

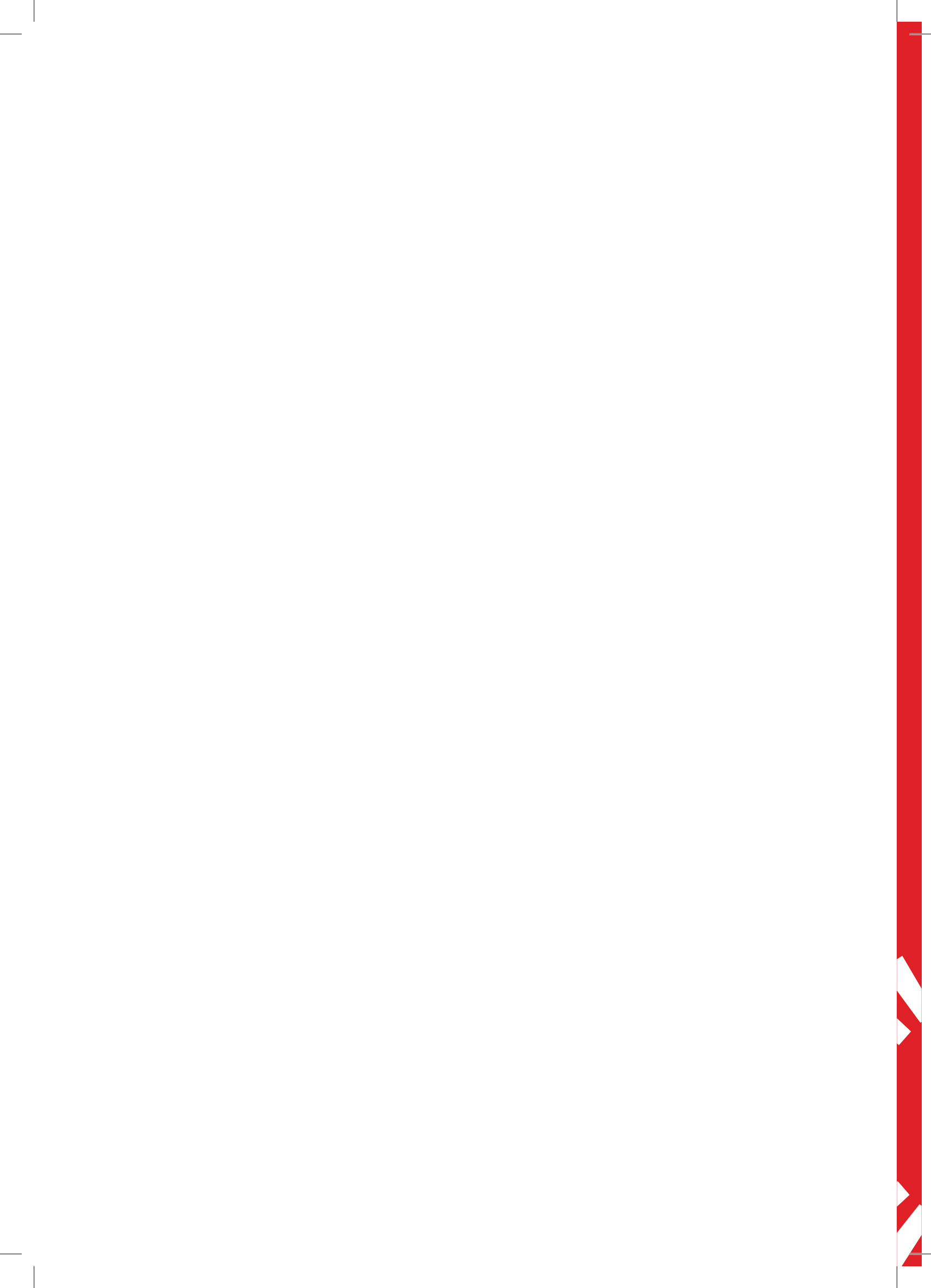
# Understanding the gendered impact of Covid-19 on communities *with a focus on women and girls*



Breakthrough

Act. End Violence Against Women.

ROSA  
LUXEMBURG  
STIFTUNG  
SOUTH ASIA



## About Breakthrough

Breakthrough works towards making violence and discrimination against women and girls unacceptable. We transform gender norms by working with adolescents and youth, their families and communities, as well as by using media campaigns, the arts and popular culture to build a more equal world around us.



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## Research Team

**Aprajita Mukherjee** has more than 15 years of experience in the field of social development especially in areas of gender, health, inclusion and broader social and poverty related issues. She has extensive experience in South Asia in developing technical and institutional capacities of INGOs and CSOs on designing and implementing gender focused initiatives including evidence-based policy advocacy.

Aprajita supervised and provided technical support in this research project including finalising research design, methodology, tools, and structure of the report.

**Swati Chakraborty** has 22 years of experience in Research, Monitoring and Evaluation, in the field of Education, Violence against woman, Adolescent empowerment, HIV-AIDS and Sex trafficking, Livelihood and Property rights of woman. She has worked on these fields across India and South Asia with NGOs, INGOs, CSOs as a technical expert and consultant. She has many publications to her credit.

Swati led the research design, literature review, methodology, sampling, instruments of data collection, pilot testing of tools, training of data collectors for both qualitative and quantitative, data analysis and report writing.

**Rani Yadav** is a social development professional. She holds a post graduate degree in Development Communication and Extension from Lady Irwin College, Delhi. She has been working at Breakthrough for the past five years in Research and Evaluation team.

Rani contributed in tool development, uploading tools in kobo platform, pilot testing of tools, recruitment of data collectors, training of data collectors for both qualitative and quantitative, quality assurance of data collection process, cleaning and data analysis and designing of the report.

## Executive Summary

Covid 19 is continuing its rampage, with more than 265,822,056 confirmed cases globally and 5,266,510 deaths as in December 2021<sup>1</sup>. More than 1 billion children and youth are out of school, resulting in learning deficits for students, particularly those from poor households. Around 94 per cent of the world's workers live in countries with some type of work closures. In this context Breakthrough conducted this research to understand the gendered impact of Covid 19 on community with a focus on women and girls in the NCR of Delhi. As part of this study Breakthrough conducted a detailed household survey with 416 families through a structured survey form and interacted in detailed with 44 relevant stakeholders through a semi structured interview guide to understand the impact of the pandemic on various social, economic and health issues of the community with focus on women and girl.

Findings are encouraging and interesting. First of all, findings show better performance of Haryana as a state in awareness, vaccination and other areas of life during the Covid 19 and lockdown. Major findings are:

- ✓ For Delhi we have predominantly urban population (96%) where as in Haryana it is rural mostly (80%).
- ✓ Gender distribution of the respondent is just same for the study (49.5% female and 50.5% male).
- ✓ Most of the respondents have completed 12th grade, no one is illiterate
- ✓ Television is reported as the major source of information by both male and female respondents. (72% of cases)
- ✓ 89% of the respondents are likely to wear a mask in public transport, 85% while at work and 78% to keep a distance of 6 feet with outsider. Among all these safety actions washing hands frequently with soap is the most likely action by 94% respondents.
- ✓ According to the study 96% respondents are aware about the Covid vaccination in their area. Only 21 % is not aware of the age group that is getting vaccinated.
- ✓ Study findings suggested that during the survey period already 85% of the respondents got vaccinated for Covid. But vaccination is higher among the Haryana respondents (93%) than Delhi (78%).

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<sup>1</sup> <https://www.worldometers.info/coronavirus/> (10th Sep 2021)



- ✓ Covid vaccination is slightly higher for women in comparison to male in Haryana. Whereas Covid vaccination is significantly higher for male than female in Delhi. While in Delhi only 75% of female respondents are vaccinated, in Haryana 94.7% of the female respondents have got vaccinated.
- ✓ Overall for 69% respondent getting vaccination was easy. While in case of Haryana 79% respondent found it easy in comparison to 60% respondent of Delhi.
- ✓ Reasons for not getting vaccinated is mostly not want to get vaccinated or having some other ailments and having other reasons like I do not need it, it will not work, I am strong etc.
- ✓ Very few respondents or their family members had Covid 19 infection (4%)
- ✓ It appears from the data that, after the vaccination high proportion of respondents are not at all likely to maintain distance of 6 feet in private gatherings (33%), wear mask when visiting friends or relatives (33%) and wash or change clothes when come home from outside (24%).
- ✓ 63% respondent of Delhi and 60% respondent of Haryana stated that it has affected their financial situation to a great extent.
- ✓ Very high agreement on mental health problem (86% for Delhi and 84% for Haryana) due to Covid pandemic and lockdown.
- ✓ In both the states women did not face any specific problem in vaccination. Only pregnant women, nursing mother and those women who are having their menstruation were hesitant to take the vaccination. These concerns were addressed adequately by the health workers. Rumours were dealt by the frontline workers with self-example.
- ✓ Findings of household survey on violence is reconfirmed through interactions with ASHA and AAW who are regular visitors of households and involved with community for years.
- ✓ From the teacher interview, the crisis in education for children appears differently. Children belonging to economically weaker section were not able to join the online classes. According to some teachers, many went back to their villages with family during lockdown.
- ✓ Proportion of children irrespective of gender dropping out of school is a strong possibility in near future.

Scope of this study was limited and information had to be collected within a given time period, limited sample size and following the Covid restrictions. The emerging findings suggest more in depth study for better intervention in areas like education, employment and mental health. While more such research depends on the availability of funds, the research team suggests the followings as recommendation:

- This is important to maintain the current level of awareness to avert any crisis in near future. All stakeholders need to participate to make it happen.
- To avoid the spread of new variant all the preventive actions like wearing masks, keeping the required distance in public space, washing hands with sanitizers and so on should be continued. Relevant stakeholders need to continue the motivation and support to the community in this regard.
- Education is in a critical juncture. Children particularly from economically poor background need more attention and support to continue with their study. Intervention by government and other donors and stakeholders is urgent.
- More research on issues related to education of children after Covid 19 is critical for planning appropriate intervention to ensure that we can meet SDG 4 by 2030.
- To avoid dropout particularly with focus on girl child in near future strategic intervention from government as well as relevant stakeholders and donor organisation is required.
- Strategic economic intervention is the need of hour for those families who are badly affected by job loss or salary reduction due to the pandemic and lockdown. Since this intervention will address the issues of domestic violence, children's education and other need of the family.
- Mental health should be recognised as an important area for intervention as aftermath of Covid and lockdown. Private and public partnership on this health issue is imperative.

# 1. Introduction

## 1.1. Objective of study

Covid 19 the pandemic which started in later part of 2019 is still providing challenges to people irrespective of class, caste, age and gender across the globe. It continues its rampage, with more than 224,053,437 confirmed cases globally and 4,621,294 deaths as in September 2021<sup>2</sup>. More than 1 billion children and youth are out of school, resulting in learning deficits for students, particularly those from poor households. Around 94 per cent of the world's workers live in countries with some type of work closures.<sup>3</sup> We all know that the impacts of any crisis whether it is natural calamities or social conflict or any other, they are never gender neutral, and COVID-19 is no exception. Although it is too early to assess the true impact of this pandemic through a gender lens, it is important to assess the emerging trends to plan better policies to safeguard the interest of every people irrespective of gender. Across the globe, various studies are undertaken to see the impact of this pandemic on various aspects of our life. Many scholars have come up with studies where gender dimension of this crisis is reflected clearly. More than a year into the crisis, there remains a limited understanding of the differentiated impacts of COVID-19 on men and women, including youth and children, due to the lack of comprehensive sex-, age- and disability disaggregated data (SADDD) on testing, cases, mortality and vaccines

## 1.2. Scope of study

Due to gender gap in literacy, education, and technology across the globe and specially in South Asia it means women and girls are less likely to receive relevant and trustworthy information about COVID-19 and access the same. In addition, social norms in contexts like India dictate that women and girls are the last to receive medical attention when they become ill, which could hinder their ability to receive timely care for Covid-19<sup>4</sup> Health for women and girls are the worst affected area because of this pandemic. In addition to other factors low rates of digital literacy and poor access to smartphones, making it a challenge for women to book appointments at vaccinations

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<sup>2</sup> <https://www.worldometers.info/coronavirus/> (10th Sep 2021)

<sup>3</sup> <https://www.unwomen.org/-/media/headquarters>

<sup>4</sup> Population Foundation, 2020.

sites where online registration is mandatory. Mobility also becomes an issue. If public transport is not easily available. Deep rooted cultural norms and patriarchy also gives preferences to men over women for vaccination in majority of the households. In this context, the proposed study will help to identify such barriers and can intervene at the right moment.

The proposed research by Breakthrough Trust aims to understand the gendered impact of Covid-19 on communities with a focus on women and girls. The specific research objectives include:

1. Understanding community perception towards Covid-19 with a focus on vaccine information, acceptance and access mediated by gender.
2. Understanding the unique vulnerabilities and impact of the pandemic on the lives of women and girls at the household and community level.

### **1.3. Limitation of study**

This research is undertaken during the pandemic. Naturally we need to work with certain restrictions.

- Quantitative survey will be undertaken using digital platform as social distancing is still a norm. people with access to digital platform will be able to undertake the survey. Therefore, inclusion of economically poor household may be ruled out
- Since we are using digital platform we may end up getting more male respondent as access to technology is very limited for women and girls
- Qualitative survey will also be done using digital platform. Here interactions will be recorded as and when possible. Part of data may be lost where permission for recording may not be available.
- While study is proposed for NCR of India due to time restriction and pandemic we need to restrict the study to Delhi and Haryana. So findings will be limited to these states and not be representative of NCR of India
- Desk review will be limited as gender disaggregated data is not available adequately.
- Secondly research studies in public domain are also limited for this pandemic

## 2. Review of literature

Limited research studies which have been undertaken across the globe clearly shows that poor and marginalized communities are more vulnerable to COVID-19 and it is no wonder women form a substantial proportion of this. Sex disaggregated data on Covid 19 is very limited. According to a study by UNWOMEN, Globally, just 37 per cent of COVID-19 cases have been disaggregated by both sex and age as of mid-July 2020. Those data tell us that men account for a slight majority of confirmed cases (53 per cent), a pattern observed across all age groups except the oldest (85+), in which women represent 63 per cent of reported cases.<sup>5</sup> While this pandemic has affected lives and livelihoods of everyone still women face more crisis than men. Evidence from past epidemics, including Ebola (2014-16) and Zika (2016) suggests that women are affected by outbreaks differently than men. In Sierra Leone, one of the countries hit by the Ebola, more women died of obstetric complications than the disease itself between 2013 and 2016 but this attracted less attention than the outbreak.<sup>6</sup> This gender inequality is also visible in the current pandemic and our vaccination coverage. Due to the lack of information on Covid-19, vaccines, literacy and the digital divide, there will be a multiplier effect in widening the gap.

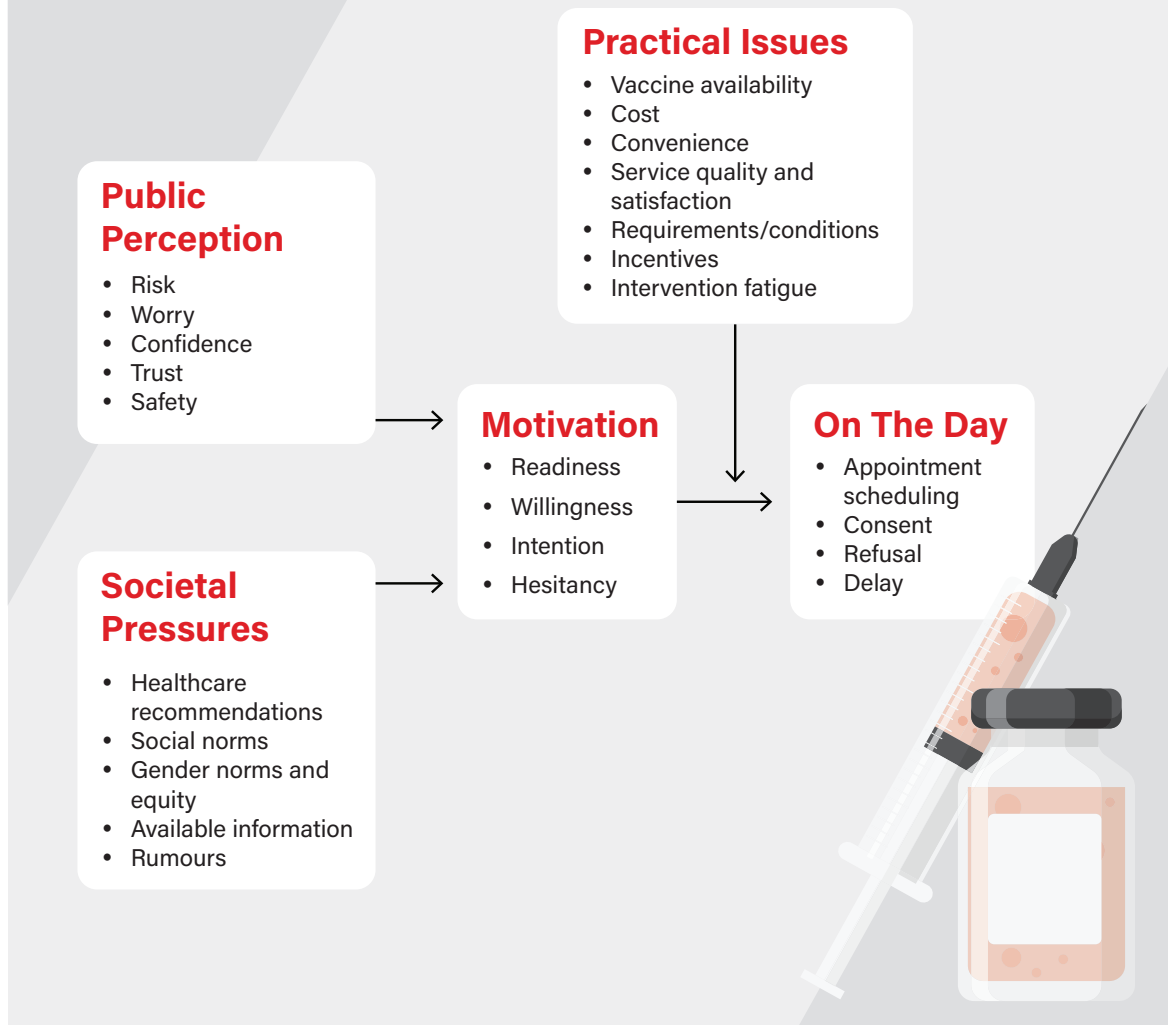
Across the globe Covid vaccination is happening at rapid speed. While vaccination for people aged 18 years and above are available now but for children it is still in the process. While vaccination is always an issue of concern across the globe and specially in South Asia countries but the Covid vaccination poses more challenges due to limited knowledge and lack of awareness about it. The recent findings of WHO represents this challenges in the below image. When we add the layer of gender to the given factors we can see how it becomes more critical for women and girls to access the vaccination across the globe.



<sup>5</sup> Do

<sup>6</sup> <https://www.newsclick.in/covid-19-indian>

# Factors affecting vaccination



Source: WHO Measuring Behavioural and Social Drivers of Vaccination (BeSD) global expert group

In many settings, women face limited mobility to reach health facilities or vaccination sites, restricted decision-making power in their health seeking as well as limited access to and control over resources needed for advancing their health, including information about vaccines and vaccine safety. Gender-related barriers must be addressed in the planning and rollout of vaccine distribution to reach everyone, especially those most marginalised. Women comprise 70% of the global health workforce but hold only 25% of leadership positions. Women are not adequately represented in decision making forums, at a time when global strategies for vaccine procurement, distribution, treatment and care are being developed and agreed upon on their behalf. Without women's inclusion in decision making, we risk further exacerbating deep-rooted unequal access to healthcare.<sup>7</sup>

<sup>7</sup> <https://www.who.int/news/item/03-05-2021>

The following diagram explains the crucial role of gender in Covid vaccination<sup>8</sup>.



Source: The Communication Initiative Network

Due to gender gap in literacy, education, and technology across the globe and specially in South Asia it means women and girls are less likely to receive relevant and trustworthy information about COVID-19 and access the same. Of the 11 countries in the Asia-Pacific region that are included in the COVID-19 Sex-Disaggregated Data Tracker, only India and Bangladesh are consistently reporting sex-disaggregated data on COVID-19 vaccinations. As of April 2021, men received 63 per cent of vaccines in India. This is in contrast to the global average where women received 53 per cent of total vaccines.<sup>9</sup> Recognizing and resolving gender-based barriers to vaccination is particularly critical because women are often tasked with caring for family members, and women play a central role in health and immunization decisions.<sup>10</sup>

<sup>8</sup> <https://www.comminet.com/content/gender-and-covid-19-vaccines>

<sup>9</sup> <https://asiapacific.unwomen.org/>

<sup>10</sup> Do.

According to the latest statistics (2021) the Global Gender Index ranked India 140th among 156 nations studied—a drop from last year’s 112th position among 150 countries. India is also the third-worst among South Asian countries with only Pakistan and Afghanistan trailing behind. India fell back on three of the four parameters that the Index measures<sup>11</sup>. Current pandemic is worsening the situation further. Increase in gender based violence has been reported across India. National Commission for Women (NCW) saw complaints of domestic abuse or violence peak from March to May (2020) and independent studies showed that the increase was 131% higher in red zone districts (stringent lockdown) than in green zone districts (restricted movement).<sup>12</sup>

The economic aftermath of the pandemic has pushed substantial populations into poverty. A recent report by the Azim Premji University in India shows that during the first lockdown in 2020, only 7 per cent of men lost their jobs, compared to 47 per cent of women who lost their jobs and did not return to work by the end of the year. In the informal sector, women fared even worse. This year, between March and April 2021, rural Indian women in informal jobs accounted for 80 per cent of job losses.<sup>13</sup>

It is estimated that school closures could cost India upto \$400 billion leading to learning loss, severely impacting adolescent girls. Due to Covi-19 induced lockdowns, the burden of household work, taking care of children and elder family members has also increased manifold, falling disproportionately on women and girls. In addition, social norms in contexts like India dictate that women and girls are the last to receive medical attention when they become ill, which could hinder their ability to receive timely care for Covid-19<sup>14</sup>. Health for women and girls are the worst affected area because of this pandemic. The Foundation for Reproductive Health Services India had estimated last year that disruptions caused by the lockdowns could leave up to 26 million couples without access to contraception resulting in two or three million unintended pregnancies and possibly 80,000 unsafe abortions.

According to data from the CoWin dashboard, as of 19 August 2021, about 57 crore vaccines have been administered, more than the entire population of some countries. Yet women comprise only about 46 per cent of the total population vaccinated in India.<sup>15</sup>

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<sup>11</sup> <https://www.newsclick.in/covid-19>

<sup>12</sup> Do

<sup>13</sup> <https://www.unwomen.org/en/news/>

<sup>14</sup> Population Foundation, 2020.

<sup>15</sup> <https://theprint.in/opinion/i>

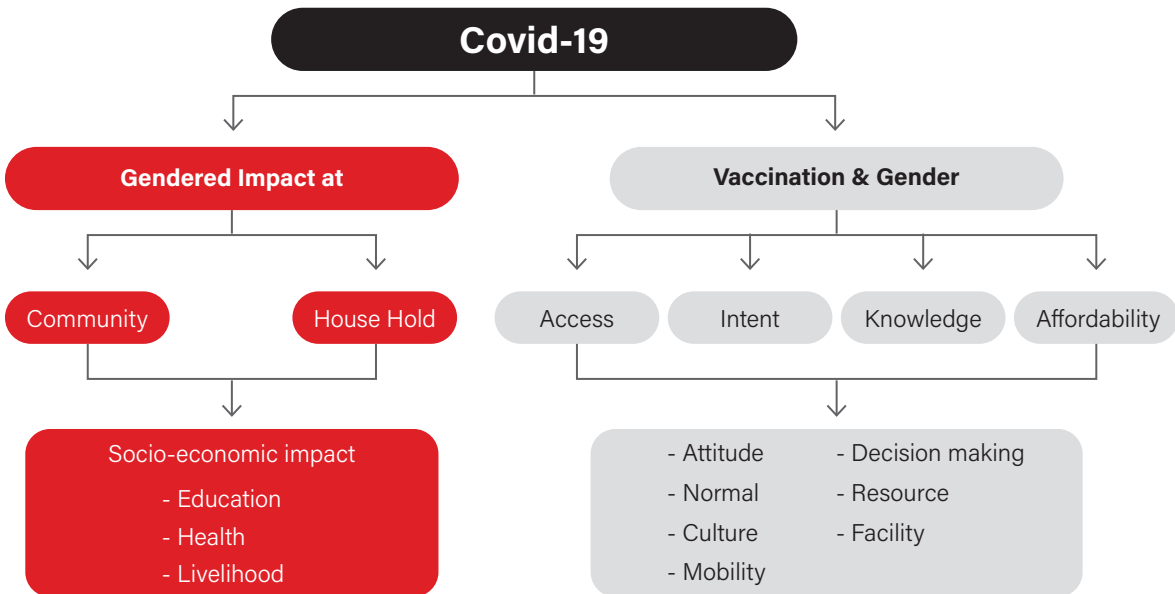


# 3. Research Methodology

## 3.1. Research Design

Conceptual framework for this specific research has been designed keeping in mind the objective of this research. Conceptual framework provides the clarification, explanation and also the justification of the research. Crisis due to Covid 19 and after effects of this crisis is going to impact the global population for a long time. Naturally, gender dimension of this crisis will manifest more in the coming days. To deal with this virus effectively, vaccination for Covid 19 and awareness about this disease and its preventive measures have been given priority by the experts and leaders across the globe.

Interactive Assessment Approach has been used in this study. This is a forward-looking approach wherein the intention of the assessment is to generate learnings and identify the bottlenecks which has prevented a particular section of the population namely women and girls to access the vaccination. The strength of the approach lies in the fact that it is a stakeholder model which hinges upon active participation of concerned stakeholders and takes into account user-generated/ stakeholders' interpretations. Such interpretations acquire particular significance as they are meaningful to the people involved in the situation because the interpretations make the situation, of which people are a part of, more intelligible to them. Furthermore, such an approach assumes that assessment is a social-political process in which social, cultural, and political factors are viewed as significant aspects of the process.<sup>16</sup>



<sup>16</sup> Hansen 2005

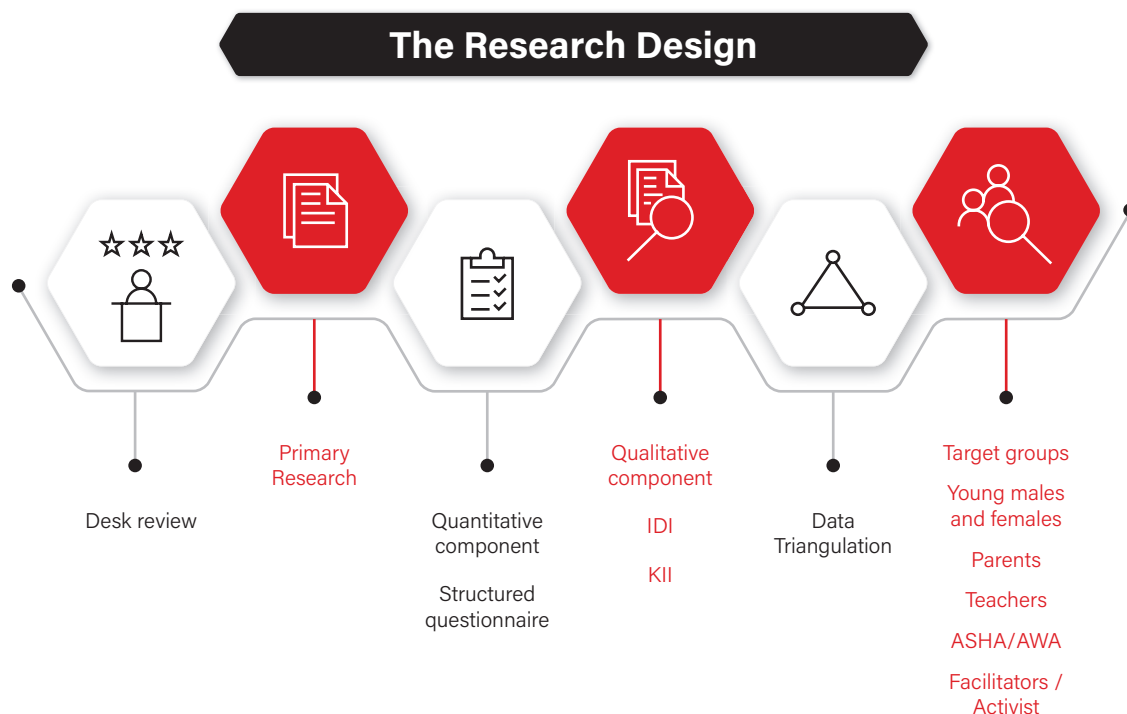
The diagram given below reflects how the study has been implemented in the selected study areas where both community and household level information has been collected to reach the desired conclusion.

Intensive interaction with various stakeholders has been useful in highlighting the barriers and identify the challenges that arise in accessing the vaccination. This will help us to understand how much importance the targeted beneficiaries are giving to Covid vaccination and its related process and whether there is a need to involve other stakeholders as a way forward to ensure vaccination of women and girls.

KAP framework which is known as Knowledge, attitude and practice framework has been used for the analysis to assess the vaccination reach. In the proposed research we have explored the knowledge, perception, practice and access to Covid vaccination by a particular population where KAP analysis framework is most apt for this assessment. This analysis framework has helped us to:

- Identify knowledge gaps, cultural beliefs, and behavioral patterns that may identify needs, problems, and barriers to help plan to reach more women and girls.
- Deepen the understanding of commonly known information, attitudes, and factors that influence behavior.
- Assess and identify communications processes and sources important for reaching out to more women and girls and other marginalized groups for vaccination

This research as mentioned above has followed an intensive phase of secondary review, followed by a primary research component, involving mixed methods of data collection. The research design is as shown in the schematic below:



## Target groups

From the selected study areas information has been gathered using quantitative and qualitative tools. Different tools has been used to collect specific information from a particular study object to understand specific area of investigation as required in this research.

### Community based participatory research methods for qualitative interviews:

- i. In Depth Interview (IDIs) with ASHA and Anganwadi workers
- ii. Key informant interviews (KIIs) with Teachers and Facilitators

### Household based quantitative survey with:

- i. Parent
- ii. Young males and females

**KIIs** with relevant stakeholders is expected to help us understand the effect of the pandemic on household and community, their access to vaccination and other measures to mitigate the crisis. IDIs are expected to provide us with the prevailing vaccinations system, attitude and practices related to this and knowledge of the front line workers about the Covid Vaccination and other factors that affect the Covid vaccination in those areas. It is also expected to provide us with information to understand the barrier or challenges they face while providing the required support to the community and how do they address these challenges.

**Quantitative** Survey with household has shown the impact of the pandemic on household, It also helped us to assess the access to vaccination and its associated factors with a focus on women and girls.

## 3.2. Sampling design and methodology

### 3.2.1 Selection of districts:

The proposed research study has been undertaken in the National Capital Region (NCR) of India. Given the limitation of data collection the study selected four districts from the NCR where 2 districts are taken from Delhi and two districts from Haryana. For selection of districts we used a dummy indicator which is sex ratio of the districts as the selection criteria. Where two district with highest sex ratio were selected and two with lowest ratio were selected. Sex ratio is a good proxy indicator for understanding women and girls access to health services in any country. This ratio is realistic in nature and capable of capturing the challenges women and girls face within the socio economic environment.

For Haryana districts were selected using the selection criteria as well as prioritizing the ones from the selected ones where Breakthrough team is already working. It was purposive to some extent as data collection using the digital platform during the pandemic could not be possible without existing network support. This helped us in collecting qualitative information in specific where interaction spread over more than an hour. Both the rural and urban areas were included in the study for both Delhi and Haryana. From Delhi two districts namely North East and South Delhi and from Haryana two districts Karnal and Panipat were selected based on the above mentioned criteria.

Name of District	Category	Sex Ratio (2021)
North East Delhi	High Sex Ratio	886
South Delhi	Low Sex Ratio	862
Karnal	High Sex Ratio	900
Panipat	Low Sex Ratio	864

### 3.2.2. Selection of Respondent

For the quantitative survey from each district 110 families were randomly selected for quantitative survey. For the qualitative component respondents were selected from each district with the help of Breakthrough local network and based on the availability of the respondent due to pandemic restrictions. For both qualitative and quantitative data while selecting the respondent study team considered the other factors like caste, age, sex, location and other such characteristics of respondent to ensure appropriate representation of sample. In the table below sample distribution is shown for the study. Below is the planned and completed sample size of this research

Method	Sample size (Planned)	Sample size (Completed)
Quantitative survey	440 (110 household for each district)*	416
In Depth Interview (IDI)	24 (6 for each district)	23
Key Informant Interview (KII)	24(6 for each district)	21

\* Sample size was kept higher than required to accommodate the loss of incomplete and poorly filled survey forms or unavailability of stakeholders for qualitative interactions.

## 4. Data Collection

For qualitative and quantitative data collection two different teams were selected based on the research requirement, skill and experience of field investigators. While quantitative team was comprised of 12 members selected from Delhi and Haryana to ensure effective communication in local dialect, qualitative team was comprised of 3 highly experienced qualitative researchers.

After the careful selection of field research team based on their educational qualification, research skill, and experience, both the teams were given two days training on the tools and data collection method. All the training and mock interviews were organised on digital platform. Beside tool training, the survey team was given training on ethics of data collection, importance of confidentiality, and how to obtain permission of the respondent for the survey and recording of the interaction as and when required. Pilot interview schedules were checked by Breakthrough team to ensure that there is no gap between training imparted and comprehension of the field team. Beside the two days' tool training, Breakthrough team also trained the quantitative field team on KOBO Tool Box which is used for data collection.

To ensure quality of the data Breakthrough staff checked the submitted data everyday using digital platform. Feedbacks were given to the field team as and when required to ensure there is no gap in data collection and timely completion of survey.

## 5. Analysis & Interpretation of data

### 5.1. Data triangulation, analysis, findings and report

Both quantitative and qualitative data are analyzed and triangulated in a systematic manner to draw inferences and reach the conclusion. While quantitative data is analyzed using SPSS software, for qualitative data study team used analysis framework in excel. Following section will discuss the findings in details.



## 6. Key Findings

### 6.1. QUANTITATIVE DATA FINDINGS

#### I. PROFILE OF THE RESPONDENTS

Household level survey was finally conducted with 416 respondents from selected four districts spread over two states. District wise distribution of the respondent is given below.

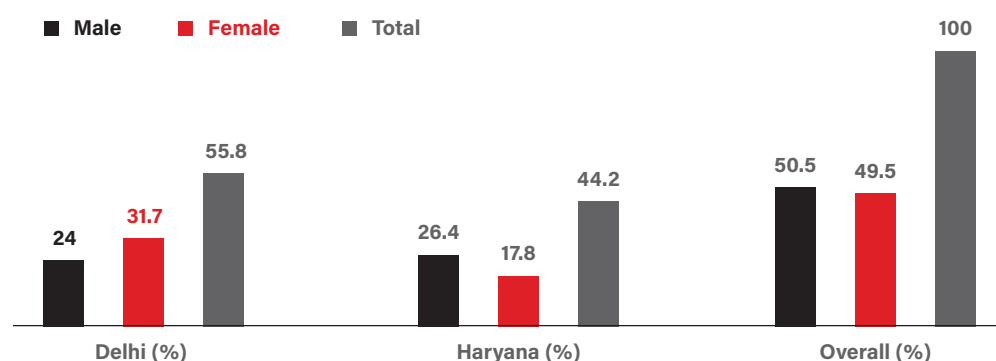


Table 1: Sample distribution across states and selected districts

District	Frequency (N)	Percent (%)
Karnal	88	21.2
North east Delhi	111	26.7
Panipat	96	23.1
South Delhi	121	29.1
<b>Total</b>	<b>416</b>	<b>100</b>

Keeping in mind the need of the study survey was conducted both in rural and urban area. While 62% of them are from urban area the rest 38% is from rural area. For Delhi we have predominantly urban population (96%) where as in Haryana it is rural mostly (80%).

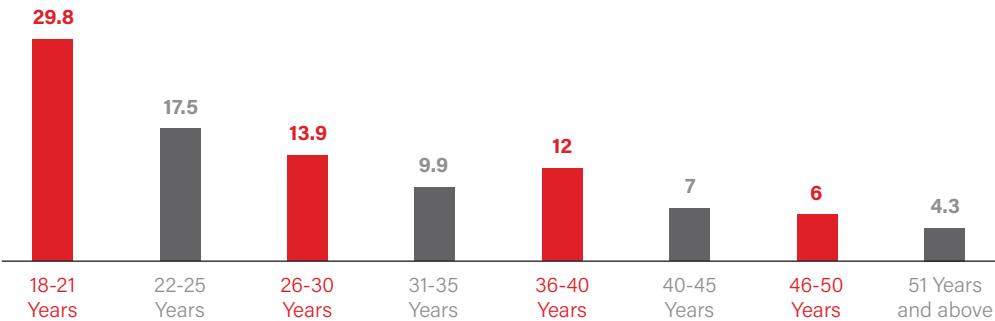
Graph 1 : Distribution of respondent by state and by gender



Gender distribution of the respondent is just same for the study (49.5% female and 50.5% male). Though over all gender distribution is neutral we can see a state specific difference in gender distribution of respondent. In Haryana number of male respondent is significantly higher than female.

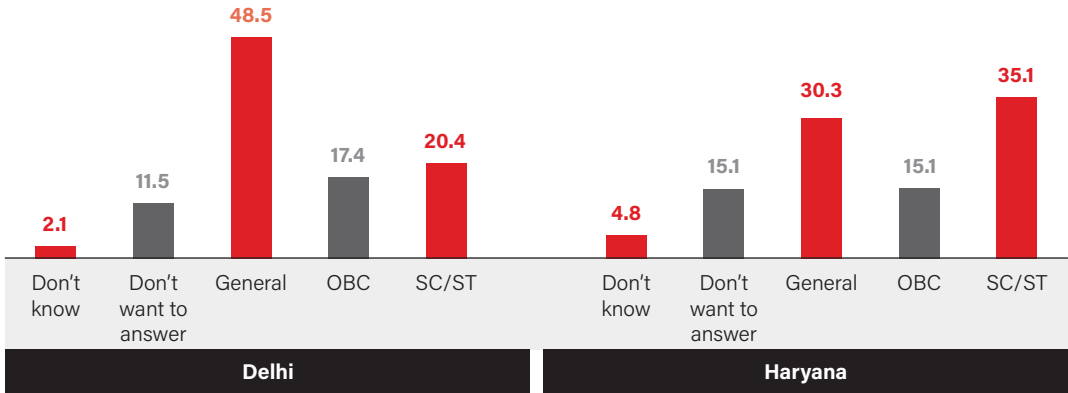
This study is conducted among the community with adults in both the states. Respondents were selected randomly to ensure participation irrespective of age, sex, caste or religion to have fair representation of all community members. For both male and female 18-21 years' age group dominates the survey followed by 22-25 years' age group.

Graph 2 : Age distribution of respondents



Majority of the respondents are hindu (74%) followed by muslim (21%). So far as caste is concerned there is state specific difference. While majority of the respondents belong to general caste in Delhi followed scheduled caste and scheduled tribe. But in Haryana, it is just opposite. Here majority is scheduled caste and scheduled tribe followed by general caste. Following table shows the details.

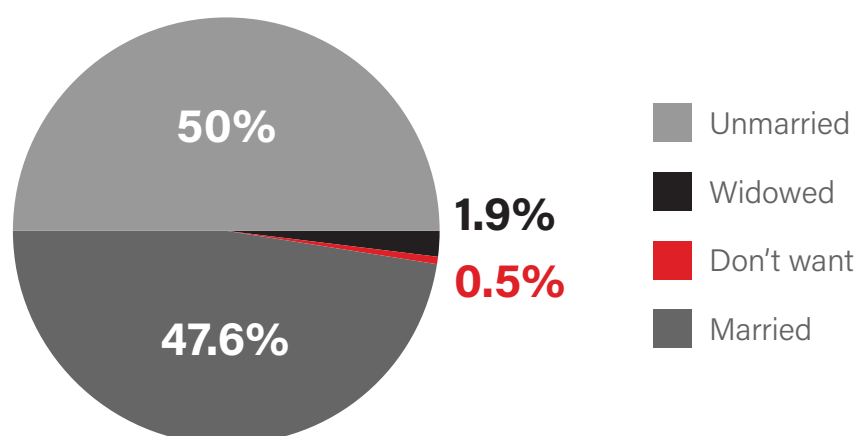
Graph 3 : Caste Composition of respondents across states



Most of the respondents have completed 12th grade, no one is illiterate. While proportion of post graduate is far higher in Delhi in comparison to Haryana, the proportion of graduates is almost same for both. Gender wise educational status is also better for Delhi.

So far marital status is concerned, the proportion of unmarried population is slightly higher than married one.

Graph 4: Marital Status of respondent across the states.



At state level married respondent is significantly higher for Haryana in comparison to Delhi. Majority of the respondents in both the states are student followed by service holder and housewife. Graph 1 is for the complete research sample. So state specific difference is found in this context. But if we see this aspect through gender lenses we can see that more male respondents are involved in job while more female respondents are involved in study.

## II. KNOWLEDGE AND UNDERSTANDING OF COVID VACCINE

When it comes to source of information for Covid and its vaccine television is the most important source. In both the states television is the first choice followed by WhatsApp. State wise we find the same trend. By gender there is no such difference in source of Covid information. Television is reported as the major source of information by both male and female respondents. Only difference is that male are also using Facebook and friends and relatives network more than female counter part. Also for every one another important source of information is other which includes front line workers, Instagram, internet, google, Cowin app, Aarogya Setu app and vaccination Centre.

Table 2: Source of Information about Covid 19 or the vaccines by state and gender

	Total (%)	Delhi (%)	Haryana (%)	Female (%)	Male (%)
Whats App	25	22	21	22	21
Radio FM	3	3	2	2	2
Television	72	62	63	64	61
Facebook	21	17	18	15	20
You tube	27	22	25	23	23
Friends /relatives	28	23	22	21	24
<b>Others</b>	<b>32</b>	<b>36</b>	<b>28</b>	<b>34</b>	<b>31</b>



From the above table we can find that Covid and its vaccine related information is available to respondents through various platforms. It will be interesting to see how they are using this information for their wellbeing.

Table 3: Statements by respondent regarding Covid 19 preventive actions

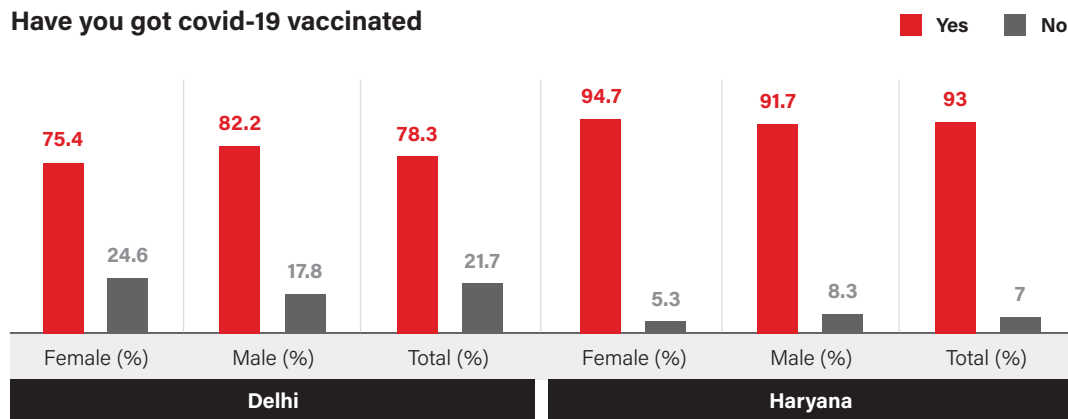
Action		Extremely likely (%)	Not applicable (%)	Haryana (%)	Female (%)
a)	In public space maintain at least 6 feet distance from people who do not live in my home while	30	7	15	48
b)	Maintain at least 6 feet distance from people who do not live in my home while at small private gatherings	20	11	27	42
c)	Maintain at least 6 feet distance from people at work	33	22	10	35
d)	Wear a mask at work	58	19	6	27
e)	Wear a mask while in public transport	65	6	5	24
f)	Wear a mask when visiting friends or relatives or neighbours	37	4	25	34
g)	Wear a mask when going to market or shopping	54	7	4	35
h)	Wash and change clothes when come home from outside	41	1	22	36
i)	Wash hands frequently with soap or sanitiser	57	0	6	37

This table indicates that among various protective actions against Covid respondents most likely not to wear a mask while visiting relatives or neighbours and not likely to change or wash clothes when come home from outside. On the we can see 89% of the respondents are likely to wear a mask in public transport, 85% while at work and 78% to keep a distance of 6 feet with outsider. Among all these safety actions washing hands frequently with soap is the most likely action by 94% respondents.

This table show a good understanding of Covid safety behaviour to start with. When it comes not to follow the Covid safety behaviour in Delhi they are not at all likely to maintain the distance in private gatherings (35%), wearing a mask when visiting friends or relatives (26%) and wash or change clothes when coming from outside (36%). Interestingly in case of Haryana respondents are not at all likely to wear a mask while visiting relatives, friends or neighbours (23%) in a significant way. For rest of the actions they show more positive response than their Delhi counterpart.

According to the study 96% respondents are aware about the Covid vaccination in their area. Only 21 % is not aware of the age group that is getting vaccinated. Study findings suggested that during the survey period already 85% of the respondents got vaccinated for Covid. But vaccination is higher among the Haryana respondents (93%) than Delhi (78%).Table below shows the vaccination scenario by gender in both the states.

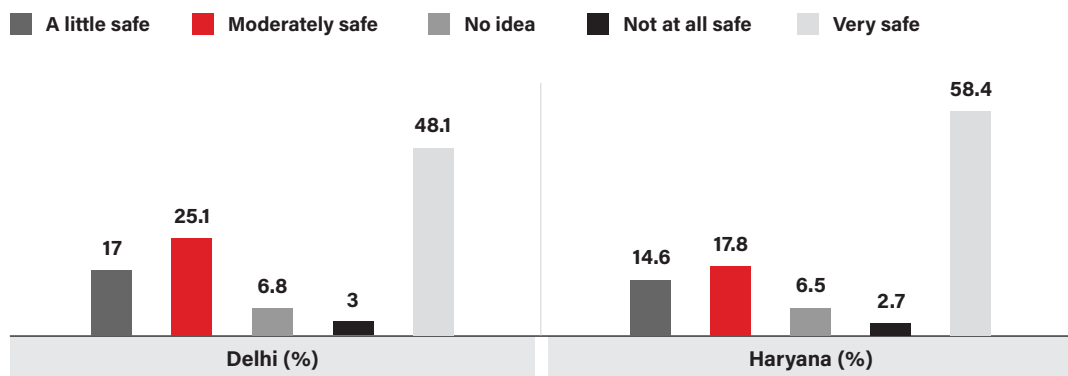
Graph 5: Covid vaccination by state and by Gender



It is interesting to see that Covid vaccination is slightly higher for women in comparison to male in Haryana. Whereas Covid vaccination is significantly higher for male than female in Delhi. While in Delhi only 75% of female respondents are vaccinated, in Haryana 94.7% of the female respondents have got vaccinated.

While majority of the respondents (53%) thinks that vaccine is safe still there is difference in perception between the states. In Haryana more people finds it safe as given in the table below.

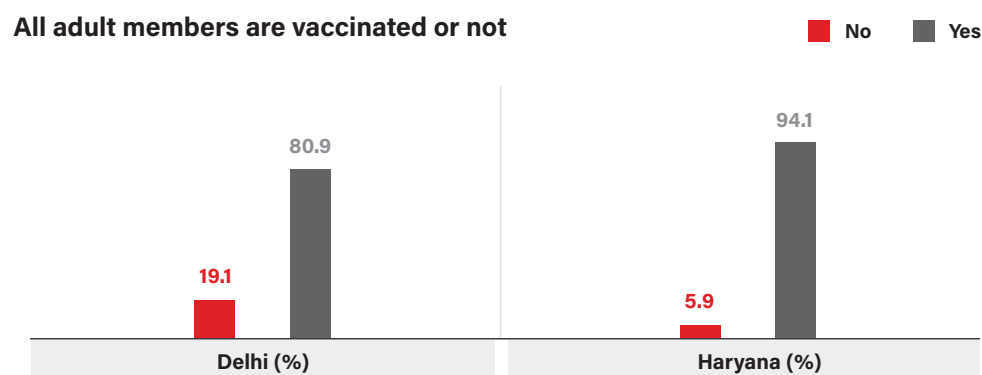
Graph 6: How safe is Covid vaccine



The perception of safety of vaccine definitely plays a role in vaccination. In Delhi same proportion of male and female perceive this vaccine as safe (49% and 48% respectively). In Haryana more female (66%) than male (53%) perceive it as safe. Overall for 69% respondent getting vaccination was easy. While in case of Haryana 79% respondent found it easy in comparison to 60% respondent of Delhi. Reasons for not getting vaccinated is mostly not want to get vaccinated or having some other ailments and having other reasons like I do not need it, It will not work, I am strong etc.

Complete vaccination of adult members of the household was not complete in both states. But in Haryana situation was better than Delhi.

Graph 7: Status of vaccination of adult members of the family



When it comes to information about adult family members who did not get vaccinated at the time of survey in both states this group consists of mother, wife, sister and father of the respondent is majority of cases. In both states reasons for not getting the adult family member vaccinated are medical reason, family not interested and no time for the respondent to take him or her.

Very few respondents or their family members had Covid 19 infection. Table below shows that not only in overall study area but also in both the states very few respondents or their family members had the infection.

Table 4: Whether self or family member had Covid 19 infection

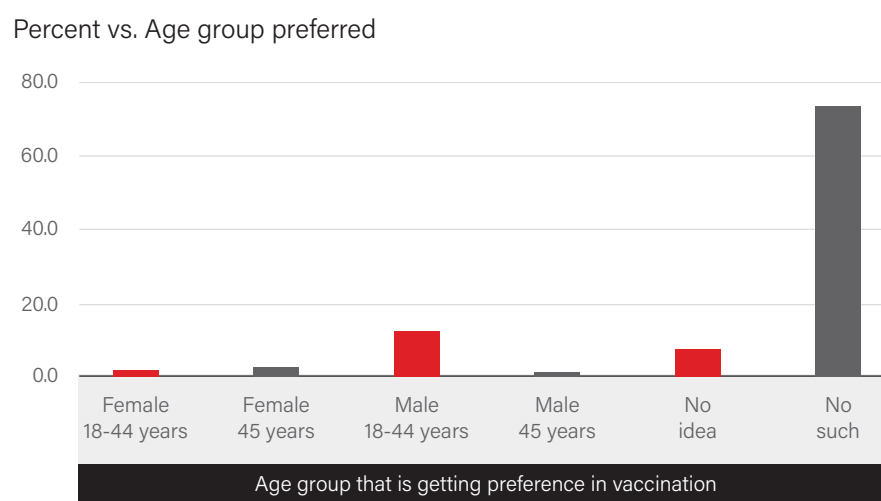
Had Covid infection	Total
Yes	3.8
No	95.7
Not sure	0.5

Table 5: Covid infection status of respondent and family members by state.

Covid infection	Delhi	Haryana	Total
Respondent had Covid	6%	1%	4%
Family member had Covid	6%	2%	4%

When it comes to preference of any specific age group in the vaccination process respondents in both the states did not find any such preference. There is no state specific trend on this understanding.

Graph 8: Age group preferred for vaccination



After the vaccination respondents are not likely to follow all the preventive behaviours as they were doing earlier. Following table shows us for which actions they are not likely to follow it with rigour.

Table 6: Actions after the Covid vaccination is done

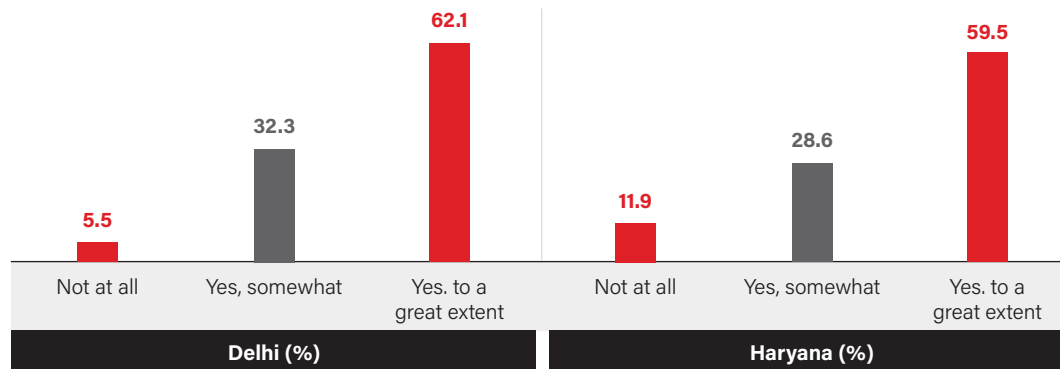
Action	Male (%)	Female (%)	Not at all likely (%)
a) In public space maintain at least 6 feet distance from people who do not live in my home while	23	19	21
b) Maintain at least 6 feet distance from people who do not live in my home while at small private gatherings	34	31	33
c) Maintain at least 6 feet distance from people at work	17	11	14
d) Wear a mask at work	9	6	7
e) Wear a mask while in public transport	6	4	5
f) Wear a mask when visiting friends or relatives or neighbours	35	30	33
g) Wear a mask when going to market or shopping	54	7	4
h) Wash and change clothes when come home from outside	41	1	22
i) Wash hands frequently with soap or sanitiser	57	0	6

It appears from the data that after the vaccination high proportion of respondents are not at all likely to maintain distance of 6 feet in private gatherings (33%), wear mask when visiting friends or relatives (33%) and wash or change clothes when come home from outside (24%). Wearing mask in public transport is the action which only 5% of respondent is not at all likely to continue after vaccination. If we try to understand this behaviour by gender, there is hardly any difference. Preference for Covid safety actions after the vaccination is almost same for respondents' state wise also.

### III. Work burden and well being during Covid

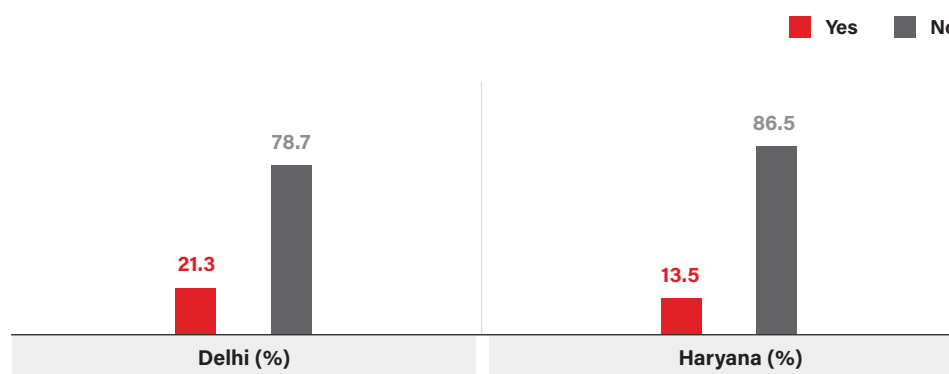
Covid 19 affected the financial situation of the families in both the states. 63% respondent of Delhi and 60% respondent of Haryana stated that it has affected their financial situation to a great extent. The graph given below depicts the situation very well.

Graph 9: Financial hardship because of Covid 19 by state



Loss of job or salary reduction for self and other family members were reported more in Delhi than Haryana. When it comes to experience of violence study finds that violence took place during the pandemic in both the states. Delhi reported more violence than Haryana.

Graph 10: Experience of any form of violence during lockdown



In both the states reason for violence was alcohol consumption and other reason. Other reasons include loss of job, reduction in salary, delayed salary, not able to go out, financial stress, unable to pay rent etc.

Covid pandemic is instrumental for difficult circumstances within the family. Such difficult situation affected all the family members in different ways. Following table shows the extent of agreement of the respondents from both the states for different situations.

Table 7: Agreement on various statement by Gender and State (Yes I agree )<sup>18</sup>

Statement		Delhi (%)	Haryana (%)	Female (%)	Male (%)
a)	During COVID and the lockdown, women/girls had to do more household work.	73	65	81	58
b)	During COVID and the lockdown, women/girls have a lot of time to relax.	21	31	19	32
c)	During COVID and the lockdown, men have free time at home and they spend it drinking, smoking etc.	40	38	48	31
d)	Because of unemployment created during COVID and the lockdown, men are stressed and have started being violent and using abusive language.	50	39	52	39
e)	During COVID and the lockdown, conversation and meetings with people are reducing.	61	79	71	67
f)	Because of COVID and the lockdown, the mental health impact on women/men and girls/boys has been bad.	86	84	87	83
g)	Because of the financial problems created during COVID and the lockdown, it's a good idea to get girls married at an early age.	15	16	16	15
h)	During COVID and the lockdown, girls' studies have been more affected in comparison to boys.	36	38	41	33
i)	Because of COVID and the lockdown, more women have lost jobs.	67	61	72	57

In the above table we can see very high agreement on mental health problem (86% for Delhi and 84% for Haryana) due to Covid pandemic and lock down irrespective of state and gender. Also very low agreement on early marriage of daughter as an aftermath of pandemic. Extra work burden of women is highly agreed by female respondent and Delhi state. High proportion of women agreed upon on those statements that affect them more than their male counterpart like violence, alcohol consumption by male family members and losing jobs.

Covid 19 created difficult situation for people irrespective of their class, caste, gender and other socio economic differences. But how the situation made people feel varies widely. It is interesting to find out through this survey that though some people find it stressful but there are respondents for whom it did not make any difference. Table below shows what percentage of cases express their feelings which way.

Table 8: Feeling of respondent during Covid situation (% of cases)

Worried <b>22</b>	Tense <b>15</b>	Irritated <b>3</b>
Anxious <b>4</b>	Upset <b>10</b>	Sad <b>8</b>
Peaceful <b>20</b>	Secure <b>23</b>	Connected to others <b>15</b>
Loved <b>4</b>	Lonely <b>4</b>	Helpless <b>2</b>
I do not feel different than earlier <b>11</b>	Any other feeling (Unsafe; Angry; Exhausted) <b>29</b>	

<sup>18</sup> This include strongly agree and agree

## 6. 2. QUALITATIVE DATA FINDINGS

### I. In depth Interview

To understand the gendered impact of Covid on the community better this study also interacted in depth with front line health workers who were instrumental in reaching out the communities during the pandemic. This study interacted with nine ASHA and fourteen Anganwadi worker from four districts of Delhi and Haryana. Distribution of the front line health workers are like below:

Table 9: Distribution of qualitative sample across states and districts (for In Depth Interview).

DISTRICT	STATE	ASHA	AAW
KARNAL	HARYANA	3	6
PANIPAT	HARYANA	2	3
NORTH EAST DISTRICT	DELHI	2	2
SOUTH DISTRICT	DELHI	2	3
<b>TOTAL</b>		<b>9</b>	<b>14</b>

During the pandemic both the ASHA and AWW had to visit the community and aware them on Covid 19 and safety. In addition to that ASHA had to the survey at household level continuously to track the information and ensure people follow the safety measures. It was challenging to sensitize and generate awareness among the people. During the first wave it was really difficult for the front line workers (FLW).

*They got information from different source. They watch TV. Both and male female has equal amount of knowledge there might 1-2% women who are not aware about it. ("aurte bhi jagruk hai pure time tv chala ke rakhti hai kaam karte karte dekhti rahti hai". Below 60 are easy to make them understand above 60 it quite tough/challenging to make them understand "wo kahte kuchh nhi hotaji, kuchh nhi hoga". There women who come in the centre with masks use to cover their faces with pallu. (Delhi)*

*I am very proud of my village because women over here are more aware. There are groups here like Sakshatya Abhiyaan, Arthik Sahayta group. I cannot say about the age group, everyone is aware. (Haryana)*

Household used to hide information if any one fell sick. Refusal to state the symptoms. ASHA were supposed to survey the houses for identifying 18 years and above



45 years' age group. In addition to regular immunization and ANC/PNC, the FLW were supposed to deliver ration at door step in their area.

*"Infact married girl's mom comes and asks "meri beti ka naam likh lo, lekin hum nahi likhte." Heavy weight of the ration was really difficult to carry and go door to door. Also street dogs was concern during that time. People were scared of us that we might give them infection as we are front line workers and we were also at risk that we might get infected from them. Around 2-3 months we don't even ask them for their signature".*

For FLW first wave was more difficult than the second. Refusal of vaccination initially was a big hindrance. Tireless persuasion and continuous motivation by these front line workers resulted in high rate of vaccination.

*"No service was stopped during covid. But survey work was more focused during that time. And one day we used to cover 10-15 houses. We used to survey of age group both times to make a list of 18+ and 45+ for vaccination. "asha worker hi sabse jayada kaam karti hai, agar asha worker naa kaam kare toh kuchh bhi record na ho" "(Haryana)*

*Initially people were so scared that in the first camp only 9 people got vaccinated. The negative humours were spread among villagers that people will die if they get vaccinated. But later with time they understood and used to come and ask when the vaccines will be done, we also want to get vaccinated. Then we informed the PHC about it and organised camps in our village. (Haryana)*

As revealed in quantitative analysis also the interactions of Frontline workers show that proportion of vaccination is very high in their respective areas. In fact in Haryana they also claim a vaccination of 80-85% in their area. Aged people and those with other clinical problem like blood pressure, blood sugar etc were avoiding vaccination. 18 to 45 years age group got maximum vaccination. In fact, qualitative study also confirms that Haryana witnessed higher proportion of Covid vaccination.

*90% of people have got vaccinated in my village. If I talk about the first dose, then 100% people have got the first dose. Both men and women are equally getting vaccinated. All age groups have got vaccinated. (Haryana)*

*Mostly people are vaccinated in our area. Regular booth camp are organised. 40-50 women got vaccinated. 60-70 men are vaccinated. 60 + are also vaccinated as we made list so we have idea. Cause of second wave they are scared and aware. "First wave me toh log kahte hai main hi lagwa raha/ rahi us time toh mai bhi tayar nhi thi lagwane ko". My husband and both got the date he got vaccinated I said I will get my dose tomorrow but I never get second day as I myself got infected (Delhi)*



*60% male are vaccinated, around 40-45% women are vaccinated. Only people who have old diseases or pregnant women are not vaccinated. There are some women who say we don't go out; we are in homes only so what's the need of it. (Delhi).*

In both the states women did not face any specific problem in vaccination. Only pregnant women, nursing mother and those women who are having their menstruation were hesitant to take the vaccination. These concerns were addressed adequately by the health workers. Rumours were dealt by the frontline workers with self-example.

*They will also understand soon. "dhhere-dheere ye bhi aan lag rahi line pe, hahaha" if some pass with other illnesses they use to think vaccine is reason. "jo iss tarah ki baate banati thi ab wo bhi aati hai lagwane" dheere-dheere ho jayegi" (Haryana)*

*The vaccination is almost complete. Almost everyone has got the first dose but the second dose is still left. Approximately, women are more vaccinated. "Hamare yahan mahilaayen hi aage hain". 70-80-year-old people have got less vaccinated because they were afraid. People do get fever after getting vaccinated. "Mahilaayen ye sochti hain ki to ghar ka kaam kaun karega agar bistar pe padh gyi to". Some women had this tension. They were worried after knowing that they will get a fever after getting vaccinated. But when they got to know that they can take medicine then they got vaccinated. One centre was far away but one centre was in the village only. Then also everyone went for vaccination. "Ye hai ki apna bachaav, apne desh ka bachaav; ye soch ke logo ne duri nahi dekhi sabne teekakaran karwaya (Haryana)*

While more burden of household work for women and girls are acknowledged by the ASHA and AWW in both the states, problem with education of the girls are not found. Both boys and girls are found affected by offline classes. But incidences of dropping out is not mentioned.

*There are no dropout villagers who are farmers only. Kids used to study in government schools. Almost everyone has an android phone in the house. Kids were managing it. No violence. (Haryana)*

*There is no drop out in our village but It does affect education. It's a village area where people cannot afford phones and internet (Haryana)*

*It does affected education, there is difference between online and offline education. There is no dropout but it does affected education. Kids are not paying attention to study. I don't know much about it, if some family has such an issue then I don't have much knowledge to comment upon. (Delhi)*

*It affected education a lot. Some people does not have phone. Kids of rickshaw and daily wage workers don't have such facilities. In some families if they have phone "ek ghante kaam kar ke de rahe hai toh 4 ghnte phone me lage hai". Some students go to school to get photocopies of study material. (Delhi)*

*Have no idea about dropout. But there were people for whom online education became difficult. Some schools have provided second hand phone laptops to students. My kids are studying in private school so I got call from school about second hand laptop and phone we managed but there were families who benefited from this. Every family has at least one phone in the house so they distribute it accordingly. (Delhi)*

Finally, these interactions with frontline health workers also confirms occurrence of violence during Covid pandemic and lockdown. Findings of household survey on violence is reconfirmed through interactions with ASHA and AAW who are regular visitors of households and involved with community for years.

*Yes, domestic violence also happens when men are sitting at home. They are frustrated because they do not have any work. There is no money, no salary. In such cases, domestic violence happens. (Delhi)*

*Have seen so many cases of violence, there were no income in house so many families died because of hunger. Domestic violence with wife and kids. Some women committed suicide too.*

*I did not hear about any school drop outs. Alcoholic men and less educated men beat their wives. There is one barber in my village, he is alcoholic and beats his wife. I told the women to file a complaint against him. I also talked to him and told him that he has 3 kids, he should think about taking care of them instead of beating his wife.*

*Violence heard during lockdown... "ye toh hai ji jhagde bahot dekhe lockdown me ek toh banda phle kaam se ata tha thak ke so jata tha, 24 ghnte ghar me rahne se koi na koi issue khada ho hi jata hai. (Haryana)*

## II. Key Informant Interview

To understand the gendered impact of Covid on the community better this study also interacted in depth with front line health workers who were instrumental in reaching out the communities during the pandemic. This study interacted with nine ASHA and fourteen Anganwadi worker from four districts of Delhi and Haryana. Distribution of the front line health workers are like below:



Table 10: Distribution of qualitative sample across states and districts (For Key Informant Interview)

DISTRICT	STATE	Teacher	Activist
KARNAL	HARYANA	3	3
PANIPAT	HARYANA	3	3
NORTH EAST DISTRICT	DELHI	2	3
SOUTH DISTRICT	DELHI	1	3
<b>TOTAL</b>		<b>9</b>	<b>12</b>

As part of qualitative research semi structured interviews were undertaken with teachers and activists from the study areas to comprehend the effect of Covid 19 on women and girls in depth and capture the nuances of the situation. In fact, to realize the real life situation of the education scenario for the girls it was necessary to involve such stakeholders who are directly. Teachers took online classes mostly. In certain cases, they delivered notes to the children, took part in survey as asked by the department and then create awareness about Covid among the students as instructed by the education department. Teaching became a challenge during online class. Teachers did face technical issues at their end. School authority organised online session for teachers to help them with online classes. Children from weaker economic background did not have access to adequate mobile network. Teachers had to send video, notes etc. online to their parents or other relatives who has access to internet. In some cases, parents collected the homework from school on weekly basis.

*By this way it was very difficult to teach them. And also everything was new so it was difficult for us to cope with it. "agar hum 10 minute ki video banate h to usme hamara 2 gb data jo hume milta h wo khatam ho jaata tha" or "jab hume 40 minute ke period m baccho ko nhi samajha paate to 10 minute m kya hi hoga" "hamari taraf se class bhi kam thi online nhi hui"(Haryana)*

*when we see the child in school we would find out Whether the child is understanding us or is just adding yes to our yes, but it was not there in the online, we did not even know whether the child was understanding us or not. So that was the biggest challenge for us. Apart from this we also have internet issues like slow speed, not having data packs,limited internet. "hum baccho ko individual attention nhi de paye" (Haryana)*

*during lockdown boys used to go to each other's house and like some boys did not have phone so they used to go to their friends' home and take class so in this way 4 - 5 boys used to take class together but on the other hand girls could not do this because they were restricted by their family. (Haryana)*

From the teacher's interview, the crisis in education for children appears differently. Children belonging to economically weaker section were not able to join the online classes. According to some teachers, many went back to their villages with family during the lockdown. Also, there is an increase in enrollment in government schools as this pandemic has created job loss and financial crisis for the families.

When it comes to awareness of the community about Covid there is no dearth of it. Vaccination is also availed by both gender. Many schools are actually used as vaccination centres and teachers did observe the presence of both gender there.

*People in this area are economically weak, uneducated and therefore children did not have multimedia phones. In the pandemic some students were totally disconnected with us and in school there is a rule if children did not come school for 15 days we give notice to them if they did not come for 45 days we call them school dropouts. There are lots of children like this. We try to reach them but we find out that most of them went to their hometown and they are out of our reach. (Delhi)*

*No, I did not see any children who drop school, 20% of children are not coming as they do not know that schools are open. Even though we went to their home, we found that some addresses are not correct, some studying here but they are residents of UP. We are in lockdown. There is no gender difference. (Delhi)*

*There were financial reasons; some students have even left the state. Many students who were from UP and Bihar have migrated back to their respective states. We worked on those whose motivation was lacking. There was very less success. Most of them have left the state. (Delhi)*

From the interactions with teachers it is clear that quality of teaching is badly affected for a section of students. The impact of pandemic on education and the children will be seen in long term. Proportion of children irrespective of gender dropping out of school is a strong possibility in near future. When it comes to domestic violence and work burden on women and girls there is difference of opinion. While few agreed about the increased work burden on women and girls, mostly did not witness any domestic violence around them.

Activists were involved in various social activities like providing food to poor, supplying mask, sanitizer etc to community and most importantly raising awareness and motivating them to follow preventive behaviour to protect them from Covid. They had to face different kind of challenges in different phase of pandemic.

*During the first lock down rules were very strictly followed. So while distributing Ration we faced problems from police, although we had Identity Cards and pass still such problems were faced. During the second lockdown the biggest challenge was oxygen. To arrange oxygen cylinder and oxygen in Delhi we use to go to Chandigarh, Palwal, Muzaffarnagar. We went really far to arrange it and provided it to the needy. (Delhi)*

*As we work with children and school was totally closed so how to reach children was also a challenge for us. (Haryana)*

It is interesting to note that even activists do not see any gendered difference in vaccination and lack of awareness on Covid in the community. But when it comes to

increased work burden on women and girls and domestic violence they all agreed to that. Majority of them has witnessed domestic violence cases around them and marriage of girl child.

*I have heard some cases of domestic violence and the reason behind it was financial and there were some cases that those men who were not getting intoxicants were also doing domestic violence. (Delhi)*

*We have also seen domestic violence, early marriage, double burden of household chores. If men lost their jobs they got frustrated and then that frustration came out on women. Landlord threw them out of the house because they were not able to pay them and their husband also ran away from home because of financial issues (Delhi).*

*School dropout also led to early marriage in some areas. Male also affected, in fact women too who all are working lost their jobs. Mentally and financially affected most. Domestic violence cases increased. We did meetings and training with different groups in the community. (Haryana)*

*I have seen that girls have left their school, they got married forcefully because parents thought "lockdown mai gar shaadi karenge to paisa bach jayega", I have also witnessed some cases of domestic violence, like if women is asking for money for household expenses, then husband used to beat her. I have seen many cases like this. (Haryana)*

## 7. Conclusion

**On the basis of the above analysis, we can conclude the following.**

- In both the states people have adequate awareness about Covid and preventive behaviour.
- Television is the major source of information on Covid for the respondents followed by WhatsApp and Facebook. This is applicable for both the gender
- Irrespective of gender people were willing to follow the preventive actions to protect themselves from the pandemic.
- Vaccination is perceived as safe by both male and female in both the states.
- Proportion of vaccinated respondent is significantly higher in Haryana. Interestingly in Haryana vaccination is slightly higher among the women.

- Reasons for non-vaccinations are old age, pregnancy, nursing mothers and other clinical illness. According to both quantitative and qualitative study gender is not determining factor for vaccination.
- Among the Covid preventive actions washing hands with sanitizer is extremely likely to be followed by the respondents followed by wearing mask in public transport.
- Interestingly respondents are not at all likely to continue all such preventive actions once they are vaccinated.
- Covid pandemic has resulted in job loss or salary reduction for majority of the respondents. Job loss is indicated more for women.
- There is agreement on increased work burden on women and girls. In both the states almost same proportion of respondent agreed to this. In this context response by gender is significantly different where women respondents claimed that their work burden has increased due to pandemic and lock down.
- So far as domestic violence is considered household survey acknowledges the occurrence of domestic violence. Also few frontline health workers admitted it during interaction with them. Issues of domestic violence and increased work burden for women and girls are mostly highlighted by activists and facilitators.
- There is agreement on mental health issues from the respondents of both the states.
- Quantitative survey did not confirm gendered impact on education. Both boys and girls are affected by online classes. This is also confirmed by frontline health workers. But a different perspective is given by teachers.
- Teachers as the critical stakeholder in the context of education situation during pandemic found that quality of education is low through online classes. They also confirmed that students from economically poor families are badly affected through online class and cannot afford it.
- Teachers are also apprehensive of increasing dropout rate of children irrespective of gender in near future if current situation continues.



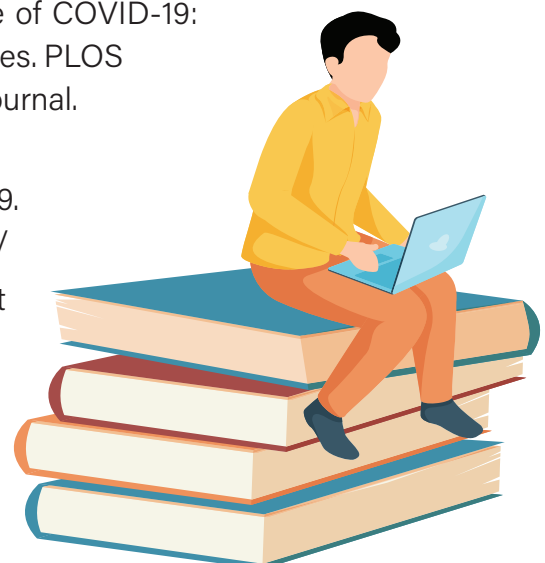
## 8. Recommendation

- This is important to maintain the current level of awareness to avert any crisis in near future. All stakeholders need to participate to make it happen.
- To avoid the spread of new variant all the preventive actions like wearing masks, keeping the required distance in public space, washing hands with sanitizers and so one should be continued. Relevant stakeholders need to continue the motivation and support to the community in this regard.
- Education is in a critical juncture. Children particularly from economically poor background need more attention and support to continue with their study. Intervention by government and other donors and stakeholders is urgent.
- To avoid dropout particularly with focus on girl child in near future strategic intervention from government as well as relevant stakeholders and donor organisation is required.
- More research on issues related to education of children after Covid 19 is critical for planning appropriate intervention to ensure that we can meet SDG 4 by 2030.
- Strategic economic intervention is the need of hour for those families who are badly affected by job loss or salary reduction due to the pandemic and lockdown. Since this intervention will address the issues of domestic violence, children's education, and other need of the family.
- Mental health should be recognised as an important area for intervention as aftermath of Covid and lockdown. Private and public partnership on this health issue is imperative.

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# Annexure I - Quantitative Tool

## A. Survey Questionnaire for youth and Parents

### Consent

Hello! We are Breakthrough India and we're conducting research on COVID and the impact it has had. We want to understand the situation in your home / area and what information you may have related to COVID.

The information you share with us will also be shared within a small team at Breakthrough India. We will not share any private information publicly. Except for a few, most of these questions are voluntary. If you are not comfortable answering all, please feel free to decline to answer any question you like.

Do we have your consent to take this forward and ask you the questions?

Consent: **Yes**      **No**

### Section 1 : General Information

#### I. Respondent Profile:

1. **Date \*:** (DD/MM/YYYY)

2. **State\* :**

1. Delhi	2. Haryana
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3. **District\*:**

**3 A. Option 1: select district name**

1. Panipat	2. Karnal
3. South Delhi	4. North east Delhi

4. **What best characterizes the area where you live?**

1. Village	2. Town
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5. **Respondent Name: (optional)**

6. **Sex\*:**

1. Male	2. Female	3. Others
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**7. Age\*:**

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**8. What are you currently doing (Select one option)**

1. Studying	2. Preparation for competitive exam	3. Government job
4. Private job	5. Business	6. Farming
7. Daily wage	8. Unemployed	9. Housewife
10. Other _____(specify)	11. Don't want to answer	

**9. What religion does your family follow? (Select one option)**

1. Hindu	2. Muslim	3. Buddhist
4. Jain	5. Christianity	6. Other (specify)
7. Don't want to answer		

**10. Caste: (Select one option)**

1. General	2. OBC	3. SC/ST
4. Don't know	5. Don't want to answer	

**11. Marital status: (Select one option)**

1. Married	2. Unmarried	3. Divorced
4. Separated	5. Widowed	6. Don't want to answer

**11 A. Do you have children?**

1. Yes	2. No	3. Not Applicable
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**12. What is the highest level of education you completed?**

1. Illiterate	2. Below primary (upto class 4 <sup>th</sup> )	3. Primary completed (upto class 5 <sup>th</sup> )
4. Middle school completed (class 8 <sup>th</sup> )	5. High school completed (Class 10 <sup>th</sup> )	6. Higher school completed (class 12 <sup>th</sup> )
7. Graduate	8. Post graduate	9. Technical education
10. Other (specify)		

**II. Household details:****13. Including yourself, how many family members do you have?**

Male members (18 yrs and above)	_____
Female members (18 yrs and above)	_____
Male members (below 18 yrs)	_____
Female members (below 18 yrs)	_____

## Section 2 : COVID Vaccine related questions

In this section, we will ask you questions connected to COVID vaccinations

### 14. Which platform do you use to receive the majority of your information regarding COVID or the vaccines?

a. Whatsapp	b. Radio FM	c. Television
d. Facebook	e. Youtube	f. Friends or relatives
g. Others_____ (please specify) /		

### 15. How likely are you to do the following:

Action	Not at all likely	Somewhat likely	Extremely likely	Not applicable
a. In public space maintain at least 6 feet distance from people who do not live in my home while				
b. Maintain at least 6 feet distance from people who do not live in my home while at small private gatherings				
c. Maintain at least 6 feet distance from people at work/college				
d. Wear a mask at work/college				
e. Wear a mask while in public transport				
f. Wear a mask when visiting friends or relatives or neighbours				
g. Wear a mask when going to market or shopping				
h. Wash and change clothes when come home from outside				
i. Wash hands frequently with soap or sanitiser				

### 16. How concerned are you of about contracting COVID 19 from the following:

Activity	Not at all concerned	A little concerned	Somewhat concerned	Very concerned	Not applicable
a. Contracting COVID-19 at work/college					
b. Contracting COVID-19 at shop					
c. Contracting COVID-19 at public transport					
d. Contracting COVID-19 while visiting friends and relatives					

e. Contracting COVID-19 while attending social gathering					
f. Contracting COVID-19 while having food at outside shop/restaurant					
g. Contracting COVID-19 while visiting hospital					
h. Contracting COVID-19 while visiting sick friend / relative					

**17. Are there COVID tests taking place in your village/area?**

a. Yes	b. No	c. Don't know
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**18. Today, if any male family member is ill (fever, cough, cold etc.), what happens?**

a. He uses home remedies	b. He take medicines obtained from the pharmacy	c. He is immediately taken to the doctor
d. He is tested for COVID	e. He recovers by himself	f. Any other _____ (Please specify)

**19. Today, if any female family member is ill (fever, cough, cold etc.), what happens?**

a. She uses home remedies	b. She take medicines obtained from the pharmacy	c. She is immediately taken to the doctor
d. She is tested for COVID	e. She recovers by herself	f. Any other _____ (Please specify)

**20. Are there COVID vaccinations taking place in your village/area?**

a. Yes	b. No	c. I don't know
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**21. In what age groups is vaccination taking place in your area?**

a. 18 - 44 years	b. 45 years above only	c. 18 years and above
d. None	e. I don't know	

**22. How safe do you think a COVID-19 vaccine will be for everyone?**

a. Not at all safe	b. A little safe	c. Moderately safe
d. Very safe	e. No idea	

**23. Have you got COVID 19 Vaccinated?**

a. Yes	b. No
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**23 A. If Yes, how easy do you think it was to get a COVID-19 vaccine for yourself?**

a. Very easy	b. Somewhat easy	c. Somewhat difficult
d. Very difficult	e. Not sure	

**24. If you are not vaccinated, what is your reason? (multiple option)**

a. I do not want to get vaccinated	b. Vaccination centre is too far away.	c. I don't know where to go to get vaccinated.
d. I do not have money to pay for it	e. My family doesn't want me to get vaccinated	f. I have a medical reason that makes me ineligible to get vaccinated
g. I don't have transportation	h. The hours of operation are inconvenient.	i. The waiting time is too long.
j. It is difficult to find or make an appointment.	k. I am too busy to get vaccinated	l. It was difficult to arrange for childcare
m. I don't have time off work.	n. Other	o. Not sure

**24 A. If you don't want to get vaccinated, (OPTION 1) what is your reason? Instruction: This question will only be asked to those respondents who choose (1) on Q24**

a. You should not get vaccinated while menstruating	b. The vaccine will reduce my capability of having children	c. I am scared of getting COVID after getting vaccinated
d. I think the vaccine does not work	e. I think the vaccine can be fatal	f. I am worried about going into a crowded area to get vaccinated
g. Once you've recovered from COVID, it is not necessary to get vaccinated	h. Those who take alcohol, drugs etc. should not get vaccinated	i. Pregnant or breastfeeding / (midwife) women should not get vaccinated
j. People with chronic illnesses ( diabetes, kidney-related disease, heart disease etc.) should not get the vaccine	k. I'm completely well and I don't need it	l. Immunity against other diseases decreases
m. I don't trust the healthcare system	n. COVID is not a real disease	o. Any other _____ (Please specify)

**25. All the adult members of your household are COVID 19 vaccinated?**

a. Yes	b. No
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**25 A. If No then who in your household has not yet got the vaccination?**

a. Mother	b. Father	c. Wife
d. Husband	e. Sister	f. Brother
g. Other (specify)		

**26. Reasons for family member not getting COVID 19 vaccine (Select all that apply.)**

a. They / he / she can't go on their own	b. Vaccination centre is too far away.	c. I don't know where to go to get vaccinated.
d. He /she has a medical reason that makes them ineligible to get vaccinated.	e. The hours of operation are inconvenient	f. Family is not interested in his /her vaccination.

g. The waiting time is too long.	h. It is difficult to find or make an appointment.	i. I am too busy to get them vaccinated.
j. It was difficult to arrange for childcare.	k. I don't have time off work.	l. Other
m. Not sure		

**27. Have you had COVID-19?**

a. Yes	b. No	c. Not sure
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**28. Did any member of your family have Covid 19?**

a. Yes	b. No	c. Not sure
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**29 A. If Yes, how many members?**

Male	(number) _____
Female	(number) _____

**29 B. IF "Yes," describe the level of care you or your family member received, or are receiving:**

(Q 28 answer is "yes" then ask Q 29.B)

a. Did not seek medical care	b. Received medical care but was not hospitalized	c. Was hospitalized
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**30. In your area which age group is getting more vaccinated?**

a. Male -18-44 years	b. Female-18-44 years
c. Male- 45 years and above	d. Female-45 years and above
e. No such difference but all eligible ones	f. No idea

**31. According to you, if either men/women have been vaccinated more than the other, what is the reason?**

a. Men have to go outside more	b. Women stay at home, so the chance of infection is less
c. Both of them are getting it equally	d. Any other reason _____ (Please specify)

**32. After Vaccination how likely you will do the following:**

Action	Not at all likely	Somewhat likely	Extremely likely	Not applicable
a. In public space maintain at least 6 feet distance from people who do not live in my home while				
b. Maintain at least 6 feet distance from people who do not live in my home while at small private gatherings				
c. Maintain at least 6 feet distance from people at work/college				

d. Wear a mask at work/college				
e. Wear a mask while in public transport				
f. Wear a mask when visiting friends or relatives or neighbour				
g. Wear a mask when going to market or shopping				
h. Wash and change clothes when come home from outside				
i. Wash hands frequently with soap or sanitiser				

**33. Any adult female relative of yours is currently visiting you or staying with you?**

a. Yes	b. No
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**33. A. If yes Is she vaccinated for COVID 19**

a. Yes	b. No	c. Not sure
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**Section3: Work burden and well-being related questions**

In this section, we will ask you questions regarding COVID and it's impact on people's lives

**34. Have you or your family member lost a job or had an income reduction due to COVID-19 pandemic?**

a. No, not at all	b. Yes, lost my job	c. Had a salary reduction
d. Yes, family member lost job	e. Family member had a salary reduction	
f. Any other _____ (Please specify)		

**35. Due to COVID 19 pandemic, is there a reduction in total family income?**

a. Yes, to a great extent	b. Yes, somewhat	c. Not at all
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**36. If a male family member tests positive for COVID, what additional responsibilities fall on the female family members?**

a. Have to try to manage the household expenses	b. Responsibility for household chores increases	c. Responsibility of taking care of children
d. The sick person has to be cared for	e. Taking help from neighbours/relatives	f. Any other reason _____ (Please specify)

**37. If a female family member tests positive for COVID, what additional responsibilities fall on the male family members?**

a. Have to try to manage the household expenses	b. Responsibility for household chores increases	c. Responsibility of taking care of children
d. The sick person has to be cared for	e. Taking help from neighbours/relatives	f. Any other _____ (Please specify)

**38. There are some sentences given below, please read and state whether you completely agree, agree, disagree, completely disagree or are neutral about them. There are no right or wrong answer, we simply want to know your opinion.**

Statement	Completely agree	Agree	Neither agree nor disagree	Disagree	Completely Disagree
a. During COVID and the lockdown, women/girls had to do more household work.					
b. During COVID and the lockdown, women/girls have a lot of time to relax.					
c. During COVID and the lockdown, men have free time at home and they spend it drinking, smoking etc.					
d. Because of unemployment created during COVID and the lockdown, men are stressed and have started being violent and using abusive language.					
e. During COVID and the lockdown, conversation and meetings with people are reducing.					
f. Because of COVID and the lockdown, the mental health impact on women/men and girls/boys has been bad.					
g. Because of the financial problems created during COVID and the lockdown, it's a good idea to get girls married at an early age.					
h. During COVID and the lockdown, girls' studies have been more affected in comparison to boys.					
i. Because of COVID and the lockdown, more women have lost jobs.					

**39. Have you seen/experienced any form of violence during lockdown?**

a. Yes	b. No
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**39 A. If yes, with whom was the violence taking place?**

a. With man or boy	b. With woman or girl
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**39 B. If yes, who was the perpetrators of violence?**

a. Man/boy	b. Woman/girl
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**39 C. According to you, what was the reasons for the violence?**

a. Going out of the house	b. Not doing household chores	c. Spending more time resting
d. Not studying	e. Abusing others	f. Getting drunk
g. Any other reason _____(please specify)		

**40. How does the present situation make you feel? You can choose multiple responses.**

a. Worried	b. Tense	c. Irritated
d. Anxious	e. Upset	f. Sad
g. Peaceful	h. Secure	i. Connected to others
j. Loved	k. Lonely	l. Helpless
m. I do not feel different than earlier	n. Any other feeling _____ please specify	

## Annexure II - Qualitative tools

### A. In-depth Interview guide for ASHA and Anganwadi worker

#### Consent

Name:

State:

District:

Village/ward:

Sex:

Age:

Education Level:

Year in service:

Date of interview

Interview by:

Interviewer name:

#### Questions

1. How long have you been working in this area? How many villages do you cover for your work?
2. According to you, how many people do you need to cover for your work?
3. During the Covid 19 pandemic which were your main activities? Please let us know which activities were really difficult to execute and why?
4. Please let us know the challenges that you face during the pandemic in your daily work? How did you manage them? Could manage to carry on the regular immunisation work and ANC/PNC services? What problems did you face?

5. Have you got Covid 19 vaccination? Are you fully vaccinated? When did you get vaccinated?
6. Have you organized Covid vaccination in your area? If yes, when did you start? If no, why? Do you think people in your area have enough information related to Covid 19 (please ask about spread, safety, social distancing, test, vaccine etc/Please probe for gender and age group)?
7. Do you think people in your area have adequate information about Covid 19 and its vaccination? What is their source of information (probe for sources like social media, friend network, television, health centre etc). Do you think gender plays a role here? If yes, how? If not, why?
8. Approximately how many people from your area got vaccinated? Can you let us know the proportion of males and females that got vaccinated from your area? Can you share with us how many adult male and females got COVID 19 vaccine from your area? Did you notice any specific trend? Any gender bias in vaccination? Which age group got the maximum vaccination?
9. In your area do you face any challenge in getting adult women vaccinated? If yes, what problems do you face? How do you resolve such problem? Location: Is the vaccination being given in a close by, convenient place? Are any costs involved (for the vaccine itself, travelling etc); Do people feel that they are treated with kindness, understanding and respect? Please share some relevant examples.
10. Do you think special measures should be taken for vaccination of adult women? If yes, why? If no, why not?
11. Do you think this pandemic has affected women and girls more? If yes, why do you think so? If not please share why you think so. Pl share some relevant examples with us. Have you heard about girls /boys dropping out of school? If Yes, why? Which age group do they belong to ? What about the incidence of domestic violence during the pandemic? Did such problems increase? How did you address them?
12. Do you know any best practices that the community adopted during the pandemic? Can you please explain that in detail?

## Key Informant Interview guide for Teachers

### Consent

Name:

State:

District:

Village:

Sex:

Age:

Education Level

Year in service:

Date of interview

Interview by:

Interviewer name:

## Questions

1. During the Covid 19 pandemic which were your main activities?
2. Please let us know the challenges that you face during the pandemic in your daily work? How did you manage them? (probe for online class / internet / attendance of student /examination)
3. How did you manage to continue your classes? Do all your students manage to attend classes online? If not, why? Who did not? If yes, how did they?
4. Are you aware of any students dropping out from your class? If yes, why? Did you manage to help such students? What kind of help did you provide? Have you witnessed this drop out of children in your area? Is there a gender difference in dropping out of school?
5. Do you think girls are more affected than boys due to COVID 19 pandemic? If yes, why? If not,why?
6. Do you think your students had access to authentic resources and sources for information on COVID 7? Can you share some examples? Did you organize any awareness /discussion on this topic for them? If yes, how? If no, why not?
8. Recently have you noticed any increase in enrolment in your school or other government school? If yes, what are the reasons?
9. Have you got Covid 19 vaccination? Are you fully vaccinated? When did you get vaccinated? If not vaccinated yet, then the reason for it.
10. Do you think people in your area have enough information related to Covid 19 (please ask about spread, safety, social distancing, test, vaccine etc./ please do probe for male and female and various age group)
11. In your area do adult women face problems in getting Covid vaccines? If yes, what problems do they face? Location: Is the vaccination being given in a close by, convenient place? Are any costs involved (for the vaccine itself, travelling etc); Do people feel that they are treated with kindness, understanding and respect? Please share some relevant examples. What do you think should be done to resolve that?
12. Do you think this pandemic has affected women and girls more? If yes, why do you think so? If not please share why you think so. Please share some relevant examples.
13. Do you know any best practices that the schools adopted during the pandemic? Can you please explain that in detail?

# Breakthrough



**Act. End Violence Against Women.**

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