



## Adolescent girls' response to local problems in COVID times in low income neighbourhoods of Vadodara City in Gujarat

### 1. LOCATION

SAHAJ (Society for Health Alternatives, a non-profit organisation) has been working in the state of Gujarat in western India for over three decades on issues of the urban poor, specifically on adolescents' development and rights in five districts, SAHAJ was started with a vision of a society where there is peace and equal opportunity for all. Its mission is to strive for social justice through **comprehensive health** of marginalised communities encompassing the physical, mental, social, spiritual, economic and political well-being. Our strategy has been to nurture local leadership. In response to the COVID 19 emergency, SAHAJ, in collaboration with partners, including community based organisations (CBOs), has undertaken several actions – research, relief and advocacy. This case study briefly summarises the efforts of CBOs and local leaders, mainly young people, in urban Vadodara as they address issues that emerged in the COVID 19 context.

### 2. SOCIO-POLITICAL, SOCIAL GROUP

Vadodara is one of the three most populous cities with a population of 2.1 million (2011 Census), located in Central Gujarat. It has 336 slum pockets within its 28 wards, constituting more than 20 % population of the city. These slums lack adequate infrastructure, such as drainage, roads and water and sanitation. SAHAJ works in 15 slums where most men are daily wage earners working as construction workers, painters, and carpenters, vegetable vendors, running tea or snack stalls and small provision stalls or selling trinkets, Women largely work as domestic help – cooks and caregivers, or as office cleaners. Those with some education are employed on a contractual basis as office assistants, receptionist and, sales or delivery persons,. The poorest slum dwellers resort to begging and rag picking. Gujarat is a highly industrialised state where millions of migrant workers seek their livelihood. Migrants come from within Gujarat (mainly from the deprived tribal districts), as well as from other poorer states like Uttar Pradesh, Madhya Pradesh, West Bengal, Bihar.

### 3. ORGANISATION OF THE OVERALL COVID-19 RESPONSE

The first two cases of the COVID 19 in the State were confirmed on March 19. As a precaution against COVID 19, and following related events in other States, the Government of Gujarat took the following steps:

- closure of all educational institutions, malls, multiplexes, and swimming pools across the State for two weeks, from March 15 to March 29, 2020, and a complete 21 day lockdown following the national advisory from March 24.
- delivery of free food package to elderly persons living by themselves during lockdown, following the third reported COVID 19 death in the State on March 26.
- launch of a mobile app on March 27 to track home-quarantined persons.
- a one month (April) Rs. 1000 (USD 133) cash assistance to National Food Security Act card-holding families
- provision of food and accommodation to migrant workers while restricting their travel during the 21-day lockdown period.
- Rs.6 crore (roughly USD 800,00) package was for 6.5 million families of the poor, labourers, unorganised workers, construction workers of the state.

In early April, 31 private hospitals across the state were insourced as COVID-19 hospitals, doubling available beds for COVID patients. Although testing was ramped up, it continued to be lower than required. Gujarat Government pressed upon the industry lobby to increase the production of PPEs and ventilators.

This is the context in within which SAHAJ and her community based partners responded to various issues that emerged in the wake of the COVID 19 pandemic in Vadodara.

#### 4. NATURE OF THE COMMUNITY ENGAGEMENT – SOME EXAMPLES

##### **Adolescent Girls' Group make Masks**

Masks available in the market were expensive and in short supply. With guidance from the Community Organiser, the adolescents' girls group 'Akanksha', made a total of 5328 masks for SAHAJ's frontline workers and Peer Leaders in urban Vadodara<sup>1</sup> SAHAJ also provided safety kits<sup>2</sup> to all the frontline workers and Peer and community leaders – around 1000 - working in five districts.



**Girls from Mali Mahollah made masks on emergency basis to address the safety of volunteers**  
Picture credit: Kalpana Mahadik (May 2020)

##### **Handling Menstruation during the Lockdown**

Girls and women had difficulties accessing sanitary napkins. The lockdown affected their mobility as well as supply chains; and amidst reduced family earnings sanitary napkins were not a priority. Girl members of the Yuva Working Group<sup>3</sup> suggested for SAHAJ to keep sanitary pads with the Peer Leaders in each *basti* so that girls can purchase them in times of emergency. According to the Group's criteria, girls from 12 to 14 years of age were educated on 'menstruation', and those who had started menstruating in the last three months were given a packet each. In addition, girl peer leaders from each *basti* conducted a session for first timers in their *basti*, on the appropriate use and disposal of pads, following the COVID 19 safety protocols drawn up by SAHAJ.

##### **Adolescents manage Relief Work during the Lockdown**

The two months of lockdown (the national lockdown was extended two more times) was a challenging time for the daily wagers in the *bastis*. With no means of livelihood, many

<sup>1</sup> The frontline workers organise community groups and build their capacity to monitor government programmes and engage with the civic authorities to get their entitlements. The Peer Leaders impart information on reproductive and sexual health and rights, organise adolescents and young people to claim their rights, all towards building citizenship.

<sup>2</sup> The kit included a sanitizer, hand towel, five masks and three pairs of hand gloves.

<sup>3</sup> The executive body of a young people's federation nurtured by SAHAJ

families had to manage with just one meal a day. Some local donors came forward to distribute cooked meals in the first week of the lockdown. The ration distributed by the government was not enough to feed families during the entire lockdown period. With the assistance of adolescents peer leaders, SAHAJ distributed dry rations <sup>4</sup>to the most vulnerable families in the project areas across the five districts. The peer leaders identified vulnerable families in their areas. Targeted distribution is a sensitive issue. To maintain the dignity of the vulnerable families, as well as to avoid conflict in the local areas, the peer leaders requested family representatives to collect their ration kits from the local leader's house at a designated time: *'We asked them to wear masks or cover their mouth and nose with a handkerchief /dupatta when they came to collect their kits. We sanitized their hands before handing them the kits. We delivered kits to the homes of people who were not in a position to come and collect the kit due to their age or disability'*.



**Humanitarian kit distribution by the Community Leaders to the needy people**

*Photo credit: Jignesh Jadav (May 2020)*



**PPE kit was distributed to community volunteers of Gokulnagar**

*Photo credits: Alpna Nayi (May 2020)*

## 5. FACTORS and INSIGHTS

Above examples are illustrative of how different population groups were affected during the lockdown phase. They demonstrate that cookie-cutter solutions of the State's COVID

<sup>4</sup> Dry rations consisted of wheat flour, rice, tuvar dal - lentils, oil, sugar, spices (chilly powder, turmeric powder, coriander powder, salt), poha – beaten rice, suji 0 semolina and tea

response ended up being considerably diluted and /or distorted in implementation. Solutions need to be adapted to local contexts. Collectives and local organisations provided the necessary platform for brainstorming of workable alternatives. Collectives also provided members with necessary support to deal with challenges and risks involved in efforts for containment and mitigation of the pandemic. External agencies were not able to reach the most vulnerable during complete lockdown. Local leaders were best positioned to organise relief and education and information dissemination in their neighbourhoods.

Some of the enabling factors for community engagement in the COVID response, apart from the existence of local organisations and collectives, is the history of proven and credible leadership at the local level. Authorities and relief agencies could reach out to them, confident that the relief would reach the most vulnerable households. Mobile phones and web connectivity enabled the use of social media for information dissemination, for data collection.

The examples above also show the agency of young people as they struggle to overcome the barriers created by restrictive gender norms. And their sense of solidarity, pride as well as gratification as they see their efforts contributing to the well-being of others.

For more details visit [www.sahaj.org.in](http://www.sahaj.org.in)