to express their views, hence, when they get an opportunity, they have many ideas to share, many feelings to communicate, and many emotions to express.

This chapter documents the experience of adolescent girls and boys living in urban slums during the lockdown period and soon after. FGDs were organized with 12 groups of girls living in urban slums in two age groups: 10-14 years and 15-18 years. These groups were deliberately kept separate so that girls belonging to the younger age groups did not shy away from answering or feel dominated by the older girls. FGDs with the girls were supplemented by discussions held separately with 8 groups of boys and 10 groups of parents. The discussions were conducted in regional languages: Hindi in Delhi and Bihar, Marathi in Maharashtra, and Telegu in Andhra Pradesh.

Adolescents and their parents were probed for positive and negative emotions. Four broad questions were posed:

- **Awareness:** how much did they know about the symptoms of COVID-19 as well as the precautionary measures to be taken?
- **Understanding:** what was their experience during the lockdowns?
- **Impacts:** how has COVID-19 impacted everyday lives?
- **Changes in situation:** what are the changes that have occurred between the initial period of the lockdown (April 2020 to June 2020) and later (November 2020 to January 2021)? Has the experience of boys been different from that of girls?

In addition, children were given a set of guiding questions and asked to express their views through short essays and drawings.

## 3.2 Findings of the Study

Children living in urban slums were taken aback by the sudden lockdown that shut down schools and confined them to their homes. They, however, enjoyed the initial days of the lockdown. They found time to play board games like Ludo with family members as the schools were closed. Their families received free supply of dry ration from schools and free cooked food and ration from government and other sources. They recalled spending quality time with family members as they were no longer sleepy and tired after returning from school. Prior to COVID-19, girls had to cook and keep the food ready for their parents as is the practice prevalent in many cultures across northern India. For many of them, the lockdown also offered an opportunity to eat meals cooked by their mothers.

The excitement of the lockdown was, however, short-lived. The period of lockdown brought a lot of misery and pain. Many children felt anxious and scared. Parents getting infected by COVID-19 was their biggest fear. Loss of mobility and confined space brought some cohesion in the beginning but later it led to friction among the parents, among the

siblings, and between parents and the children. Many began to witness frequent quarrels and fights at home as the lockdowns got extended. The children also felt the pressure and the uneasy situation created by their parents losing jobs. Patriarchal norms and anti-female biases prevent girls from moving out of the house freely. However, many girls enjoy going to school as it provides them the space to be free from the constraints of the home. Many began to miss going to school, meeting friends, playing in the park, watching movies, and going out. Very often, they felt frustrated as they could not go anywhere and were stuck at home. Their studies got affected, and they began to worry as parents lost their jobs, earnings fell, getting food became a problem, and common items like even salt and oil became overpriced. Some children reported that they could not even get three proper meals a day. A few even fell sick and became weak.

Girls in urban slums were unhappy as they were confined to their homes. There was no privacy as their dwelling spaces were small and crammed – with many members. Some girls were concerned about missing school days as it affected their future plans. Unemployment of the parents created anxiety.

Boys were unhappy as the lockdowns severely curtailed their freedom of movement. They were unable to meet their friends and were forced to stay indoors and watch either television or play mobile games. Not being able to follow their hobbies or not being able to eat the food they enjoyed or in other words 'freedom' per se was limiting. For them, lockdown felt like prison time. They were conscious that their sisters did more household chores than earlier. However, they were unaware of the gender bias in the workload or in the leisure activities that they could pursue and their sisters could not.

Presented below are narratives from the field that address the abovementioned four research questions. An attempt has been made to retain the actual conversation as much as possible in translation. Verbatim quotes from adolescents and parents have been presented to reflect, in their own words, the experience and anxieties they experienced.



Child Artist: **Manini Rath**



### 3.2.1 Awareness of Symptoms and Precautionary Measures was High

Almost all the respondents (multiple stakeholders that participated in the qualitative discussions) living in the urban slums were aware of the symptoms of COVID-19 and the precautionary measures to take. A majority of them learnt about COVID-19 from the media and through exchanges on the digital platforms. Children were informed about the details of COVID-19 by their parents and school teachers. They also cited television as a source of information. Participants were fully aware of the symptoms of COVID-19 such as fever, cough, headache, and difficulty in breathing. Everyone also knew about the precautionary measures to take like wearing masks, maintaining physical distancing between individuals, regular washing of hands with soap, using sanitizers, covering the mouth while coughing, and keeping the house and surroundings clean.

Among adolescent girls, younger children between the ages of 11 to 14 years expressed greater fear and anxiety caused by the uncertainty of the situation. They were more afraid of somehow catching the infection than older girls between the ages of 15-18 years.

#### Safety Measures...What Girls Said...

- “We need to follow social distancing, and wash hands with soap frequently.”
- “Avoid shaking hands.”
- “Maintain a distance of two yards.”
- “Wash hands with any soap; it is not necessary to use only Dettol soap.”
- “Maintain cleanliness in the house and surroundings.”
- “Take care of health and hygiene.”
- “Avoid going outside without mask.”
- “Do not hug each other.”
- “Whenever we go to market or anywhere outside, you should wear a mask, keep a distance of two yards. After coming back from outside, wash hands, practice cleanliness, and stay at home.”
- “We should follow social distancing as it is infectious and the disease spreads in the body and infects others.”



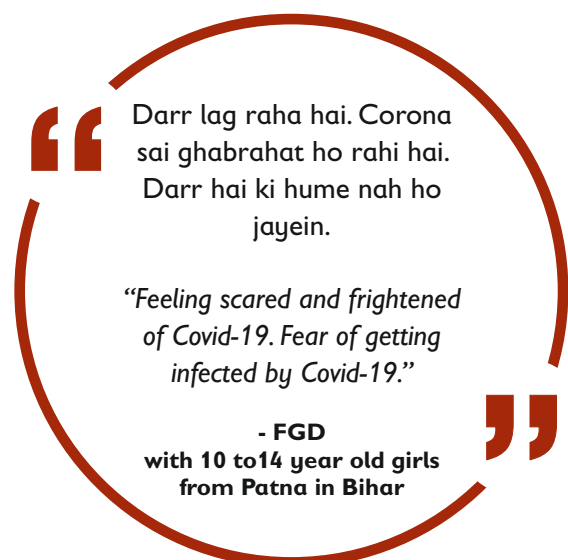
#### Symptoms...What Girls Said...

- “Cough, cold, headache and breathing problems are due to the corona virus.”
- “If someone gets infected, he will not get cured easily. The common symptoms are fever, cold and cough. We learnt about it from TV, newspaper and from other people.”

### 3.2.2 Enjoying Staying at Home was Short-Lived

“COVID-19 is a new disease, which is spreading in the country. People are dying. Staying at home was the only protection. Lockdown was good. We enjoyed staying at home.”

“We enjoyed the lockdown and got lots of time to play as the schools were closed. We used to get free cooked food and ration from various government and other sources. We received free supply of dry ration from schools.”



“We received ration from anganwadi as we had younger siblings (3-6 years) at home. All the family members were at home, we had great fun spending time together, and we had lot of leisure time. No tension of waking up early for school.”

“We spent a lot of time with family members, earlier they would come home tired and after eating food, they would sleep. During lockdown, we played Ludo with family members.”

“Lockdown was good as there was lot of emphasis on cleanliness. The places with garbage dumps were cleaned. We have never witnessed such cleanliness in our area.”

“Before lockdown, there were piles of garbage lying everywhere, however during lockdown it was cleaned. After COVID-19, people are more conscious towards cleanliness. We wash our hands regularly. Now our lanes are clean.”

“Lockdown was good as my friend and I received Rs. 500 in our saving accounts for three months during the lockdown period (April 2020 to June 2020).”

“Even though the lockdown had left us with harsh memories, it also brought some good opportunities for us. We could pursue our hobbies like stitching and were able to spend quality time with parents and siblings. However, we did miss studying at school and playing with our friends”.

“In the beginning of the lockdown, we enjoyed getting up late and not going to school. However, after two months, it became very difficult to stay at home with the family. This period had brought grief and pain to our families and there was constant quarrel. It also had other negative effects as our parents lost their jobs, there was always an uneasy situation without money, and we missed our studies and worried about our future.”

“ Aisey din kabhi nahi aae, paka pakaya khana ghar par milta tha. Pehley bhee ghar mein band they, par achha laga sab log ghar par they, hum poore family milkar khelthey they.

“We have never experienced such times. We used to get cooked food at home. Earlier also, we were stuck at home. But we felt good during the lockdown, as everyone was at home. All the family members used to play together.”

- FGD  
with 15 to 18 year old girls  
from Subhash Camp in Delhi



Image Credit: Prashant Patekar

### 3.2.3 Fear and Frustration Set in

#### What Boys Said...

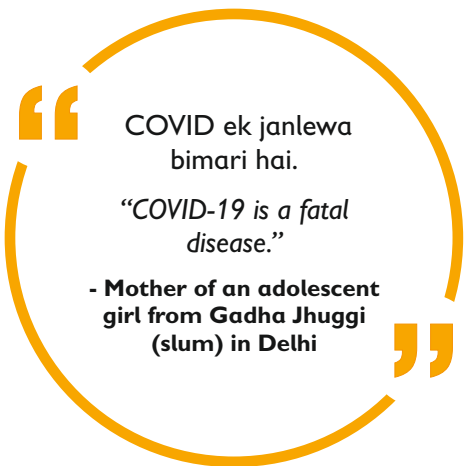
"COVID-19 is a new virus and a communicable disease. This virus gets transmitted from one person to another. Due to this virus, lockdown was declared throughout the nation and everyone was asked to stay inside their homes. We were afraid of the environment being created during lockdown."

#### What Parents Said...

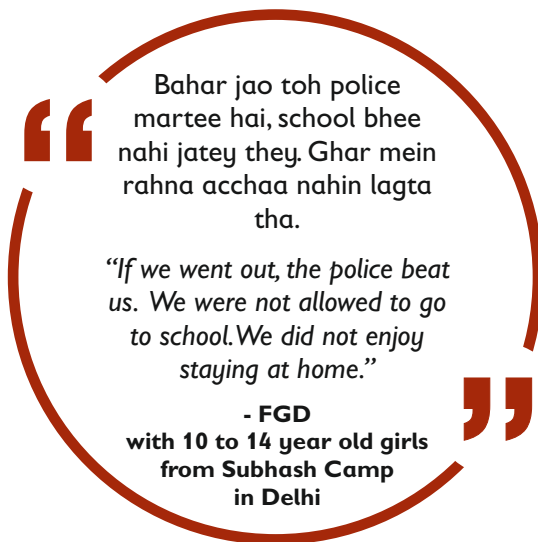
"I know, once this disease attacks, it destroys the full body. There is full body ache due to cold & cough. Precautions have to be taken for this, which we took as much as possible."

"Earlier also there was prevalence of cough and cold, throat used to be choked. This was there in the past and presently also, we hear about this, however, in our area there is no incidence of COVID-19."

"We have not experienced this disease, but have heard from others that it is a deadly infection. We need to protect ourselves from this infection by wearing a mask, washing hands regularly and maintaining social distancing."



#### What Girls Said...



"Since everything was closed, we were unable to go anywhere. Unable to play, not able to go to park also."

"Lockdown is to stay at home. Schools were closed, all the time sitting at home and not going out. I was feeling bad."

"During lockdown, we used to get bored sitting at one place. There was no fixed time for breakfast, lunch, or dinner. There was no schedule. All we had to do was stay at home, eat, and sleep. We missed our friends, missed playing in the park, watching movies, going out. We missed school, bunking classes, and missed teasing our teachers."

"We had to wear masks, wash our hands regularly, and maintain social distancing to prevent the spread of this virus and protect ourselves. During the lockdown, we had to stay inside our homes as everything had come to a halt. Even though we understand that the lockdown was for our own safety, however, at times we felt very frustrated as we could not go anywhere and were completely stuck at one place. Our studies got affected, and so did our family's earnings because there was no work for them due to the restrictions imposed."

"Faced problems in getting items of daily need, ration was easily available. However, purchasing things like salt, oil was difficult and was overpriced."



"Yes, some families faced problems in getting food. People were unable to pursue their hobbies."



## CASE STUDY 1

# Annammal: A Community Wellness Telecaller, Brings Cheer to Children

Two months after Annammal (34) joined Save the Children as a Community Wellness Telecaller in Bengaluru, COVID-19 disrupted all her plans of starting outreach work with the children and families belonging to the informal waste-picking community. She was well-suited to be the key person for the 'Community Wellness Call'- an initiative of Save the Children to remain connected with community members and children cut off from regular outreach. Annammal knew the community members well. Before taking up this job, she had been working for the past eight years in Cement Colony (slum community) where the Save the Children India initiative was started.

Because of limited access to reliable information in the community, people were afraid of interacting with any outsiders. The lockdown made it difficult for them to sustain their livelihoods. Many families had to survive on one meal a day. The stigma associated with COVID-19 also restrained community members from supporting each other. Some of the community members were superstitious about the virus and this added more misery to the existing challenges.

Establishing a one-stop centre was seen as useful and necessary for providing relevant, reliable information and guidance to the community. The tele-calling initiative was an attempt to provide support during stressful times by simply listening to the problems and daily struggles of those who call in. Solutions emerge from the conversations, and that was the fundamental thought. This facility proved particularly useful during the second wave of the pandemic that devastated many families. Community Wellness Calls was an opportunity to extend support to the community members.

There are around 1,000 households in Cement Colony and most of the families were struggling to manage even a meal daily. The children were starving. Even so, it was important for family members to get vaccinated and be supported with subsidized ration, cash and health care. By May 2021, Save the Children team had made more than 600 calls and provided information to people on the vaccination registration process.

Annammal was responsible for calling every single family – listening to their concerns, questions, and sometimes just checking on them, and providing much needed support and guidance.

Annammal was emotionally moved when she listened to Saroja (58), a waste picker and sole earner of a five-member family. When Annammal asked about her well-being, Saroja burst into tears while explaining her situation. "It's been almost a month. I have not been able to go to work and pick up waste from the street. My daily earnings of Rs.100 (\$1.5) have stopped. My son used to drive an auto rickshaw, but he too has also lost all passengers due to the lockdown. We have no money. How do we survive? Even getting a one-time meal has become very difficult. We are eating only boiled rice on most days. The subsidized rice we get from the Government of Karnataka's Public Distribution System (PDS) is not sufficient. Amma, please do something for us! We need food!"

Just listening to Saroja's sorrows at that moment was enough to console her. Annammal calmed her down and explained why it was so important for Saroja to get vaccinated against COVID-19. She went on to share information on how to get registered. And this helped.

“It was a very difficult and tough time, the prices of daily needs items like vegetables and ration (like oil, pulses, and matchstick) were overpriced compared to the normal times and many times, items were not available also.”

“There was a fixed time when our parents could step out from the home to buy essential items for survival such as food and medicines. This period of lockdown brought a lot of misery and pain to us and our families.”

“My parents became unemployed and there was an environment of frustration at home due to lack of money. We were also worried about our studies. We could not even manage to afford three proper meals a day. Some of us fell sick and became weak.”

“Hum der se uthte the. Ghar ke kaam mein maa ka hath batate the. TV dekhte, khelte aur so jate. Ek mahine tak toh thik tha, uske bad bahut kharab lagta tha. Ghar mein paise nahi the. School aur friends ko bahut miss karne lage.

*“We got up late, helped our mother in household work, watched television, played and slept. It was fine for a month. But, after a month, it was all very unpleasant. We had no money. We started missing our school and friends.”*

**-FGD  
with 15 to 18 year old girls from  
a slum in  
Hyderabad, Telangana**

“Mela lagta tha haar saal, iss bar nahi hua, ghum bhi nahi paye, isliye gussa aaya.

*“Every year we used to visit the local fair during this time, but this year due to lockdown the fair was not organized, we could not enjoy the fair which made us angry.”*

**-FGD  
with 10 to 14 year old girls from  
East Champaran  
in Bihar**

“Train, auto band tha. Papa ki kamai nahi ho rahi thi.

*“Every means of transportation was stopped and our father was not able to earn money.”*

**- FGD  
with 10 to 14 year old girls  
from East Champaran  
in Bihar**

“Hum ladki logon ko dress ki dikkat hoti thi, haath se phata hua sill kar pehente the.

*“We girls had difficulty in getting new clothes. We used to stitch our torn clothes ourselves and wear them.”*

**- FGD  
with 15 to 18 year old girls  
from Patna in Bihar**

### 3.2.4 Adolescent Girls Faced Very Different Problems than Boys

“We faced several challenges and hurdles during this period. The biggest problem was during the menstrual cycle, when we had unavailability of sanitary napkins due to lockdown. Many times, we had to use cloth during our periods, which made us feel very uncomfortable. We had to save the limited money available with our family to be used for household expenses. Sometimes they (government and non-government organizations) distributed sanitary napkins, which came around as a great help.”

“Our situation was different from our brothers. During periods, we faced problem in buying sanitary pads. Brothers faced problems in eating their favorite food items and enjoying their hobbies.”

“As far as being confined at home is concerned, situation was similar for our brothers too. Parents did not allow them to go outside during lockdown. All the family members were at home. Few boys in the community went outside during lockdown and were beaten by the police.”

“Lockdown me pad ki dikhat thi toh kapda isstema karna pada.”

“During lockdown, access to sanitary pads was a challenge, therefore, we used cloth.”

- FGD  
with 15 to 18 year old girls  
from Nashik  
in Maharashtra

“Our brothers had suffered the most as they were beaten by the police when they went outside to play. They could not play cricket. In case my elder brother went out, he would be beaten by police. When he returned home, his body would be swollen.”

“Even our brothers had to go through difficult times. Being the bread earners of the family, they too had to stay at home with no income, which frustrated them. We somehow managed with the ration that was usually distributed containing pulses rice (khichdi), wheat, vegetables etc.”

#### What Boys Said...

“Last year did not go very well for anyone of us. We were afraid of the environment, which was created due to lockdown. We didn't feel like meeting anyone and our daily routine was disrupted. Our studies were affected and most of our parents became unemployed. Our sister's schooling also got affected. We couldn't even go out to play outdoor games.”

“We were not allowed to roam around anywhere, not even in our neighborhood. If the police saw us, they used to beat us up with lathis. We seldom met our friends during that time for which we felt quite disappointed. We felt nostalgic thinking about our friends, and wanted to go out, as we were habitual of being outside our homes for either work, studies or play. Our family was also concerned as our fathers still went out for rag picking and we were fearful that he might get infected with the corona virus and bring the infection to our home, resulting in family members getting infected. We also faced shortage of money during this period and many times, we had to borrow money for sustenance. We missed our work in these circumstances.”

“Store par bahut bheed hoti thee jiske wajah se problem hoti thee.”

“It was a problem to buy (sanitary pads) from crowded shops”

- FGD  
with 10 to 14 year old  
girls from Gadha Jhuggi  
(slum) in Delhi

“Pichhla saal humari zindagi ka sabse kharab saal hai.”

“Last year is the worst year of our lives.”

- FGD  
with 15 to 18 year old boys  
from Nashik in Maharashtra

“Our playground was ruined because of the vehicles that were parked there continuously.”

“Initially staying at home with all the family members was good. We had a good time. After some time started feeling irritated.”

“We enjoyed the company of our parents in the beginning, but after one month, the atmosphere became frustrating.”

“We enjoyed being with our parents but somehow there was an increase in the number of quarrels within the family.”

“We missed our friends a lot, could not even shake hands with them. Stayed at home and played games on the mobile.”

“During lockdown, we felt we were in jail.”

“I used to be at home. However, occasionally went out of house, police were there to catch us.”

“The lockdown situation was very scary and fearful. We were unable to carry out our usual daily activities. We stayed with our family at home. Our sisters were busy performing the household work. We had no routine.”

“

Majboori mein hume char diwarike andar rehna pada kyunki bahar koi ja nahi sakta tha.

*“We were forced to reside inside the four walls of our home as no movement was allowed outside.”*

**-15 to 18 year old boy from Patna in Bihar**

”

“People were not wearing masks; I remained at home and watched TV.”

“There were problems in accessing education, missed studies.”

“In school, studies were good. We had online classes in lockdown, had difficulty in understanding.”

“It is good for us that we were able to pass the exams without studying and got promoted to the next class.”

“I was about to get a job; due to COVID-19, lost the opportunity.”

“There was absolute crisis. Workplaces were closed. People lost jobs.”

“Did not receive adequate food during lockdown. Like, there were no vegetables in the meals, as vegetable hawkers were not coming into the colony. Police were not allowing them to enter the colony.”

“Government made good effort and distributed food and ration in the school, however, not everybody was going to collect the food packets. Most people felt embarrassed. Barely 15-20 people were collecting the food packets.”

“

Sarkar ka ek karikram tha humare yaha Beti bachao Beti padhao - March se uske antargat hone wala sab karikram band ho gaye.

*“There used to be a government program-Beti Bachao Beti Padho, all the provisions under the programme have been stopped since March (with initiation of national lockdown).”*

**- FGD  
with 15 to 18 year old boys from  
Patna in Bihar**

”



Hum ladko ke liye bahut kharab tha kyunki hume ghar mein rukna pada dosto se mile bina aur bahar khele bina. Ladkiyon ke liye sab normal tha. Unke behavior mein koi change nahi tha. Woh ghar ke kaam mein Maaka hath batati thi, naye naye chize banana sikhe.

*“It was very difficult for us (we boys) to stay back home without meeting friends and playing outdoor games. It was normal for girl. There was no change in their behavior. They helped mother in household work, learned to cook new dishes.”*

**-FGD with 15 to 18 year old boys from Rangareddy in Telangana**

“We enjoyed the time spent with our family members during the lockdown especially playing with them, making TikTok videos and eating together. We are not sure about our sisters' experiences during the lockdown. We are only certain about our own experiences.”

“For the girls, situation was the same. My sister left her studies and helped in household chores. During lockdown everybody was at home, so her work pressure increased.”

“The lockdown has made a significant impact on the lives of our sisters. Government run schemes stopped.”

### 3.2.5 Parents Felt Helpless and Concerned for Their Children

“After the government declared lockdown; we started to panic as we were not aware about lockdown and its impact. The movement and transportation were restricted in Telangana. Our husband could not go out for work. We were fearful about the situation.”

“During lockdown, we were not allowed to get out from our homes. We were living in constant fear of being infected and therefore, avoided unnecessary visits and tried remaining at home.”

“We have suffered because of corona. We faced a difficult phase of life. Whatever savings we had are gone. With great difficulty, we survived during lockdown.”

“No doubt because of COVID-19, we suffered a lot. People walked long distances to their villages. It was problematic for everything like food, access to studies; my son's one year of study was wasted. Whatever he learnt he forgot.”



Agar humare jaise garib logo social distance rahna shuru kare toh hume paisa aur khana nahi milega.

*“If poor people like us followed social distancing norms, we would be not be able to get money and food.”*

**- Mother of an adolescent daughter from Patna in Bihar**



Hum log roz mar mar ke jee rahe the, kahin kisi ko corona nah ho jaye.

*“We were dying everyday lest someone catches the corona virus disease.”*

**- Father of an adolescent daughter from Gadha Jhuggi in Delhi**

“The lockdown period was very different from the normal life. There was scarcity of food and money at home. We thought it was the beginning of a new era. It was very difficult to survive and stay safe. Our daughters helped us in household chores and watched television in free time. Both daughter and son were happy that schools were closed. They had no pressure of getting up early and going to school. There is no fear of exam. Our sons had become more anxious because we did not allow them to play outdoors or games. Our daughters pass their time on television but sons had more interest to go out with friends. Sons felt like being in a prison at home.”

“Although we did get time to spend with our husband, however, at times they felt irritated sitting idle at home. We too felt frustrated and hoped that our husbands returned back to their



work as money crunch was increasing day by day and there were no means of income. A good part was that our husband could now understand the importance of household work done by women."

"We faced many problems during lockdown, at times we consumed one meal only and some days without food also."

"Kabhi subah mil gaya to raat ko nahi hai; kabhi dopahar ke liye hai toh subah ke liye nahin hai."

"Sometimes, food is available in the morning but not at night; sometimes we have food for afternoon but nothing for morning in the next day."

- **Mother of an adolescent girl from Subhash Camp in Delhi**

"Till the time food and dry ration was distributed by government and others, situation was reasonable; we used to receive cooked meals and dry ration. Later we faced problems and had tough times as we were unable to arrange two meals for the family."

"Police use to scold the younger children (both girls and boys), they were not allowed to stand in queue for taking the food packets. Therefore, my younger daughter did not receive enough food but now her health is better."

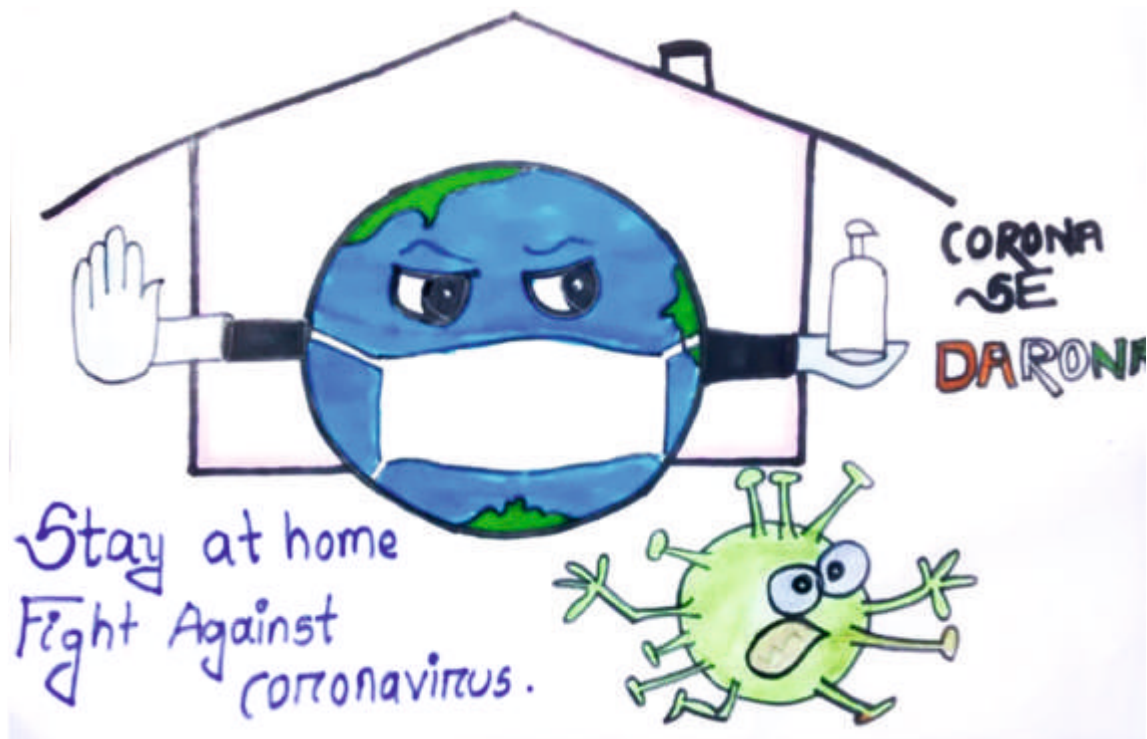
"During lockdown, everything was closed. Shops were also closed. Even shops in our jhuggis were closed. Food items and other essential commodities were sold for double/ triple rates. The matchstick costing Re.1 was sold for double the price."

"Price of cooking oil went from for Rs.60 to Rs.80. Due to lockdown, our children have suffered a lot, over a period (before COVID-19), their performance had been improving, however, since the lockdown, it had deteriorated. Due to lockdown, there were no tuition classes for the children."

"Hume apna kaam chhodna pada. Hume lagta hai hum dus saal piche chale gaye."

"We had to leave our jobs and became unemployed. We feel that, we have gone 10 years back in time in terms of our progress and development."

- **Father of an adolescent daughter from Nashik in Maharashtra**



Child artist from Save the Children

## CASE STUDY 2

### Kolkata Teenager Emerges as a Beacon of Hope for Her Community amid COVID Crisis

Sixteen-year-old Priyanka Rauth lives with her parents in one of the crowded slums of Kolkata. Her mother who works as a cook in a church is the only earning member of her family. The family lives in a small single-room shelter adjacent to one of the largest tanneries in the city. They have use of a community toilet that is also used by 12-13 families. With 4-5 members in each family, the toilet remains busy and unclean.

The family faced the worst situation of their life when Priyanka's mother, Rina Rauth (38), contracted COVID-19 and was recommended home isolation. In a small, one-room shelter, home isolation was not possible. Everyone in the community was living in fear of contracting the virus, which made things extremely difficult for Priyanka's family. When the community members learnt that Priyanka's mother had contracted COVID-19, they shunned the entire family. Priyanka's family was not even allowed to use the common toilet. The neighbors complained to the local leader, who tried to calm them down by assuring them that the family would take adequate preventive measures. While her family was coping with the virus, they were also battling lack of support and social isolation. The family decided to send Priyanka to her grandmother's house in the same neighborhood.

Priyanka's mother was not able to continue work and this meant the family had no earnings. They could not buy essential food items, leave alone sanitizers or other protective gear. Save the Children team members kept in constant touch with Priyanka and her mother over the phone. The team helped them and the community understand more about the virus and to remain positive. The team provided counselling support over the telephone and initiated advocacy meetings with the local administration to ensure COVID-appropriate behavior and testing in the communities. Additionally, Save the Children provided handwashing liquid and sanitizers.

Priyanka is now the newly elected Prime Minister of the Child Cabinet of her area. She has taken the resolve to spread awareness in her neighborhood and to remove the stigma around COVID-19, so that others do not suffer the way her mother did. She is committed to ensuring adequate support and care for those affected in her community. Using her mother's cell phone, she reaches out to all the children of her group and is sensitizing them about the virus and how to adopt COVID-appropriate behavior.



Image Credit: Save the Children, India

“We were under house arrest during lockdown. Our relatives were stuck during lockdown, took loan to send them back.”

“This spread of virus and lockdown has impacted the mental health of our children. We were afraid of the situation. Now, things are moving towards better. We are happy that at least we got time to spend with our families during the lockdown. On the other hand, we were afraid of meeting our friends or neighbors as this is a communicable disease and we might also get infected.”

“Bachcho ka ek saal ka padhai poora khatm ho gaya. Apas mein saara din jhagda karte rehte hain.

“Children's one year of learning was completely wasted and there was constant quarrel among the siblings.”

- **Mother of an adolescent girl from Rangareddy in Telangana**

“Children were not getting the opportunity to play. By scolding and thrashing them, tried controlling them to stay at home. Situation remained difficult.”

“Few days were fine, after some time they started fighting and misbehaving. Children who never raised their voice, in lockdown misbehaved with me.”

“Boys do not listen. They argue with us that there is no disease and we want to go out.”

“From April to June, there was continuous police surveillance and children were forced to stay at home but now they are free and happily roaming around. After wearing mask, girls also go out to play.”

Bachche chidchide ho gaye the. Sath mein ziddi aur bagawati bhi. Woh mujh pe chillate the, 'hum kab tak ghar mein band rahengay'.

“Children became cranky and irritated. Also turned stubborn and rebellious. They used to shout at me, 'till when will be locked inside home.”

- **Mother of adolescent children from Pune in Maharashtra**

“At times, we got irritated as our children constantly demanded something or the other, and we were unable to fulfil their demands because of financial constraints. It was difficult to maintain a balance among the various responsibilities.”

### 3.3 The Oppressive Nature of Socialised Values

Parents and children suffered so much during the lockdown that most of the discussion went back to the lockdown even when asked about the post lockdown situation. The survey team could sense relief and less anxiety among those who shared their stories.

The first wave of COVID-19 had begun to subside between November 2020 and January 2021 when the second round of surveys was conducted. The situation was beginning to gradually return to normal: some of the students of senior secondary schools began to attend practical examinations in schools, offices started re-opening, and many workers started going back to work. Families were once again able to buy food, medicines and other essentials. However, livelihood options for informal workers remained limited. Many of the family members were also afraid of contracting the coronavirus - having to stand in long lines in front of shops. Younger children were envious of their older siblings who were able to go back to school.

#### What Girls Said...

“Now our parents are going to work and we have money.”

“Earlier, we were unable to purchase daily needs items due to lack of money. Now, there is a lot of rush at the shops and due to the fear of COVID-19, we avoid standing in the long queues. In spite of wearing mask, we are always in fear that we might be carrying the coronavirus infection.”

“During lockdown, we were not allowed to go outside, now we can move around, can meet with our friends, can play outside. Now we are getting ration, medicines and other facilities, which was scarce.”

“We do not like sitting at home and missing our school. Our elder sisters and brothers have started going to school but we are still at home.”

### What Boys Said...

"Here people do not wear mask, police patrol in civil dress and without saying anything, they start beating."

"Till June, the situation was tough, now we feel good, workplaces have been opened, price of vegetables are also okay. Now we can go out and roam around."

"Now vaccine is also available, so people are comparatively in less fear."

"We boys were more frustrated as it was very difficult for us to stay back home without meeting friends and playing outdoor games. Now we can roam around. Girls were normal as earlier. There was no change in their behavior."

### What Parents Said...

"My parents send money from village for our subsistence. Still situation has not improved. We are afraid and in fear, pray to God that this situation does not happen again."

Lifting of the lockdown came as a relief for the respondents. Nevertheless, the voices of girls resonate the oppressive nature of social values and norms that denies them equal opportunity and freedom as compared to boys. Most of the girls realize and understand the pain and suffering that their mothers have endured throughout their lives. They are, however, not able to comprehend the gendered patterns of behavior at home. They recognize that they enjoy fewer rights than boys. Most girls see themselves cocooned at home while the boys have the right to roam around freely outside home. This gendered access is not overtly challenged. Some girls sympathized with their brothers in not being able to go out and meet their friends, play cricket, and enjoy their hobbies. The iniquitous burden of household work on the girls is normalized by accepted patterns of unequal distribution of domestic work between women and men in the household.

If the girls are not made aware of these inequalities, boys in these households also do not understand the adversity in the situation. Most of the boys could not see any special challenge for the girls during the lockdown. Some agreed to the increase in household work for the girls, but boys seemed to believe that the girls enjoy housework. Some boys were proud that their sisters learnt to cook more varieties of food during the lockdown.

Today, as the sample indicates, a significant number of boys are in school and so are girls. If this generation is not made gender-sensitive at this stage, it will become even more difficult to make them conscious of gender equality at a later stage in life. These boys will always see themselves as being superior to their sisters or women in general because their fathers are strong patriarchs assuming authority. In such a scenario, it is hard to discover and nurture the voices of the girls. Even if they speak up, they will always remain in the fringes with no one to support them or even try to mute them by abusing them. It is time for governments, civil society organizations, philanthropic trusts, media and others to wake up to the stark reality of the situation. Not taking proactive steps to bridge the gender gap and usher in greater equality between boys and girls may slow down social progress in the country.



Child Artist: **Falesh Kumar Dau**

Image Credit: Save the Children, India



## **Chapter : 4**

# **The Health and Nutritional Wellbeing of Adolescents Takes a Major Hit**



## 4.1 Child Health and Nutrition Situation

Article 24 of the Convention of the Rights of the Child calls upon States Parties to 'recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.'

Health and nutritional status of India's children and adolescents remains a matter of serious concern. Even before the COVID-19 pandemic, there were only 17 countries in the world that reported higher rates of stunting among children under five. India ranked 94 out of 104 countries on the 2020 Global Hunger Index. According to the State of Food Security and Nutrition in the World Report 2020, India has the largest population of food insecure people and accounts for 22 per cent of the global burden of food insecurity.

Every third child in India suffers from one form of malnutrition - stunting, underweight, or wasting (Government of India, 2015-16). Malnutrition is the most common risk factor for deaths of under-5 children contributing to 68.2 per cent of child deaths (Collaborators, 2019). NFHSV shows that 53 per cent of adolescent girls in the country are anemic; 80 per cent are thin, short, or obese; 31 per cent suffer from vitamin B12 deficiency, and 37 per cent have folate deficiency (Ministry of Health and Family Welfare MoHFW), Government of India, UNICEF and Population Council, 2019).

Gender inequality plays an important role in skewing the accessibility of health and nutrition services against the girl child, including distribution of food. Various studies have also shown gender inequality playing a major role in delayed care seeking and treatment of a girl child compared to a boy. The comprehensive national nutrition survey (2016-2018) conducted in India shows almost twice the prevalence of any anemias among girls (5-19 years) than boys in the same age group. This also shows that girls have lower consumption of nutritious food groups; especially fruits, dairy products, and animal protein (Ministry of Health and Family Welfare, 2018).

In households living in poverty, women and girls are particularly disadvantaged in their access to household resources, including food and nutrition (UNICEF, 2019). Undernourished girls grow up to become undernourished women who give birth undernourished children. A telephonic survey conducted across multiple countries indicates that during an emergency, adolescent girls are particularly affected by interruptions to essential services, and by the loss of protective environments and social support networks as schools and youth programs close; the impact was acutely felt among poor and marginalized populations (Hannah, Nicole, Sapna, Thomas, & Thoai, 2020).

There is limited evidence on how the health and nutrition status of girls have been impacted by COVID-19 pandemic and COVID-related measures both in India and across the globe.

This chapter presents the findings relating to health, nutrition, and food insufficiency (not having enough food or money to buy food) at the household level during and after the first lockdown phase. It also discusses the coping mechanisms as well as the challenges faced by them in accessing essential health and nutrition services during and after the lockdown. Data was collected for two time periods of equal duration - between April 2020 and June 2020 and between November 2020 and January 2021- to understand the varying impact of pandemic during the lockdown and post lockdown phase.

## 4.2 Findings

Presented below are the consolidated findings of the study relating to the four states: Bihar, Delhi, Maharashtra, and Telangana.

The immediate effects on children were observed through the loss of earning and jobs following the lockdowns. Food security became an issue as food availability became difficult, food prices began to rise, and accessing government relief schemes was not easy. The shutting down of day care services also affected young children.

The findings reveal that adolescent girls living in urban slums were affected more than boys as fear of infection and physical restrictions severely hampered access to health and nutrition services. Additionally, they found it difficult to access sanitary napkins during lockdown period because the reduction in family incomes, limited government supplies, and closure of shops.

### 4.2.1 The Lockdown Made it Difficult for Adolescent Girls to Access Health and Nutrition Services

The study inquired about the health and nutrition services received by adolescent girls during the lockdown and post-lockdown period (Figure 3). Results show that during the lockdown period, more than two-third

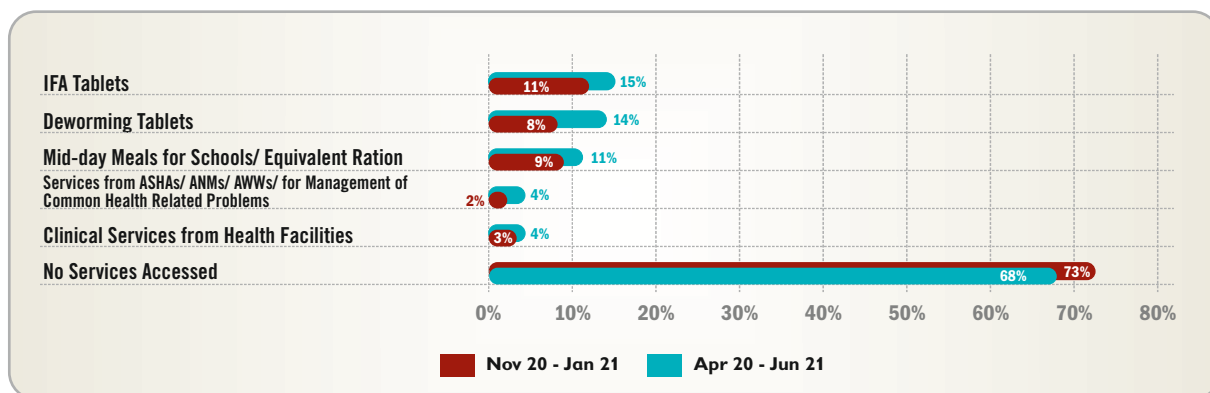
adolescent girls (68 per cent) in the four states did not access or receive any services. The most impacted state was Delhi where more than 90 per cent girls did not receive any services followed by Bihar (77 per cent) and Maharashtra (64 per cent). The situation was better in Telangana where only 40 per cent girls did not access any services (Annexure 2, Table 4). Among the remaining girls, 15 per cent received weekly iron and folic acid supplementation (WIFS), 14 per cent received deworming tablets, and 11 per cent received mid-day meals. The least availed services were those received from frontline health workers and clinical services (both at 4 per cent each).

In the post lockdown period, the same trend was observed for ICDS services. The proportion of adolescent girls not accessing any services increased. It can be explained well by the decrease in access and utilization of all other services (IFA, deworming, mid-day meals, services from frontline health workers). This was contrary to expectations and could be attributed to the same reasons as for children 0-6 years – reassigned pandemic-centric roles of health workers hindering delivery of other services, fear of the pandemic, and reduced intensity of agencies to deliver services after the lockdown crisis.

"Before lockdown, we used to receive iron folic acid (IFA) on weekly basis on Wednesdays but after March, we did not receive the tablets. Deworming tablets were received till February month. After March did not receive any medicine from the school."

- 17 years old from North West district, Delhi

**Figure 3: Health and Nutrition Services Received by Adolescent Girls**



{Multiple Response, N=1092}

The current study reveals that 75 per cent of adolescent girls faced challenges in accessing health and nutrition services including interacting with the frontline health workers (Figure 4). The most common reason reported was the fear of being infected by COVID-19 (53 per cent) followed by closure of schools (37 per cent). For both of these challenges, Delhi and Telangana reported the highest figures (Annexure 2, Table 5). The other challenges identified by girls included long queues (19 per cent), closed health centers (18 per cent), and unavailability of staff at health centers (14 per cent).

"Government clinics were closed and we faced lot of problems in getting medicines. Since the schools were also shut, we did not get mid-day meals. ASHA, ANM, and anganwadi workers also did not provide their services during that time."

- A 12 year old girl from East Champaran district, Bihar

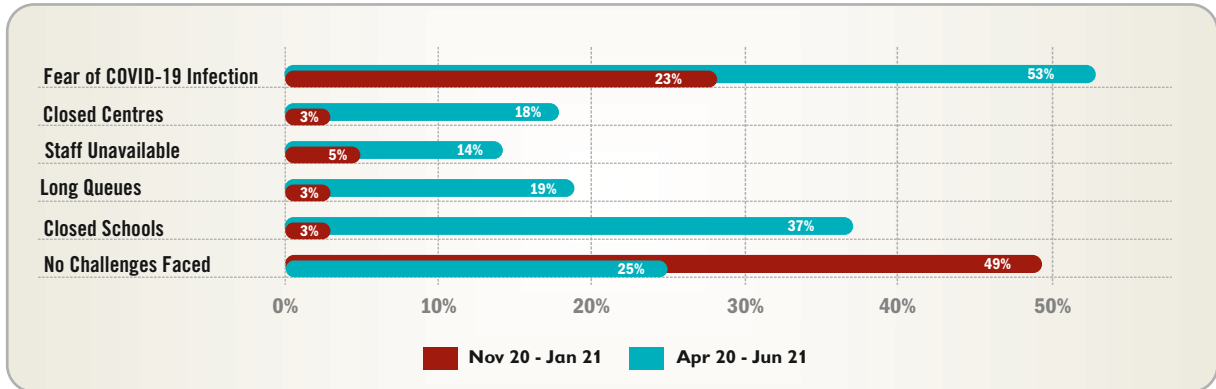
"Initiating conversation with girls became difficult. Parents were afraid and did not allow their girls to talk to us since corona is a communicable disease and it might spread in contact with the person."

- An ASHA worker from Nashik district, Maharashtra



During the post lockdown period, more than half of the adolescent girls continued facing challenges in accessing health services. While 28 per cent girls still feared getting infected by coronavirus which stopped them from accessing health services, the figures for all other challenges decreased substantially.

**Figure 4: Challenges Faced in Accessing Health and Nutrition Services by Adolescent Girls**



{Multiple Response, N=1092}

#### 4.2.2 Adolescent Girls Faced Difficulties in Accessing Sanitary Napkins During the Lockdown Period

About 78 per cent of mothers of adolescent girls reported challenges in accessing sanitary napkins during the lockdown period (Figure 5). The two main reasons for inaccessibility were limited government support in form of distribution of sanitary napkins at the community or school level (46 per cent) and lack of money (42 per cent).

Despite perceived improvement in provision of services post lockdown, 2 in 5 mothers reported that girls continued facing challenges in accessing the sanitary napkins and this figure was similar across all the states, except Maharashtra where it was only 1 in 5 mothers (on behalf of girls). Limited government supply and lack of money continued to be the two most common reasons for girl's inability to access them.

Due to the difficulties faced in accessing sanitary napkins during the lockdown period, the girls had to either purchase this essential product from the local market (53 per cent) or revert back to the old practice of using cloth (41 per cent) (Figure 6). In Bihar, more than 75 per cent mothers reported that girls started using cloth while in Delhi, 45 per cent girls resorted to this unhygienic practice (Annexure 2, Table 6).

“The biggest problem we faced was during the menstrual cycle when there was unavailability of sanitary napkins due to lockdown. Many times, we had to use cloth, which made us feel very uncomfortable.”

- FGD with 15-18 year old girl from Patna district, Bihar

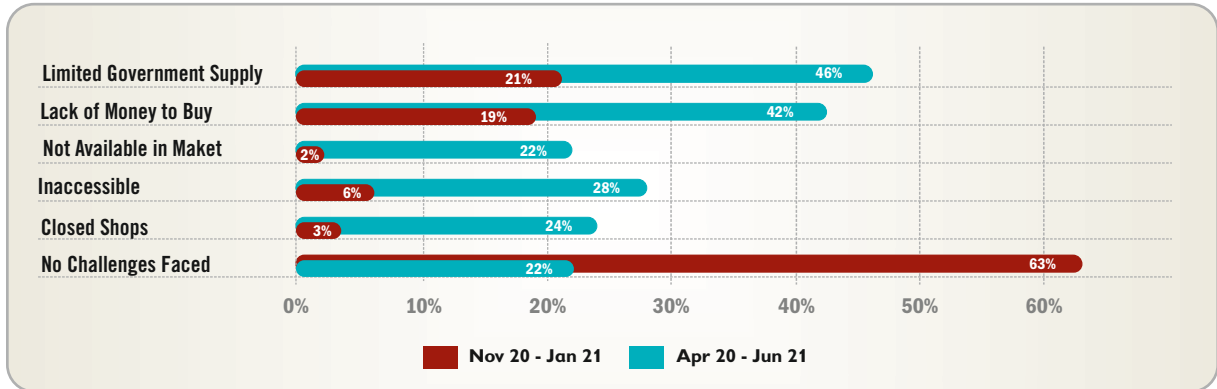
“We used to get packet of sanitary napkins before lockdown from ASHA didi. After March, since the lockdown started, we did not receive pads.”

- 17 year old girl from North West district, Delhi

“We were not provided with sanitary napkin to be distributed amongst adolescent girls. Most of the girls enquired and informed us about their need of napkins.”

- AWW from East Champaran district, Bihar

Figure 5: Challenges in Accessing Sanitary Napkins



{Multiple Response, N=1092}



Image Credit: Save the Children, India



## CASE STUDY 3

# Making Face Masks and Sanitary Pads: Skill Building and Economic Empowerment of Adolescents and Youth

### Context:

Health services and schemes were either suspended or disrupted following the lockdown. With transport facilities suspended and shops shutting down, it became extremely difficult to buy menstrual hygiene products like sanitary pads and even face masks. Girls and women, especially in rural areas, had no option but to use old cloth or adopt unhygienic ways which exposed them to serious risks of infection.

### Adaptation:

The following interventions were implemented in six districts across three states: Bihar (Gaya and Sitamarhi); Rajasthan (Tonk and Jodhpur); and Odisha (Nuapada and Kandhamal) by Save the Children (also known as Bal Raksha Bharat) with support from local NGO partners and girls' federations:

- To address the issue of unavailability of sanitary pads and face masks post the outbreak of pandemic and resultant lockdown, immediate online training on stitching and sewing them at home was provided to the selected girls. As initial support, sewing machines, cloth, cotton, thread, etc. was made available to the girls to promote self-employment.
- To address issues of hunger and starvation due to loss of livelihoods and sky rocketing price of food items, Integrated Family Kits were distributed to the girls, their families, returned migrant workers, etc. by allocating funds for the same though repurposing the existing budgets.
- With an intent to bridge the digital divide created due to the pandemic and support remote delivery of project activities, procurement of digital devices viz. tablets, sim cards with one-year internet services, speakers, mini-projectors were provided. This helped in a) engaging with the girls and mentoring the Discussion Leaders, b) providing information and other information, education, and communication materials, c) enrolling and continuing online vocational training and other online education, d) submitting online forms of social protection schemes, etc.
- Digitization of training modules on life skills, sexual and reproductive health rights (SRHR), and financial literacy was proposed to facilitate the respective trainings remotely.
- Engaged adolescent girls through virtual means and social media (webinars, WhatsApp, Facebook, Twitter, etc.).
- Online and social media advocacy (through WhatsApp, Facebook, print media and news channels) is being done to address girls' issues.

### Outcome:

With the acquired vocational training and start-up support provided to the girls by Save the Children, they stitched low-cost reusable sanitary pads and face masks for their own use, their families and for other girls and women in their vicinity. Adolescent and youth champions along with members of girls' federations distributed free sanitary pads and face masks to the poor and the ones in need, to mitigate and safeguard them from the ill-effects of the pandemic and not compromising with their dignity while managing their menstrual hygiene.

The girls also received bulk orders for face masks from different agencies viz. institutions of local governance (PRIs), NGOs, elected representatives, government departments and officials etc., thereby converting a challenge into an opportunity with their grit and passion. The earning from these initiatives has in-turn resulted in economic empowerment of the girls and their families. Recently, the girls decided to come together and formed small enterprises for making face masks and selling them in the market, which speaks volumes of their belief in collective leadership. So far, ten skills centres have been established by Save the Children along with partner NGO that are being managed by two block level girls' federation at the panchayat level in Bihar.

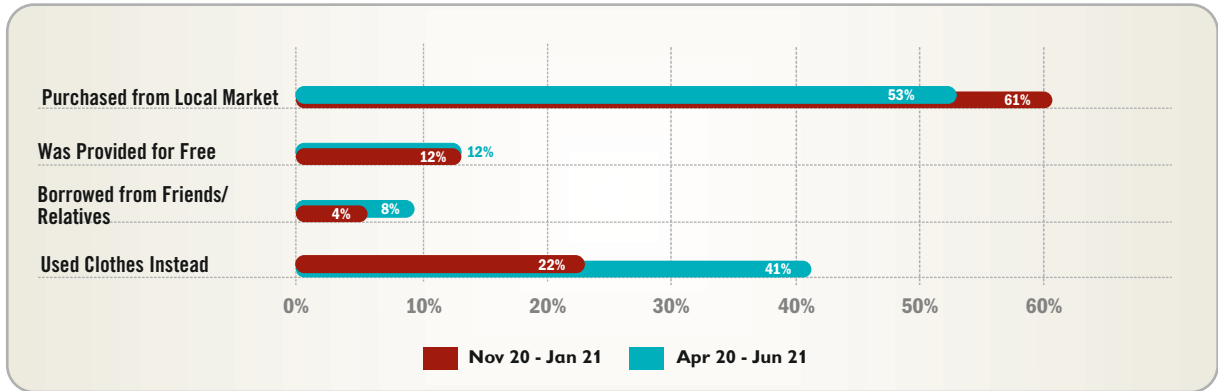
Thus far, approximately 1000 adolescent and young girls engaged themselves in making these two essential items. Approximately 50000 face masks have been stitched and about half of them have been sold. For sanitary pads, other than providing home-made pads, sanitary banks have been established for girls to buy them at an affordable price while also contributing to the income of the girls.

Through virtual advocacy, the Rajasthan State Commission for the Protection of Child Rights (RSCPCR) had issued letter to health and ICDS department to ensure supply of sanitary pad to the homes of adolescent girls.



Image Credit: Save the Children, India

Figure 6: Source of Sanitary Napkins



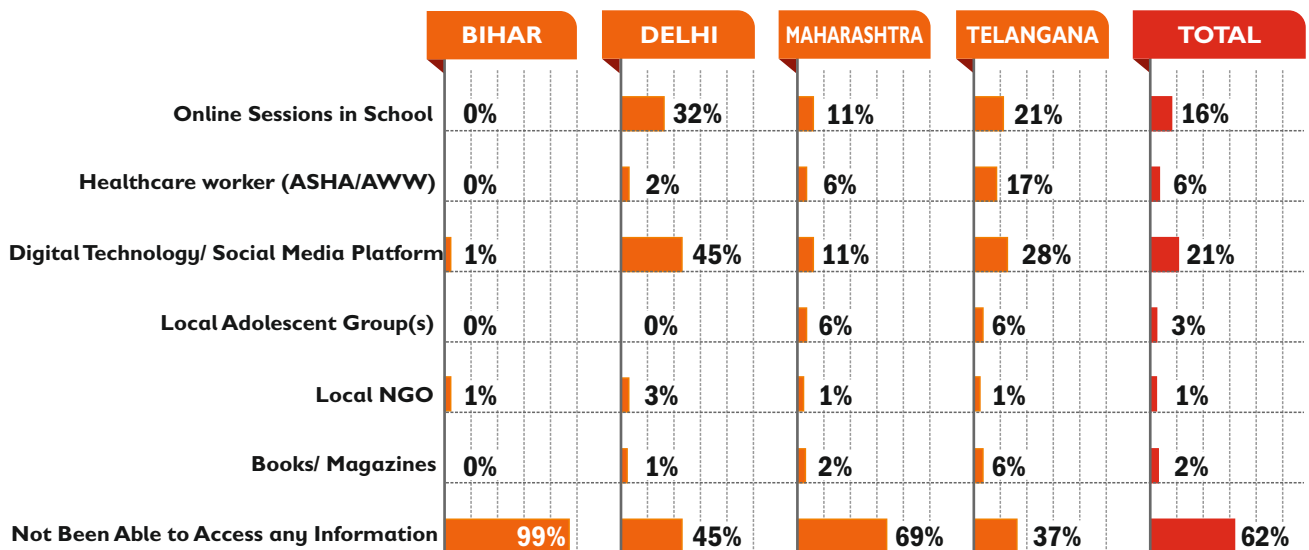
{Multiple Response, N=1092}

Even in the post lockdown period, 22 per cent mothers shared that girls continued using cloth during menstruation with nearly 1 in 2 girls using it in Bihar (as reported by mothers). Dependency on the local markets for sanitary products seems to have increased with 61 per cent mothers of adolescent girls now purchasing the products from local market compared to 53 per cent during the lockdown period.

### 4.2.3 Adolescent Girls Did Not Have Sufficient Access to Information on Sexual Reproductive Health and Rights During the Pandemic

The study explored the source of SRHR information for adolescent girls during the pandemic. More than 60 per cent girls did not have any access to such information and the situation was the worst in Bihar where nearly all the girls (99 per cent) mentioned their inability to access relevant information. Only 1 in 5 girls was able get SRHR information using digital technology or social media platforms. Here also stark contrast was observed between the states with 45 per cent girls in Delhi using digital technology for accessing information compared with only 1 per cent in Bihar.

Figure 7: SRHR Information Source for Adolescent Girls

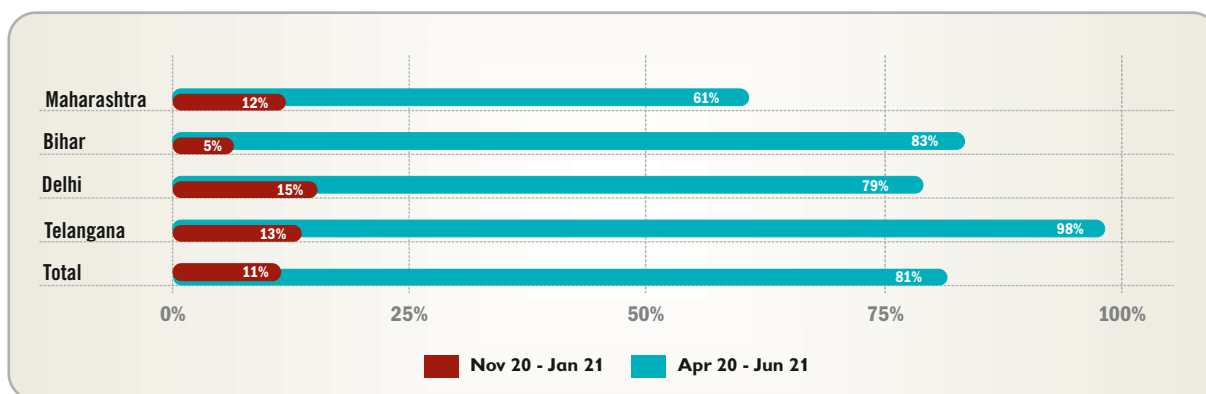


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## 4.2.4 A Majority of Households Experienced Food Insufficiency Following the Lockdown

The study explores the challenges in accessing the food during and post lockdown situation in urban slums in India. The lack of access to food owing to livelihood insecurity and mobility restrictions posed by lockdown situation had expected to create food insufficiency for marginalized households. Food insufficiency also adversely affected the health and well-being of children and adolescents. Most households suffered the socioeconomic fallout of the lockdown in terms of food insufficiency with more than 80 per cent households (as reported by mothers) reporting lack of enough food/rations or money to buy food during the lockdown period (Figure 8). Food insufficiency was reported to be nearly universal in Telangana (98 per cent) followed by Bihar (83 per cent), Delhi (79 per cent), and Maharashtra (61 per cent). Post-lockdown, the situation appeared to have improved considerably across all the states with the per cent of households experiencing food insufficiency going down from 81 per cent to 11 per cent. Among the states, the maximum improvement in terms of per cent was observed in Telangana (98 per cent to 13 per cent), while in the other states, the figure for household food insufficiency was similar to the overall average.

Figure 8: Households Experiencing Food Insufficiency



{Multiple Response, N=1092}

## 4.2.5 Rising Food Prices, Food Shortages, Long Lines, and Limited Support from Government Hampered Access to Food

Nine in ten households faced challenges in accessing food during the lockdown period with increase in food prices being the most common challenge faced by more than two-thirds households (68 per cent) (Figure 9). Among the states, more than 80 per cent households in both Delhi and Bihar experienced higher food prices as the most common challenge while almost half faced the same in Maharashtra and Telangana (Annexure 2, Table 3). Other key challenges included long wait at the shops to purchase food items

“Situation is the same even now. We do not have money and job. How can we provide proper diet to our children? We are not receiving any services from government except ration.”

- A Mother from Rangareddy district, Telangana

(overall average 47 per cent; highest in Delhi 81 per cent), food shortages (overall 36 per cent; highest in Maharashtra 52 per cent) and closure of shops (overall average 36 per cent; highest in Bihar 60 per cent). Limited support from the government was recognized as the least common challenge but still one in five households experienced it (18 per cent).

“Everything was expensive and overpriced. Flour price increased from Rs. 200 to Rs. 500 per kg during lockdown. We could not even lend the food items.”

- A Mother from North West district, Delhi

During the post lockdown period, the proportion of households facing challenges in accessing food decreased by nearly half, but more than 45 per cent households still continued to experience it. Again, high food prices was the main challenge for 30 per cent of households, while all other challenges decreased to single digits.



## CASE STUDY 4

# Gayatri Kumari Saves 850 Households from Starvation

### Context:

Seventeen-year-old Gayatri Kumar of Kharsah village in Riga block of Bihar's Sitamarhi district described the situation of her own family and that of the entire tola (hamlet). All of them were starving during the lockdown as supplies of subsidized food grains stopped and they could not afford food from the market. PDS ration had not been distributed in the villages since January 2020, that is, even before the lockdown in March 2020. Gayatri took the initiative of calling a panchayat member and the local PDS dealer, but did not get any support from them.

### Response:

She raised the issue with Save the Children who asked her to prepare a list of the families who needed immediate support. She contacted a local ward member, and on her own, prepared a list of 910 households. Save the Children helped Gayatri draft a letter to Ms. Abhilasha Kumari Sharma, District Magistrate, in which she explained the situation which was in clear violation of government directives for ensuring supply of essentials including food grains.

### Outcome:

Following the submission of the letter, government officials (supply inspector, Circle Officer, Pramukh, Block Development Officer) visited the village. The government officials were moved (and possibly intimidated) by the letter written by a village girl to the District Magistrate. They initiated the exercise of listing the households of the village. Following this, 850 families received ration from the Targeted PDS. Media coverage of Gayatri's story and her efforts not only had a positive impact in her village but in other districts of the state as well.



Image Credit: Save the Children, India

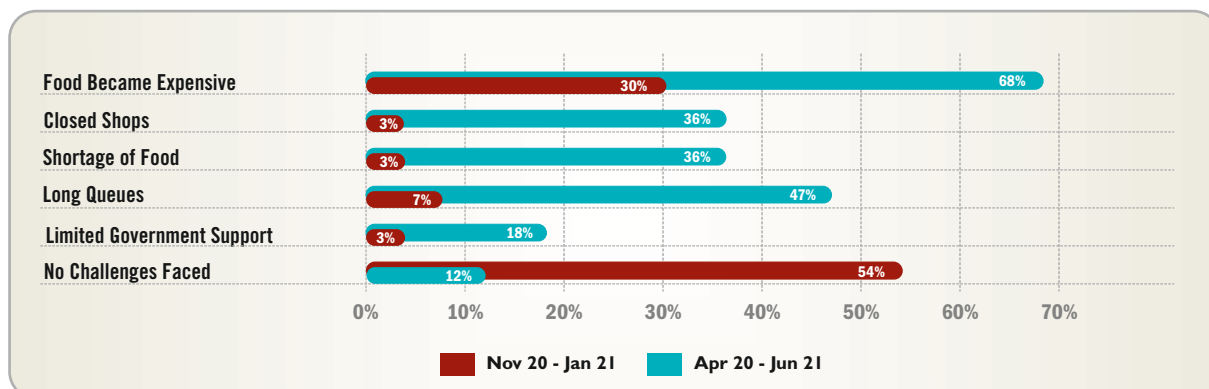


Child Artist: *Deepanjali Sahu*



## 4.2.6 Families Adopted Various Coping Mechanisms to Tide over Food Insufficiency

Figure 9: Challenges Faced by Households in Accessing Food Items



{Multiple Response, N=1092}

The study reveals that most of the poor households living in slums had to adopt a variety of short-term measures to address the issue of food insufficiency. Figure 10 presents the coping strategies adopted by the households to combat food insufficiency during the lockdown period. Three-fourth of the total households relied on less preferred and less expensive food options to meet their daily needs. In Delhi, Maharashtra and Telangana, more than 80 per cent households adopted to this coping strategy (Annexure 2, Table 2).

Among the other coping mechanisms, 55 per cent households borrowed money or food from a friend or relative while a large proportion of households reduced the consumption of food by either decreasing the number of portion sizes per meal (46 per cent) and/or the number of meals eaten throughout the day (42 per cent). These coping mechanisms were more commonly observed in Bihar, Delhi and Maharashtra as compared to Telangana. Overall, 13 per cent of the households had restricted consumption of food by women and girls so that men and boys can have sufficient food. There was a big variation observed in the state figures with the highest figures reported from Maharashtra (34 per cent) followed by Delhi (20 per cent), while Bihar and Telangana had only 5 per cent and 1 per cent households reporting it respectively.

Comparison with the post-lockdown period shows concerning results as large number of households continued adopting various financial and food compromising coping mechanisms. There was no change in the proportion of households relying on cheaper or less favored food options, while not much decline was observed for other coping mechanisms – 49 per cent borrowed money or food from a friend/relative, 34 per cent reduced the number of meals eaten, and/or 24 per cent limited the portion sizes of meals. Among the states, Delhi and Bihar reported an increase in the households using less preferred and less expensive foods, with Delhi showing nearly all the households using this coping mechanism (97 per cent).

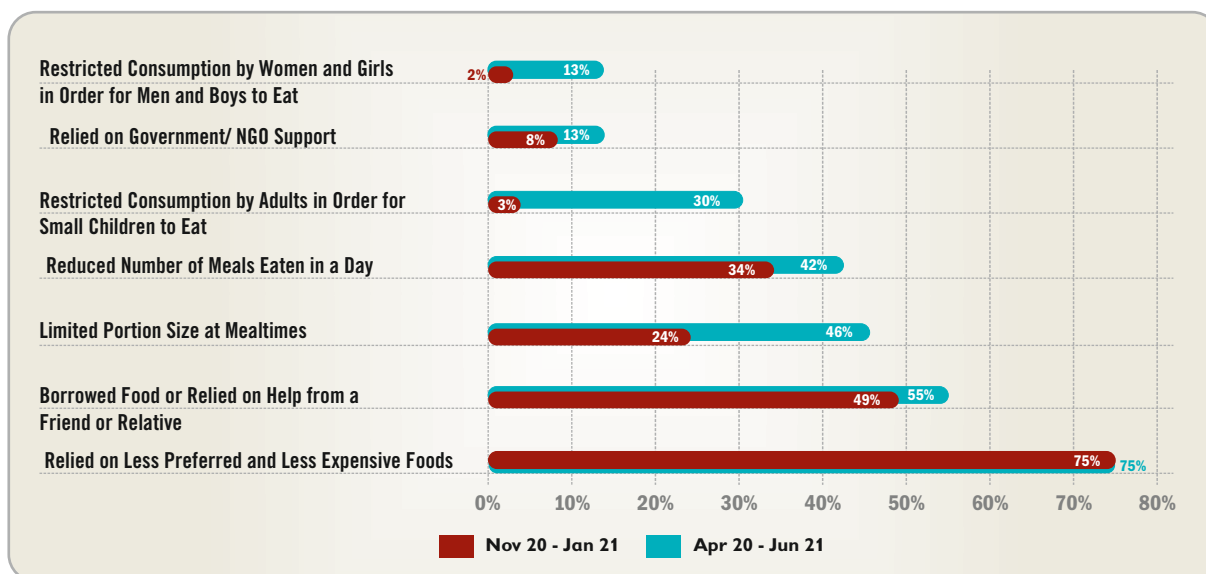
“There was a tremendous change in the food habits as earlier meat and eggs were prominent in our diet. However, during lockdown, we consumed cereals and vegetables like potato. We could not even afford green leafy vegetables.”

- A Mother from Rangareddy district, Telangana

“There were times when we did not have enough food to eat, even two meals a day. We had to eat on alternate days. Somedays I had to borrow food from others to feed my family.”

- A Father from East Champaran district, Bihar

Figure 10: Coping Mechanism of Households who Experienced Food Insufficiency



{Multiple Response, N=1092}

## CASE STUDY 5

## COVID-19 Couldn't Break Narasamma's Spirit to Serve Her Community

Narasamma, an ASHA worker, has been serving her village Doddabelavangala in rural Bengaluru for the last 10 years. She is virtually a one-stop call centre for the community in need of any medical assistance or advice.

The COVID-19 crisis could not dampen Narasamma's spirits from carrying out her responsibilities. With all necessary precautions, she started reaching out to the community and tending to many pregnant women in her area. She says that she has to be extra careful with pregnant women, and provides them additional guidance on keeping themselves safe from COVID-19. As an ASHA worker, she visits pregnant women in their homes, and provides counselling and support and often accompanies them to Primary Health Centres (PHCs). For the adolescent girls, she is like a friend popularly called 'ASHA aunty' – a confidante and guide on matters of sexual and reproductive health as well as menstrual hygiene.

*“My association with Save the Children has prepared me to respond to the COVID-19 crisis at various levels. The team has equipped me with the right information to respond to the crisis and help my community. Today, I feel safe and am doing all that I can to keep my community safe from COVID-19 with right information at the right time – promoting COVID-appropriate behaviour, and explaining the importance of vaccines”,* says Narasamma. Some of the houses were located in interior villages and it was difficult to reach out to those families during lockdown. But Narasamma wasn't the one to give up. She got in touch with them on phone with information and advice to keep them safe. She spoke to community about spotting symptoms, timely testing and medication, and treatment. She conducted a COVID-19 survey in her village and even organized a COVID-19 testing camp.

*“I see people look at me with hope, for information and guidance. Every month, I reach out to 1,035 persons from 255 households. On average, I provide care to 10 pregnant women a month. I will continue to serve my community, especially now, when they need me the most”,* she adds.

Narasamma has ensured the vaccination against COVID-19 for 86 community members as soon as vaccines became available. She proudly declares that there are 'zero' cases of COVID-19 in her area. In her mission, she is well supported by the AWW of her area.

Narasamma is proud to be a member of Karnataka's COVID-19 response team.

## 4.2.7 Children 0-6 Years Could Not Avail ICDS Services During the Lockdown Period

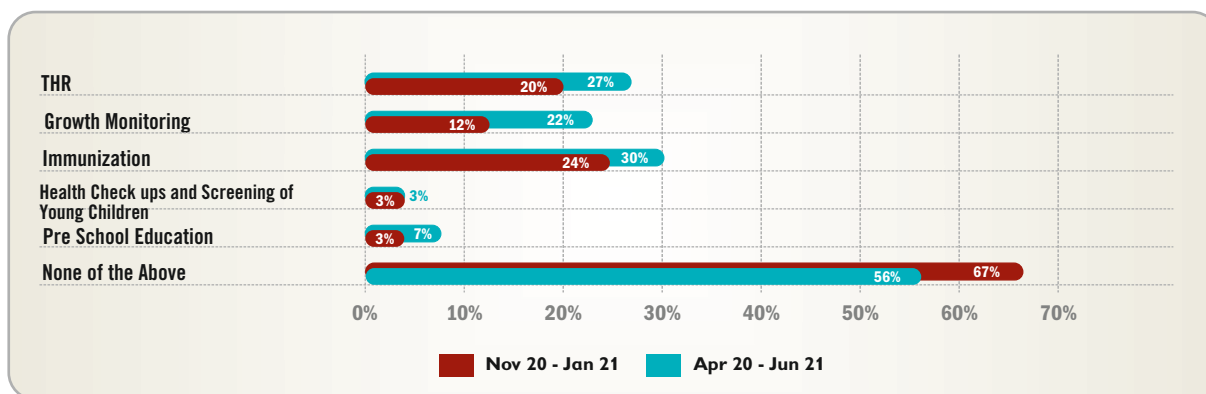
The study reveals that more than 56 per cent children aged 0-6 years did not avail any service under ICDS during the lockdown period (Figure 11). Among the states, Bihar had the highest proportion of children not availing any ICDS services (81 per cent) followed by Delhi (71 per cent), Maharashtra (41 per cent) and Telangana (31 per cent) (Annexure 2, Table 9). Of the services availed, 30 per cent children received immunization, 27 per cent got THR and 22 per cent were monitored for growth. Delivery of pre-schooling activities and health checkups with screening at the anganwadi center were severely impacted with only 7 per cent and 3 per cent children getting these services.

In the post-lockdown period, proportion of children not availing any services increased by 11 per cent (56 per cent to 67 per cent) while there was a decrease in the utilization of other services (immunization, THR, growth monitoring, pre-school education). This adverse finding could be attributed to a number of reasons like continuation of limited availability of ICDS services, continued fear of the pandemic, and diminished attempt by the government agencies/NGOs to reach out for service delivery after the crisis situation (lockdown) had eased out.

"We used to get monthly ration from anganwadi didi but it was halted due to lockdown. We did not receive any IFA tablets or clinical services. ANM visited once in a month but did not conduct any vaccination."

- A Mother from Patna district, Bihar

Figure 11: Services Availed from ICDS by 0-6 year olds



{Multiple Response, N=346}

## 4.3 An Uncertain Future

The findings of the survey corroborate the evidence that has emerged from other studies. Several households faced challenges in accessing food during the lockdown with the most common reasons being higher food prices, long queues, and food shortage in shops. This was largely due to the severe COVID-19 induced lockdown disruptions resulting in loss or reduction in income (Paisabazaar.com, 2020) and limited money to spend on food, as well as disruptions in food supply chains (Kanika & Shekhar, 2020).

What is concerning is that even after seven months since the initiation of first lockdown, a large proportion of households continue to adopt these strategies. It is expected that households that used financial coping by borrowing food or money might have built up debts, that would result in them repurposing their food costs to pay the debt in near future. Moreover, children (especially girl child) and women of the households that compromised quality and quantity of foods during the lockdown might suffer from different forms of acute undernutrition if they continue to face food insecurity even months after the lockdown.

A study conducted by Azim Premji University across twelve states in India following the nation-wide lockdown, reported that 83 per cent urban and 73 per cent rural households were consuming less food than before (Azim Premji University, 2020). Round 2 of the same survey conducted in October-December 2020 showed that one in five households had still not recovered from the changes in food consumption (Azim Premji University, 2021). Another

study conducted in three rounds covering eleven states showed that during lockdown 39 per cent households experienced hunger/inadequacy/shortness of food supply and 40 per cent of the population had reduced their food consumption; during the post-lockdown period 25 per cent population still continued to reduce their consumption (Rapid Rural Community Response (RRCR) to COVID 19, 2020).

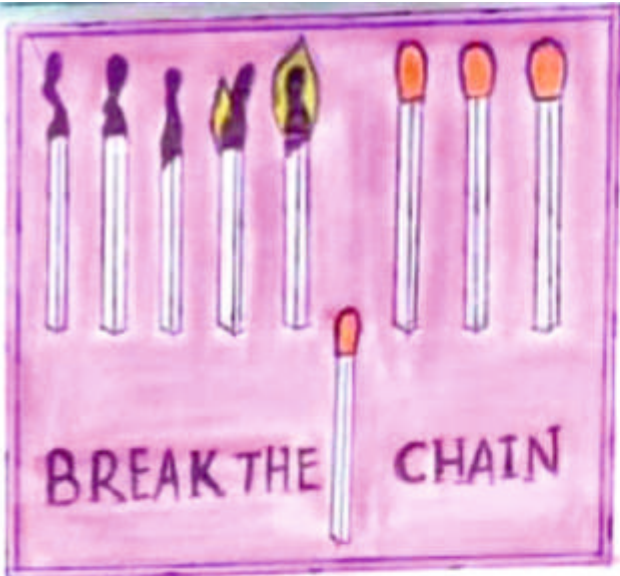
COVID-19 induced disruption of key programs like the ICDS is expected to not only exacerbate malnutrition among children leading to long-term ill effects on their health, but also have an adverse impact on child survival. Recent estimates suggest that such disruptions in service delivery coupled with poorer access to food security and nutrition at household level will result in an additional 60,720 child deaths over the next six months in India (Timothy, 2020). The effects are going to be even poorer for girl child, given the greater under-5 mortality rates for girls in India than boys (Government of India, 2015-16).

During the post-lockdown period, contrary to the expectations, immunization, growth monitoring, and THR services saw a further decline in their coverage attributable to the availability of limited services, fear of the pandemic, and reduced intensity of agencies to deliver services after the lockdown crisis. These findings are corroborated by the results of another study conducted by Save the Children, India (2020) during the post lockdown period and completely independent of this study (Rapid Need Assessments). Findings showed that one-third households were unable to receive THR and 60 per cent children missing their immunization during lockdown. Another pan-India study conducted by CRY to understand the impact of COVID-19 lockdown on children reported that only around half of the parents with children below 5 years of age were able to access immunization services during the lockdown (Child Rights and You, 2020).

Adolescent girls, during the lockdown period, had limited access to health and nutrition services as well as access to essential commodities like the sanitary napkins. Such disruptions can be explained by shifting priorities and resources of the health system to manage and contain COVID-19 thereby restricting its capacity to provide other services. Similar findings have been observed in another study conducted across three states of India during the lockdown period which highlighted that more than 50 per cent girls reported an unmet need for sanitary pads while only one-third confirmed receipt of IFAs during the lockdown (Population Foundation of India, 2020). Another study conducted in two rounds across the four states also showed comparable results with only 28 per cent girls able to get support from government in the form of distribution of sanitary pads. The study also highlighted vulnerability of girls in access to media as source of information and its use as compared to boys (Center for Catalyzing Change, 2020). Another study that assessed the challenges faced by adolescents from perspective of youth-serving organizations shared that two in five youth serving organizations reported girls having trouble in accessing sanitary napkins and one-third reported suspension of WIFS distribution to girls (Dasra, 2020).

Nutritional and dietary inadequacies at household level, school closures and health service disruptions posed due to COVID-19 have put the already malnourished adolescent girls at higher risk of developing or increasing malnutrition issues including micronutrient deficiencies. Additionally, with an existing 42 per cent girls and women not using hygienic methods of menstrual protection in India (Government of India, 2015-16), the pandemic has further posed a greater challenge for the girls in accessing these methods. They have resorted to less/unhygienic practices such as use of cloth, that could expose them to a heightened risk of getting reproductive tract infections and related diseases.

The COVID-19 pandemic has created innumerable problems for children and adolescent girls. In addition to the direct risk of exposure to infection, adolescent girls are facing indirect risks to their health and nutrition status arising from deprivation at household level and disruption of essential health and nutrition services due to closure of government run institutions and/or reassigned pandemic-centric roles of health workforce. Adolescent girls are now confronted with even more obstacles to obtain basic services, the cumulative effects of which will be seen not only on their present health status but will also have long-term consequences spanning to their adulthood. There is an urgent need for all stakeholders to recognize and prioritize challenges of adolescent girls, and invest in appropriate response and recovery efforts.



(1) Maintain social distance.

STAY  
AT  
HOME

Name Deepak Agharia  
Village-Kalyan pur

WEAR  
MASK



(2) wearing mask before going outside.



WASH  
HANDS

(3) Wash your hands properly in hand sanitizer.

## Chapter : 5

# Setback to Early Learning and School Education as Decades of Progress Gets Erased



## 5.1 The Abrupt Closure of Learning Facilities

Article 28 of the Convention on the Rights of the Child calls upon States Parties to 'recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity.'

The COVID-19 pandemic disrupted children's learning around the world. In India, it erased seven decades of progress made through proactive programs and legislations including the Sarva Shiksha Abhiyan or Education for All (2000) and the Right to Education Act (2009). Closure of learning facilities disrupted the lives of over 320 million children majority of which were enrolled at the primary and secondary level (86 per cent) (Global Monitoring of School Closures caused by COVID-19, UNESCO, 2020). Before the pandemic, poor and marginalized children were the most likely to be out of school, most at risk of dropping out, and most likely not to be learning while in school. With mass school closure spread over two academic years, the severity of the above factors multiplied manifold. The discontinuity of institution-based learning widened the learning gap and put children's overall well-being and development (mentoring by teachers, interaction with peers, play and recreation opportunities) at risk. As most schools continued to remain closed children, parents and educators became increasingly concerned. Save the Children's (also known as Bal Raksha Bharat) experience from the Ebola crisis suggests that prolonged school closures disrupt educational attainment for generations of children. A field study (Azim Premji University, 2021) on loss of learning due to COVID-19 closures revealed that 92 per cent and 82 per cent of children in grades 2-6 lost at least one ability in language and mathematics respectively, over the previous year.

In India, in response to COVID-19 related school closures, governments, civil society organizations, private companies, local communities and families have come together to support children in remote learning. It is time, 18 months into anganwadi centres and school closures, to reflect on the impact a protracted education crisis on children's learnings.

The current study records the experience of children and caregivers and the preparedness of duty bearers to support learning at home during a protracted crisis. Key informant interviews were administered with government officials, AWWs, teachers and FGDs were held with girls, boys and parents to:

- Identify the emergent needs of AWWs and teachers to supplement timely provision of textbooks and other reading materials.
- Assess the status of learning continuity at home amid national-level school closures during the pandemic.
- Explore the support received from the government, anganwadi centers, and schools.
- Explore gaps in early learning at home and the time constraints of caregivers.
- Study the differential access to learning opportunities of girls and boys during the lockdown.
- Understand the nature and extent of psychosocial care and well-being needed for ensuring learning continuity and safe return to schools.

This chapter is a synthesis of the perspectives and responses of government officials, teachers, parents, caregivers, as well as other duty bearers to the crisis.

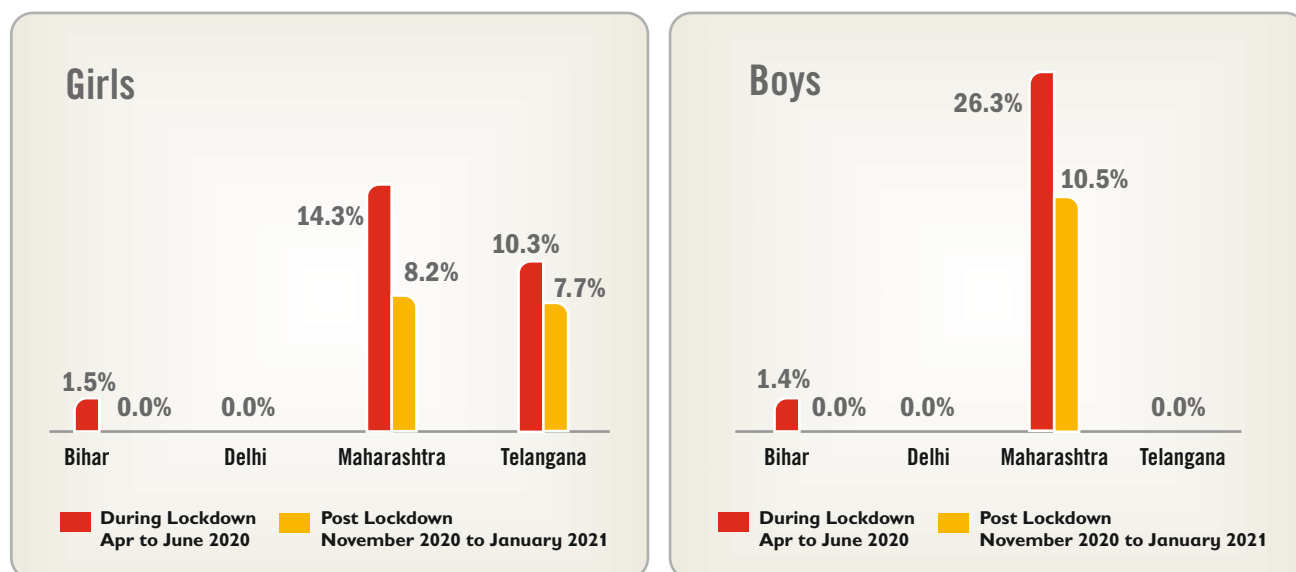
## 5.2 Findings of the Study

This section presents the findings of the study conducted in Bihar, Delhi, Maharashtra, & Telangana at the aggregated level and the state level.

### 5.2.1 The Effect on Girls was Disproportionately Higher when Compared to Boys by the Shutting down of Preschool Education Facilities

The shutting down of almost all anganwadi and preschool centers for 3–6-year-olds left families without any alternative arrangements for early childhood education between the two-time intervals: April 2020-June 2020 and November 2020-January 2021.

Figure 12: Percentage of Children Accessing Preschool Education through ICDS



{N=346}

The findings suggest that anganwadi centers in the urban slums surveyed in Delhi had closed down during the lockdown period between April 2020-June 2020, and did not open during the post-lockdown period between November 2020 and January 2021 (Figure 12). In Bihar, only one per cent of 3–6-year-olds received any preschool education between April 2020-June 2020, and this reduced to zero between November 2020 and January 2021. In Maharashtra, 20 per cent of the children (14 per cent girls and 26 per cent boys) received some preschool education - the highest proportion across the four locations during the lockdown period. This might be due to responses and adaptive measures undertaken by state government by leveraging technology. The government emphasized on digitization of anganwadi services in order to ensure regular contact with parents to keep children engaged and also to support their psychological well-being during the lockdown (KPMG, 2020). However, this engagement declined to 9 per cent (8 per cent girls and 11 per cent boys) in the post lockdown phase Maharashtra. This indicates further reduction in access to early learning under ICDS. Under the scheme, the maximum coverage was reported for THR, immunization, and growth monitoring as priorities which were relatively more available till the last phase of the lockdown. Preschool education suffered enormously during the pandemic period (Annexure 2, Table 9).

Many children between the ages 3-6 years (55 per cent) did not have toys to play with or storybooks to read as reported by mothers. Older siblings spent more time on caring for basic needs and supervising younger children.

However, most children (100 per cent boys and 85 per cent girls) in Telangana had toys at home. Parents tended to buy materials like storybooks (more for boys than girls). More than one in three children in Bihar, Delhi, and Maharashtra had toys at home. Additionally, children in Maharashtra had the maximum access to storybooks but with a skewed gender balance in terms of their availability (18 per cent girls and 11 per cent boys). AWWs made play material available including toys especially in Delhi (18 per cent) and Telangana (24 per cent). Parents received negligible support from other sources including mothers' groups, government agencies, or NGOs. The illiteracy of parents proved to be a major constraint in engaging with young children, for example, in reading storybooks.

AWWs in Delhi mentioned that they received training to provide services efficiently during the lockdown. The cadre was divided based on their individual capacity to connect remotely into three groups: (i) those with Android phones to form WhatsApp group with community members for sharing videos and activities on early learning; (ii) those with keypad phones for calling and messaging community members on safety messages and engagement with children; and (iii) those who could do home and follow-up visits. Home visits were undertaken after Unlock Phase 1, but this did not include early learning support.<sup>9</sup> Administrative work increased with additional record maintenance and e-submissions. Regular meetings were held with mothers to explain and ensure that girls in particular access all

“I will motivate girls and parents to get back to anganwadi centres. If they don't agree, I will go with staff to their home to explain why a girl needs education. Still, they don't agree, I will visit their houses until they send their children to school.”

- An AWW from Telangana

<sup>9</sup> But I still visited homes to measure height and weight of the child. Support from CSOs included remedial classes at nominal charges.



basic services. Ration, food (SUUKHA AAHAR like chana, dalia, jaggery/gur) and medical supplies were regularly distributed in coordination with ICDS officials, Mothers' Group members, Anganwadi Development Committee (AWDCs) members. There was no discussion on how early learning could be supported. In Maharashtra and Bihar, AWWs spoke to parents on how they could cope better to support children and stay connected through WhatsApp and video calling. Regular checking of height and weight was also undertaken during home visits. Compared to the lockdown, the unlock phase was better for Delhi and Bihar and worse for Maharashtra and Telangana in terms of the provisioning of ICDS services.

## 5.2.2 Children Remained Enrolled but Physical School Attendance Dropped Drastically for Both Boys and Girls (6-14-year Old)

More than nine in ten children (both girls and boys) were enrolled at the time of the survey. The state-level analysis highlights higher proportion of girls (96-99 per cent) than boys (94-98 per cent) aged 6-14 years were enrolled in schools in Delhi, Maharashtra, and Telangana. In Bihar, an equal proportion of boys and girls (82 per cent) aged 6-14 years were enrolled in school (Annexure 1, Figure 2). Overall, 4 per cent children dropped out from school and another 4 per cent were never enrolled. The school dropout rate was zero for both boys and girls in Telangana, and varied between 1-4 per cent in Maharashtra and Delhi. In Bihar, 7 per cent children dropped out and another 11 per cent children aged 6-14 years had never enrolled in school. Among those who had dropped out, none had completed elementary level (Grade 8) with an exception of Maharashtra, where 40 per cent of the girls had completed Grade 8 (Annexure 2, Table 10).

Figure 13: Enrolment Status (6-14 years)

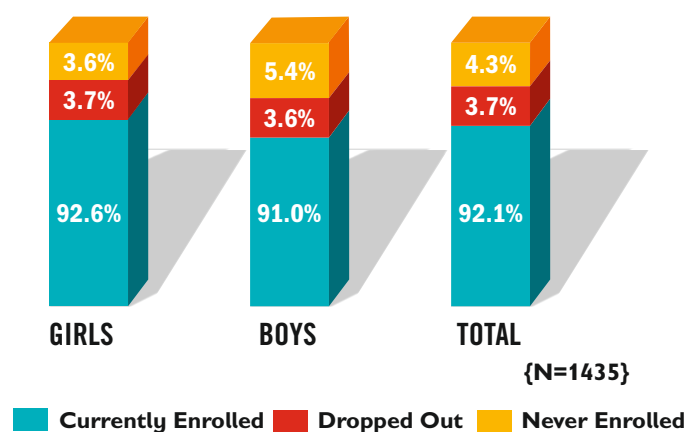
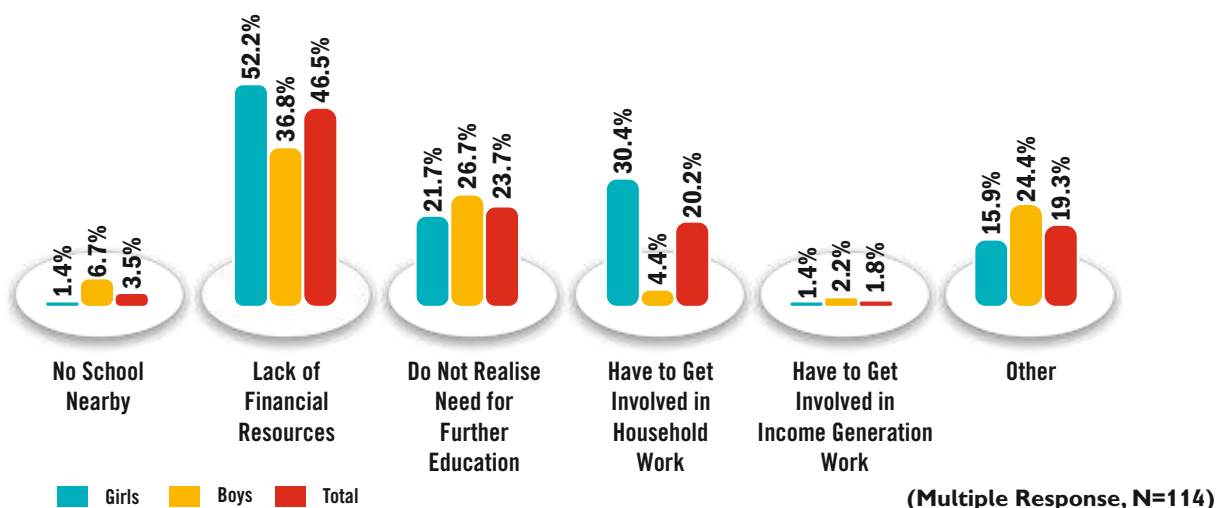


Figure 14: Reasons for No Schooling (for those of who dropped out or never enrolled in school)



Children who dropped out had the least chance to return to schools. Findings reveal that drop-outs were most likely to be educated till primary level or below in Delhi and Bihar while majority of the children dropped out after primary and before middle level in Maharashtra and Telangana. Access was clearly not a factor for dropping out or being in the 'never been to school' category. Three major reasons for dropping out of school were lack of financial resources, more involvement (especially of girls) in household work, and poor realization about the need for further education. One in two girls cited lack of financial resources as the reason for dropping out from education system or not getting enrolled in the first place. Majority of the girls from Bihar were drawn into household work, therefore, they were forced to discontinue education as reported by respondent mothers. Income generating work emerged to be a marginally important reason

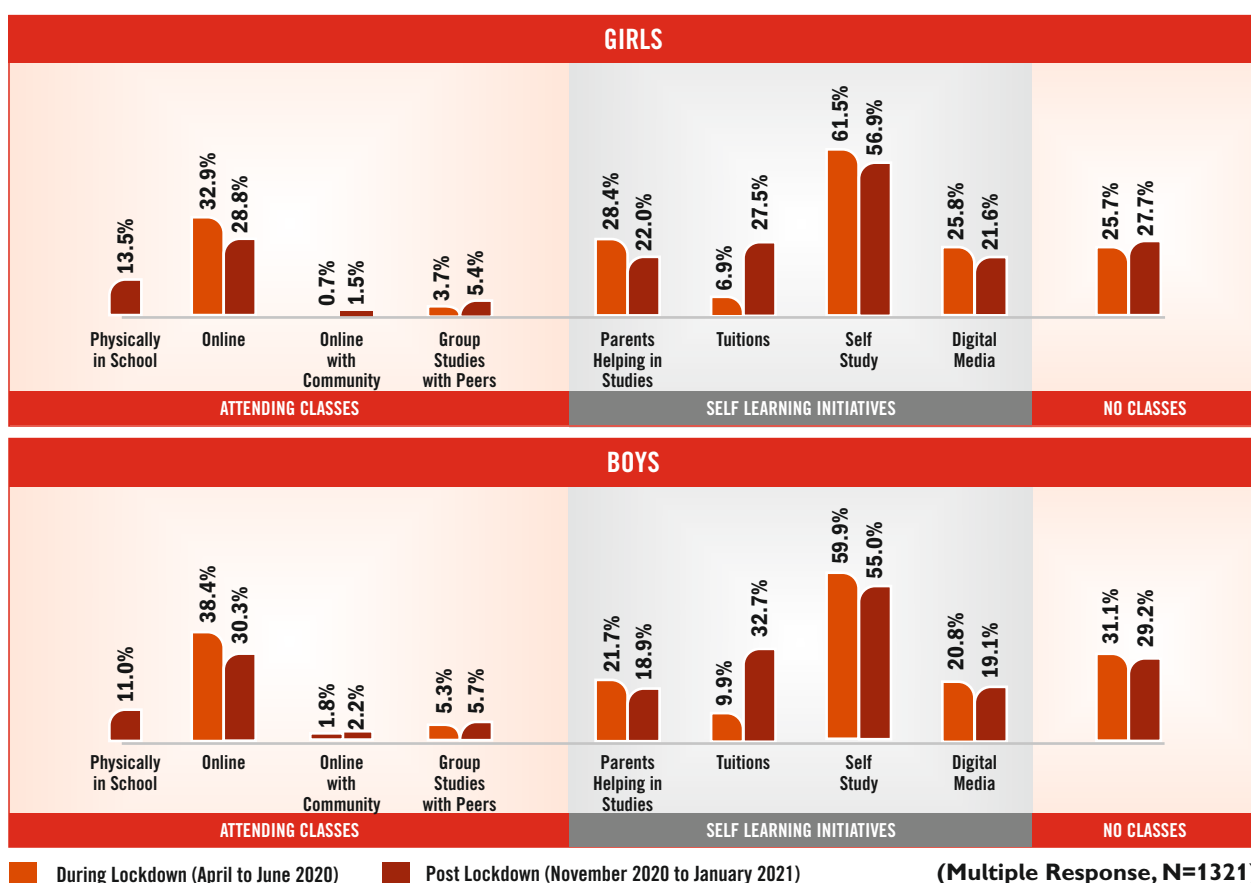
across states (2 per cent). However, in Maharashtra, both girls (14 per cent) and boys (10 per cent) were involved in income generation activities.

### 5.2.3 Though Online Classes Commenced, Access to Learning Resources was Uneven

The study findings reveal that during the lockdown period, the proportion of students attending online classes across all states was 33 per cent for girls and 39 per cent for boys (Figure 15). A higher proportion of children were found to be attending online classes in Delhi and Maharashtra as compared to Bihar and Telangana. Interestingly, in these two states, a higher percentage of girls compared to boys attended virtual classes. The lowest proportion of children who were able to access online classes for girls was found in Bihar, only 2 per cent for both girls and boys. This could be largely because of lack of digital resources (smart phones) in the state (Annexure 1, Table 2). The response from Telangana shows a clear gender divide: 13 per cent boys accessed learning through online means as compared to only 3 per cent girls.

However, a major proportion of children (approximately 60 per cent) were dependent on self-study (unguided learning) during the lockdown phase. Nine in ten girls from Delhi reported self-study while seven in ten girls reported access to online classes in Delhi. There was a considerable proportion of girls (26 per cent) who were able to access internet for learning purpose through YouTube videos, among the ones who had access to digital resources. Accessing online classes arranged by teachers remained a challenge as there were connectivity and data related issues (as reported during qualitative discussions). There was little community-based support across the locations to learn (1 per cent, highest (4 per cent) in Telangana for boys). Parents and guardians played an important role in keeping children connected to learning during lockdown. More girls (28 per cent) than boys (22 per cent) were found to have received parent guided learning. Guided learning was the highest in Maharashtra (38 per cent) followed by Delhi (31 per cent). After the lockdown, there was a marginal improvement between November 2020 and January 2021 with 14 per cent girls and 11 per cent boys attending classes physically. There was a substantial rise in the percentage of girls attending classes in schools. Physical classes were largely conducted in Maharashtra (31 per cent) and Telangana (12 per cent). Less than two in five children were attending classes at school or online in the quarter ending January 2021 (Annexure 2, Table 16).

Figure 15: Medium of Attending Classes and Continuing Learning (6-14 years old)



## CASE STUDY 6

# Masti Ki Paathshala

### Context:

School closures on account of COVID-19 and the lack of a conducive learning environment at home put an abrupt halt to children's learning. It became critical to help children, especially first-generation learners, to maintain the continuity of learning. These children were also affected because their parents were, by and large, migrants working as construction workers, factory workers, domestic helps, and rickshaw drivers. They had neither the time nor the capabilities to support their children's learning.

### Intervention:

Save the Children came up with a community-based COVID-19 adaptation where several education adolescent and youth child champions in the close vicinity of the children's home came together to set up Community Learning Centers or Masti Ki Pathshaala in Delhi. The education champions belonged to the same community and were students studying in senior classes who were willing to help children from the primary classes with their studies.

The education champions in the Community Learning Centers were responsible for ensuring that children at the primary level continued to engage with learning through fun and recreational activities. They provided academic support and extended support for exam preparation. Academic support fellows regularly visit these centers and provide hand holding support to education champions to run the centers. Save the Children, India has equipped the learning centers with learning support material including indoor and outdoor games, storybooks, and craft and drawing materials.

### Outcome:

Masti Ki Paathshala has gained popularity and benefitted close to 180 children in Delhi.

During the pandemic, children have been only getting worksheets from school. They do not get an opportunity to meet and clarify doubts from their teachers in person. The education champions at the Community Learning Centers fulfill a huge need by helping children to clarify their doubts and complete their practice work received from school on time.

“Bohot nuksaan hua hai. Jitna padha tha sab chaupat ho gaya. Bachcha Sab bhool gaya uski shiksha khatam ho gayi.”

“The studies of our children were completely lost and this was quite disappointing for them. We fear that they would forget everything that they had learnt previously.”

- A Father  
from Bihar



Image Credit: Save the Children, India

## 5.2.4 Access to Learning Materials

The access to learning material at home was limited to notebooks (69 per cent), stationery items (66 per cent), and course books (54 per cent) across four states. A little less than half of the girls did not have course books as reported by mothers. Internet-abled digital devices were accessible to one in four girls. The access to internet-abled device varied significantly across states where one in two girls were able to access the same in Delhi. This reduced to one in four girls in Maharashtra and Telangana and only 1 per cent mothers from Bihar reported that their daughters had access to internet-abled digital devices (Annexure 2, Table 12).

With respect to support received during the pandemic, more than one in two mothers shared that their adolescent daughters did not receive any support. The study findings suggest that 28 per cent mothers informed that girls received textbooks from external sources overall (Figure 17). At the state level, nearly half of the respondents in Delhi and Telangana stated they had received the textbooks support for the ongoing academic session, but this was not the case in the other two states. In Maharashtra, only one in five mothers shared that girls had received support for textbooks from an external source during the pandemic. In Telangana, only 3 per cent mothers confirmed that their girls receiving mid-day meals and THR. Apart from textbooks, availability of other learning materials was less than 10 per cent across different locations.

Some initiatives were taken to support learning continuity where teachers from Telangana mentioned taking online classes and providing books, pens and study material to the students. In Maharashtra, a school teacher, supported by a civil society organization, went door-to-door asking students about their studies in order to address any issues that they were facing with continuing their education (Annexure 2, Table 11).

However, discussion with teachers reveal that they were not able to provide any material to children but they repeated concepts for more clarity. Teachers also counselled children to motivate them to self-study. Girls, though fewer in number, were more regular in attending online classes than boys.

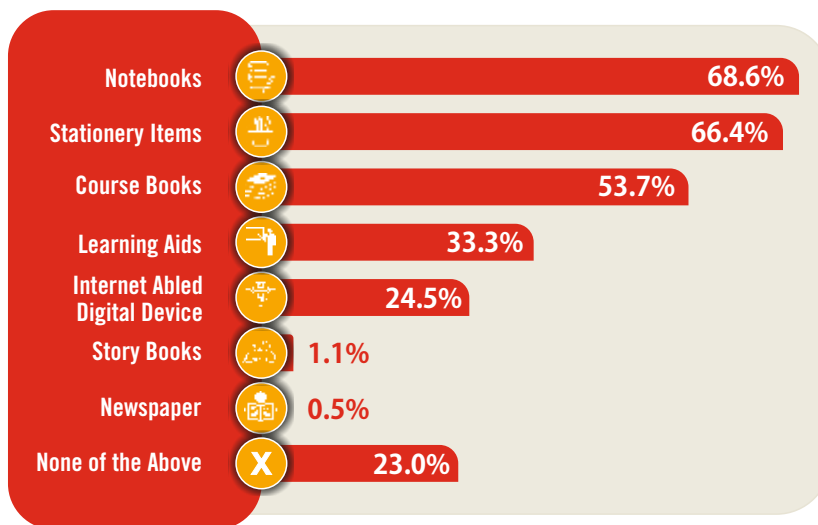
There were no tests or checking of notebooks and assignments. As a result, teachers could not say who among girls and boys were meeting the syllabus goals. Teachers were open to extra classes once schools opened, and stressed on completing practice worksheets to help children return back to school.

“Abhi school khul gaye lekin koi bhi support nahi kar raha, bus 2 ghante ke liya jaate hai (bachche).”

“Schools have opened now but there is no support, children go only for two hours.”

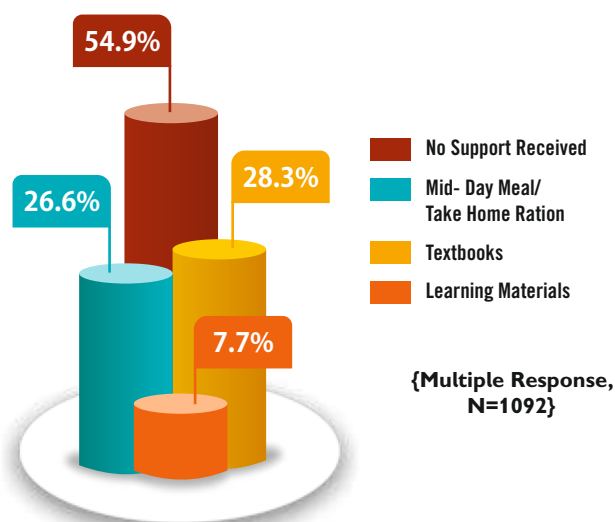
- Mother of 14 year old girl from Delhi

Figure 16: Access to Learning Materials at Home



{Multiple Response, N=1092}

Figure 17: Support Received from External Sources during Pandemic to Support Learning



{Multiple Response, N=1092}

Children from Telangana did not mention any online classes, calls, or home visits by teachers. No one was available to answer calls in school nor were children given any textbooks for the new academic session. Nevertheless, children were happy that there were no exams or homework or parent-teacher meetings. They did, however, miss different activities at school.

**AWWs from Maharashtra used creative ways to enhance learning and retention as well as well-being of girls through games, pictures, flashcards. Such practices aroused the interest of the children towards learning.**

“We cannot afford private schools. Government schools must reopen at the earliest... Our children may study hard and obtain good marks but our daughters need to return to school. We don't have money. If we are provided monetary support, we will send our children. Or else they have to work as daily laborer.”

**- A Mother from Telangana**

Child respondents ruled out self-study at home as there were no study materials available at home after being promoted to the new class. Without books or worksheets, self-study at home was impossible. Girls from Telangana found it frustrating to sit idle at home without a study routine. Older siblings (in classes X-XII) attended online classes but they did not enjoy the learning experience. New concepts were difficult to learn online. For older children, missing online classes was not an option. Girls from Telangana mentioned that teachers would complain to the parents who would then forcefully ensure that they attend the classes.

For children, self-study was difficult as the language and concepts in the books were complex. They showed a preference for online classes to self-study. Mothers from Telangana pointed out that since there was only one mobile phone, it was typically used by the older members (mostly male) in the family. They often tried to resolve

doubts with the support of their husbands.

Parents expressed a strong need for children to return to schools and private schools was no longer an option for them.

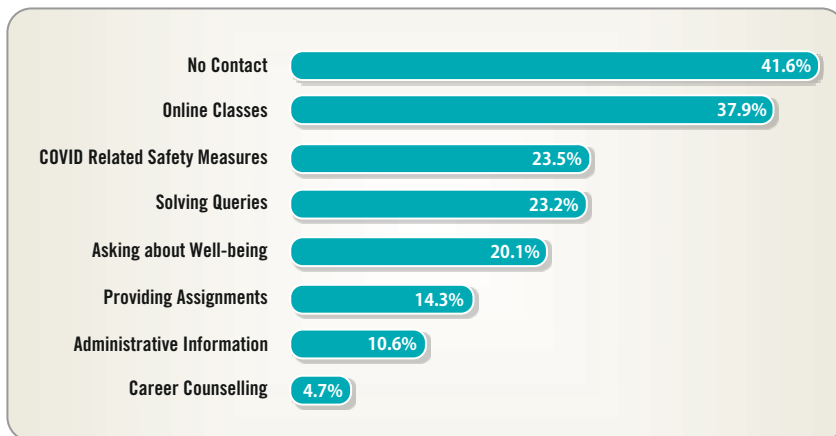
The study findings highlighted that two in five mothers reported that their daughters were not contacted by school staff across four states. The contact with school and teachers during school closures was very low in Bihar, wherein almost 84 per cent mothers stated that their daughters had no contact with schools. Learning was supported through online classes in Delhi for 76 per cent of the daughters as reported by mothers. In Maharashtra, 47 per cent of the girls were able to access online classes. One in five mothers reported receiving well-being calls. In Telangana, school staff gave priority to ensuring the well-being of the girl child through regular check-up calls. This was followed by disseminating information on COVID-19-related safety measures. In Delhi, information on schools reopening and safety measures was given priority.

Telecalling support to solve queries (doubts in concepts) was mentioned by 23 per cent of mother respondents. This was highest (68 per cent) in Delhi and only 3 per cent in Telangana. In Delhi, the proportion of girls receiving assignments was highest (29 per cent) as against 1 per cent children in Telangana (Annexure 2, Table 13).

In FGDs, school teachers from Delhi stated that regular engagement with children through online classes were conducted. However, parents stated that there was no direct support from schools. They shared that the teachers were not available in the school (since teachers were taking online classes remotely). School offices were open for submitting the fees, and collecting books, ration, and study materials.

In Delhi, the Department of Education undertook a capacity-building initiative for teachers to help

**Figure 18: Connecting with School During the Pandemic**



{Multiple Response, N=1092}

them adapt to virtual teaching including teaching learning methods, enhance understanding of child psychology, and prepare practice worksheets. Teachers also tried to involve children in dance and other creative activities. However, the challenges of connecting remotely were serious. Many students could not connect online either because they did not have mobile phones or they faced poor connectivity issues. The digital divide was more than evident.

As perceived by teachers, the overall performance of girls was better than boys. Teachers in Maharashtra undertook home visits when the unlock phase began. They found that a majority of girls had completed their worksheets and were ready with their doubts which they clarified. In Telangana, teachers mentioned that girls would perform better than boys, if given an opportunity.

Several boys expressed a feeling of helplessness during the pandemic. For many of them, the 2020-2021 academic session went waste. They missed out learning new subjects and felt a knowledge gap had developed over the lockdown period. They wanted the government and teachers to not promote them to a new grade. Instead, they wanted to be retained in the same grade so that they could relearn old concepts and then get promoted to a new class. Their sisters, too, hardly studied. The girls had to participate in household work, while others spent time watching television.

## 5.2.5 School Closures Severely Reduced the Learning Opportunities for Girls

Factors like shutting down of schools and inadequate reach of distance-learning facilities (online platforms, TV broadcasting, radio, etc.) have adversely affected the learning of a majority of children, especially girls. Student's learning levels have been particularly exacerbated by the wide digital disparities across geographies and locations, socioeconomic background of the families, and gender. Possibilities of online learning have been limited given that 38 per cent of children do not have access to smart phones (ASER 2020).

“Phone par kahatein thee (teacher) phir baat karna, jaisey phone se corona ho jayega.

“They (teacher) would say we will speak later, as if they will get corona while talking on phone.”

- A parent from Delhi

The learning levels of children from low-income groups have suffered during the pandemic for several reasons. One of the reasons is limited access to smart phones. According to a recent study, 40 per cent population did not have access to smart phones, and 59 per cent of the children did not have adequate family support to help them with learning which was predominantly through offline means such as worksheets or books at home (ASER 2020). Interviews conducted during the study revealed that 11 per cent children got access to a smart phone to help with their studies post the lockdown. However, this also implies that 89 per cent of the parents could not provide access to smart phones to their children putting the children at a huge disadvantage.

Parents were particularly concerned about the education of girls during and after the pandemic. As compared to girls, boys were more likely to have access to mobiles at home. If there was only one phone at home, it was likely to be in the possession of the father (who would take it to work) or sons.

Mothers clearly indicated that COVID-19 had adversely impacted their daughter's education to a large extent – ranging from 63 percent in Telangana to 89 per cent in Delhi (Table 5).

It emerged an even greater challenge for girls to access smartphones or use the internet. The gender gap in mobile internet users in India is alarming. Only 21 per cent of women in India use mobile phones as against 42 per cent of men (The Mobile Gender Gap Report 2020). Moreover, an assessment on issues faced by girls during COVID-19 found that more boys than girls had access to digital infrastructures such as mobile phones, internet services, radio, and media. With such low access to technology, digital schooling tends to further disengage girls from education and widen educational inequalities among learners.

“Hum beti ko mobile dena uchit nahi samajhte. Who kuch aisa dekh lengi jo unke liye thik nahi hai.

“We don't give mobile phones to our daughters. We fear that they might access some 'unwanted sites'.”

- A Father from Bihar

Even if girls did have access to technology at home, they were more likely to be disproportionately burdened with domestic responsibilities such as cooking, cleaning, sibling care, and collecting water, especially since schools, anganwadi, and childcare centers were closed. The burden of household responsibilities keeps girls away from education and limits their learning opportunities. Household chores is one of the most commonly cited reasons by women for discontinuing their education. Among the percentage of ever-enrolled girls (6-14 years) who are currently not attending education, 30.2 per cent reported engagement in domestic activities as their reason for discontinuing education (Sonawane, 2020).

Besides school closures, the widespread loss of livelihoods due to COVID-19 has also impacted girls' education.

Meri betiyon ko padhai mein koi dilchaspai nahi... hum unhe zabardasti padhne ko nahi kehte.... Ghar par bahut kaam hota hai usmey madad karti hain.

*“My daughters are not keen to study further; we also don't force them. There is lot of work at home, they help in that.”*

**- A Mother from Delhi**

**Table 5: Perceived Impact of COVID-19 and Lockdown on Learning of the Girl Child**

Response	Bihar	Delhi	Maharashtra	Telangana	Total
No impact	16.6%	3.9%	11.1%	1.4%	84%
Yes, to some extent	10.7%	7.1%	21.0%	35.3%	18.7%
Yes, to a large extent	72.7%	89.0%	67.9%	63.3%	72.9%
<b>Total Number</b>	<b>289</b>	<b>255</b>	<b>271</b>	<b>278</b>	<b>1092</b>



Child Artist: **Falesh Kumar Dau**

Many girls face the possibility of discontinuing schooling as the financial and opportunity costs of educating children is higher for girls than boys, especially for poor households. Thus, as families go through economic hardships, it is likely that they reconsider the costs associated with their daughters' education.

The anti-female and pro-male biases lower the chances of girls returning to schools post the pandemic as parents are forced to cut back on school expenditures. Additionally, the lack of access to schools and economic hardships due to COVID-19 puts girls at higher risk of violence and early marriage.

Mounting economic pressures often leave overburdened families with little choice but to consider early marriages for their daughters in order to relieve themselves from the liability of raising a girl child.



## Shiksha Baithaks: A Platform for Teachers' Collective Action

### Intervention:

Save the Children and the Samagra Shiksha Mission in West Bengal started “Shiksha Baithak” in 2017 – an innovative platform for teachers' collective action to ensure quality learning for the most marginalized children. The platform provides teachers a space for positive discourse, exchange of knowledge, ideas and rich experiences for promoting innovative teaching practices, creating an enabling learning environment in schools, and initiating collective resolution of local challenges affecting quality learning. The peer-led platform encourages teachers to come together and share good practices identified from within their context that can easily be replicated within the school.

Shiksha Baithak has helped teachers develop their professional self-confidence through interactions, reflections, pedagogical discussions, and development of teaching and learning materials. The constructive and critical feedback from peers during these periodic meetings has enabled teachers to fill teaching gaps, plan sessions better, explore creative solutions, and improve classroom practices. Teachers are motivated to come together to plan, review, and share their everyday classroom experiences for the delivery of quality teaching to the most marginalized children. The collective meetings have been so popular that monthly reviews transitioned to quarterly consultative meets to discuss ways of promoting a child friendly learning environment in schools. Thereafter, the frequency of the meetings increased to monthly academic workshops where teachers discussed and further worked upon primarily on pedagogy and curriculum.

### Outcome:

Shiksha Baithaks have contributed towards conceptualizing and developing activity books for language and numeracy for pre-primary and classes II, III, and IV. A core group works on the technical aspects of primary school pedagogy and innovative teaching methods for ensuring joyful learning environment in schools. This model has been well acknowledged by Samagra Shiksha Mission in Kolkata. The meetings are chaired and facilitated by Deputy Director of the Samagra Shiksha Mission.

Even the COVID-19 pandemic could not dampen the spirits of the highly committed and motivated teachers to continue the learning exchange. Since June 2020, virtual meetings are held every week. Shiksha Baithaks have conducted intensive discussions for many months to find solutions to bridge the learning loss on account of the closure of schools. They have identified the most essential learning outcomes in vernacular and numeracy, and developed simple exercises to fill the learning gaps.

Shiksha Baithaks have benefitted teachers from 75 government schools and impacting the learning of close to 9,000 children in the districts of Kolkata, Malda, and North 24 Parganas. They have provided an excellent opportunity for teachers to discuss methods and techniques of teaching for enabling children to better access both digital and non-digital modes of learning during the pandemic.

This good practice aligns well with Save the Children's theory of change that emphasizes the adoption of innovative approaches by which teachers can come together for knowledge sharing in an informal way, **build partnerships** as is evident from the proactive participation of government officials, representatives from education networks, and **achieve results at scale**. Teachers remain motivated to explore and think beyond the classroom and adopt practices to make learning a joyful experience for children.



## 5.2.6 Limited Ability of Parents in Supporting Children's Learning Continuity

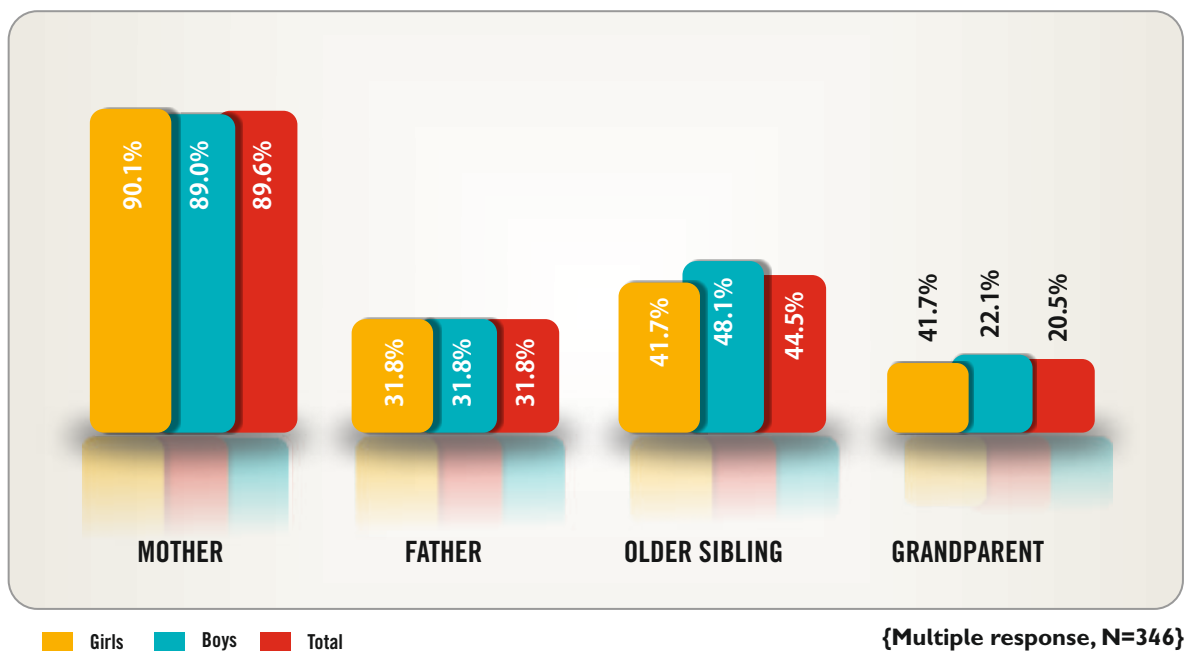
Families facing economic distress during the pandemic were more invested in providing three square meals to their children than thinking about education. Learning household work was also a priority especially with daughters. Mothers remained primary caregivers for children (0-6 years) during the pandemic (more than 80 per cent of respondents) across the four locations. They played a pivotal role in caring for the child. Older siblings were next, indicating that after the mother, the responsibility for care of younger children shifted to the older sibling who in most cases was likely to be a girl child. The burden on the older girl child superseded the responsibility shouldered by the father indicating a significant gendered division of work within the household. The existing practice of girls taking on household responsibilities before the COVID-19 pandemic was exacerbated as girls spent more time at home due to school closures.

“We were more concerned about ensuring food on the table; therefore, education was not our priority. Still, we encouraged our children to study.”

- A Father from Bihar

Younger children were observed to spend considerable time being looked after by the mother or an older sibling, most often a girl. These children also spent time in an unstructured way where an older family member (mother or sister) could keep an eye on them (Figure 19). Non-participant observation revealed

Figure 19: Who Spent Time with Young Children (0-6 years)



that there were hardly any toys or storybooks near the child. A few parents reported taking initiative of supporting their younger kids with early numeracy activities like counting. However, they lacked the resources to buy story books, play materials, or stationery (55 per cent children in the age group of 3-6 years did not have toys and story books, as discussed in section 5.2.1). In a few cases, the older sister was observed playing with younger children (catch and run games). Older children would listen to story videos on YouTube in their leisure time.

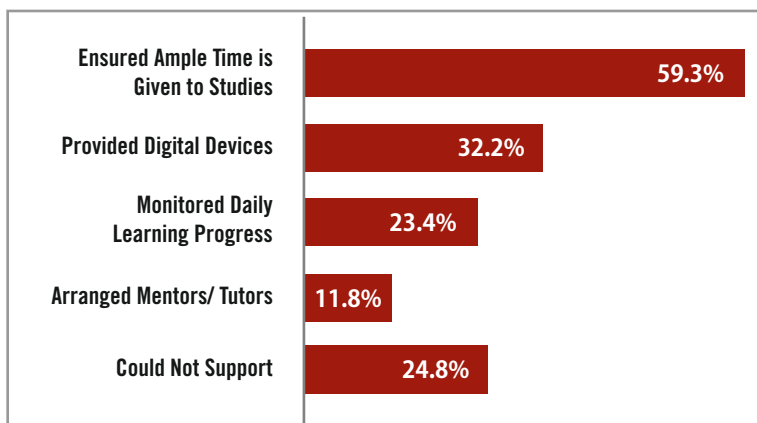
Self-study without guidance was difficult and soon children lost interest in studies. Parents did their best to ensure that children had time to study and gave them time away from household chores. Almost 60 per cent parents ensured that their daughters were giving sufficient time to studies. Parents tried to dedicate time to study, but this did not always

“If we got time in the evening... otherwise we were not able to provide any learning to our daughters.”

- A Parent from Bihar

work. For instance, 90 per cent of the parents in Telangana planned their children's day to carve out dedicated time for studies. However, only 4 per cent could monitor the daily routine. Some parents extended learning support by providing digital devices. However, the means to study were limited as only 32 per cent of parents had digital devices. However, only one in four mothers reported that their daughters had access to internet-enabled digital devices. In the previous section, only 12 per cent could arrange for a private tutor while the majority (25 per cent) could not provide any learning support at all.

**Figure 20: Support by Parents to Learn During the Pandemic**



{Multiple Response, N=1092}

No support could be given by more than half (54 per cent) of the parents in Bihar. Girls in Hyderabad shared that they helped their mother in household chores, playing indoor games, playing with friends or sleeping. Daughters were assigned work by mothers who regarded them to be of immense help. In addition, girls also watched television, did some writing, and took up singing and dancing by themselves (Annexure 2, Table 14).

Parents also shared that little help was provided to children, and teachers were not in contact with them. Often, it was the older sibling or a relative that helped in studies. Some of the girls tried to study from the previous year's textbooks again. It was difficult for children, especially girls, to perform well in examinations as the syllabus was hardly complete in a meaningful way. Older siblings took tuitions as they were in higher classes and had board exams.

Children faced difficulty in understanding the subject. Prior to the lockdown, they used to go for tuitions. But since the pandemic, they only had parents and mobile phone for support in studies. Supporting learning at home became more demanding for parents. Parents found it more difficult to ensure learning during school closures, since they had largely relied on schools before the pandemic.

Parents were also constrained by their own illiteracy (the highest illiteracy rate among household members above 14 years of age<sup>10</sup> was 25 per cent in Bihar, with 33 per cent females and 15 per cent males being illiterate). They also expressed concern over alternate means to learn that grew exponentially during school closures.

Tuitions, the alternative to school-based learning became the "go-to option" with the tutor often living in the neighborhood, teaching higher classes. The nearby didi (elder sister) or bhaiya (elder brother) studying in higher classes set up small study groups and charged a nominal fee. "We cannot rely only on tuition classes" was reiterated by many of them as "they can't replace teachers and school experience." Children sat with books daily, but their interests were not sustained. Parents reported anxiety and misbehavior when they scolded them to study.

"My chacha (paternal uncle) helped me solve the subject papers. Our neighbors and relatives also helped us in our studies and solved exercises, whenever we approached them. We completed all work at home. But there were no books to study from."

- Girls in 10 -14 age group from Telangana

"Expenses keep mounting and we cannot replace the entire school experience of our children at home. Its schools that should absorb the shock of the pandemic and the resultant loss in learning and the parents expect the government to take over this responsibility."

- FGD with Parents

Aap teacher se poochiye kaisa padhati hai humare bachchon ko, hum to anpadh hai.

"You should ask teachers how (well) do they teach our children, we are illiterate."

- FGD with Parents

<sup>10</sup>The assumption is that they were engaged in learning support of young children at home

## 5.2.7 A Majority of the Children Showed Signs of Agitation and Anxiety

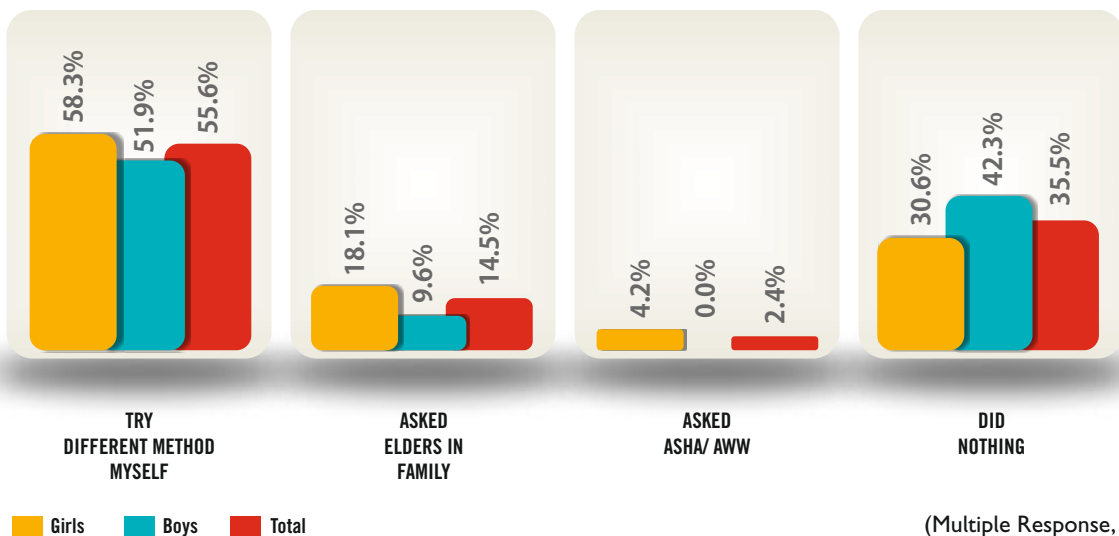
The lockdown had serious effect on the psychological wellbeing of children. A majority of mothers reported daughters feeling more agitated and anxious (44 per cent) compared to 39 per cent who reported no change in behavior. Only 1 per cent of mothers from Bihar reported their daughters feeling happy and playful whereas 22 per cent mothers shared that children have become more agitated and anxious. Similarly, the wellbeing of caregivers too fared consistently worse across all locations.

A significant proportion of mothers reported their children between the ages of 3-6 years became more irritable and cried more often during lockdown. Disinterest in playing also coincided with changes in behavior. For instance, 17 per cent children in Bihar were irritable and cranky, and 27 per cent showed disinterest in playing. Parents had limited means and lacked the knowhow to support the wellbeing of their children. There was little support from ASHA/AWWs (highest being in Maharashtra at 9 per cent). A substantial number also reported doing nothing about it. Two factors were seen impeding the

“The boys became frustrated sitting at home as they are more habituated to freely moving around and meeting friends, girls got involved with household work.”

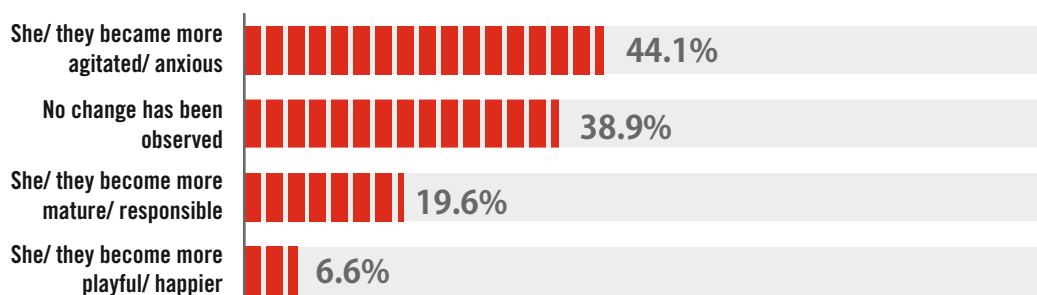
- A Mother from Patna

Figure 21: Mothers Response to Change in Behavior for Children 3-6 years



wellbeing routine in children: (i) low awareness of parents and AWWs to reiterate care and wellbeing of children and (ii) limited knowledge about what to do. Support from elders in the family (apart from parents) was also sought to enforce care and wellbeing of younger children (44 per cent children in Telangana and 22 per cent in Bihar) though support from AWWs was only found in Delhi and Maharashtra (11 and 13 per cent respectively) (Annexure 2, Table 17). During interaction with the children, significant variations were reported in the experience of being confined at home between boys and girls. Boys enjoyed the relaxed mornings with no pressure to get up early for school. Yet being confined at home became difficult within two months as

Figure 22: : Impact of COVID and Lockdown on Daughters' Behaviour



(Multiple Response, N=1092)

parents had put restraints on their movement. They expressed feelings of boredom, frustration, anxiety, anger, and irritation with abrupt halt in meeting friends and playing outdoor games. Soon spending time at home became a source of anxiety with parents becoming unemployed, tension at home, mounting expenses, and increasing quarrels. They were fearful of going outside and playing with friends therefore stayed at home. In cases where the primary breadwinner of the family lost their job, it led to tension at home. Expenses like school fees and notebooks were hard to meet.

Girls expressed anxiety in terms of lesser chances of recalling learnt concepts. ChildLine India reported a 17 per cent increase in distress calls by girls between June 2020 and July 2020 as compared to 2019. The new environment was boring and increased anxiety, frustration, anger, irritability, and sometimes hopelessness. Their days were spent in completing household chores, listening to music, and watching television. They expressed a keen interest to play outdoor games but were majorly confined at home with greater restrictions in movement in comparison to boys.

When it came to psychosocial care and wellbeing of caregivers, they shared about having bouts of extreme stress and anxiety during the pandemic with equally demanding home and work life. Travelling into the community was full of risks and many respondents faced difficulty in getting transport to reach the community during lockdown. An AWW from Maharashtra mulled over quitting her job but pushed herself to continue working as money was needed to survive. "I would speak to my seniors every time I felt low. We had weekly meetings in which we discussed all the issues or anything we wish to change with our seniors. They listened to us and supported us. Talking with someone to whom you can trust supported in my wellbeing." In Bihar, the respondents shared that there were no community meetings since February 2020 and when meetings were held, they faced discrimination, exclusion and isolation from the community members who blamed them for spreading the virus.

“We constantly engaged with the community and moved around in constant fear but we understood that people in Bihar needed our support. This became our motivation. It was opportunity to prove ourselves for the safety of the state. All the frontline workers were actively working to break the chain of coronavirus.”

- An AWW from Bihar

Hum kitaabe kholte the but zyada der dhyan nahi laga pate the... Jo pehle padha tha who to yaad hi nahi hai Corona Kya aaya, humko ek jhatke mein pareshan karke chala gaya.

“We used to open books to study but could not concentrate for long. We are not able to remember what he had studied earlier. Corona came and changed our lives in one go.”

- FGD with girls

“Tum AWW bahar se aati ho aur Corona laati ho, mat aaya karo humare yaha.”

“You AWWs come from outside and bring corona along, stop coming here.”

- An AWW reflecting on words told to her by community members

“Our parents didn't allow us to go outside to play or meet our friends. This frustrated us a lot. We got a long holiday from school, no scolding from teachers and we could get up late in the morning but later on, this routine troubled us as we were missing school and friends. We were afraid to meet our friends as many of our neighbors were COVID-19 positive.”

- A 13 year old Girl from Hyderabad

“My parents went back to the village leaving us in the city and my maternal uncle refused to give his phone for online classes.”

- A 14 year old Girl from Delhi

## 5.2.8 Demand for Safe Return and Learning Continuity Remains High

Many ICDS workers felt the need to shift their anganwadis to bigger space for children to be seated at some distance. They requested facilities to sanitize hands, maintain physical distancing, use temperature measuring devices, and wear masks to make the anganwadi premises safer. On returning home, children will be encouraged to follow sanitizing routinely, washing hands, and always wearing a mask while stepping outside. Anyone with COVID-19-related symptoms (fever or cough/cold) should not get access in the premises. Preventive measures were considered indispensable. ICDS workers were confident that focusing on these areas would support safe return and learning continuity including for girls. To support learning, they emphasized the importance of learning through play and use of creative hands-on material like flashcards, building blocks, a joyful and colorful environment etc. "It will enable them to rediscover their interests, abilities and limitations; imagine, investigate and explore."

"Children felt as if they are staying in a prison. Their one year of education was wasted sitting at home and there was constant quarrelling between siblings. It was difficult to control them. They forgot their basic studies, even when we asked them to open their books and study they didn't. Online classes were not comfortable as they had to constantly listen without adequate space for participation, also it can never replace the face-to-face experience. Children didn't concentrate much and teachers also didn't care much. Children have become fearful about their studies."

- A Mother from Telangana

"Schools need to be sanitized every day after children leave. Social distancing, wearing masks, and using sanitizer will be the three tools that we will use to keep students safe from corona."

- A Teacher from Bihar

AWW were keen to introduce play that boosts memory skills, build vocabulary, and offer new skills and knowledge. They also emphasized the need for activities that promote a sense of community and understanding of self and other to become a socially well-adjusted individual. Safe access and continuity to learn were also envisioned as a collaborative effort. AWWs emphasized the importance of monthly meetings with Mothers Groups and AWDC to discuss safe return related issues. During phase one of the lockdown, the District Project Officers mentioned that they had organized door-to-door delivery of basic necessities like masks, medicines, sanitary pads, and food especially between April 2020 to June 2020. Parents were more aware now as they had received correct information at the appropriate time.

Schools are expected to follow strict guidelines for COVID-19 and maintain physical distancing. Girls from Bihar mentioned that necessary precautions like using sanitizer, wearing masks, and maintaining cleanliness are essential. Children in senior classes started going to school in the first quarter of the year and carried their own sanitizer and wore masks. Parents gave consent for them to attend school. Sanitizer machines were installed in a few schools and sitting arrangements were made for only 20 students to sit in one class. The teachers mentioned being more careful with younger children when they return.

Teachers from Telangana felt that their primary responsibility would be to make children, parents, Mother Group members, and AWDCs aware of the precautions to take to prevent COVID-19. They suggested necessary precautions to take care of themselves. Focus should be on ensuring education as well as enhancing the learning and well-being of the girl child.

Girls responded that they want teachers to use innovative ways so that hard spots<sup>11</sup> are understood easily. They expressed a dislike for long classroom lectures. They showed keenness to get back to learning to cover syllabus through extra classes. Girls also felt that scholarships can be provided so that the parents are motivated to support their education and stop treating them like a liability. Girls expressed their deepest concerns during the FGDs on appearing for exams. Instead, they found focus on foundational skills and practice of last year's important concepts critical. They were keen to learn relevant concepts in the summer vacation through extra classes in order to perform better in the next session.

"Teachers should provide us worksheets from which we can learn with ease. We want that the teachers should take extra classes and teach us the important concepts of last class so that transition to the next class is facilitated."

- FGD with Girls

<sup>11</sup>Difficult Topics



Child Artist: *Digvijay Bag*

### 5.3 Dim Light at the End of the Tunnel

The COVID-19 pandemic heightened the unprecedented and unanticipated educational emergency. Children have lost close to two full academic years, and delays in the opening of schools are likely to further delay the restoration of regular face-to-face classes. Older children in particular have been extremely anxious about their school completion examinations. The uncertainty about syllabus and examinations have bottled up stress in many children. While online teaching has filled the gap, large digital divide has placed children, especially girls from poor communities at a severe handicap. Only a well-crafted alternative education strategy backed by adequate financial and human resources can put India back on track to attain its educational goals.

“My daughter is a meritorious student, her scholarship was discontinued last year, we want complete teacher support for her. They must increase teaching time to cover left-out syllabus. It will be a great help if government gives scholarship to our children. We are afraid whether she will have the same interest in studies as before lock down or will become weak in studies.”

- A Mother from Telangana



## Chapter : 6

# Gains Made in Reducing Child Marriage Could Get Reversed





## 6.1 The Increased Risks Of Child Marriage

Any humanitarian crisis intensifies the risk factors of child marriage. Experience from the Ebola crisis and other emergencies strongly suggest that girls and women, particularly among the poorest and socially marginalized groups will be disproportionately affected by COVID-19 crisis (UNICEF, 2020). The threat of child marriage is far greater when communities are affected by economic shocks and have limited access to basic services – including health, education and protection, all of which are being negatively impacted by the COVID-19 global pandemic (Girls Not Brides, 2020).

Adolescent girls are likely to bear a disproportionate burden of the impacts of the lockdown and preventive measures under COVID-19 guidelines with respect to violation of their rights of protection, education, health and holistic development. Child marriage is one such violation. Child marriage has complex drivers and is a manifestation of gender inequality as well as adverse socio-cultural norms that perpetuate discrimination among girls along several dimensions of life including education, health, nutrition, protection, and employment. These drivers have tended to get exacerbated by the COVID-19 pandemic. The economic hardships faced by families, closure of schools, and interruption in essential services have a high potential of increasing the risks of child marriage especially for girls.

Anecdotal and other sources report a sudden surge in child marriages as a result of the COVID-19 pandemic. The progress made in preventing child marriage in the last few decades is expected to be reversing in India. This requires increased attention.

The prevalence of child marriage in India has seen a sharp decline in terms of rate and absolute numbers. The prevalence of child marriage has declined from 74 per cent in 1970 to 27 per cent in 2015 (UNICEF, 2019). There has been decrease in absolute numbers as well as in the proportion of girls being married before 18 years from 12.3 million in 1992-93 (NFHS-1) to 10.7 million in 2015-16 (NFHS-4, 2015).

Various estimates show that there would be rise in incidences of child marriage as a result of pandemic. Over the next decade, up to 10 million more girls will be at risk of becoming child brides as a result of the pandemic (UNICEF 2021). Global Girlhood Report (Save the Children, 2020) predicts the worst surge in rate of child marriage in 25 years. The report warned 2020 being a year of 'irreversible setbacks and lost progress' for girls, pushing nearly half a million more of them into child marriage in the world in the 2020 alone. This increase will bring the total number of child marriages to around 12.5 million in 2020. For the countries of South Asia, the estimate goes around 0.2 million which is bound to go up in 2021, as the number of cases went very high up to second highest in the world during second wave of the pandemic and the situation was relatively severe in India.

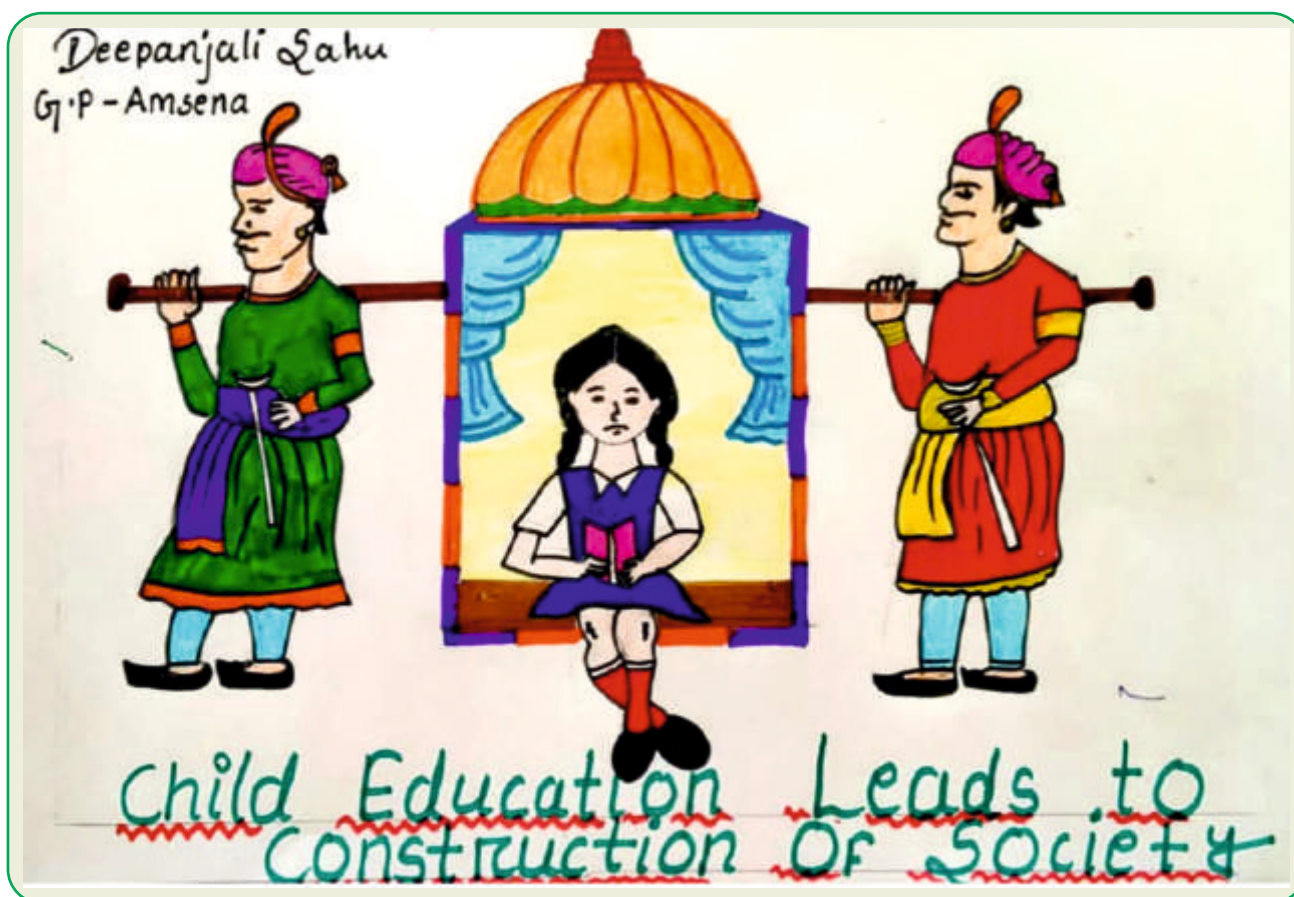
Childline, a national helpline for children run by Childline India Foundation (CIF), which is a nodal agency of Union Ministry of Women and Child Development has reported a 17 per cent increase in distress calls related to early marriage in June and July of 2020 compared to 2019 (BBC News, 2020). During the period of lockdown and restricted movement between April 2020 and September 2020, of the 29,818 cases related to abuse and violence, interventions pertaining to prevent child marriages was the highest (12,413). The calls to Childline from girls were higher than boys in this period. A recent report by UNICEF indicates up to 10 million additional girls (UNICEF, 2021) are at the risk of becoming child brides globally over the next decade, as a result of the pandemic.

Save the Children (also known as Bal Raksha Bharat) considers the ending of child marriage to be an issue of strategic importance as it leads to violation of many of the rights of children. It is a form of child sexual abuse and exploitation and 'Ending Abuse & Exploitation of Girls & Boys' is one of the core areas of intervention for Save the Children. With less than a decade remaining to meet SDG 5 of Gender Equality, the task of ending child marriage needs to become an urgent priority for UNFPA, UNICEF, and co-conveners of the Global Programme to Accelerate Action to End Child Marriage (GPECM) (Onabanjo and Malick Fall, 2021).

A policy paper by Young Lives (Roest, 2016) explores causes of child marriage and early child-bearing and identifies the factors that help to prevent them. Findings show that girls who stay in school for longer marry later, but gender gaps in enrolment widen during adolescence, where household resources are limited, gendered social risks become more acute and parents are forced to make decisions which disadvantage girls; aspirations matter but reflect wider realities; and social norms that encourage early child-bearing are compounded by inequitable access to health and education services.

Although there is only random evidence till now about the surge in occurrences of child marriage in India during the lockdown and afterwards, there is no doubt that the pandemic situation has exacerbated the risk factors of child marriage. Such changes push girls in to higher risk situation of becoming child brides, as suggested by empirical literature and theory on the drivers of child marriage as well as anecdotal evidence from many countries.

This chapter highlights the findings as well as a synthesis of discussions held with community-based organizations working on girls' empowerment and prevention of child marriage.



Child Artist: *Deepanjali Sahu*

## 6.2 Findings

### 6.2.1 Job Losses and Reduced Incomes Due to the Pandemic have Increased the Likelihood of Early Marriages

Any situation of increased economic hardship can increase the risk of child marriage. The gendered social risks become more acute when household resources are limited (Roest, 2016). Child marriage is considered to be a way of reducing the financial burden on the family. This is because when a girl gets married and leaves her parents' home, it lowers the household expenditures on education, health, nutrition and other items of daily use. At the same time, dowry enhances the income of the bridegroom's family and provides extra hands to help at home.

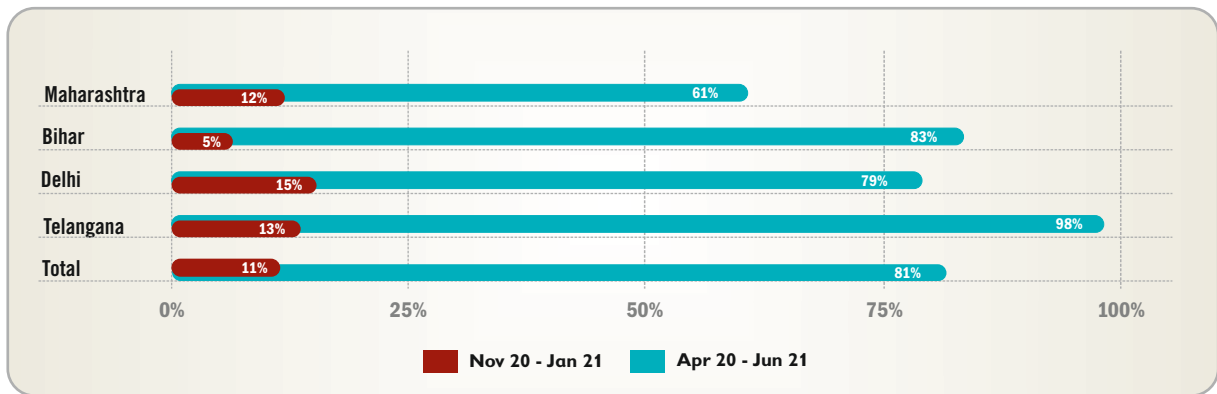
The economic situation that had begun to deteriorate before the COVID-19 pandemic became worse after the lockdowns. Evidence reveals that poverty has increased during the lockdown period of the pandemic due to travel restrictions, loss of jobs, emergency medical expenses, and rising prices. This has forced many families to resort to borrowing. According to the Reserve Bank of India, the household-debt-to-gross domestic product ratio increased from 35.4 per cent in the first quarter to 37.1 per cent in the second quarter of 2020 (Mohan and Singh, 2021).

The study reveals that 88 per cent of the girls who had dropped out of school belonged to families that had a family income less than Rs. 10,000 per month. Affordability was a huge factor preventing girls from continuing education in Telangana (60.6 per cent) and Bihar (51.4 per cent) (CRY, 2019).

The study also reveals that as high as 80 per cent of the respondents faced food insufficiency during lockdown period of April to June 2020 and 11 per cent of the respondents were facing the challenge of the insufficient food from November 2020 to January 2021.

Under these circumstances, families were forced to get their daughters married early in order to lower their financial burden. This meant that girls were thus coerced to get married early because the household was facing shortage of food and letting their daughters go resulted in reducing stress on the limited resource of the household.

**Figure 23: Households Experiencing Food Insufficiency**



{Multiple Response, N=1092}

Save the Children global research report 2020 'Protect a Generation: The impact of COVID-19 on children's lives' found that 78 per cent of households suffered a loss of income after the onset of pandemic, 56 per cent of households struggled to pay for food, and around 53 per cent of the poor households expressed the need for cash or cash vouchers.

During discussions, civil society organizations (CSOs) and children referred the reduced ceremonial expenditure during the times of pandemic was an important factor contributing to parents' decision to get their children married early. Several factors kept the costs of the wedding low. The fear of COVID-19 as well as the travel restrictions meant that fewer invitees and relatives would be expected to attend the wedding. At the same time, the government limited the number of relatives and invitees who could gather for events like wedding, funeral, etc. In a few cases, families did not demand dowry during the pandemic as the groom's family understood the economic hardship of the bride's family.

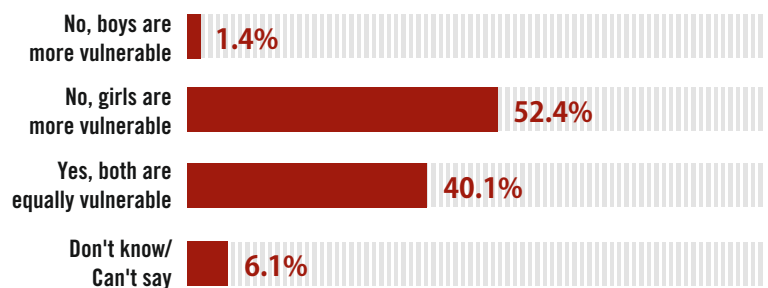
## 6.2.2 Girls Face a Substantially Higher Risk of Early Marriage than Boys

The study found that 14 percent of the mothers felt that COVID-19 has increased the risk of early marriage across the four states. Among them, more than half (52.4 per cent) of the mothers interviewed believe that the chances of girls rather than boys getting married early are higher due to COVID-19 (Figure 24).

Contrastingly, we saw a lower perceived vulnerability of girls to child marriage in Bihar. This could be possibly linked to the deep-rooted dowry system in the state. With the high expectation of dowry, families may have found it difficult to arrange the same in the times of livelihood uncertainty. The shock of pandemic and loss of income due to this may have impacted the occurrence of child marriage negatively (Annexure 2, Table 18).

**Figure 24: Perceived Vulnerability of Boys and Girls Because of Early Marriage**

(for those who believed COVID-19 has increased the risk of early marriage)



{N= 147}

## CASE STUDY 8

# Combatting the Menace of Child Marriage and Fighting for Child Rights: Rumi's Story

### Context:

Rumi Kumari is a student of Class XII in Kastuba Gandhi Balika Vidyalay (KGBV), Burmu which is a town and block in Jharkhand's Ranchi district. She is the sixth among eight siblings and her father is a bonded laborer. Extremely poor economic conditions forced Rumi's parents to send her away to Patna when she was 9 or 10 years old to work as a domestic worker. Her parents had sent her to Patna through a recruiting agency. From Patna, Rumi was trafficked to some other city. Somehow, she managed to come back to her village and got herself enrolled in a government-run middle school. Acute poverty led her parents to decide on arranging a marital alliance at the age of 14-15 years. Rumi was opposed to the marriage as she had seen her elder sister suffering.

### Initiative:

Rumi came in contact with Save the Children that conducts large-scale awareness drives in Jharkhand through its 'Lalitha Babu' module. Through SCF, she learned about her rights as a girl and as a child. She reasoned with her parents and vehemently opposed her marriage. Finally, her parents relented. Rumi went a step ahead and made sure that her teenage brother too was not married at the age of 16 in exchange for a dowry of Rs 3,00,000. She convinced her parents to allow her as well as her brother to continue with their studies. She met the Block Extension Education Officer and got herself enrolled in the KGBV Burmu.

### Outcome:

In addition to doing well in studies, Rumi participated in extra-curricular activities and received accolades from her teachers and principal. Her life skill training sessions with Save the Children has given her the strength to talk against both child marriage and the evils of the dowry system. SCF has also supported her by imparting capacity building orientation in life skills education. At present, Rumi is a Discussion Leader on Life Skill Education among her peer groups in school. She dreams of becoming a police officer so that she can help maintain law and order in her state.

Today, both her parents are proud of her achievements. Rumi has won the coveted Ashoka Youth Venture award for strengthening hundreds of girls in her area to raise their voice against child marriage. After her board examinations, she plans to get herself enrolled under the Skill India Mission - Government of India's flagship program – to learn vocational skills that will help her make a meaningful living and also become part of the nation building process. Rumi has motivated six peers from her school to appear for their board exams and be a part of the Skill India Program so that they can acquire vocational skills without wasting their time or making their families prepare for their marriages.



Image Credit: Save the Children, India

### 6.2.3 School Closures and the Discontinuation of Education Have Exacerbated the Risks of Early Marriage

Schooling is a significant determinant of the age of marriage as it protects children from early marriages. One of the best ways to address the issue of child marriage is to ensure that girls are in school. Out-of-school girls are more likely to get married, and, at the same time, marriage is also a reason for them to drop out of school. According to NFHS-4, in 2015-16, around 45 per cent of women with no education and 40 per cent with primary education were married before the age of 18. Early marriages among girls decrease with higher education attainment. A one-year increase in a girl's education can delay her marriage by 0.4 years (Kumar, 2020).

Another reason behind early marriage of girls (who have dropped from school) is people's perception regarding the security of the girl child. There is social stigma attached to the time spent by girls outside the home (other than school) is often linked with exposure to sexual violence, premarital sex, and the chances of early pregnancy before marriage. These socio-cultural factors greatly increase the risk of marriage for out of school girls. Pratsahan India Foundation (2020)

found that 13 per cent of the 400 adolescent girls belonging to marginalized communities interviewed during COVID-19 cited incidents of sexual abuse during the pandemic and 17 per cent of the children reported knowing of a “child being married in neighborhood/family” but chose not to give details.

**Table 6: Perceived Impact of COVID-19 and Lockdown on Learning of Girl Child (in percent)**

Response	Bihar	Delhi	Maharashtra	Telangana	Total
No impact	17	4	11	1	8
Yes, to some extent	11	7	21	35	19
Yes, to a large extent	73	89	68	63	73
<b>Total Number</b>	<b>289</b>	<b>255</b>	<b>271</b>	<b>278</b>	<b>1092</b>

A second reason for getting girls married early are the gendered norms that lower the chances for girls to continuing their education. Families prefer to invest in the education of boys as they are considered to be future assets of the family whereas girls are treated as a financial liability. Expenditures on girls' education are generally avoided in poor families because of the opportunity cost of sending them to school and perceived loss of benefits to the family after the marriage of the girl child.



Child artist from Save the Children

A multivariate analysis of the determinants of early marriage in Andhra Pradesh and Telangana, using longitudinal data drawn from the Young Lives study (Roest, 2016) has underscored the powerful role that education plays in delaying marriage. The analysis explored the effects of education on child marriage, controlling for such confounding factors as household wealth status, caregiver education, caste, age, urban/rural residence, household composition, menarche (the first occurrence of menstruation), parental expectation for age at marriage and parental and child aspirations for education. Findings of the study showed that even after controlling for other confounding factors, it was enrolment at the age of 15 that had the largest and most significant (negative) impact on the probability of teen marriage (-0.322\*\*\*). In other words, school enrolment at the age of 15 decreased the likelihood of adolescent marriage by 32.2 per cent.

Disrupted school system due to COVID-19 pandemic has further shrunk the opportunity for many vulnerable children and adolescents living in poor families or in remote areas. The closure of schools has led to the loss of valuable learning days for a large number of children. The study reveals that nearly 80 per cent of the mothers agreed that the learning of the girl child has been impacted by the pandemic. The most direct impact on learning is linked with school closures which has not only affected the progress of the girl child vis-à-vis learning but also has direct implications on child marriage, increased involvement in household chores, violence at home, as well as food and nutritional insecurity.

#### **6.2.4 Cash Transfers and Temporary Relief Measures are Insufficient to Prevent Early Marriages**

Although evidence on the ability of cash transfers to delay marriage is still limited, it is found to be one of the enablers of education continuity. Schemes such as National Scheme of Incentives to Girls for Secondary Education, and state schemes such as Girl Child Protection Scheme (Andhra Pradesh), Ladli scheme (Haryana), Mukhyamantri Ladli Laxmi Yojana, provide financial incentives to girls and their families to complete her higher secondary education, improve immunization, and prevent child marriage (CRY, 2019).

In the early stages of the pandemic response, the Government of India increased spending on social protection and health care to provide in-kind support (including food and cooking gas) and cash transfers to lower-income households. A slew of other emergency measures were announced in the wake of COVID-19 outbreak including liquidity support to farmers, additional funds to state governments, increased budgetary allocations for the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) to returning migrants, additional support through the 'Garib Kalyan Rozgar Abhiyan' in 166 districts of six states (Bihar, Madhya Pradesh, Uttar Pradesh, Rajasthan, Odisha, Jharkhand) to boost employment and livelihood opportunities for migrant workers returning to their villages (Ministry of Rural Development, 2021).

The reach and effectiveness of such relief measures depends largely on the efficiency of the infrastructure of existing delivery systems and also on the adequacy of cash transfers made to poor families. An analysis of 1,017 voice recordings of citizens speaking about their grievances and deep-dive interviews with selected people from March 2020 to June 2020 show a high incidence of exclusion from the benefits (cash transfers). Around 55 per cent of the complaints related to Direct Benefits Transfer were to do with Aadhaar linkage, spelling errors, and blocked accounts that led to unsuccessful crediting of beneficiary accounts. Similarly, 66 per cent of the complaints regarding MGNREGS were related to either problems with work allocation or wage payment processing (Seth et al, 2021).

In principle, social assistance to families can delay early marriages for girls by lowering the financial pressures on families to get their daughters married. However, cash transfers alone and temporary relief measures are insufficient to prevent child marriages related to the pandemic.

#### **6.2.5 Social Norms and Weak Law Enforcement have Not Helped Prevent the Increased Risks of Early Marriages**

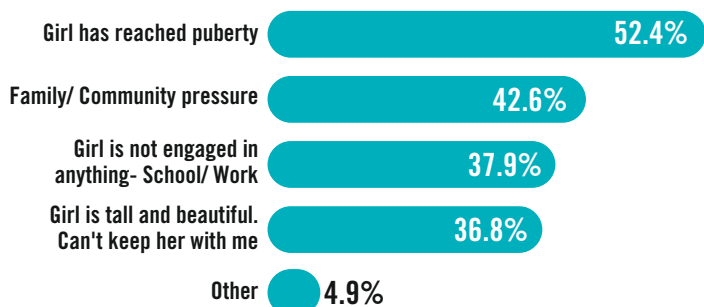
Numerous studies have found that adverse social norms restrict the freedoms that girls have to delay marriages. Notions of girls being treated as 'paraya dhan' (the financial asset of a future marital family) and destined for reproductive, caring and household roles continue to influence the decisions of parents to educate their daughters beyond the minimum or to delay their marriage (Dasra, 2015; ICRW, 2013).

The attainment of puberty by girls is one of the major reasons for early marriage. The likelihood of early marriage increases sharply for a girl who has attained puberty but is not studying or working. In Bihar, 72 per cent of the mothers identified family or community pressure as a major factor. In Delhi, enrolment in school or employment emerged as a deterrent to child marriage.

India has laws in place to prevent child marriages. Though the awareness has increased in recent years, lacunae in laws and weak enforcement of the PCMA 2006 have diluted the effectiveness of legal measures to tackle this social problem.

Social norms trump laws because in sections of society where child marriages are common, families are not fully aware of the provisions of laws and the consequences of conducting child marriages. The study found that only 24 to 38 per cent of the mothers interviewed across the four states were in concurrence with legal age of marriage as appropriate age for marriage for boys and girls respectively.

**Figure 25: Reasons for Early Marriage**



(Multiple Response, N=1092)

**Table 7: Perception on Right Age of Marriage for the Girls (in per cent)**

	Bihar	Delhi	Maharashtra	Telangana	Total
Below 18 years	24.2	2.8	4.4	7.6	10.1
18 years	67.1	40.9	39.9	4.7	38.4
19 to 24 years	8.0	52.8	51.7	84.5	48.7
Above 24 years	0.7	3.5	4.1	3.2	2.8
<b>Total Numbers</b>	<b>289</b>	<b>255</b>	<b>271</b>	<b>278</b>	<b>1092</b>

**Table 8: Perception on Right Age of Marriage for the Boys (in per cent)**

	Bihar	Delhi	Maharashtra	Telangana	Total
Below 21 years	21.1	3.1	4.8	9.4	9.9
21 years	58.1	19.3	12.2	4.0	23.9
21-24 years	17.6	38.2	46.1	9.7	27.5
Above 24 years	3.1	39.4	36.9	77.0	38.7
<b>Total Numbers</b>	<b>289</b>	<b>255</b>	<b>271</b>	<b>278</b>	<b>1092</b>



Image Credit: Save the Children, India

## 6.2.6 Disruption in Child Protection and Related Services Due to COVID-19 has Further Enhanced the Risks of Early Marriage

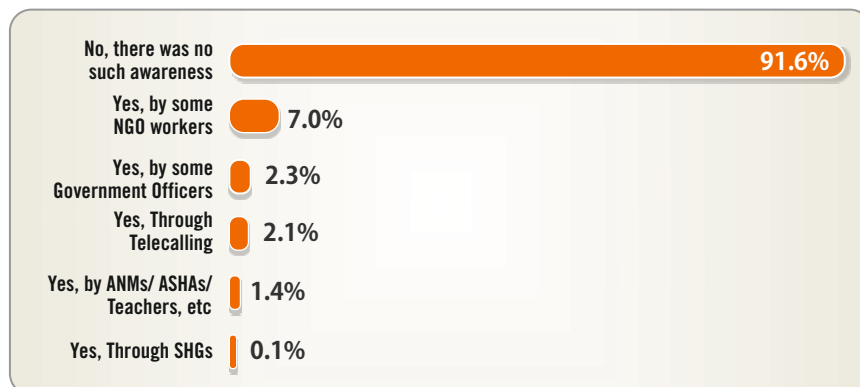
Dysfunctional child protection systems increase risk of gender-based violence (including child marriage), physical and emotional maltreatment, and psychosocial distress, to name a few. The pandemic is also weakening social structures, which is adding to anxieties related to girls' safety within households. In these adverse situations, child marriage is seen as a solution to protect girls for fear of stigma arising from various forms of abuse, including sexual assault (CRY, 2020).

Disruption in child protection services due to the pandemic have increased the likelihood of child marriages. According to UNICEF, around two-thirds of countries across the world reported disruptions in at least one type of prevention and response services. South Asia, Eastern Europe, and Central Asia reported the highest proportion of countries that faced disruptions in availability of child protection services. However, 70 per cent of countries reported that mitigation measures had been put in place (UNICEF and UNICEF, 2020).

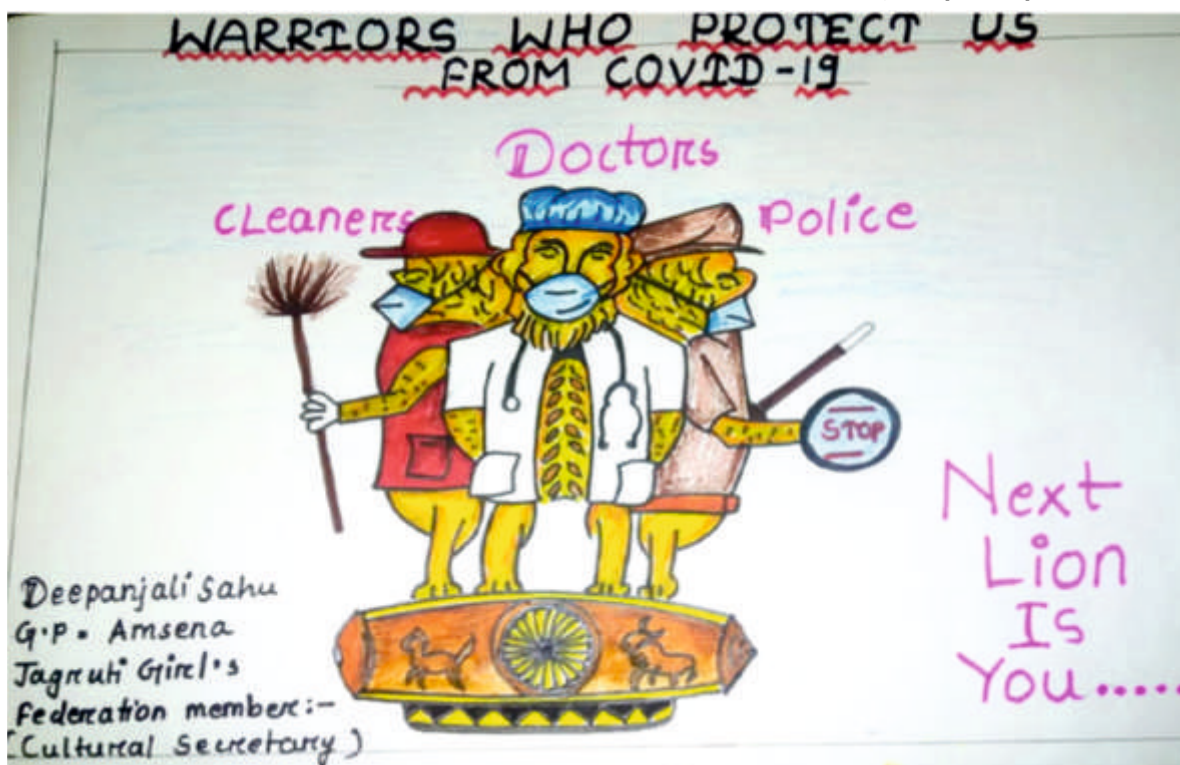
The COVID-19 induced lockdown also led to closure of offices, and many were not geared to operating remotely. Additionally, when offices opened up, there was a shift in priorities away from activities planned for development towards activities meant for responding to pandemic situation. Frontline service providers such as teachers, AWW, police officials, and others were diverted to assist in emergency COVID-responses and assisting the government machinery to tackle everyday problems arising due to the pandemic. The pressures of administering the lockdown and checking the spread of virus reduced the vigilance needed to prevent early marriages.

The study shows that 92 per cent of mothers had not seen any awareness building activity around issues of child marriage during the pandemic (Figure 26 and Annexure 2, Table 19).

Figure 26: Awareness Building Activities Around Issues of Child Marriage During the Pandemic



{Multiple Response, N=1092}



Child Artist: **Deepanjali Sahu**





## CASE STUDY 9

# Girls' Agency to Promote Collective Action against Harmful Social Norms and Practices

### Context:

Marriage before the age of 18 years for girls and 21 years for boys is illegal in India. However, some girls do get married below the age of 18 due to several factors including poverty, illiteracy, lack of freedom and opportunities for women to engage in paid work, dowry, as well as religious and social norms. While child marriage affects both girls and boys, the impact on girls is more severe. Adolescent and young girls are pushed into a life of deprivation.

Despite prohibitory provisions in laws and actions by the government and CSOs, the problem of child marriage continues to plague states like Bihar, Odisha, and Rajasthan. Deep-rooted gender biases have restricted the movement as well as the ability of girls to voice their opinions and exercise choices. Conforming to traditional practices surrounding marriage and allowing parents to arrange marriages is a matter of preserving family honor. Such socio-cultural conditioning has deterred girls over generations from organizing themselves or joining the workforce.

### Intervention:

Save the Children facilitated the creation of groups of adolescent girls and boys led by Discussion Leaders to inform and empower them about child rights. Through these discussions emerged the demand for forming a federation of girls. The idea of the Federation was built on the premise that empowering girls and strengthening their agency could help end child marriage and open up alternative life opportunities for them. Federations were constituted first at the gram panchayat level and then at the block level. The Federation brings together girls' representatives from each village who represent bigger challenges faced collectively by girls at the local to block level. These challenges are contested, argued, discussed, and resolved by other participating girls.

The Federation empowers the girls to bear duties responsibly, act collaboratively towards social challenges, and collectivize efforts to challenge deep-rooted conditioning of patriarchy and gender norms. Members are made familiar with the objectives of the Federation, informed about their roles and responsibilities, and equipped with appropriate leadership, communication, and advocacy skills. Members are also provided exposure to different law enforcement and financial institutions. This is a cost-effective initiative as it involves less interface time and less resources. Members of the Federation participate in meetings, understand institutional and community-based monitoring mechanisms, and engage in advocacy and campaigns.

### Outcome:

Some achievements of the Federation are listed below:

- 36,000 girls are associated with 7 blocks and 69 *gram panchayat*-level federations in six districts in three states Bihar (Gaya and Sitamarhi), Rajasthan (Tonk and Jodhpur), and Odisha (Nuapada and Kandhamal).
- About 500 adolescent girls have convinced their parents or guardians to delay their marriage since the inception of project in September 2016 (the project was concluded in December 2020).
- Two block-level Federations are operating ten skills centers in Bihar.
- 21 cases of child marriages have been reported to ChildLine, police, District Legal Services Authority, and CPC in Rajasthan.
- 57 cases of child rights violation have been filed with National Commission for Protection of Child Rights.
- Three girl leaders were nominated for International Children's Peace Prize in 2020. Three girls received the UNV awards in 2018 and 2019. One leader represented MTBA India in Women Deliver Conference in Canada 2019 and one received the Deviaward in Odisha from Hon'ble Chief Minister Sri Naveen Patnaik.

The Girls' Federations raised their voice for making sanitary pads available and accessible during the lockdowns following the outbreak of the COVID-19 pandemic. As a result of the advocacy by girls, the RSCPCR issued a letter to Principal Secretary Health, Director ICDS and Principal Secretary (Education) for ensuring adequate supply of sanitary napkins to girls. More than 6,000 sanitary pads have been distributed to adolescent girls by the Government of Rajasthan as an immediate response to the request letter. In other states as well, Girls' Federations undertook media advocacy, and as a result, the government initiated the distribution of sanitary pads to adolescent girls.

## 6.3 Prevent the Reversal of Progress

COVID-19 can easily reverse the gains that India has made in the reduction of child marriage. Although it is too early to quantify the effects of COVID-19 on early marriages, anecdotal evidence suggests a rise in instances of child marriage. Many underlying factors for early marriages have been exacerbated and intensified by the pandemic. Efforts to restore present the reversal of gains and end child marriage should extend beyond health and begin to prioritize a broader set of child rights.



Image Credit: Save the Children, India

Image Credit: Save the Children, India



# Chapter : 7

## Shrinking Access to Safe and Inclusive Spaces for Play and Recreation



## 7.1 Opportunities for Play and Recreation for Children in Urban Settings

Article 31 of the Convention on the Rights of the Child calls upon States Parties to ‘recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts. States Parties shall respect and promote the right of the child to participate fully in cultural and artistic life and shall encourage the provision of appropriate and equal opportunities for cultural, artistic, recreational and leisure activity.’

Close to 120 million children below the age of 18 years - 57 million girls and 63 million boys live in cities in India (Census of India, 2011). This number was projected to be 448 million in 2016 (UNICEF, 2017). Of the total urban households, 17.4 per cent are slum households (Census 2011) and this number is expected to increase in the coming years. Slums are reported in 63 per cent of the 4,041 statutory towns. People staying in slums have been worst hit by the COVID-19 pandemic.

Cities have been the epicenter of the coronavirus crisis especially during the first wave (UN news, 2020). The COVID-19 pandemic has exposed a wide gap in accessibility, design, management, maintenance, connectivity, and flexibility to public space (UN, 2020). Public spaces are important centers for recreational activities for urban population living in closed and compact house structures/built environments. The recreational activities contribute in improving physical and mental health and wellbeing, contributing to children's development and reducing the stress levels. A report by Save the Children, International (2021) highlights the global challenge of not having adequate and safe public spaces for children to play and socialise. The COVID-19 pandemic has made it even more difficult for children by restricting their movements and forcing them to stay indoors to contain the spread of the virus (Sabry and James, 2021).

During the lockdown, children in urban areas faced a higher risk of isolation. Both girls and boys reported that they are not in touch with their friends, and that they had less time for play, recreation and relaxation. All this can have an adverse effect on their psychosocial wellbeing and development of children as it is often correlated with increased engagement in household chores – especially for girls (Sabry and James, 2021).

Access to public space is unevenly distributed in urban areas and lack of it is quite evident in poor and low-income neighborhoods. Less than half of the global population can access open public spaces within 400 meters walking distance of their home. Close to half (48 per cent of the adult participants) report that their children do not have access to an outside space where they could play or spend time with friends during the pandemic. Similarly, almost half (49 per cent) of the children living in urban areas reported that their play-time has reduced since COVID-19 crisis (Sabry and James, 2021). Another study (Save the Children India, 2020) has reported that only 12 per cent of children in urban areas could meet or play in person with their friends during COVID-19, while about 35 per cent children neither played nor met virtually or in-person.

Less noticed is the denial of equal opportunities to girls when it comes to play and recreation outside the home. Only 20 per cent of girls have access to playgrounds points to the poor access that girls have to public spaces in urban India (Save the Children, WINGS, 2018). Adolescent girls (10-18 years) in particular from lower income groups - especially those living in slums - face numerous challenges in realizing their right to engagement as well as access to safe and inclusive spaces for play and recreation. COVID-19 has further exacerbated the already restricted access to play and recreation as schools have been closed and restrictions were imposed on movement during the lockdowns. The pandemic has severely dented the opportunities for adolescent girls to meet their friends, engage in sports, play, participate in extracurricular and other leisure activities. For many girls from informal settlements, playtime in school is the only opportunity for recreation. There may not be playgrounds and parks in the vicinity where they live. Even if these are available, for many girls, their parents or caregivers may not allow them to go outdoors to play or meet their friends. Physical restrictions due to COVID-19 have seriously jeopardized their access to spaces that are traversed on a daily basis to keep them active and playful.

Safety concerns in cities restrict the physical movement of girls and overturn their rights to go out in open to play, to express, and be happy. However, threats of violence and perception of lack of safety among girls as well as their parents reduce engagement and access to spaces for play and recreation in urban areas (Save the Children, WINGS, 2018). Rising number of crimes against children in metropolitan cities highlight the vulnerability of children and especially girls to different forms of violence (Dhar and Thakre, 2020)(NCRB, 2019). Girls are particularly vulnerable to sexual violence in public spaces in urban areas.

This chapter presents the evidence on adolescent girls' access to safe and inclusive spaces for play and recreation for girls in urban areas amidst the COVID-19 pandemic. Two areas of interest were:

- a. What has been the experience of adolescent girls (10-18 years) from informal settlements engaging in play and recreational activities before and during pandemic (including lockdown and unlock phases)?

- b. What are the challenges of engaging with play and recreation of adolescent girls when there is uncertainty about COVID-19? What type of activities they are engaged before and during the pandemic? Which are the activities they are missing the most while they were going to schools?

## 7.2 Findings

Described and discussed below are the reactions of adolescent girls to the effects of COVID-19 on their right to play and recreation.

### 7.2.1 An Overwhelming Majority of Mothers Perceive Play and Recreation to Be Extremely Important for Their Adolescent Daughters

Close to nine out of ten mothers of 10-18 year old girls (87.7 percent) responded that play and recreation are important for girls. Only in Bihar, 31 per cent of mothers of adolescent girls from urban centers did not recognize the importance of play and recreation (Table 9). Restrictions on play and recreation activities as well as the burden of household chores are factors that come in the way of play. Additionally, social stigmas and gender stereotypes prevalent in society restrict girls from going or playing outside.

**Table 9: Perceived Importance of Play and Recreation for Girls as Reported by Mothers**

Importance	Bihar	Delhi	Maharashtra	Telangana	Total
No	31.1%	4.7%	9.6%	3.2%	12.5%
Yes, to some extent	19.0%	35.0%	22.1%	47.8%	30.9%
Yes, completely	49.8%	60.2%	68.3%	48.9%	56.6%
<b>Total Number</b>	<b>199</b>	<b>242</b>	<b>245</b>	<b>269</b>	<b>1092</b>

The most commonly cited benefits by mothers were: critical for physical growth and mental health followed by happiness (59 per cent), learning new things (37 per cent), and opportunity to play and interact with friends (35 per cent). The trend is similar across the urban centers of three states except Telangana where 68 per cent of girls responded that active behavior is an important benefit of engaging in play and recreation activities for them (Table 10).

**Table 10: Benefits of Play and Recreation**

Benefits / States	Bihar	Delhi	Maharashtra	Telangana	Total
Active behavior	23.1%	19.0%	22.9%	68.4%	34.8%
For physical growth and mental health	61.8%	81.0%	79.2%	42.0%	65.5%
To play and interact with friends	30.2%	47.9%	31.4%	30.1%	35.0%
To express or share feelings	19.1%	33.5%	28.6%	34.9%	29.6%
To learn new things	27.1%	44.6%	44.9%	30.5%	37.1%
To feel happy	65.3%	92.6%	50.2%	33.8%	59.5%
Improvement in concentration	0.0%	34.3%	14.3%	29.4%	20.6%
Improved self-confidence	14.1%	45.0%	24.1%	20.8%	26.4%
To learn life-skills	15.1%	5.8%	23.3%	10.4%	13.5%
Other benefits	0.5%	0.4%	0.4%	0.0%	0.3%
<b>Total Number</b>	<b>199</b>	<b>242</b>	<b>245</b>	<b>269</b>	<b>955</b>

“We face restrictions to freely move outside our homes, to the extent that we cannot even stand outside the main gate of our house, keep aside playing outside the house. If we do so, we are faced with “taunts” from community members, and our parents do not want to face humiliating comments from our neighbors.”

- FGD with girls 15-18 years from Patna, Bihar

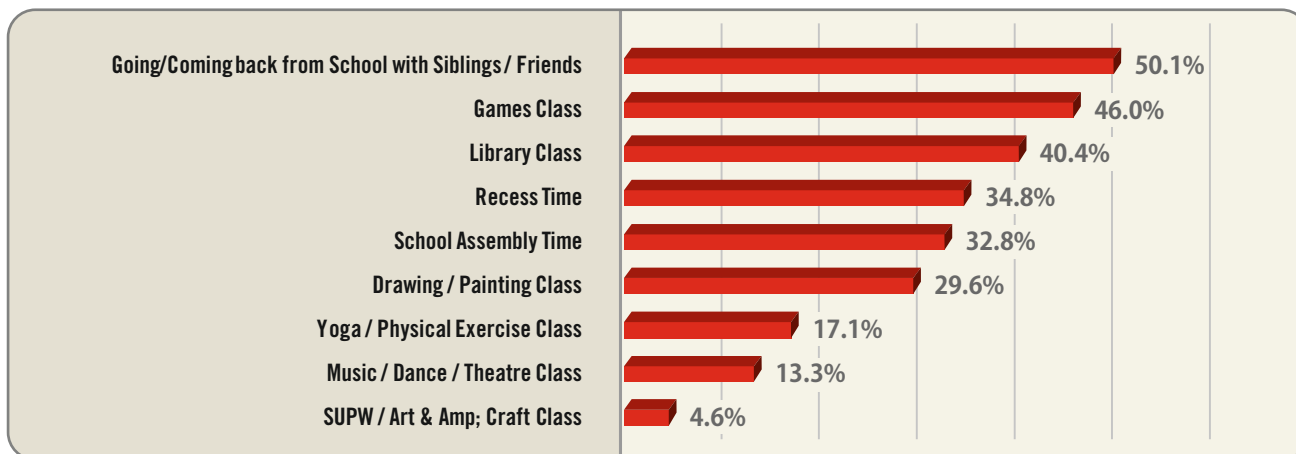
“COVID-19 has not only affected the usage of spaces by girls, it has also affected the usage of these public spaces by other people also. Due to the lockdown, no one came to play grounds and public places. At present only a few people come here for relaxation.”

-Sanitary Inspector from Rangareddy, Telangana

## 7.2.2 Not Going to School has Reduced the Opportunities for Play and Recreation

Schools are the spaces for girls to engage in extracurricular activities and creative pursuits with their classmates. Half the girls reported that they missed the journey going and coming back from school with their siblings and friends. Many girls also missed the games period (46 per cent), library class (40 per cent), lunch break (35 per cent) as well as the drawing and painting classes (30 per cent) (Figure 27) and (Annexure 2, Table 22).

Figure 27: Extra-curricular Activities and Sessions that Girls Missed the Most During Lockdown



{Multiple Response, N=1092}

“We are involved in household chores and do not get free time to play. Although boys play outside but our parents do not permit us to play outside. We already shared that it was our school where we could play, enjoy and be with friends. “No school means no play, no sharing and no studies.”

- FGD with girls 10-14 years old girls from Nashik, Maharashtra

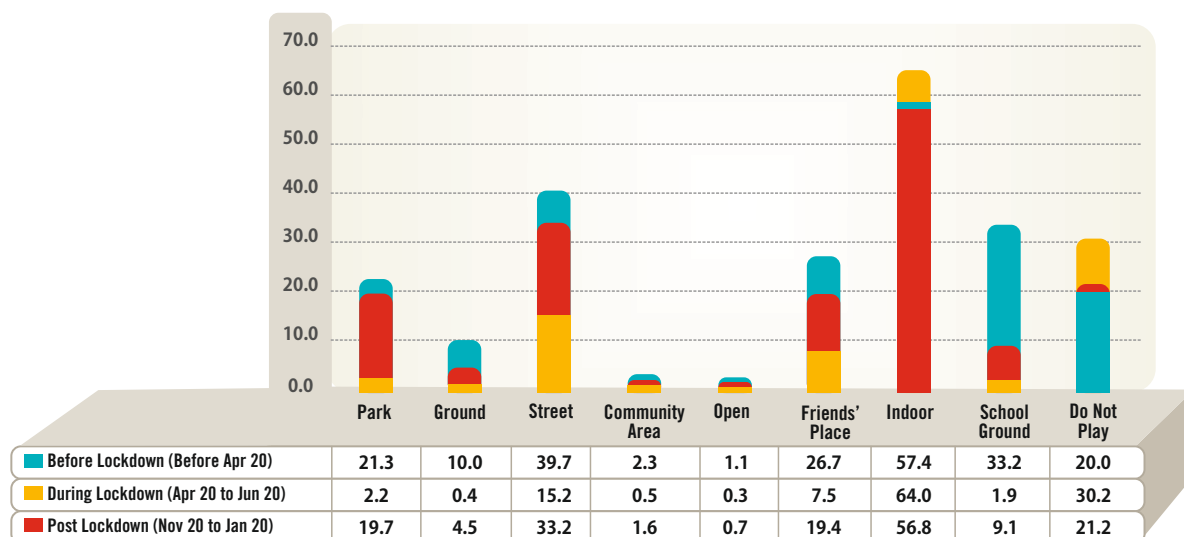


Child Artist: *Jasobanta Ram*

### 7.2.3 For a Majority of Girls, Home Remains the Preferred Place for Play and Recreation

Indoors (that is, within the home) is the preferred place for play and recreation across the four states. The pandemic has not changed the situation for a majority of girls. Only 20 per cent of mothers reported that girls were not playing even before the lockdown. This percentage increased to 30 per cent during the lockdown (Figure 28) and (Annexure 2, Table 20). However, post the lockdown, the situation has reverted to what it was before the lockdown.

Figure 28: Places for Play and Recreation for Girls in Cities of Four States



{Multiple Response, N=1092}

As reported by mothers, homes are the most commonly used space for play and recreation though girls use other spaces including streets, school grounds, friends' homes, parks and playgrounds (Figure 28). Physical training (PT) teachers and other stakeholders pointed out that the physical and recreational activity of girls and also their daily routine has been severely affected by the pandemic. The usage of parks, playgrounds, streets, and school grounds dropped drastically during the lockdown phase

“The usage of parks and playgrounds has been affected by COVID-19. It was all shut down during the lockdown period. Before the lockdown phase, all the parks were functional playgrounds are the responsibility of the schools and it's up to them how to keep them alive. There are nearly 20 playgrounds/parks in this area.”

- Ward Councilor, Pune, Maharashtra

“In my opinion, it was very difficult for each and every girl to move out and play with their friends during the lockdown. Schools were shut down and hence there were restrictions in imparting education to children. There were options for online studies but as we all are well aware; it has its own limitations.”

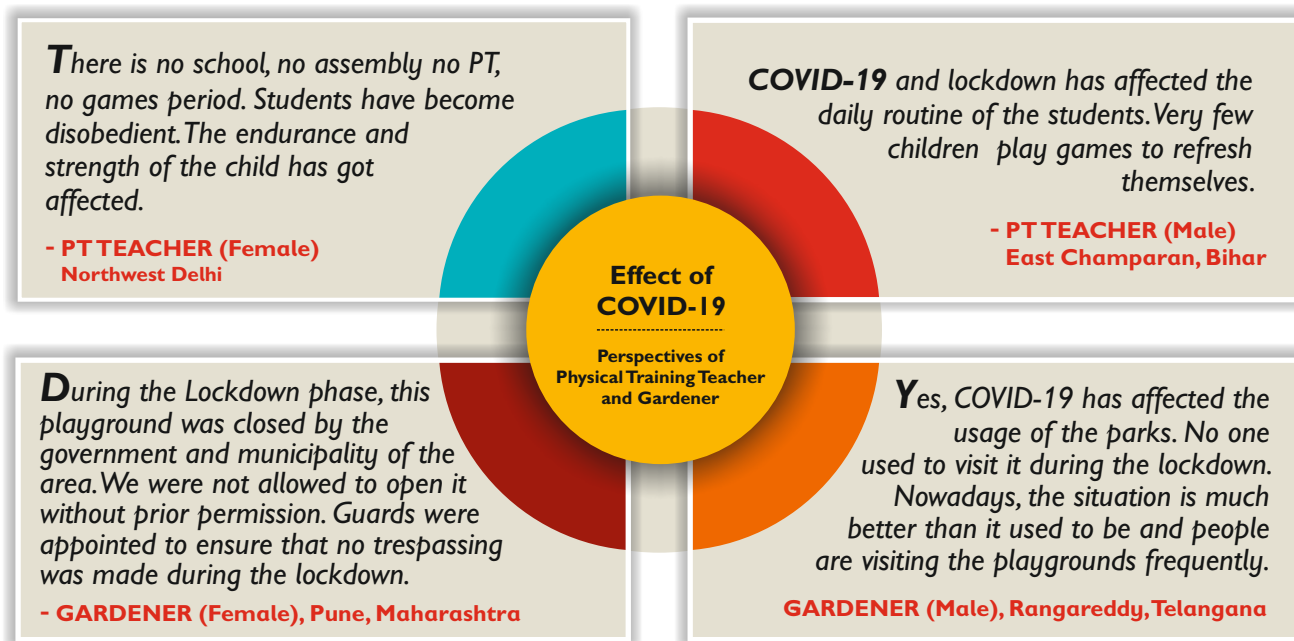
- Ward Councilor, Hyderabad, Telangana

“... definitely girls were affected by COVID-19 as they were not able to roam or play outside their house due to pandemic. These things have not been fully operationalized till yet with due consideration of the public safety and spread of virus.”

- A Clerk from Municipal Office from East Champaran, Bihar



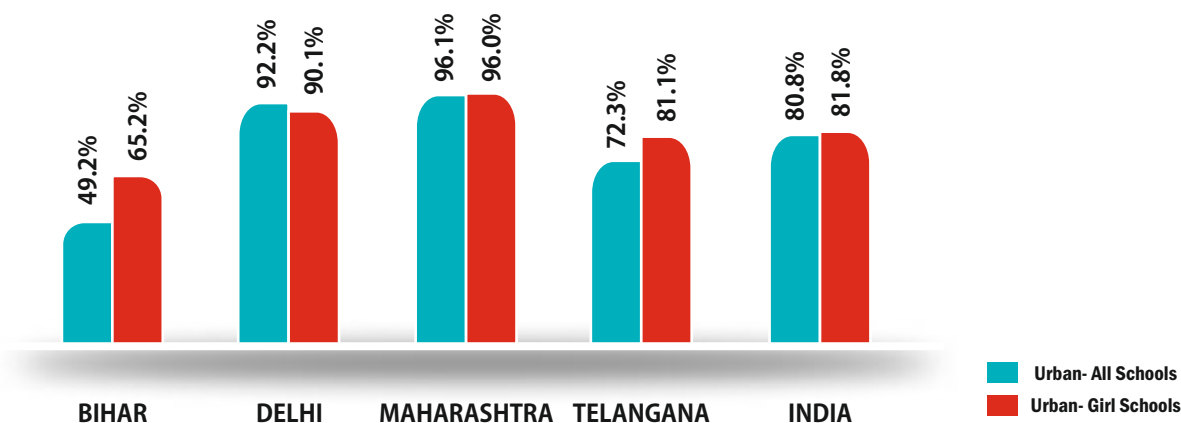
Figure 29 : Verbatim from Physical Training Teacher and Gardener on Effect of COVID-19



Mothers reported a significant decline in access to outdoor spaces for girls during the lockdown phase as compared to the pre-COVID-19 phase. Mothers suggested preference of their daughters to following different play areas:

**Streets** were the most preferred outdoor space for girls (40 per cent) before the lockdown followed by school ground (33 per cent), friend's place (27 per cent), parks (21 per cent) and playgrounds (10 per cent). Streets remained the second most preferred places for outdoor activities for girls during the lockdown (15 per cent) and this increased to 33 per cent after the lockdown (Figure 28) and (Annexure 2, Table 20). This is because many girls may be living in areas within the slum where there is no space or direct access to parks or playgrounds

Figure 30 : Schools having Playgrounds (in per cent)



**School Grounds** are the second most preferred outdoor spaces for girls to play after streets (Figure 29). Playgrounds serve as a space for playing and interacting with friends, a venue for having lunch during recess, and for organizing sports events and other functions. According to U-DISE (2019-20), 81 per cent of the schools in urban India have playgrounds. Among the four states, Maharashtra (96 per cent) has the highest percentage of urban schools having playgrounds followed by Delhi (92 per cent), Telangana (72 per cent), and Bihar (49 per cent). In all girls school of urban areas, the availability of playground is almost similar (Figure 28).

## 7.2.4 The Lockdown has Severely Limited the Space for Children to Play

The lockdowns on account of COVID-19 pandemic have seriously limited children's access to spaces for play and recreation. The qualitative discussions with the PT teachers pointed out that prior to lockdown, many girls did not engage in sports activities because of the abusive behavior of the boys. This was found to further deteriorate during the pandemic induced lockdown situation in India.

There are schools that issued guidelines for the continuation of physical exercise activities and designated a day in week for such activities during the closures of school. The children are asked to submit workout videos through WhatsApp. However, there were girls with no access to mobile phones or data availability. These girls found it difficult to participate in such activities.

Parks are green spaces in cities where children and adults go for walks, yoga, and other leisure activities. Before the pandemic, mothers shared more girls used parks in Delhi (52 per cent) and Telangana (28 per cent) as compared to the other two states. This may be because families in these two states have better access to parks in their vicinity and their parents permit girls to access these outdoor spaces (Figure 29). Only 3 per cent girls in Bihar and 5 per cent of girls in Maharashtra had access to parks according to mothers. Parks were rarely used by girls from Maharashtra and Bihar during the lockdown phase. Only 4 per cent mothers reported girls from Telangana and 5 per cent from Delhi accessing park during this phase. On the other hand, 33 per cent of mothers from Telangana and 44 per cent from Delhi reported girls accessing the parks after the lockdown (Annexure, Table 20)

“We haven't taken any measures for the school since the lockdown. However, prior to the lockdown we were engaged in multiple activities like conducting tournaments, group-wise competitions and prize distribution ceremony was held in the school.”

- PT Teacher and Principal (female) from Pune, Maharashtra

“We have various sports equipment in the school and a huge playground. The school has facilities for both indoor and outdoor games. But students had no excess to these facilities since March 2020. There is a playground in the community named Satyagraha Park, I saw many of our school students especially boys playing outdoor games. Girls might be busy with household work and they don't get permission to play outside.”

- PT Teacher (male) from East Champaran, Bihar

“From DEO, we are provided with the guidelines that every Wednesday will be a recreational activity day in the school. I send offline exercise /workout videos to the students. They perform and record the activity and send back to us through WhatsApp. For 1<sup>st</sup> to 5<sup>th</sup> classes - exercises are done during mass PT. For 6<sup>th</sup> to 8<sup>th</sup> classes - moderate exercises such as jumping, alternate PT, side jumps are done, and for 9<sup>th</sup> and 10<sup>th</sup> classes, there are high intensity workout such as yoga sessions including chakrasana, shirshiasana.”

- PT Teacher (female) from Northwest Delhi

“For the age-group 6-9 years: running, kho-kho and cricket; 10-14 years: running, kho-kho, cricket, carom, books and novels; 15-18 years: volleyball, kabaddi, kho-kho, dancing, tennis, language-skill, etc. Girls are usually not participative since they are afraid that boys might stalk them.”

- PT Teacher and Principal (female) from Pune, Maharashtra

“The girls of the ward usually don't go to parks as there is only one park i.e., Satyagraha Park which is situated near the ward. But there, they charged fees which girls could not afford that so they don't go in there as well. There is a guard who is deployed in the park for the safety concerns.”

- Ward Councilor,  
East Champaran, Bihar

“We are fearful to go out and play in the playgrounds. Boys occupy the whole ground and don't allow us to play. We even have fights with them. But our parents scold us that we should not fight with boys.”

- FGD with girls 15-18 years  
from Hyderabad, Telangana

“Most of the time, boys refuse to include us in team.”

- FGD with girls  
10-14 years old from  
Hyderabad, Telangana

“In our locality, there are no parks. Some are far away from the locality, maybe around 6 kms. There are 2-3 community playgrounds that were temples before but now this space is being used by children to play. We have different playgrounds for walking and playing. However, most of the spaces have been occupied by boys and there is no separate space left for girls, only elderly women use the playgrounds for strolling or leisurely walk.”

- Ward Councilor from  
Hyderabad, Telangana

“This playground is being used by boys and girls aged between 10-20 years. We neither remember nor note it down about who uses this playground. This playground is open for all and also guarded and secured. We also don't differentiate between boys and girls. We treat them equally and let them play any sports or game of their interest.”

- Gardener (female) from  
Pune, Maharashtra

“It is open for both children and adults. Generally, children among the age group 3-7 years visit the park. Girls come around in the morning and spend at least 2-3 hours. They usually stroll and spend time talking.”

Gardener (male) from  
Rangareddy, Telangana

**Playgrounds** are often used by adolescent girls for playing sports and related activities. However, the space for playgrounds in cities has been shrinking over the years because of the increase in construction of shopping malls, offices, residential apartments and condominiums and building of trunk infrastructure (such as streets, roads, pavements, drainage, and landfills). Parks and playgrounds are usually found in areas that have been 'planned.' It is rare to come across playgrounds in informal settlements especially on unauthorized lands. This is a reason why many lower income residential areas typically do not have such facilities in their vicinity. Access to playgrounds before lockdown varied from 6 per cent in Maharashtra to 19 per cent in Delhi (Annexure 2, Table 20).

**Gendered Access to Playgrounds:** Playgrounds are often occupied by boys which leaves little or no space for girls to play. Even if space is available, girls do not access these grounds because of their past experience of fear of harassment and safety concerns. Parks and playgrounds are often poorly maintained, and are used by boys and men who use the space to play cards and gamble, drink alcohol, or indulge in drug and substance abuse.



Child artist from Save the Children

### 7.2.5 The Pandemic has Reduced the Time Spent by Girls Outdoors for Playing, Recreation and Meeting Friends

The lockdown induced restrictions have severely restrained outdoor activities for adolescent girls. In Maharashtra and Bihar where outdoor activities for girls were comparatively low (before lockdown), the situation has become worse due to the lockdown (Figure 31). The data suggested that adolescent girls found it really difficult to take out time for outdoor activities during lockdown across the four states. More than one in two

girls (56 per cent) did not get time to indulge in outdoor play and recreation during the lockdown. Though, there was decline in this figure in post lockdown phase (37 per cent), it is yet to return to the pre-pandemic levels (Annexure 2, Table 21).

Over two-thirds of the girls from Delhi and 40 per cent from Telangana reported that they spent 30 minutes to 2 hours outdoors before the lockdown. On the other hand, 43 per cent of girls from Bihar and 42 per cent from Maharashtra reported that they were not engaged in any outdoor activity (Annexure 2, Table 21).

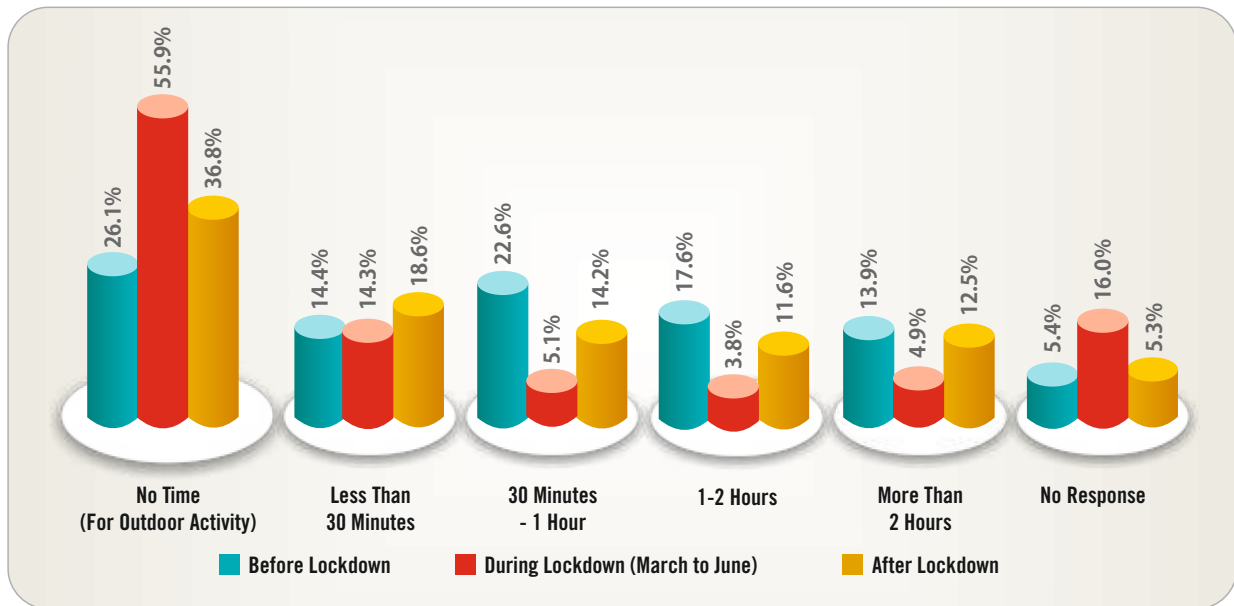
“We like playing badminton, volley ball and sports equipment should be provided to us. Along with this, our society must become a safe place for us to play because apart from societal restrictions for playing outside, the atmosphere is not conducive for girls to play far from their homes.”

- FGD with girls 10-14 years old from East Champaran District, Bihar

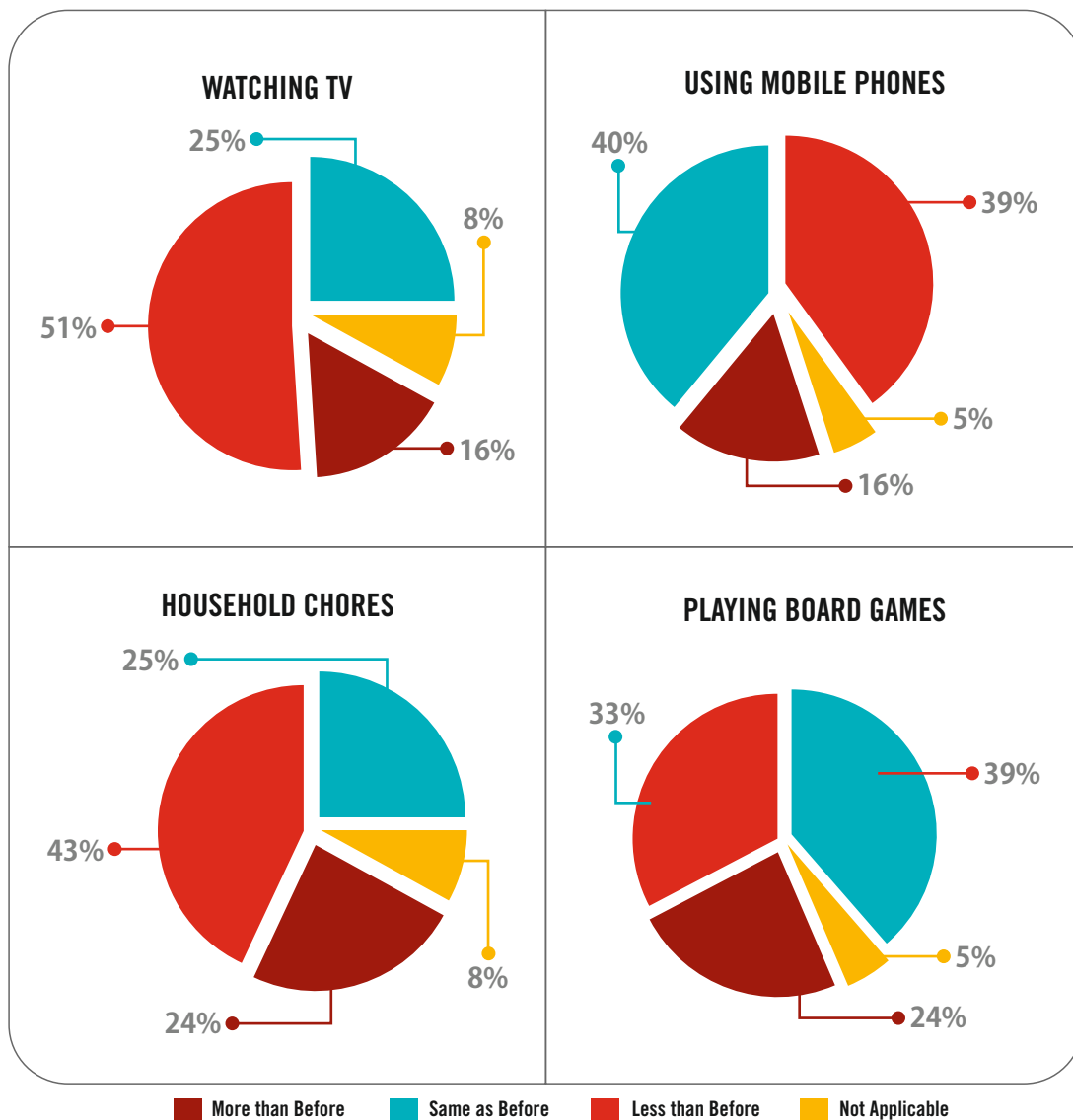
“There is a little traffic on the road and there is no play ground in our nearby locality. Therefore, we perform household chores with our mothers to pass our leisure time.”

- FGD with girls 10-14 years from Nashik, Maharashtra

**Figure 31 : Time Spent Outdoor by Girls in Four States Before, During and After Lockdown**



**Figure 32: Time Spent by Girls in Different Activities in Four States**





## STUDY 10

# Batting for Children's Rights and Voices: Lusi Kumari Sharma

The COVID-19 pandemic has affected millions of children across India globe including Lusi, a Class XI student, who aspires to be a professional cricketer. She lives in a family of eight in the Tijala slums of Kolkata where they have a one room semi-pucca house with a tin roof. She is a participant of Save the Children's (also known as Bal Raksha Bharat) Urban Resilience project (2018-2023) and has received training on children's right, gender equality, and disaster risk assessment.

Lusi gets up early in the morning at 5 am to practice cricket. Due to her hard work and passion for cricket, she was chosen as the Vice-Captain of Team India North in the Street Child Cricket World Cup 2019 which was held at Lords in London. She has not only shown her cricketing prowess in the field but also raised the child-rights issues of street connected children at the House of Commons. She also spoke on challenges for girls in accessing education.

Being an athlete and the Vice-Captain of the team, she has enhanced her leadership skills and has emerged to become an active change maker in her community. She along with other children helped Save's team with mounting a humanitarian response in Wards 59 and 65 during initial phase of the COVID-19 outbreak in India. She has led by example to emphasize the importance of play and recreation in the life of the child, especially girls.

In 2018, Lusi as a member of a children's group took part in a risk assessment exercise of their slums and helped develop a set of solutions for mitigating those risks. Later, these suggestions were presented in the ward sabha meeting which offered a platform for the local community including children to interact with the elected representatives and municipal officials in-charge of their ward. This child-led approach of the project has made her passionate about building the resilience of the community against any risk.

Lusi actively participated in the formation of a Child Parliament (*Bal Sabha*) which promotes children's participation in local development planning and actions. In this process, Lusi played a key role in the formation of this Parliament where she mobilized and supported children in choosing Ministers of six child cabinets that were formed to address children's issues across 10 slums. Lusi has played a prominent role with her ability to take initiative, perseverance and focused attitude. Her efforts have bore fruit for the benefit of other children as well. She can be a role model for many other girls from the communities.

Lusi is a resilient girl who is determined to pursue her dreams and also help other children to achieve their dreams. Even during the COVID-19 crisis, with support from Save the Children, she has been pursuing her studies, playing cricket, and attending to community issues along with other children.



Image Credit: Save the Children, India

Half the girls reported that they were watching TV more than before the pandemic. This was followed by household chores (43.2 per cent), use of mobile phones (38.7 per cent), and playing board games (33.4 per cent) (Figure 32) and (Annexure 2, Table 23). The proportion of adolescent girls watching TV for a greater number of hours than in the pre-COVID-19 period varied from 39 per cent in Bihar to 78 per cent in Telangana. At the same time, one in three (35 per cent) girls from Bihar reported that they were not watching TV at all. This could be because they did not have a TV at home or they were drawn into household chores (Annexure 2, Table 23).

More than half (51 per cent) of the girls from Bihar and 34 per cent from Telangana reported that they were playing board games more than during the pre-COVID-19 scenario (Figure 32). Adolescent girls from Telangana report a high usage of mobile phones (69.8 per cent) as against 20 per cent in Maharashtra and 25 per cent in Bihar. The increase in the time spent on watching TV and using mobile phones indicates that the girls across states are engaging in sedentary behavior during the pandemic.

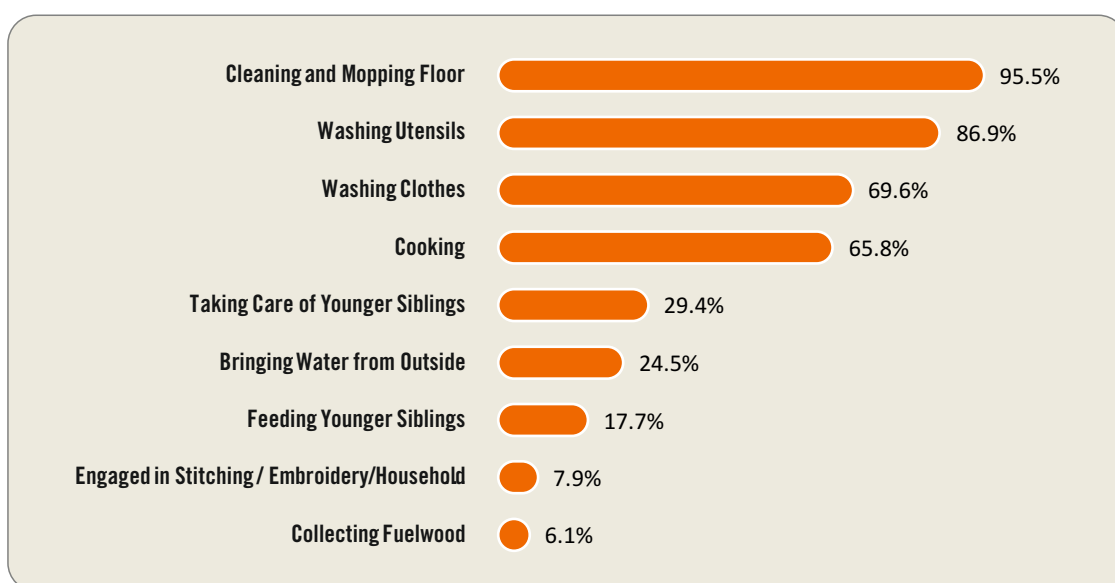
Schools are the important places for girls to engage in extra-curricular activities other than regular academic work. Reading books for leisure and fun is a creative engagement for children. Close to 44 per cent of girls from Delhi and 34 per cent from Maharashtra reported that they are reading books (especially for fun and leisure) while being locked in at home during the pandemic.

Among the 43 per cent of girls across the four states who reported that their engagement in household chores has increased during pandemic times, majority of the chores include cleaning and mopping floor (97%), washing utensils (89%) and clothes (81 per cent), and cooking (75%) (Figure 33) and (Annexure 2, Table 24). More than 60 per cent of girls from Maharashtra and 48 per cent from Bihar reported that they are doing more household chores as compared to the pre-lockdown scenario, respectively. This has curtailed their time for play and recreation activities.

“Now the situation is under control. But earlier, teachers, students and their parents were very afraid of getting out from their home. For long time children did not come out of their home to play. Boys still had the chance to go out and play but girls were not allowed and they had to perform household chores.”

- PT Teacher (male) from East Champaran, Bihar

**Figure 33 : Increased Engagement in Different Type of Household Chores**



{N= 817}

### 7.3 Ensuring a Level Playing Field

Participating in sports and outdoor recreational activities is essential for girls and women. Girls who participate in sports tend to enjoy higher confidence, self-esteem, and less depression.

The unequal access that boys and girls have to play and recreational facilities is often overlooked in discussions on child rights. Correcting the situation and establishing a level playing field requires overcoming several challenges. The first is a shortage and shrinking of space in urban settings for building playgrounds and recreational centers/spaces. However, more serious are the regressive social norms that deny girls the same freedoms as boys to go out of the house and play. This is a reason why girls are seldom encouraged to participate in sports activities as it often involves going out of the house to play. Lack of physical safety on the roads and in public spaces is another factor that deters girls from going out and forces parents to keep the girls at home. Fear of harassment and sexual abuse in public spaces is commonly reported across many parts of India.

The solution lies in revisiting the rules that govern utilization of urban spaces, eliminating the gender biases that discriminate against girls in sports, ensuring safe spaces for girls, and launching behavioral change campaigns that can alter mindsets and create equal opportunities for girls to more actively engage in play and recreational activities. It is also important that the girls to be consulted for designing the spaces/play areas for them by the city governments and planning departments. In addition, they should be considered as important stakeholders during the local-level ward meetings in voicing their concerns and solutions for their well-being.



Child Artist : **Deepanjali Sahu**





**Chapter : 8**

# **The Way Forward**



# 1

## Thematic Recommendations



### Education

- **Ensure safe back to schools (SB2S) for girls:** Plans to re-open schools should be gender-responsive and need to ensure a supportive environment for girls to return to schools. School infrastructure must ensure proper water, sanitation, and hygiene (WASH) facilities, especially gender-specific toilets. It is important that teachers, Anganwadi Workers (AWWs) and helpers, limit their role to teaching/ academic work with minimized use of schools and educational institutions for any public health interventions.
- **Equitable access to teaching learning materials** for vulnerable children with special focus on girls should be ensured. There is a need to focus on developing low-tech and no-tech solutions. There is need to map digital content to textbooks to aid the concurrent use. For highly popular platforms like WhatsApp, more immersive content can be created for example quizzes, multiple choice questions and open book questions.
- **Hold virtual (call/SMS-based) and in-person meetings with parents, and students to ensure re-enrolment in case students have dropped out of school/not re-enrolled:** These meetings can be used to encourage parents to ensure enrolment of girls for the next academic year. An attendance tracking mechanism could be established at school level to identify frequent absenteeism and track children with a focus on girls to bring them back to school. Gender disaggregated data should be collected to check progress on re-enrolment and attendance. Officials at the block and district levels (BEO/DEO/BRC/CRC) as well as School Management Committees, Mothers Groups, and Anganwadi Development Committees can play a key role in these efforts.
- **Ensure psychosocial wellbeing support to combat the impact of COVID- 19 for children, parents, caregivers, and educational personnel:** Given that psychosocial wellbeing is a significant concern, states can consider appointing trained counsellors to schools to hold virtual sessions with students in the near term and in-person sessions as schools re-open. States can explore launching community well-being drives to address well-being challenges and make resources available. This can involve district-level training sessions of community 'well-being teams' made of AWWs and school teachers to equip them with counselling skills and well-being resources.



### Health and Nutrition:

- **Improve equitable coverage of healthcare services:** There is a need to improve equitable coverage of healthcare services by removing financial and non-financial barriers. It is important to prioritize efforts and resources to make services available free at the point of use for vulnerable children, especially girls.
- **Action plan for continuity of services:** Develop a strategic plan of action for continuation of services provided through the anganwadis (reproductive and child health services, routine immunization, menstrual hygiene products, supplementary nutrition, distribution of iron and folic acid tablets, etc.) or alternative modes to deliver them with a specific focus on girls.
- **Strengthen adolescent-specific programs:** Strengthen existing programs such as Adolescent Friendly Health Centres to address issues of young people, especially girls, including their mental health needs.
- **Ensure food security:** Ensuring food security by continuing existing social protection schemes is important (including those announced during the pandemic) so that the most deprived and marginalized (including migrants) families can also provide for healthy development of girl child.



## Addressing Child Marriage

- **Develop community-based monitoring systems to prevent child marriages:** with the involvement of different committees established at the ward/village and gram panchayat level such as Child Protection Committee (CPC), Village Health, Sanitation and Nutrition Committee (VHSNC) and others. These committees should jointly conduct a census of adolescent children, particularly adolescent girls, and protect them from becoming potential victims of marriage and trafficking.
- **Invest in building the agency of girls and women:** There is a need to empower girls and women so that they exercise their life choices. Civil society organizations can play an important role in doing the same. This will require supporting monthly meetings of adolescent girls, advocating with government for improved services and functioning of protection mechanisms for children. It is also important to create opportunities for child and young people-led advocacy and accountability on child marriage through forums such as children's groups and youth groups.
- **Support girl's life skills education:** This can be done by introducing self-paced learning on life skills and incorporating this in their academic learning.
- **Encourage home visits:** It is important to encourage home visits by frontline workers and committee members to the households having adolescent girls to educate the parents or caregivers with the right message to break the prevailing harmful social and gender norms that make girl child vulnerable.
- **Strengthen law enforcement agencies:** Strengthening law enforcement agencies is critical to make them more effective in (i) spreading awareness about the criminal provisions under different child protection laws including the Prohibition of Child Marriage Act, 2006 (PCMA) and (ii) enforcing provisions in law that punish officers for dereliction of duties.
- **Rapidly scale up inclusive digital and remote learning:** This will require developing programs to support the safe return of the girls to school including access to WASH and SRHR services, introducing tele-counseling and information support services on SRHR and menstrual health and hygiene, as well as information on contraceptives and family planning methods.



## Play and Recreation

Several initiatives of the Ministry of Housing and Urban Affairs (MoHUA) including the flagship Atal Mission for Rejuvenation and Urban Transformation (AMRUT) and Smart Cities Mission on refurbishment of parks and playgrounds including tactical urbanism interventions recognize the critical importance of play and recreation for the physical growth and mental well-being of children. However, even before the COVID-19 pandemic, children and girls did not have sufficient spaces for safe play and outdoor recreation activity. The COVID-19 pandemic has made situation worse by causing serious disruptions to girls' access to play and recreation whether indoor or outdoor due to physical restrictions on movement as well as school closures. Considering this, it is important to:

- **Promote active behaviors:** Encourage teachers and parents to engage girls in active behaviors by promoting participation in sports, games or other creative pursuits rather than spending time on sedentary activities such as watching TV, using mobile, or doing nothing.
- **Create new safe spaces:** Impress upon governments and communities to create new safe spaces for children and girls to congregate and play.
- **Raise awareness about available facilities:** Make girls aware about the different facilities for play and recreation in their neighborhoods.
- **Install age-appropriate play equipment in parks:** Urge communities to build separate playgrounds and install age-appropriate play equipment (such as swings and see-saws) in parks.
- **Ensure proper lighting:** Provide proper lighting in the play area including the route traversed by girls for accessing parks or playgrounds from their homes.

- **Child-friendly parks:** Design parks and playgrounds in a creative manner and make them child-friendly in order to improve girls' footfall.
- **Make play equipment available in schools:** Open gymnasiums and make play equipment available in schools for increased engagement of girls in play and recreation activities.
- **Appoint female physical training teachers:** Appoint female physical training teachers to train girls in various sports.

## 2 Cross-Cutting Recommendations

- **Scale-up Investments on Girl Child:**  
Considering that COVID-19 pandemic and its after-effects will continue to impact the lives of girls in near future, there is a need to increase investments on girl child. Hence, it is important to ensure that health, nutrition, education, and protection services are well-resourced and inclusive with a specific focus on girls. Greater importance on Gender Responsive Budgeting is required to address gender inequality.
- **Build Engagement of Multi-Stakeholders:**  
A coordinated and synergized effort is required to have state, civil society organizations, private sector, academia, media, community, citizens, and girls to work together to address the issue of violation of rights of girls and come up with innovative solutions to address this challenge.
- **Listening to Voices of Girls:**  
There is a need to listen to the voices of girls. It is important to ensure that dialogue and interaction with girls captures their experience and the impact of COVID-19. These experiences and interactions should be used to develop response plans to improve girls' access to services.
- **Build agency of girls:**  
Building the agency of girls and empowering them to exercise their life choices by (i) advocating with the government for improved services and functioning of protection mechanisms for children, (ii) creating opportunities for child and young people-led advocacy and accountability on child rights issues including child marriage, and (iii) utilizing children's groups, youth groups and other forums for children to disseminate information about child rights and lead activities for children in their communities.
- **Strengthen the Delivery System:**  
There is a need to strengthen the delivery mechanisms to ensure effective implementation of programs for girls. Ensuring the availability of trained and skilled workforce is also crucial to reach out to girls.
- **Provide Additional Support to the Institutions, Structures, and Frontline Workers**  
in terms of finance, capacity-building, providing incentives to work proactively for by motivating, educating and convincing parents and guardians of girls to advance child rights and promote the best interests of children, particularly girls.
- **Improve and Develop Community-based Monitoring Systems**  
to ensure involvement of different committees established at the ward/village/gram panchayat level such as CPC and VHSNC, among other efforts. Jointly conduct census of adolescent children, particularly of adolescent girls.
- **Generate Evidence on Girl Child:**  
There is a need to invest in building evidence on the impact of COVID-19 on girls. Efforts in generating data on girls in the context of COVID-19 should be directed at all the critical child rights issues including health, nutrition, education, and child protection.



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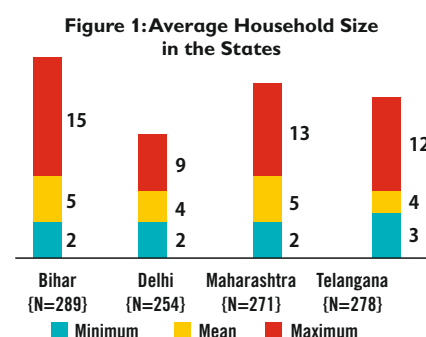
## Annexure -1 (Profile of Respondents)

Save the Children(also known as Bal Raksha Bharat) undertook a study to assess the immediate effects of COVID-19 and the lockdowns on the rights of children, particularly adolescent girls, living in urban slums of India. Conducted during the first two weeks of February 2021, respondents were asked to recall the changes that had occurred in their lives (1) during the lockdown period (April to June 2020) and (2) three months before the time of interview (November 2020 to January 2021). When the survey was conducted, Government of India was optimistic and confident that the COVID-19 pandemic had been brought under control. The devastating effects of the second wave of the COVID-19 pandemic that struck India between had not been anticipated.

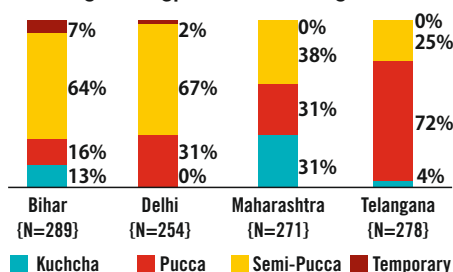
Summarized below are some of the key characteristics of the parents and children living in urban slums who were interviewed across the four states of Bihar, Delhi, Maharashtra, and Telangana.

### 1.1 Household Characteristics

**Average household size:** The average household size ranged between 4 and 5 though it varies significantly across the four states (figure 1). The maximum members in a household were 12 in Telangana, 13 in Maharashtra, 9 in Delhi, and 15 in Bihar – pointing to the fact that many family members were occupying a small space as a dwelling unit in slums and that the lockdown had forced many of them to return and stay at home.

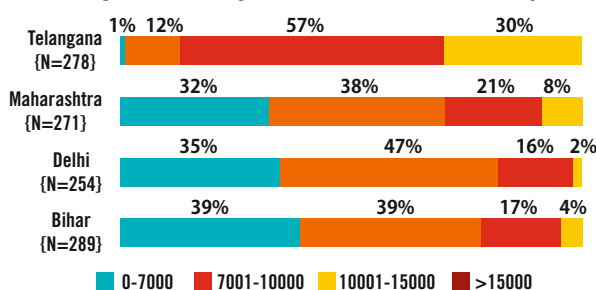


**Figure 2: Type of House Living in**



**Type of housing:** Two per cent in Delhi and 7 per cent in Bihar lived in temporary makeshift arrangement (figure 2). Close to 67 per cent in Delhi lived in semi-pucca houses and 77 per cent in Bihar lived in kutchha and semi-pucca houses. In Maharashtra, 69 per cent lived in similar housing conditions whereas the number is significantly low in Telangana where only 29 per cent lived in semi-pucca and kutchha houses. Households living in permanent structures was maximum (72 per cent) in Telangana

**Figure 3: Monthly Income Quantiles of the Sample**



### 1.2 Economic Profile

**Average monthly income:** In Telangana, 57 per cent of the households had an average monthly income between Rs. 10001 and 15000, and 30 per cent had more than Rs. 15000 in a month. Twenty nine per cent of the households in Maharashtra, 21 per cent in Bihar, and 18 per cent in had a monthly income more than Rs 10000.(Figure 3)

Table 1 presents the breakdown of households according to the average monthly income and the per capita monthly income (Table 1).

**Table 1: Average monthly income and per capita monthly income of the sample households (in Rupees)**

State		Minimum	Maximum	Mean	Total Numbers
Bihar	Average monthly income	600	40,000	8,985	289
	Per Capita Monthly Income	100	10,000	1,745	289
Delhi	Average monthly income	3000	30,000	8,705	254
	Per Capita Monthly Income	600	7,500	2,114	254
Maharashtra	Average monthly income	1000	50,000	9,970	271
	Per Capita Monthly Income	100	10,000	2,026	271
Telangana	Average monthly income	7,000	35,000	14,732	278
	Per Capita Monthly Income	1,800	7,333	4,000	278

**Asset ownership:** Further assets owned by the households (Table 2) were mapped. It was found that Households in Telangana owned a significant proportion of assets like television, smart phone, and motorbikes. Four per cent of households owned car in Maharashtra and none in Telangana. Only a small per centage of households owned computers or tablets. No one in Bihar did. In Bihar, 57 per cent had smart phones – lower than the proportion in other states.

**Table 2: Assets Owned by the Households (in per cent)**

	Bihar	Delhi	Maharashtra	Telangana	Total
Washing machine	2	16	3	3	1
Laptops/computer/tablets	0	2	1	1	2
Motorbike	13	14	39	46	2
Cooking Gas	87	94	88	99	6
Bicycle	54	12	27	18	28
Radio	1	2	4	0	28
Smart Phone	57	84	74	88	75
Television	60	69	74	100	76
Car	1	1	4	0	92
Total Number	289	254	271	278	1092

**Employment status:** Employment in the informal economy was severely impacted in the lockdown as well as the post lockdown period. Given that children 10-18 years and parents of adolescents participated in the FGDs, the employment status of those who were 30 years and above are presented below Table 3):

- 43 per cent and 25 per cent of males in the age category 30 to 49 years were in casual labour or private jobs respectively.
- 48 per cent of males in 50 to 59 years were in casual and private jobs and 21 per cent of them were self-employed.
- Around 50 per cent females in all age groups are homemakers and, to that extent, they are not 'gainfully employed.'
- 25 per cent females in 30 to 49 years and 12 per cent in 50 and above age group worked as household help.

**Table 3: Employment Status of 30 years and above in the Sample (in per cent)**

	30-39 year olds		40-49 year olds		50 years or more	
	Girls	Boys	Girls	Boys	Girls	Boys
Casual Labourer	8	40	4	45	2	27
Driver	0	9	0	6	0	3
Household Help	25	0	25	1	12	1
Government Job	1	2	0	2	1	1
Private Job	6	28	7	23	0	18
Pensioner	0	0	1	0	22	10
Self-Employed	5	16	12	19	4	21
Unemployed	1	3	2	3	5	11
Home-Maker	51	1	48	1	53	5
Student	0	0	0	0	1	0
Others	2	1	2	1	2	3
Total Numbers	547	359	193	555	120	141

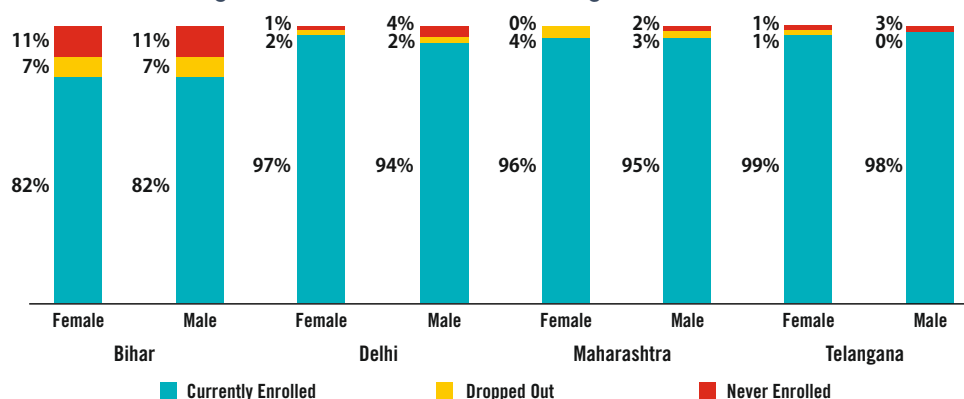
**Education status:** Close to 96 per cent of females in Delhi were found to be illiterate (Table 4). Telangana households reported the highest levels of educational attainment among females.

**Table 4: Education Status of 30 years and above in the Sample (in per cent)**

	Bihar		Delhi		Maharashtra		Telangana	
	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys
Illiterate	52	19	94	28	32	12	15	15
Literate (can sign) but never attended school	32	36	0	5	17	11	5	3
Below primary	5	14	6	13	10	13	20	16
Above primary but below middle	7	11	0	16	15	17	31	27
Above middle but below secondary	3	14	0	21	13	21	17	21
Secondary but below senior secondary	1	4	0	11	9	19	11	11
Senior secondary and above	1	2	0	6	4	8	1	7
Total Numbers	260	270	18	247	305	268	277	270

**Educational attainment of parents:** In Telangana, 99 per cent girls and 98 per cent boys were enrolled which could be because of their parents. By the same logic, enrollment status should have been low for children in Delhi as most mothers are illiterate. It seems that poverty (low per capita monthly income) is another impacting factor as Bihar has the lowest per capita income and Delhi has the second best income. Bihar shows 82 per cent enrolled, 7 per cent drop out and 11 per cent never enrolled.

**Figure 4: Enrollment Status of 10 to 14 year old Children**



### Educational status of children 15-18 years old:

Girls and boys of Telangana fared better than the other states followed by Maharashtra, Delhi and Bihar. Among all the children, Telangana girls reported the highest education attainment with 27 per cent girls in senior secondary and above. In Bihar, girls have done better than the boys have, with 19 per cent in above secondary level educational attainment. In Maharashtra, Delhi and Bihar, more girls identified themselves as students. Only 38 per cent of boys in Bihar and 60 per cent of boys in Delhi did so.

**Table 5: Education Status of 15 to 18 year old Children (in per cent)**

	Bihar		Delhi		Maharashtra		Telangana	
	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys
Illiterate	7	9	3	2	2	3	1	4
Literate (can sign) but never attended school	4	10	0	0	2	0	2	0
Below primary	12	10	2	1	0	1	2	0
Above primary but below middle	23	37	11	16	10	0	7	0
Above middle but below secondary	36	23	44	48	23	38	31	48
Secondary but below senior secondary	14	8	28	22	45	35	31	35
Senior secondary and above	5	4	12	10	18	23	27	13
Total Numbers	182	101	186	86	173	74	176	23

**Child labour:** Discontinuity in education coupled with poverty might have led children into labour activities. Thirty one per cent of boys in Bihar and 9 per cent of boys in Delhi were involved in casual labour work. (Table 6)

**Table 6: Employment Status of 15 to 18 year old children (in per cent)**

	Bihar		Delhi		Maharashtra		Telangana	
	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys
Casual Laborer	1	30	2	7	1	1	1	4
Driver	0	0	0	1	0	0	1	0
Dropped Out	7	10	14	19	7	3	0	0
Home-Maker	27	0	8	0	7	0	0	0
Household Help	1	0	0	0	2	1	0	0
Others	0	1	0	1	1	0	0	0
Private Job	1	11	0	1	0	5	0	0
Self-Employed	0	2	0	1	1	3	2	0
Student	64	38	75	60	78	82	96	96
Unemployed	1	9	2	9	3	4	1	0
Total Numbers	182	101	186	86	173	74	176	23

The respondents belonged to relatively poor and low-income urban slum dwellers. The average household size ranged between 4 and 5 across the four states – indicating that many family members were occupying a small space as a dwelling unit in slums and that the lockdown had forced many of them to return and stay at home. Two per cent in Delhi and 7 per cent in Bihar lived in temporary makeshift arrangement. Close to 67 per cent in Delhi lived in semi-pucca houses and 77 per cent in Bihar lived in kutcha and semi-pucca houses. In Maharashtra, 69 per cent lived in similar housing conditions whereas the number is significantly low in Telangana where only 29 per cent lived in semi-pucca and kutcha houses. Households living in permanent structures was maximum (72 per cent) in Telangana

The average monthly household income ranged from Rs. 8,705 in Delhi to Rs. 14,732 in Telangana. Households in Telangana owned a significant proportion of assets like television, smart phone, and motorbikes. Four per cent of households owned car in Maharashtra and none in Telangana. Only a small per centage of households owned computers or tablets. No one in Bihar did. In Bihar, 57 per cent had smart phones – lower than the proportion in other states.

Of the parents interviewed:

- 43 per cent and 25 per cent of males in the age category 30 to 49 years were in casual labour or private jobs respectively.
- 48 per cent of males in 50 to 59 years were in casual and private jobs and 21 per cent of them were self-employed.
- Around 50 per cent females in all age groups are homemakers and, to that extent, they are not 'gainfully employed.'
- 25 per cent females in 30 to 49 years and 12 per cent in 50 and above age group worked as household help.

Close to 96 per cent of females in Delhi were found to be illiterate. Telangana households reported the highest levels of educational attainment among females. Girls and boys of Telangana fared better than the other states followed by Maharashtra, Delhi and Bihar. Among all the children, Telangana girls reported the highest education attainment with 27 per cent girls in senior secondary and above. In Bihar, girls have done better than the boys have, with 19 per cent in above secondary level educational attainment. In Maharashtra, Delhi and Bihar, more girls identified themselves as students. Only 38 per cent of boys in Bihar and 60 per cent of boys in Delhi did so.

Discontinuity in education coupled with poverty might have led children into labour activities. Thirtyone per cent of boys in Bihar and 9 per cent of boys in Delhi were involved in casual labour work.



## Annexure -2 (State - Wise Tables)

Table 1: Households experienced food insufficiency (in per cent)

		Bihar	Delhi	Maharashtra	Telangana	Total
During Lockdown (April to June)	Count	240	201	166	272	879
		83	79	61	98	81
Post Lockdown (November to January)	Count	13	37	32	36	118
		5	15	12	13	11

Table 2: Coping Mechanism for households that experienced food insufficiency (in per cent)

		Bihar	Delhi	Maharashtra	Telangana	Total
During Lockdown (April to June)	Rely on less preferred and less expensive foods	54	80	89	81	75
	Borrow food, or rely on help from a friend or relative	71	53	73	33	55
	Reduce number of meals eaten in a day	43	49	57	27	42
	Limit portion size at mealtimes	44	58	55	33	46
	Restrict consumption by adults in order for small children to eat	15	45	45	24	30
	Restrict consumption by women and girls in order for men and boys to eat	5	20	34	1	13
	We relied on government/NGO support	22	22	9	1	13
	<b>Total Numbers</b>	240	201	166	272	879
Post Lockdown (November to January)	Rely on less preferred and less expensive foods	69	97	69	61	75
	Borrow food, or rely on help from a friend or relative	46	32	25	89	49
	Reduce number of meals eaten in a day	62	14	22	56	34
	Limit portion size at mealtimes	15	30	9	33	24
	Restrict consumption by adults in order for small children to eat	0	19	6	3	8
	Restrict consumption by women and girls in order for men and boys to eat	0	0	3	3	2
	We relied on government/NGO support	46	0	9	3	8
	<b>Total Numbers</b>	13	37	32	36	118

**Table 3: Challenges faced by households in accessing food (in per cent)**

		Bihar	Delhi	Maharashtra	Telangana	Total
During Lockdown (April to June)	No challenge	3	6	27	13	12
	Closed Shops	60	5	46	31	36
	Shortage of food	16	32	52	43	36
	Long queues	25	81	60	24	47
	Food became expensive	85	87	50	50	68
	Limited government support	18	28	23	3	18
	Total Numbers	289	254	271	278	1092
Post Lockdown (November to January)	No challenge	54	24	81	53	54
	Closed Shops	0	2	2	8	3
	Shortage of food	0	6	2	5	3
	Long queues	0	18	1	10	7
	Food became expensive	31	65	1	26	30
	Limited government support	21	25	15	17	19
	Total Numbers	289	254	271	278	1092

**Table 4: Health and nutrition services received by adolescent girls (in per cent)**

		Bihar	Delhi	Maharashtra	Telangana	Total
During Lockdown (April to June)	IFA tablets and supplements	6	2	9	40	15
	Deworming tablets	8	0	2	46	14
	Mid-day-meal	9	2	30	3	11
	ASHA/ANM/AWW	0	2	5	9	4
	Clinical services	4	1	3	6	4
	No services accessed	77	93	64	40	68
	Total Numbers	289	254	271	278	1092
Post Lockdown (November to January)	IFA tablets and supplements	5	1	3	36	11
	Deworming tablets	0	0	1	29	8
	Mid-day-meal	3	21	11	3	9
	ASHA/ANM/AWW	1	1	3	2	2
	Clinical services	5	0	3	4	3
	No services accessed	88	77	83	44	73
	Total Numbers	289	254	271	278	1092

**Table 5: Challenges faced in accessing health and nutrition services by adolescent girls (in per cent)**

		Bihar	Delhi	Maharashtra	Telangana	Total
During Lockdown (April to June)	Closed centers	20	6	20	26	18
	Staff unavailable	20	8	17	9	14
	Long queues	11	41	18	6	19
	Fear of COVID infection	32	95	32	58	53
	Closed schools	25	71	31	25	37
	Don't know	28	1	21	10	15
	none	31	3	44	18	25
	others	0	0	0	0	0
	Total Numbers	289	254	271	278	1092
Post Lockdown (November to January)	Closed centers	0	1	0	12	3
	Staff unavailable	3	4	1	10	5
	Long queues	4	3	0	6	3
	Fear of COVID infection	3	83	7	22	28
	Closed schools	8	52	4	19	20
	Don't know	27	1	20	6	14
	none	62	10	73	47	49
	Others	0	0	0	0	0
	Total Numbers	289	254	271	278	1092

**Table 6: Of the Girls who have attained puberty, source of sanitary napkins (in per cent)**

		Bihar	Delhi	Maharashtra	Telangana	Total
During Lockdown (April to June)	Was provided for free	8	9	10	18	12
	Purchased from local market	40	45	68	58	53
	Borrowed from friends/Relatives	4	0	0	25	8
	Use Cloth instead	79	47	27	16	41
	Others	1	2	5	12	5
	Total Numbers	221	184	211	268	883
Post Lockdown (November to January)	Was provided for free	5	14	10	18	12
	Purchased from local market	68	58	75	47	61
	Borrowed from friends /Relatives	0	0	0	12	4
	Use Cloth instead	49	26	14	4	22
	Others	4	7	9	32	14
	Total Numbers	221	184	211	268	883

**Table 7: Challenges in accessing sanitary napkins (in per cent)**

		Bihar	Delhi	Maharashtra	Telangana	Total
During Lockdown (April to June)	Limited government support	57	48	39	41	46
	Poverty	66	49	33	24	42
	Unavailability in the market	4	7	22	46	22
	Inaccessibility	32	8	25	42	28
	Closed Shops	35	4	28	26	24
	No Challenges	12	36	41	6	22
	Total Numbers	221	184	211	268	883
Post Lockdown (November to January)	Limited government support	10	28	14	30	21
	Poverty	28	33	4	14	19
	Unavailability in the market	2	3	0	3	2
	Inaccessibility	7	7	1	7	6
	Closed Shops	0	2	1	4	2
	No Challenges	61	57	84	53	63
	Total Numbers	221	184	211	268	883

**Table 8: Source of information for SRHR among adolescent girls (in per cent)**

	Bihar	Delhi	Maharashtra	Telangana	Total
Online sessions in school	0	32	11	21	16
Health care worker (ASHA/AWW)	0	2	6	17	6
Digital technology /Social media platforms	1	45	11	28	21
Local Adolescent group(s)	0	0	6	6	3
Local NGO	1	2	1	1	1
Books/magazine	0	1	2	6	2
Any other	0	1	2	0	1
Not been able to access any information	99	45	69	37	62
Count	138	132	123	142	535

Table 9: Access to ICDS services among 0-6 years children (in per cent)

		Take home ration	Growth monitoring	Immunization	Health checkups and screening of young children (for 0-3)	Pre School Education (for 3-6)	None of the above	Total Numbers	
During Lockdown (April to June)	Bihar	Girls	0	19	0	1	79	68	
		Boys	1	17	0	1	82	71	
		Total	1	18	0	1	81	139	
	Delhi	Girls	8	14	0	0	72	36	
		Boys	12	21	0	0	69	42	
		Total	10	18	0	0	71	78	
	Maharashtra	Girls	33	53	8	14	47	49	
		Boys	42	61	16	26	34	38	
		Total	37	56	11	20	41	87	
	Telangana	Girls	41	28	0	8	28	39	
		Boys	0	0	0	0	67	3	
		Total	38	26	0	7	31	42	
	Post Lockdown (November to January)	Bihar	Girls	3	21	1	0	76	68
			Boys	1	14	1	0	82	71
			Total	2	17	1	0	79	139
Delhi		Girls	11	31	6	0	56	36	
		Boys	14	24	0	0	57	42	
		Total	13	27	3	0	56	78	
Maharashtra		Girls	12	37	6	8	67	49	
		Boys	24	37	11	11	61	38	
		Total	17	37	8	9	64	87	
Telangana		Girls	18	15	0	10	69	39	
		Boys	0	0	0	0	33	3	
		Total	17	14	0	10	67	42	

**Table 10: Reasons for no schooling (for those of who dropped out or never enrolled in school) (in per cent)**

		No school nearby	Lack of financial resources	Do not realize need for further education	Have to get involved in household work	Have to get involved in income generating work	Other	Total Number
Bihar	Girls	2	53	22	41	0	14	51
	Boys	0	48	37	4	0	15	27
	Total	1	51	27	28	0	14	78
Delhi	Girls	0	33	33	0	0	33	6
	Boys	20	30	10	10	0	30	10
	Total	13	31	19	6	0	31	16
Maharashtra	Girls	0	60	10	0	10	20	10
	Boys	14	0	14	0	14	57	7
	Total	6	35	12	0	12	35	17
Telangana	Girls	0	50	50	0	0	0	2
	Boys	0	100	0	0	0	0	1
	Total	0	67	33	0	0	0	3

**Table 11: Support received from external sources during pandemic to support learning (in per cent)**

	Bihar	Delhi	Maharashtra	Telangana	Total
Textbooks	0	48	19	49	28
Learning Material	5	6	12	8	8
Mid-day Meal/Take Home Ration	26	46	33	3	27
Other	0	0	1	0	0
None	74	33	64	46	55
Total Numbers	289	254	271	278	1092

**Table 12: Access to learning materials at home (in per cent)**

	Bihar	Delhi	Maharashtra	Telangana	Total
Notebooks	46	88	65	78	69
Stationery	47	87	63	71	66
Internet abled digital device	1	51	25	23	25
Newspaper	0	0	0	1	0
Storybooks	0	1	1	2	1
None	50	10	22	7	23
Total Numbers	289	254	271	278	1092

**Table 13: Connecting with school during the pandemic (in per cent)**

	Bihar	Delhi	Maharashtra	Telangana	Total
For asking about well-being	0	19	16	46	20
COVID-19 related safety measures	0	36	11	49	24
For online classes	4	76	47	30	38
For solving queries	7	68	12	10	23
For providing assignments	3	29	24	3	14
Career counselling	1	13	4	1	5
Important administrative information	4	29	9	2	11
Others	1	1	1	0	1
No contact	84	20	44	15	42
Total Numbers	289	254	271	278	1092

**Table 14: Support by parents to learn during the pandemic (in per cent)**

	Bihar	Delhi	Maharashtra	Telangana	Total
Ensured ample time is given to studies	32	66	51	90	59
Provided digital devices	1	56	36	40	32
Arranged mentor/tutors	9	28	10	2	12
Monitored daily learning progress	11	37	44	4	23
None	54	14	26	3	25
Total Numbers	289	254	271	278	1092

**Table 15: Who spent time with young children (0-6 years) (multiple response in per cent)**

		Mother	Father	Older sibling	Grandparent	Others	Total Numbers
Bihar	Girls	93	26	51	26	1	68
	Boys	86	35	56	34	3	71
	Total	89	31	54	30	2	139
Delhi	Girls	86	31	50	14	0	36
	Boys	98	36	43	5	0	42
	Total	92	33	46	9	0	78
Maharashtra	Girls	82	33	47	27	2	49
	Boys	87	18	39	21	0	38
	Total	84	26	44	24	1	87
Telangana	Girls	100	41	10	3	0	39
	Boys	67	67	33	0	0	3
	Total	98	43	12	2	0	42

**Table 16: Medium of Attending School (in per cent)**

			Attending classes in school	Attending classes virtually	Attending community classes	Group studies with peers	Parents/guardians helping in studies	Attending tuitions	Self-study	Through youtube videos, TV programs	No classes
During Lockdown (April to June 2020)	Bihar	Girls	0	2	0	0	7	6	60	2	57
		Boys	0	2	0	0	8	11	48	3	60
		Total	0	2	0	0	7	7	56	3	58
	Delhi	Girls	0	71	1	8	37	9	90	59	8
		Boys	1	66	2	9	24	13	68	46	16
		Total	1	69	1	9	31	11	80	53	11
	Maharashtra	Girls	0	54	1	5	41	9	69	7	16
		Boys	0	47	4	4	34	7	70	4	21
		Total	0	51	2	5	38	8	69	6	18
	Telangana	Girls	8	3	1	2	31	4	22	40	19
		Boys	3	13	0	10	13	5	33	31	41
		Total	7	5	0	3	28	4	24	39	23
Post Lockdown (November 2020 to January 2021)	Bihar	Girls	1	1	0	0	6	43	55	2	47
		Boys	2	1	0	0	6	45	48	2	45
		Total	1	1	0	0	6	44	52	2	46
	Delhi	Girls	7	69	2	14	36	49	88	53	7
		Boys	6	53	3	10	24	53	66	41	19
		Total	6	62	2	12	31	51	79	48	12
	Maharashtra	Girls	33	34	2	6	36	9	63	7	16
		Boys	27	33	4	5	28	6	59	4	21
		Total	31	33	2	6	33	8	61	6	18
	Telangana	Girls	13	11	2	2	8	6	17	29	41
		Boys	8	21	3	8	8	3	23	31	46
		Total	12	13	2	3	8	5	18	29	42

**Table 17: Mothers response to change in behavior for children 3-6 years (in per cent)**

		Tried different methods myself	Asked elders in family	Asked ASHA/AWW	Did nothing	Others	Total Numbers
Bihar	Girls	35	4	0	65	0	23
	Boys	39	0	0	61	0	28
	Total	37	2	0	63	0	51
Delhi	Girls	56	22	11	22	0	9
	Boys	64	21	0	14	7	14
	Total	61	22	4	17	4	23
Maharashtra	Girls	60	7	13	20	7	15
	Boys	75	13	0	25	0	8
	Total	65	9	9	22	4	23
Telangana	Girls	80	36	0	8	0	25
	Boys	50	50	0	50	0	2
	Total	78	37	0	11	0	27

**Table 18: Perceived vulnerability of boys and girls because of early marriage (for those who believed COVID-19 has increased the risk of early marriage, in per cent)**

	Bihar	Delhi	Maharashtra	Telangana	Total
No, boys are more vulnerable	25	1	0	0	1
No, girls are more vulnerable	0	62	50	0	52
Yes, both are equally vulnerable	50	35	39	77	40
Don't know/ Can't say	25	2	11	23	6
Total Number	4	102	28	13	147

**Table 19: Awareness building activities around issues of child marriage during the pandemic (in per cent)**

	Bihar	Delhi	Maharashtra	Telangana	Total
No, there was no such awareness sessions	88	91	97	90	92
Yes, by some NGO workers	11	4	3	9	7
Yes, by some government officers	3	3	0	3	2
Yes, by ANMs/ASHAs/teachers, etc.	1	4	0	1	1
Yes, through tele-calling	0	8	0	0	2
Yes, through SHGs	0	0	0	0	0
Total Numbers	289	254	271	278	1092

**Table 20: Places for play and recreation for girls in cities of four States (multiple response in per cent)**

		Bihar	Delhi	Maharashtra	Telangana	Total
Before lockdown (Before April)	Park	3	52	5	28	21
	Ground	7	19	6	9	10
	Street	33	63	34	31	40
	Community	1	3	1	5	2
	Open	2	2	0	1	1
	Friend	30	42	13	23	27
	Indoor	48	89	65	31	57
	School Ground	29	52	33	20	33
	Do Not Play	32	6	17	23	20
	During Lockdown (April to June)	Park	0	5	0	4
Ground		0	0	0	1	0
Street		21	28	8	4	15
Community		0	0	0	2	1
Open		0	0	0	1	0
Friend		15	6	4	5	8
Indoor		54	92	72	41	64
School Ground		3	0	4	1	2
Do Not Play		36	7	22	53	30
Now (November to January)		Park	1	44	3	33
	Ground	4	7	1	5	4
	Street	30	57	20	28	33
	Community	1	1	1	4	2
	Open	1	1	1	1	1
	Friend	23	31	8	16	19
	Indoor	46	87	63	35	57
	School Ground	2	7	25	2	9
	Do Not Play	33	6	22	22	21
	Total Numbers	289	254	271	278	1092

**Table 21: Time spend outdoor by girls in four States before, during and after lockdown (in per cent)**

		Bihar	Delhi	Maharashtra	Telangana	Total
Before Lockdown (Before April)	No time	43	7	42	10	26
	less than 30 mins	4	13	15	26	14
	30 mins to 1 hour	10	33	21	28	23
	1- 2 hours	16	33	10	13	18
	more than 2 hours	28	12	5	9	14
	No response	0	1	7	14	5
During Lockdown (April- June)	No time	57	48	76	42	56
	less than 30 mins	10	38	6	5	14
	30 mins to 1 hour	8	7	4	2	5
	1- 2 hours	9	2	1	2	4
	more than 2 hours	15	1	1	2	5
	No response	1	4	12	47	16
Post Lockdown (November to January)	No time	48	9	59	29	37
	less than 30 mins	4	30	12	29	19
	30 mins to 1 hour	12	21	10	14	14
	1- 2 hours	18	11	8	9	12
	more than 2 hours	15	22	7	6	12
	No response	2	7	4	12	6
	Total Numbers	289	254	271	278	1092



Table 22: Extra-curricular activities and sessions that girls miss the most in four states

	Bihar	Delhi	Maharashtra	Telangana	Total
Drawing / painting class	1	35	39	46	30
Yoga / Physical Exercise class	3	12	19	34	17
Music / Dance / Theatre class	2	19	20	13	13
SUPW / Art / Craft class	1	1	8	8	5
Library class	33	49	27	53	40
Games Class	36	74	57	20	46
Recess time	4	71	54	15	35
School assembly time	13	57	33	31	33
Going/coming back from school with siblings / friends	49	76	48	29	50
Not in School	28	10	11	0	13
Total Numbers	289	254	271	278	1092

Table 23: Time spend by girls in different activities in four States

			Bihar	Delhi	Maharashtra	Telangana	Total
Television	Less than before	Count	10	29	28	18	85
		%	3%	11%	10%	6%	8%
	More than before	Count	112	109	118	216	555
		%	39%	43%	44%	78%	51%
	Not applicable	Count	102	65	70	37	274
		%	35%	26%	26%	13%	25%
	Same as before	Count	65	51	55	7	178
		%	22%	20%	20%	3%	16%
Board games	Less than before	Count	9	20	11	9	49
		%	3%	8%	4%	3%	4%
	More than before	Count	148	69	55	93	365
		%	51%	27%	20%	33%	33%
	Not applicable	Count	87	57	156	121	421
		%	30%	22%	58%	44%	39%
	Same as before	Count	45	108	49	55	257
		%	16%	43%	18%	20%	24%
Use of mobile phones	Less than before	Count	13	19	14	13	59
		%	4%	7%	5%	5%	5%
	More than before	Count	71	104	54	194	423
		%	25%	41%	20%	70%	39%
	Not applicable	Count	150	44	174	67	435
		%	52%	17%	64%	24%	40%
	Same as before	Count	55	87	29	4	175
		%	19%	34%	11%	1%	16%
Household chores	Less than before	Count	2	40	36	5	83
		%	1%	16%	13%	2%	8%
	More than before	Count	140	112	165	55	472
		%	48%	44%	61%	20%	43%
	Not applicable	Count	44	25	20	188	277
		%	15%	10%	7%	68%	25%
	Same as before	Count	103	77	50	30	260
		%	36%	30%	18%	11%	24%

**Table 24: Increased engagement in different type of household chores (in per cent)**

	Bihar	Delhi	Maharashtra	Telangana	Total
Cleaning and mopping floor	98	98	99	73	95
Cooking	63	59	73	71	66
Taking care of younger siblings	18	27	51	10	29
Washing clothes	71	57	80	67	70
Washing utensils	87	93	89	64	87
Feeding younger siblings	5	13	37	10	18
Collecting fuelwood	1	2	17	2	6
Bringing water from outside	18	35	29	1	25
Engaged in stitching / embroidery/ Household industry	13	1	12	0	8
Total Numbers	245	229	251	90	815

**A world which listens to children and learns.  
A world where all children have hope and  
opportunity.**

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**Save the Children**

**Save the Children, India  
Plot no 91, Sector 44,  
Gurugram – 122003, Haryana, India.  
Telephone: +91 124 4752000**

**Website:  
[www.savethechildren.in](http://www.savethechildren.in)**

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