

COVID-19 PANDEMIC AND EARLY CHILDHOOD CARE

Assessing the Impact on Children Enrolled
with Sangini BalSEWA Centres

SEWA-ISST STUDY 2021

Monika Banerjee and Prama Mukhopadhyay



A close-up photograph of a young child with dark hair, smiling broadly and showing their teeth. The child is holding a piece of lined paper with both hands, which has a simple drawing of a face with curly hair. The child is wearing a red and white striped shirt. In the background, another child in a blue shirt is partially visible, holding a small white object. The overall image has a warm, slightly blurred background.

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About ISST

The Institute of Social Studies Trust (ISST), since its inception in 1980, is committed to the cause of equity and well-being of the poor and the marginalized. It has specifically been working towards bringing the issues and concerns linked to women in all communities to the forefront. Using a gender transformative approach, the main focus area of ISST's work has been to pursue multidisciplinary social science research and conduct evaluative studies. It has also been involved in reaching out to the community directly through its outreach centre, Saathi, which works towards empowering women, children and adolescent youth.

About SEWA

The Self-Employed Women's Association, SEWA, is a national union of 1.8 million women workers in the informal economy. Founded by Ela Bhatt, a labour lawyer and organiser, in 1972, SEWA has grown into India's largest movement of informal women workers, including unions and cooperatives in 18 states of India. One such cooperative is Sangini BalSEWA cooperative which provides holistic and comprehensive, full day and quality care to the young children of informal women workers. SEWA works for the economic empowerment and self-reliance of informal women workers and their families. Child care is an essential and integral part of the journey for self-reliance.

About this Research Report

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EXECUTIVE SUMMARY

While mothers across the world struggled with the sudden closure of institutional childcare facilities due to the Covid-19 pandemic and the lockdown called thereafter, its impact on children, especially those below the age of 6, remained comparatively unknown.

The present study aims to fill this gap to an extent, by attempting to ascertain the impact of the Covid-19 pandemic and the subsequent lockdown on children below the age of six who belong to poor and marginalised households.

The study specifically focuses on children who have been attending the BalSEWA centres run by SEWA in Ahmedabad, Gujarat through their Sangini Co-operative and aims to highlight the benefits that a full-day childcare centre can have not only for children in terms of holistic growth and development but also for their mothers and the larger community, if it is nurtured with the sense of 'being there for each other'.

While the study primarily was designed to assess the impact of the closure on the physical well-being and mental disposition of the children, as they were locked inside their houses with no specific routine and little adult supervision, it also ended up highlighting the support that Sangini Sevikas provided to these families even during the lockdown months.

The study was conducted through a mixed method approach. All data has been rounded off to the nearest whole number.

KEY FINDINGS

The key findings of the study can be summarised under three heads:

Impact on Mothers: The study highlighted that 99% of the respondent mothers, all engaged in various forms of informal labour, were financially impacted due to the lockdown, either in terms of complete job loss or significant cut in wages, along with a disproportionate burden of increased care work, including the time spent towards childcare (with 38% suggesting an increase in care work for children¹). Further, the study put forth the intra-household stress and tension that women had to suffer (78% of the respondents), during this time, especially due to the decline in family income.

Impact on Children: The burden of care and other domestic work made mothers become increasingly unavailable to their children, who were mostly left to their own devices. This had a major negative impact on the children, especially on their early childhood education and development needs. Without constant adult supervision, which is required for children in their early phases of life, many were found to be consuming unregulated amounts of unhealthy, junk food (42% children ate junk food more than once daily, while another 48% reporting to be eating such food at least once daily), causing a negative impact on their anthropometric parameters with an 8% increase in the percentage of underweight children from February to July 2020. Children were also found to be getting more obstinate (accounting for 50% of the children) and irritable (accounting for 25% of the children), indicating impacts of the lockdown on their mental disposition. Nearly 64% of the children were also reported to have forgotten all that was taught to them as a part of their Early Childhood Care and Education (ECCE) curriculum in the pre-pandemic days

The Role of Sevikas and the Sangini Co-operative: While the lockdown forced the centres to remain closed, the study revealed the spontaneous manner with which the sevikas responded to the pandemic by continuing with some of their most essential services. This not only included delivering food door to door to the children and providing them with ECCE kits, but also supporting the mothers mentally by advising and guiding them in these uncertain times.

What emerges clearly is the role of the Sangini Co-operative which had already provided years of service at the grassroots level, leading to credibility and trust not only among the parents of the children served but also in the community at large—the neighbourhoods where the women and their children live.

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¹22% suggested that work increased in the domain of care work for children, while 16% said work increased in the domain of both care work for children and elders.

IMPACT ON MOTHERS

- 99% financially affected
- 85% lost job
- 94% experienced an increase in unpaid domestic and care work
- Childcare was exclusively the mother's duty with 79% mothers responsible for their child's toilet needs, 71% for providing food assistance & 65% for helping the children go to sleep
- 78% experienced increase in household stress and tension

IMPACT ON CHILDREN

- 8% increase in underweight children, 7% increase in severely underweight children & 15% decrease in normal weight children from February to July 2020
- 42% children having junk food more than once a day, 48% having at least once a day
- 50% children becoming obstinate during lockdown period
- 64% children forgetting ECCE taught to them pre-pandemic

ROLE OF SANGINI CO-OP

- Second home for children
- Continued supplying food and ECCE kits to children door to door during lockdown
- Safe space for mothers.
- Helped them share their mental burden
- Increased engagement of fathers in child rearing



The study therefore recommends the following:

Recognising quality childcare as the right of all children

Quality childcare has been globally recognised as a fundamental right of each child for her healthy upbringing. Unfortunately, India, in spite of its ICDS system, suffers from major limitations that deprive many children of this fundamental right. The recognition of this right is therefore crucial for the holistic development of each child in this country.

Public investment in care infrastructure and extension of ICDS

Public investment in care infrastructure is extremely crucial to ensure childcare is available, affordable, of decent quality, and meets the needs of all the families living in the furthest and most marginalised regions of the country. For this, one can consider building upon the existing ICDS infrastructure that has its network in the remotest corners of the country.

Understanding the importance of workers' organisations, especially women's collectives, in running child care infrastructure

Workers' organisations, like cooperatives, typically operate at the local level, and are particularly well-suited to respond quickly during emergency conditions. Being local, they are accountable to the families they work with and for---they are transparent and agile in all they do. The tasks of implementing full-day, extended ICDS and all other child care services should preferably be entrusted to such organisations.

Recognising the importance of family-friendly policies and social protection

Childcare exists within a broader continuum of family-friendly policies like paid parental leave, breastfeeding breaks, childcare infrastructure at the workplace and child grants. Such policies and the need to implement them are therefore crucial to help women balance paid work and unpaid work.

PREFACE

The Covid-19 pandemic resulted in unprecedented suffering for our citizens. Women workers of the informal economy and their families, especially their young children, were the worst hit. While all were exposed to the highly infectious virus, illness and unfortunately even death, informal women workers had to deal with a livelihood and care crisis in addition to the public health one. With little to fall back on by way of social protection, they used up their hard-earned savings, borrowed and did whatever they could to survive the pandemic and the lockdowns in both the first and second waves. Women have been unable to return to work due to lack of child care, in addition to livelihood opportunities being seriously affected by the pandemic. This gap in social protection--of lack of child care--needs to be brought into all discussions of building back effectively during and after the pandemic.

It is imperative to bring out both the nature of the impact on poor working women and their young children, and also the stories of resilience and service rendered at this challenging time. In fact, as we re-build our lives, we should not forget that it will take years to build back, and that the struggle for restoring the lost livelihoods is by no means over. In this period of building back, the role of collectives and cooperatives like Sangini, SEWA's child care cooperative, are particularly noteworthy. The cooperative's leaders and child care workers or balsevikas, imbedded in the very communities they serve, showed courage, determination and commitment to the young children for whom they care normally, and for their working parents. They helped to build resilience and hope in a very trying situation, putting others before themselves and their own families.

These and other stories of how local women support young children and their working mothers have been ably brought out in the study conducted by the Institute of Social Studies Trust (ISST). ISST has been a long-time partner of SEWA, and this study was in that tradition of sharing and working together to bring out what often remains invisible and unsaid. Along with voices of women, the study has collected valuable data on the impact of the pandemic on both working women and their children. We thank our ISST sisters Monika Banerjee and Prama Mukhopadhyay most sincerely for their dedication to see this study to fruition and for the sensitivity and care they showed throughout. We would also like to thank Jahnavi Andharia, Director, ISST for her kind support to this endeavour.

In light of the evidence that emerged, the study report lays out recommendations for state, national and global policy-makers and concerned citizens. As the young children in the study are '*hamare bache*', our children, we need to reflect on the findings and the recommendations to provide quality child care for every young child in India and everywhere. Having suffered so much and for so long, the young child and her working parents can no longer wait. Lack of resources can no longer be a reason for limited investments. Governments, concerned citizens, corporates and each one of us has to make the demand and dream of full-day child care for all actually happen in India. Investing in our children and the hard-working women of our country is the right thing to do from every angle. We need to extend and rejuvenate the Integrated Child Care Services (ICDS) in light of what we know now from this study and others. The implementation of this extended ICDS should be entrusted to community-based and grassroots organisations. This is a historic opportunity. We owe it to the young children of our country and their working parents.

We hope very much that all of us can embark on this journey of hope and recovery for our children. Let us do so together, pooling our ideas, experiences and resources to make quality child care for all a reality in the near future.

Mirai Chatterjee, Director, SEWA Social Security
& Susan Thomas, National Coordinator, Health and Child Care
Ahmedabad, 24 October 2021

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INTRODUCTION

The onset of the Covid-19 pandemic and the subsequent stringent lockdown for more than 40 days, has had a severe impact on India's economy. The International Labour Organization report (ILO, 2020) estimates that over 400 million informal sector workers had to either face complete job loss or wage cuts due to lockdown measures. The Centre for Monitoring Indian Economy (CMIE)'s Consumer Pyramids Household Survey (CPHS), which provides high-frequency employment and unemployment data covering 1.7 lakh households has estimated that unemployment rates in April and May 2020 were over 23% in India, which was three times higher from the previous year's value (Vyas, 2020). The report has further indicated that the pandemic and the lockdown has impacted men and women disproportionately. While some studies have highlighted that the absolute loss of employment was higher for men compared to women (Desai et al., 2020), others have concluded that women suffered more job loss compared to men and that rural women were the worst hit (Rosa et al., 2021). Deshpande (2020a), who investigated the immediate impact of the COVID-19 induced lockdown and post-lockdown from a gendered perspective by using nationally representative, high-frequency panel data, concluded that women who were employed in the pre-lockdown phase were 24 percentage points less likely to be employed in the post-lockdown phase compared to men. She also highlights that the lockdown affected employment of the disadvantaged caste groups relatively more adversely than the higher-ranked group of castes. In another study, where she examined the effect of the pandemic on gender gaps in paid work through the lockdown and post-lockdown phase, she concluded that though employment had recovered partially for men by August 2020, for women the likelihood of being employed was 10 percentage points lower than for men compared to the pre-pandemic period (Deshpande 2020b). Alon et al. (2020) also indicated that the pandemic is expected to lead to a significant reduction of jobs in sectors with high female employment shares.

Apart from the impact on livelihood and earning, studies have also highlighted the disproportionate impact that women are suffering in terms of increased care work and intra-household stress and tension due to a decline in family income and indebtedness. Agarwal (2020) has concluded that intra-household dynamics like food-sharing under scarcity, household asset depletion and domestic violence has affected women more than men. She also highlights that women's job loss is linked to food insecurity, poverty and indebtedness (Agarwal 2021). The two set of rapid assessment studies conducted by the Institute of Social Studies Trust with women working as domestic workers, waste pickers, home-based workers, street vendors and construction workers in Delhi (ISST, 2020; 2021²) also captures the vast extent of job loss and wage cut that workers across these sectors have suffered due to fear of disease and the stringent rules of the lockdown. They have also highlighted the increased care work burden of women workers and their difficulty in returning to work even in the post-lockdown phase in October 2020 (when the fieldwork for this study was conducted). Other studies too have concluded that women will find it more difficult to get back to work than men, as there is tremendous increase in their domestic care work burden which would make it difficult for them to look for work opportunities and take on paid work (Abraham et al., 2021). It is indicated that this is specifically true for women workers with very young children who are unable to attend schools or anganwadis/ creches since the onset of the pandemic.

Thus, the impact of care work burden on women's ability to access paid work opportunities and their need for care work support has become even more stark since the pandemic.

In relation to children and their situation since the onset of the pandemic, most studies have focused on older children and their struggles to cope with online classes. The ISST study (2021) highlights the challenges that school-going children of marginalised communities and their parents are facing due to school closure

² https://www.isstindia.org/publications/1610689612_pub_Final_Designed__Domestic_Workers_Report_compressed.pdf
https://www.isstindia.org/publications/1610690169_pub_Final_Designed_Waste_Workers_Report.pdf
https://www.isstindia.org/publications/1610690169_pub_Final_Designed_Waste_Workers_Report.pdf
https://www.isstindia.org/publications/1610690169_pub_Final_Designed_Waste_Workers_Report.pdf

and their inability to get regular access to smart phones for online classes. In fact, recharging of mobile phones emerged as one of the most significant challenges for the respondents of the study. However, there appears to be a void in terms of understanding the loss and struggles of children below 6 years of age.

COVID-19 PANDEMIC AND THE PAUCITY OF CARE FOR CHILDREN BELOW 6 YEARS OF AGE

The early childhood years are crucial in the development of physical, sensorimotor, social, emotional, linguistic and cognitive faculties. Brain development is most rapid during these years and the rest of a person's life in terms of learning and development is greatly determined by how they are nurtured during this phase (Mahendru, 2020)³. To develop their full potential, children in this age group need safe and stable housing, adequate and nutritious food, access to medical care, secure relationships with adult caregivers, nurturing and responsive parenting and high-quality learning opportunities at home, in child care settings and in school (Sandstrom et al., 2013).

UNICEF's Facts for life⁴ suggests that 'the first five years of a child's life are fundamentally important... for they are the foundation that shapes children's future health, happiness, growth, development and learning achievement at school, in the family and community, and in life in general'. Research further suggests that conflict, uncertainty and instability in these years can negatively affect a child's wellbeing, leaving a long-lasting impact on their development (Sandstrom and Huerta, 2013). With extreme uncertainty and distress

³<https://www.cbgaindia.org/blog/losing-precious-time-impact-covid-19-early-childhood-education/>

⁴[https://www.unicef.org/ffl/03/Facts of Life \(fourth edition\)](https://www.unicef.org/ffl/03/Facts of Life (fourth edition))



plaguing families, children below the age of six might have not been the face of this pandemic, but they have been among the biggest victims of these uncertain times (UNICEF, 2020)⁵.

In India, the Integrated Child Development Scheme (ICDS), which was initiated in 1975, covers around 38 million children through a network of almost 1.4 million *anganwadis* (ISST, 2020). This network has been instrumental in providing a package of six services to children below the age of six years and pregnant and lactating mothers that includes supplementary nutrition, regular immunization, health check-ups, referral services and pre-school training and education for the children. While these centres have been critiqued for emphasising the nutritional aspect with not much attention to early childhood care and education (ECCE) (Chaturvedi 2019; Mahendru 2020) or the needs of mothers to have access to full-day child care support (Banerjee 2020), the fact remains that ICDS has been the largest provider of ECCE in India. Apart from ICDS, there are child care centres in different pockets of the country run by voluntary organisations, but they differ in terms of provisioning, reach and ideology.

With the onset of the pandemic, all the child care centres including those run under ICDS and those that are run by voluntary organisations had to be shut down. Some have stopped operations permanently because they could not bear the operational costs during the pandemic.

While some pre-school operators across the country shifted to an online format to offer uninterrupted learning, children from low-income households found such methods of home schooling difficult especially since online learning environments usually require technological support such as mobile phones, computers and a reliable internet connection, something that not many households in India can afford (OECD, 2020). Besides, the closures of ECCE facilities also meant food insecurity for children from low-income families (OECD, 2020).

These effects of the pandemic for children were further likely to be compounded by an enduring economic downturn well beyond the months of quarantine or restricted movement (Yoshikawa et al., 2020). This would mean growing inequality among parents' resources and the quality of children's home environments, which would lead to a persistent gap in opportunities between advantaged and disadvantaged children (Kalra, 2021; OECD, 2020). Mahendru (2020) states that "children who do not receive the adequate stimuli up-till the age of six, do not reach the full potential of their brain. This is an irreversible process i.e., if that time-period is over, there is no way of redeeming it."

Researchers have suggested that stress and uncertainty caused by such differential deprivation in the most vulnerable ages of a child's life could be further exacerbated by overall anxiety about the outbreak, confinement and mitigation measures of the COVID 19 outbreak (Ambrose, 2020; Chawla et al., 2021; OECD, 2020).

Unfortunately, while most of these hypotheses are based on previous experiences of pandemics and other social and medical emergencies, not much empirical research has been done on the direct impact of the pandemic on these young minds, even though several evidence-based studies can be found on adolescents and young adults⁶.

This lack of empirical research and studies trying to assess the impact of the COVID 19 pandemic and Early Childhood Education and Care (Jalongo, 2021) seems rather intriguing and our present research aims to fill the void.

⁵ <https://data.unicef.org/COVID-19-and-children/>

⁶ See Pew Research Center (2020), *The psychological toll COVID-19 may be taking on Americans*, <https://www.pewresearch.org/fact-tank/2020/03/30/people-financially-affected-by-covid-19-outbreak-are-experiencing-more-psychological-distress-than-others/> or Przybylski, A. & Weinstein, N. (2017). *A Large-Scale Test of the Goldilocks Hypothesis: Quantifying the Relations Between Digital-Screen Use and the Mental Well-Being of Adolescents*, <https://journals.sagepub.com/doi/10.1177/0956797616678438>

THE STUDY

The present study aims to ascertain the impact that the Covid-19 pandemic and the subsequent lockdown had on children below 6 years of age who belong to poor and marginalised households (i.e., their parents do not have a stable source of income or are engaged in the informal sector).

The study specifically focuses on children who have been attending the BalSEWA centres run by SEWA in Ahmedabad through Sangini Co-operative prior to the pandemic and aims to highlight the benefits that a full-day child care centre can provide not only to children in terms of wholistic growth and development but also to the mothers and the larger community, if it is nurtured with the sense of 'being there for each other'.

While the study primarily assesses the impact that closure of childcare centres had on the physical and mental well-being and early learning skills of the children, as they were locked inside their houses with no specific routine and no one to give exclusive attention, with parents struggling with issues of paid and unpaid work, it also highlights the support that Sangini *sevikas* provided to these families during these extremely distressing times.

RESEARCH LOCATION

SEWA, founded by the Gandhian activist Ela Bhatt, began its journey in 1972. It was the first union of unorganised women workers in India. From a few thousand members to a membership of around 1.5 million (2018) today, SEWA continues to grow and spread its influence through its members' experiences.

This experience led the organisation to realise how crucial childcare support is for women working in an informal economy without any social security or infrastructure. This need, voiced by the very collective of women with whom SEWA was engaging, prompted the organisation to start its own basic childcare facility centre from the verandah of a worker's home. This was even before the organisation was formally registered, highlighting how integral childcare centres have been to SEWA's own work and functioning.

Ever since, these centres have been running across various locations in Gujarat (across five districts in the state, when its reach had peaked in 2006) with the motto of supporting women with childcare needs. Keeping up to its own moorings of being a collectively organised trade union, SEWA decided to bring all its childcare centres together under a cooperative structure in 1984. Accordingly, the Sangini Co-operative was registered in 1986 as the first-ever childcare cooperative in India.

Currently operating out of 11 localities in Ahmedabad, Gujarat, these childcare centres or BalSEWA centres (often also referred to as the *Ghodiya Ghars*), serve as places where mothers can leave their children for the entire day, as they continue with their day-to-day wage-earning activities without facing the added hassle of childcare work.

These centres are open six days a week for 6-8 hours a day. Each has two *sevikas* working with 30-35 children. The *sevikas* are provided training in various aspects of ECCE through continuous capacity-building exercises, including both in-house training and other external specialised programmes. The *sevikas* are mainly women from the community, often the parents of children who used to attend these centres earlier, and are therefore known to the mothers of the neighbourhood.

Regular Day at the BalSEWA Centre

On a regular day, the children would come to the centres around 9 am. A small prayer service initiates the morning routine, followed by some physical exercises and some playful activities. At 11 am, the children have their mid-morning snack, which they bring from their own houses. The children are also given either milk or a fruit every alternate day. Between 11 am and 1 pm, the *sevikas* work with the children on various subjects and themes through games and play sessions. The BalSEWA curriculum is based on early childhood development principles. Activities are designed keeping in mind both the mental and physical necessities of the children. At about 1 pm, children are served a freshly cooked hot meal according to a pre-fixed menu that usually consists of food like *dal-chawal*, *chana*, *poha*, *lapsi*, or *vegetarian pulao*. After lunch, the children are made to rest and at around 4 pm they are given a dry snack. Children return home with their parents at 5 pm.

Source: SEWA-ISST KII Online interview, February 2021

The cooperative consists of shareholders, who are also its users, managers and owners. It runs democratically with an election every five years in which seven board members are elected. Each of these board members are *sevikas* working with the cooperative, with two of them becoming the President and Secretary.

All the centres function in rented accommodations, with the cooperative having to bear the overhead costs for the service provided. The *sevikas* receive a remuneration for their work, helping them gain economic independence and enjoy certain social and cultural agency within their own families and communities.

In the words of **Mehrunissa ben** who is a *sevika* and a Board member herself:

'I feel lot more confident after joining Sangini. I come from a very conservative Muslim family. I was earlier not allowed to step out or talk to outsiders. But, after joining Sangini, I gained my voice'. (FGD, Sangini Board Members, June 2021).

With the announcement of the lockdown on 22 March 2020, the activities of these centres came to a sudden halt, even though the *sevikas* tried to continue delivering at least one meal every day to the children at their homes.

Food served at BalSEWA Centre



METHODOLOGY

The study used a mixed method approach involving both quantitative and qualitative modes of data collection and analysis. This was a deliberate choice, for it was believed that such a method could help us identify the nuances of reality, which could possibly not be understood in its entirety if only one of the methods was used. Following the theory of complementarity (Greene et al., 1989), an initial extensive survey was conducted through a structured questionnaire to comprehend the impact of the lockdown on the families, especially on the economic front, as well as to assess changes in the children's food intake and behavioural disposition. This was followed by the use of qualitative methods of focus group discussions (FGD) and interviews with key respondents to understand overlapping as well as different facets of these phenomena, 'yielding an enriched and elaborate understanding' of the same (Greene et al., 1989:258).

The survey questionnaire and the interview schedules were developed by the ISST team and translated into Gujarati by SEWA. Online orientation of the study and the tool was conducted with the *sevikas*. A pilot study was initially conducted among a few mothers to see the suitability of the questionnaire and then the survey tool was taken door to door, for the next 7-10 days in the second half of December 2020.

A total of 143 mother respondents were surveyed. These respondents were selected purposively, from 10 of the 11 existing centres in Ahmedabad (one centre was left out of the study, as it had started functioning quite recently and no data was available for this centre) based on criteria that at least one of their children was enrolled with any of the BalSEWA centres and had been using the facility for at least six months prior to the onset of the pandemic (since July 2019 or prior to that).

For the qualitative section of the research, six Focus Group Discussions (FGDs) were organised-- two each with respondent mothers and fathers, one with the *sevikas* involved in the data collection process and one with the board members of the Sangini Co-operative. These FGDs were designed to understand more about the wellbeing of the mothers and the children and to gauge the extent of security and dependence these families enjoy from the functioning of these childcare units. The parents for the FGDs were chosen according to their availability. An attempt was made to include the voices of mothers and fathers involved in various kinds of occupational categories. Two key informant interviews were also conducted with Ms. Padma Hedau, the Manager of the childcare co-operative, and Ms. Hansa Desai, the childcare Supervisor.

FGDs with mothers and fathers were conducted face to face while those with the *sevikas*, the Sangini board members and the key informants were conducted through online video calls.

The data on the nutritional status of the children were collected and analysed by the BalSEWA team as the *sevikas* were already trained in taking monthly anthropometric measurements, i.e., the weight and height of the children. The data was analysed using the WHO AnthroPlus online software⁷.

The study maintained strict anonymity of all parent respondents who agreed to be part of this study. Clear information regarding the purpose was provided beforehand to the respondents and only after getting their consent were the quantitative and qualitative surveys initiated. Participation in this study was voluntary and during the data collection process, respondents were under no obligation to complete the survey/interview if they had any hesitation or reluctance at any point in the data collection. The survey team took care to schedule the meetings at times convenient for the respondents and all precautions were taken during data collection to avoid undue distress to the respondents and their families. No questions were asked that could hurt the sentiments or discriminate against any person based on

⁷The WHO Anthro Survey Analyser aims to promote best practices on data collection, analyses and reporting of anthropometric indicators. It offers analysis for four indicators: length/height-for-age, weight-for-age, weight-for-length, weight-for-height and body mass index-for-age.

caste, class, religion, race, gender, sexual preferences.

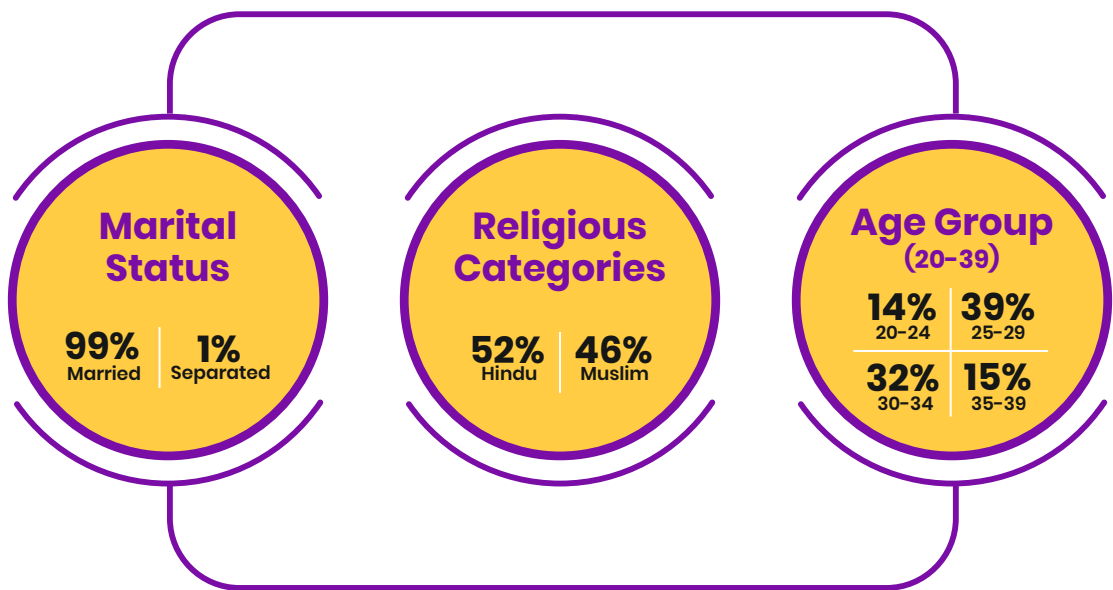
Both quantitative and qualitative data was analysed for the purpose of this study by the ISST team. For details on the sampling framework and tools, refer to Annexures 1 and 2 respectively.

PROFILE OF RESPONDENTS

The primary respondents for the study were the mothers of children who had been availing of the childcare facilities of the BalSEWA centres for a period of six months or more.

The majority of the respondents were in the age group of 25 to 34 years, were married and lived in a household of 3 to 5 members. 52% of these respondents were Hindu, while 46% respondents came from Muslim families. A majority of them (59%) said that their monthly family expenditure in the last six months had been between Rs. 5,000 and Rs. 10,000, while 24% stated it to be between Rs. 10, 000 and Rs. 20,000 per month.

Figure 1: Respondents' Profile (Mothers)

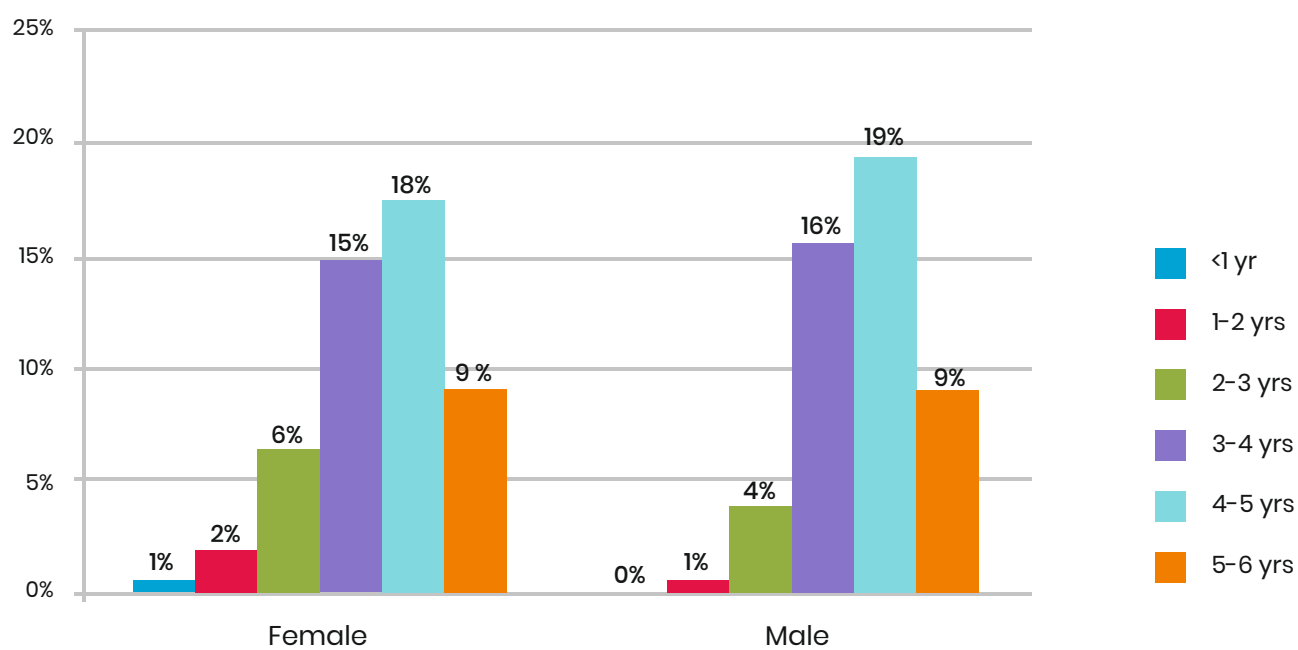


Source: SEWA-ISST Survey, December-February 2020-21.

Prior to the pandemic, 54% of the respondent-mothers were engaged in home-based work. This included stitching and tailoring activities, kite-making activities and preparing food items at home to be sold in the market. 17% were involved in street vending, while 9% were working as domestic workers. Among their spouses, employment in factories was the most common (35%) followed by home-based work (13%) and driving (11%).

Of the 143 respondent mothers who were surveyed, 132 (approximately 92 %) had been sending only one child to their nearest BalSEWA centre, while 11 mothers had been sending two children to these centres for the past one year. Thus, the total number of children that were covered by the study were 154. Of these, 18% girls and 19% boys were 4 to 5 years of age, 15% and 16% respectively were 3 to 4 years of age, 6% and 4% respectively were 2 to 3 years of age, 2% and 1% respectively were 1-2 years of age and 9% of girls and boys were in the age group of 5-6 years (Figure 2).

Figure 2: Profile of children under study



Source: SEWA-ISST Survey, December-February 2020-21.

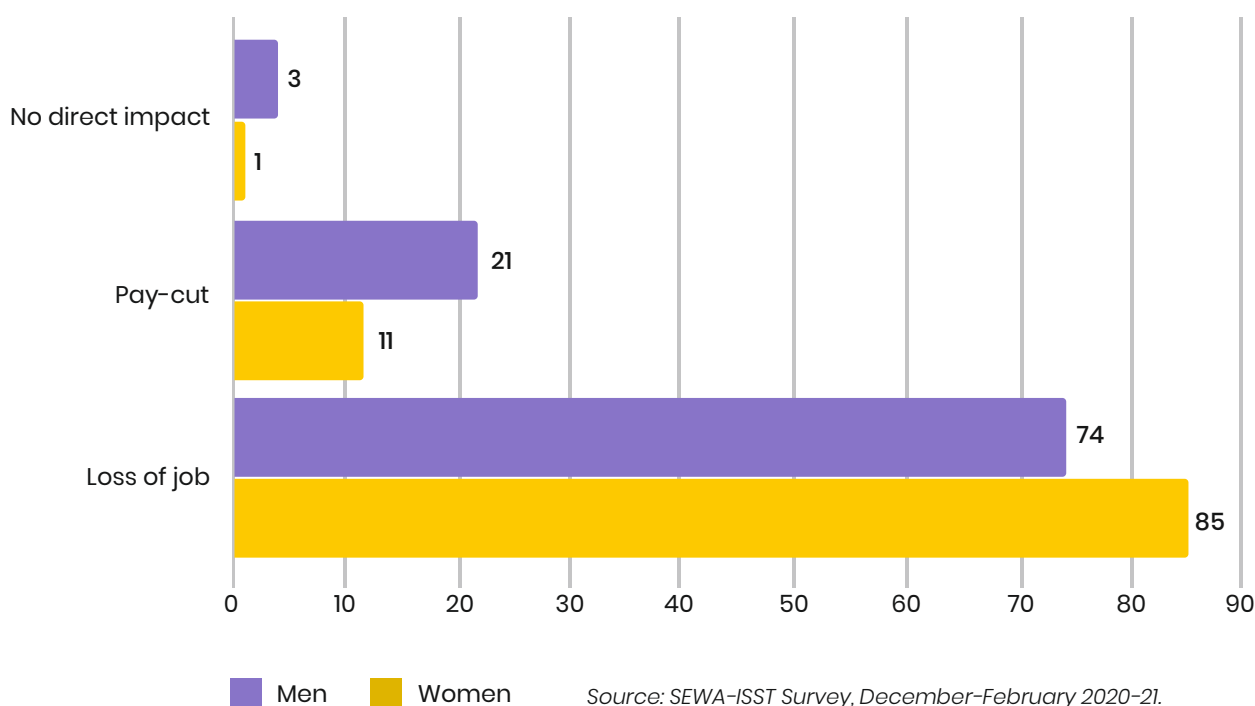
1. IMPACT OF COVID-19 PANDEMIC AND THE LOCKDOWN ON RESPONDENT HOUSEHOLDS

The impact of the Covid-19 lockdown on families in India, especially those dependent on the informal sector for their day-to-day livelihood, was multifaceted. While there was a direct economic ramification of the lockdown on household income, with rampant job losses and pay cuts, women of the families were doubly affected with increase in domestic and care work giving way to an intensification of stress and tension in the domestic front (ISST, 2020, 2021). This section highlights the challenges that the respondent households dealt with during the lockdown phase and even after the lockdown was lifted.

i. Impact on livelihood and income

The economic impact of the COVID 19 lockdown on the nation, was reflected among the respondents of the survey in the most unambiguous manner. The survey recorded 99% of the respondents reporting that they were financially impacted due to the lockdown either in terms of complete job loss or significant cut in wages. While 85% stated that they had lost their means of livelihood, 11% reported pay cuts. Job losses were also significant among their male counterparts. 74% stated that their husbands had lost jobs and 21% claimed that their husbands had to bear severe pay cuts due to the lockdown. (Figure 3).

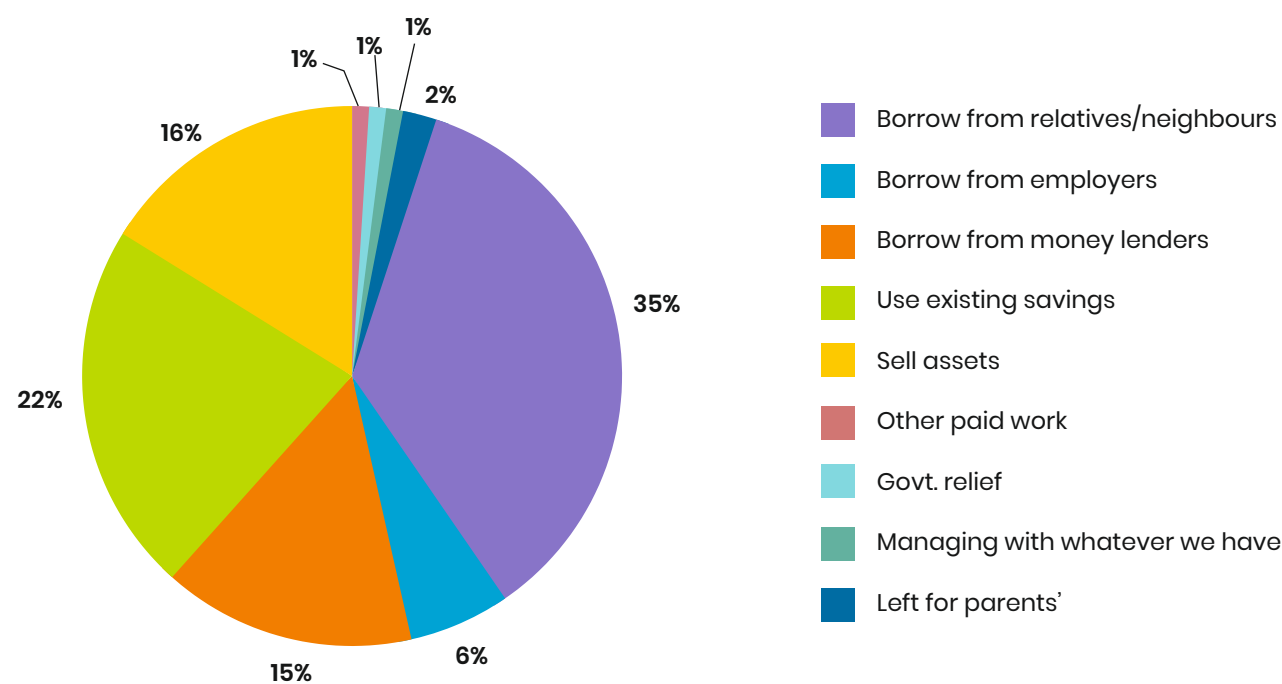
Figure 3: Impact of lockdown on paid work (%)



The gravity of the situation was further established when an analysis of the lockdown's impact on the family's joint income was assessed, assuming that both the husband and the wife were the major bread earners. 69% of the respondents reported that both spouses had lost their paid work, followed by 15% more declaring that one spouse had lost their work while the other saw a pay cut. Yet another 8% of the respondents reported that both spouses in the family had a pay cut in their monthly income, highlighting the massive extent of the economic impact that almost all these families had to face during the lockdown period.

To cope with such financial distress, families in the study population resorted to a number of mechanisms: from using their existing savings, to borrowing money, to selling assets. Relief measures from the government were negligible and it was found that the respondents’ families mainly had to depend on their existing savings and assets or on relatives and friends who helped them with small loans. About 15% also took loans from money lenders at high interest rates and about 6% stated that they took loans from employers. Shifting to alternate sources of income also appeared difficult for the respondents and only 2% of respondents could take up other jobs. Qualitative interviews revealed that this was mainly because during the lockdown there were not many work opportunities available and also the increased care work deterred women from going out to look for work (Figure 4).

Figure 4: Coping with financial distress



Source: SEWA-ISST Survey, December-February 2020-21.

With no safety net to fall back on and no government measures in place, it was found that families resorted to multiple ways to deal with the financial distress that they were facing. The situation was worse where the number of earning family members was less than two. Geeta (name changed), a home-based worker and a single mother of a 6-year-old who used to send her child to a SEWA centre, sewed shirts prior to the pandemic on a piece-rate basis. When the lockdown stopped the supply chain of raw materials from cities like Surat, she was rendered income-less. Initially, she tried to manage by using her existing savings, but when the lockdown was extended she had to start borrowing money from her neighbours. Relatives and other informal networks of support systems proved to be one of the most useful webs of protection. She stated:

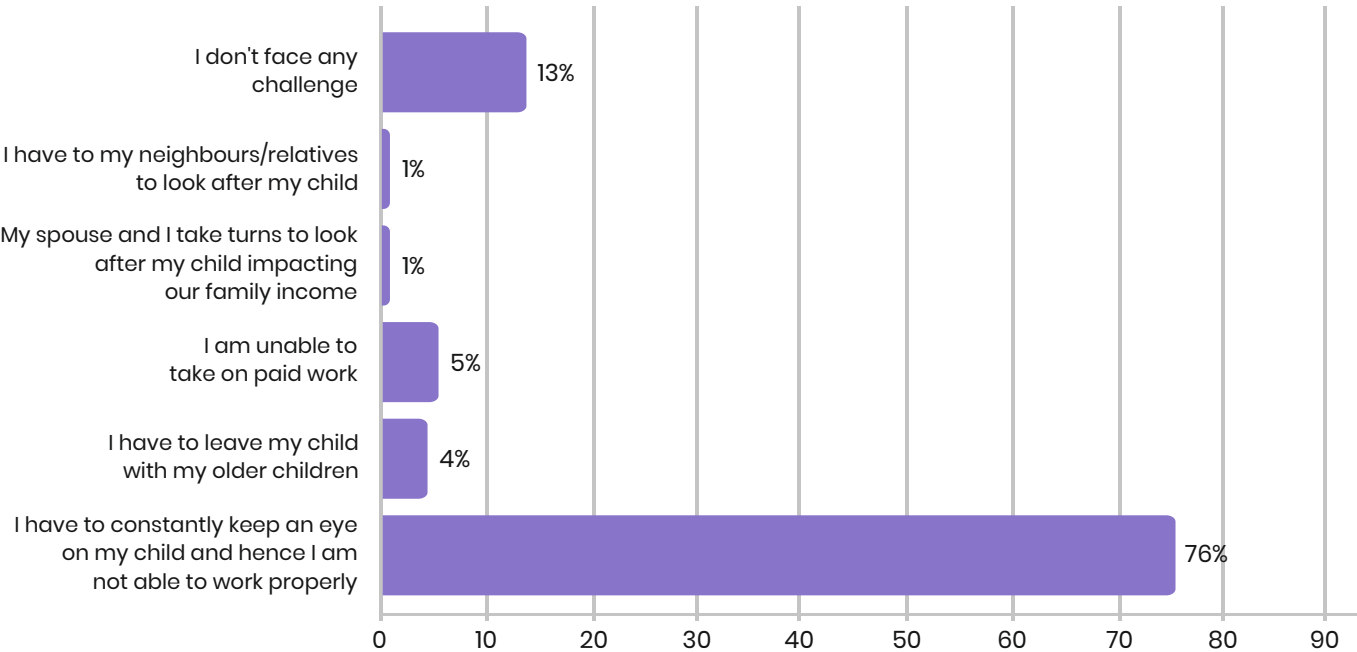
‘I had to borrow [after using up the existing savings] money from my neighbours to start my business afresh [after the lockdown]. I have not yet paid my rent. But then these are own people [referring to her landlord] and they would understand our troubles. But from where could I have paid my electricity bill? I had to mortgage my jewellery to pay the electricity bill.’ (FGD, Mothers, January 2021).

Such coping strategies during times of continued distress can hardly be captured in their true essence if they are reported under discrete categories, because respondents most often use a combination of ways to survive during crisis situations. It also reaffirms the importance of social networks and support systems

that families garnered from the larger community, something that sociological studies on mitigating crisis situations have time and again highlighted (Mishra and Rath, 2020).

Even after the lockdown was lifted, respondents stated that they found it difficult to get back to work immediately because the supply chain for most home-based workers remained disrupted. Women also faced the additional burden of looking after their children along with paid work, which made it difficult for them to work properly. As many as 76% respondents stated that they found it difficult to concentrate on their work because they had to constantly keep an eye on their children, while 5% stated that they had not been able to get back to work even six months after the lockdown was lifted (Figure 5).

Figure 5: Challenges of working in post-lockdown phase



Source: SEWA-ISST Survey, December-February 2020-21.

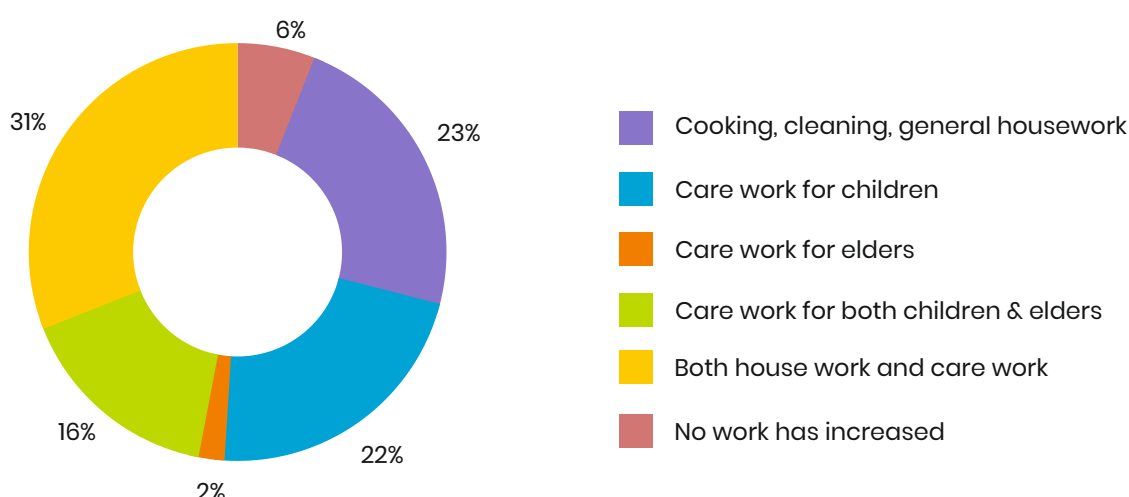
ii. Impact on unpaid care work

In the survey, 31% of the respondents reported that their household work and care work had increased significantly. 23% stated that the increase was mainly in household chores like cooking and cleaning, while 22% said that work related to childcare had increased considerably (Figure 6).

Narratives of the immense work pressure that the mothers had to almost singlehandedly face during the lockdown and even during the post-lockdown period were reflected in the FGD sessions too. Mothers complained of having to work ceaselessly without having any time to rest.

‘We have to keep working, no time to take rest. In case we feel tired, we would make a quick cup of tea and then back to work’, stated Sapna (name changed) (FGD, Mothers, January 2021).

Figure 6: Increase in unpaid care work



Source: SEWA-ISST Survey, December-February 2020-21.

Another FGD respondent stated:

'First we have to take care of our children and husband and then deal with all the usual household work. I also have to look after my mother-in-law and father-in-law. They are always at home. There is no way we can escape.' (FGD, Mothers, January 2021).

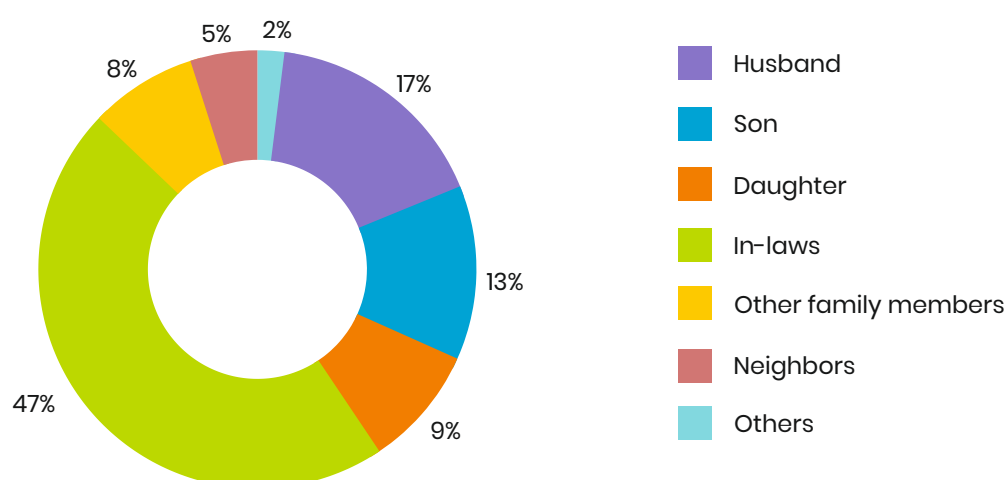
Trying to delve a bit deeper into the gendered pattern of division of labour inside the household, respondents were asked about the kind of work that they were primarily responsible for during the lockdown. All except eight respondents said that they were responsible for all household domestic chores on all days. The remaining eight respondents mentioned that they shared the responsibility with other female members of the household.

In terms of outside household work, nearly 52% of the respondents said that their husbands had been sharing the chores during the lockdown, while 25% said they were exclusively responsible for both inside and outside household work even during the lockdown days.

Respondents also stated that they received some help from other family members in managing unpaid care work chores. The survey revealed that the majority received this help from their in-laws (47%). About 17% also stated that their husbands were the ones who were helping them with the chores during the lockdown and the post-lockdown phase.



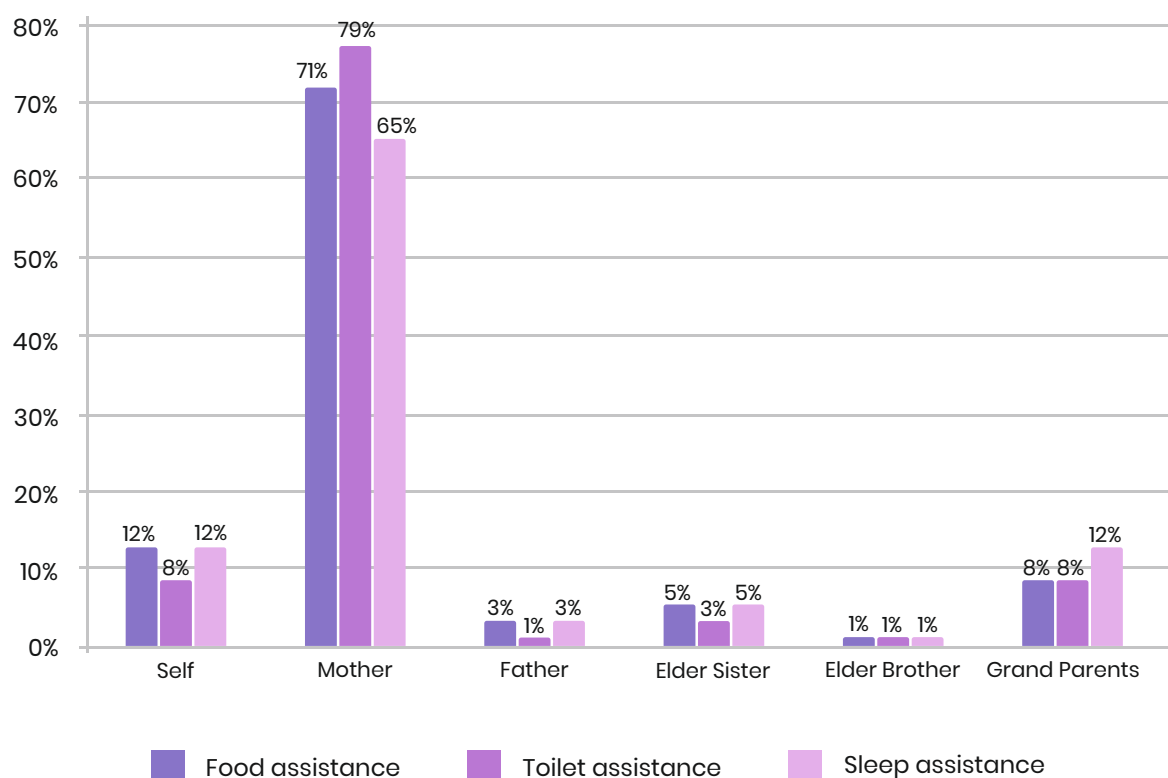
Figure 7: Help received for unpaid care work



Source: SEWA-ISST Survey, December-February 2020-21.

However, child care work specifically for children below the age of six remained the exclusive responsibility of the mothers. The survey data as given in Figure 8 shows that the mother was primarily responsible for assisting the child in eating, using the toilet and in going to sleep.

Figure 8: Childcare work type and mother's responsibility



Source: SEWA-ISST Survey, December-February 2020-21.

This shows a very high rate of dependence of the children on their mothers, which in turn meant an increase in care work for the respondents along with other domestic chores.

iii. Impact on the overall well-being of the household

Increased domestic work coupled with insecurity related to livelihoods had its impact on the general level of stress and tension in the households. Other studies have also suggested that women across the country faced immense stress and increased domestic violence during the lockdown phase (Afridi et al., 2021; Gopal, 2020). Such an increase was noticed in the present study as well (Figure 7) with almost 78% of the respondents stating that there had been a significant increase in stress and tension at home during the lockdown phase. Of these, 58% gave loss of income as the main reason for the increase in stress in their households and 8% stated that children being home all the time was the main reason.

While none of the respondents acknowledged an increase in the rate of substance abuse or any other forms of addiction of their spouses in the survey, several of them spoke in the FGD sessions about how the husbands would go to any extent to buy their regular supply of *gutka*⁸.

'They would rather not eat food, but have gutka. Even if the men had 30 rupees in their pockets, they would first try to buy gutka', said Manisha (name changed) (FGD Mothers, January 2021).

A few mothers also accepted in the FGD session that, with the increased tension at home, they had themselves become short tempered and that it often impacted children.

'We would let out our steam on our children', acknowledged Pratima (name changed) (FGD Mothers, January 2021).

Such accounts from the lockdown period make us then reflect on the mental and physical well-being of the children, who were also locked up in their homes with their parents even when the lockdown was formally lifted.

The above section highlights the impact that the lockdown had on families, and especially on mothers covered under the present study, who were not only mothers but also workers in the informal sector. With no institutional support to take care of their children, along with a reduced supply of income, these women had to face extreme intra-household stress and tension, which the section also restates.

⁸ Gutka is a chewing tobacco preparation popular in India, Pakistan and other Asian countries.

2. THE 'LOCKDOWNED' CHILD

With the temporary closure of the BalSEWA centres in March 2020, the children in the study population were forced to remain indoors with their parents. Their homes, mainly in the slum areas of Ahmedabad, had little space for children to play freely or move about. Added to this was the increase in tension at home, and the lack of attention that the mothers could give their children due to the increase in domestic work. This had physical and behavioural consequences for the children as the following section will highlight.

It should be noted that the data in this section is based on the perceptions of parents and the *sevikas* of how the children were impacted by the lockdown because there was no scope for direct engagement between the children and the researchers due to the constraints on movement during the pandemic.

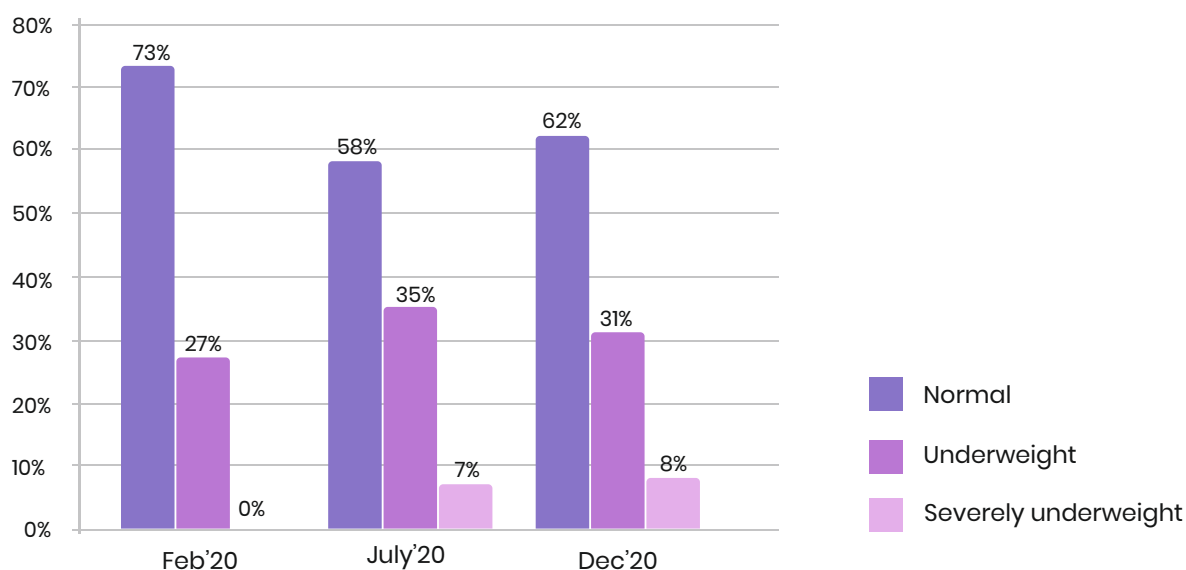
I. Impact on the child's physical well-being

The dire economic impact of the lockdown had a direct effect on children's food habits. This was evident from the narratives of the *sevikas*, who were constantly in touch with the parents even during the lockdown.

'The parents had no money to buy milk for tea. Forget about milk for the child to drink', said Rani ben, a sevika and a board member of the Sangini co-operative (FGD, SEWA Board member, June 2021).

The distress of the families made the *sevikas* decide to home-deliver at least one cooked meal per day for each child during the strict lockdown between April and September 2020. Despite such assistance, the height and weight data of the children showed a marked deterioration, resulting in an increase in the number of underweight children among the study population. Figure 9 presents data on the nutritional status of children in the months of February 2020 (before COVID lockdown and the closure of the centres), July 2020 (during the lockdown, when the centres were still closed) and December 2020 (six months after the lockdown) to show the impact of the lockdown on the children's physical well-being. The data for these three distinct periods were taken purposively to understand whether not attending BalSEWA centres coupled with financial distress in households had an impact on the children's physical well-being. (For details, see Annexure 2).

Figure 9: Child's Nutritional Status



Source: Data collected and analysed by SEWA staff.

Figure 9 shows that while there was not a single child in the category of ‘Severely Underweight’, before the Covid lockdown in February 2020, the percentage of such children gradually rose within the next 10 months with 8% children falling under this category by December 2020. One can also see a decline in the percentage of children in the ‘normal’ category, from February 2020 to July 2020 even though an improvement can be noticed in this figure from July 2020 to December 2020, when the children started coming back to the centres with the lockdown being called off.

Sevikas were of the view that one reason for this increase in children’s under-nourishment could be that the food they provided to the families for the children was getting shared among other family members. Besides, mothers complained about children not eating properly even when food was available at home. Divya ben, a sevika and the President of the Sangini board explained this further, stating:

‘Small children need supervision. But at home, there is no one to supervise the children constantly. In the centres, they would eat at a proper time. There was discipline. But at home, mothers are busy with other work. Who would keep an eye on them, like we do’. (FGD, Balsewa Board, June 2021).

Table 1: Mothers’ response about the number of meals consumed by children per day

No. of Meals	% of Respondents
<3 meals	23%
3-5 meals	71%
5-8 meals	5%
>8 meals	1%
Total	100%

Source: SEWA-ISST Survey, December-February 2020-21

Ironically, the survey data on the nutritional status of the children did not directly reflect a fall in the child’s food intake, as the mothers reported an almost ideal eating habit of their children during the lockdown. For instance, when asked whether the food intake of children was appropriate, mothers of 86% of the children stated that their children were eating well and 71% stated that their children were on an average eating 3-5 meals per day (Table 1). 66% also stated that their children were drinking milk once a day.

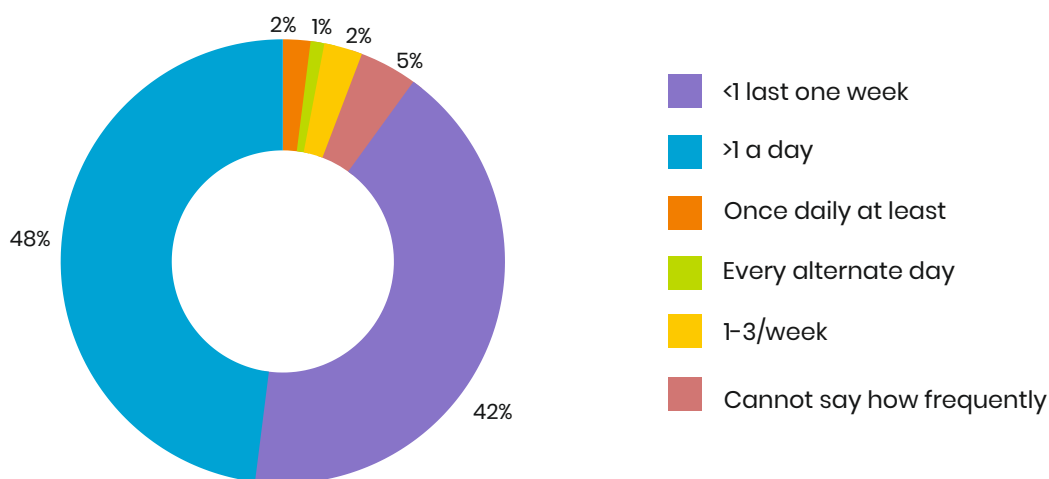
Such numbers initially seem to be incongruent with the anthropometric data presented previously, but malnutrition is more than just hunger; it is also about proper nutrition (Branca, 2017). Arjan de Wagt of UNICEF India highlighted the same in an interview where he said children with their small stomachs might not be feeling hungry, or might be eating the required number of times, according to their parents’ perception, but the food might not be nutrient-rich.

Confirming Branca and de Wagt’s notion, the board members of the Sangini co-operative unanimously agreed that possibly the mothers were including the numbers of times their children were eating junk packaged food when answering questions on the number of meals. Padma ben, Manager of the Sangini Co-operative explained:

'When mothers said that their children were eating 4-5 times a day, they did not say what they were eating. You know what they fed the children? Those 5-rupee packets of Kurkure⁹! And when children eat such junk food, they drink a lot of water and that kills their appetite. Then children would not eat homemade healthy food. This is what reduced their weight, while mothers thought that they were eating enough.' (FGD, BalSEWA Board, June 2021).

Padma ben's words find support in the data that was collected on the child's frequency of having junk food during the lockdown months. The survey revealed that 48% respondents stated that their children ate junk packaged food at least once a day, while 42% said that the children ate packaged food more than once every day. (Figure 10).

Figure 10: Child's frequency of eating junk food



Source: SEWA-ISST Survey, December-February 2020-21.

This was however not entirely a lockdown-specific phenomenon.

'This culture of spending money on packaged food remains among our members. Even when they have no money, they will allow their children to spend on those packaged food, saying, "if we don't allow, our children will act most stubbornly and will not listen to us"', said Padma ben (FGD, Sangini Board members, June 2021)

The impact on the physical well-being of the children could also be a result of the decline in the number of hours children were allowed to play outdoors. Following Covid norms, the majority of respondents stated that there was a decline in their children's outdoor activities (42%), while 24% said that their children were not allowed to play outside at all. Lack of physical activities could have also led to poor nourishment levels among children.

Thus, the study clearly revealed that the lockdown and shutting of the BalSEWA centres had a deep impact on the overall discipline of the child, which impacted their physical health in a significant manner.

⁹ Common savoury corn puff snacks



ii. Impact on child's emotional and behavioural disposition

There was also an observed change in the behaviour of the children, with most mothers complaining that their children were becoming extremely stubborn and irritable, and it was becoming increasingly difficult to keep them at home.

In families with more than one child, the situation was a little better with children finding playmates at home, said Gouri ben. But in families with a single child, mothers would have a lot of trouble keeping them engaged (FGD, *Sevikas*, February 2021).

With an increase in the burden of work at home, mothers often found it easier to give the children their mobile phones to keep them occupied. 54% of the mothers reported an increase in the hours spent by their children watching TV and using mobile phones during the lockdown. This seems to have had a long-lasting impact on the children as well as the parents, who now had to meet an increasing demand for such gadgets.

Ashok (name changed), who was attending the FGD conducted with the fathers, narrated how his children would be constantly pestering him for his mobile phone, '*or else they would cry and disturb*'. (FGD, Fathers, January 2021)

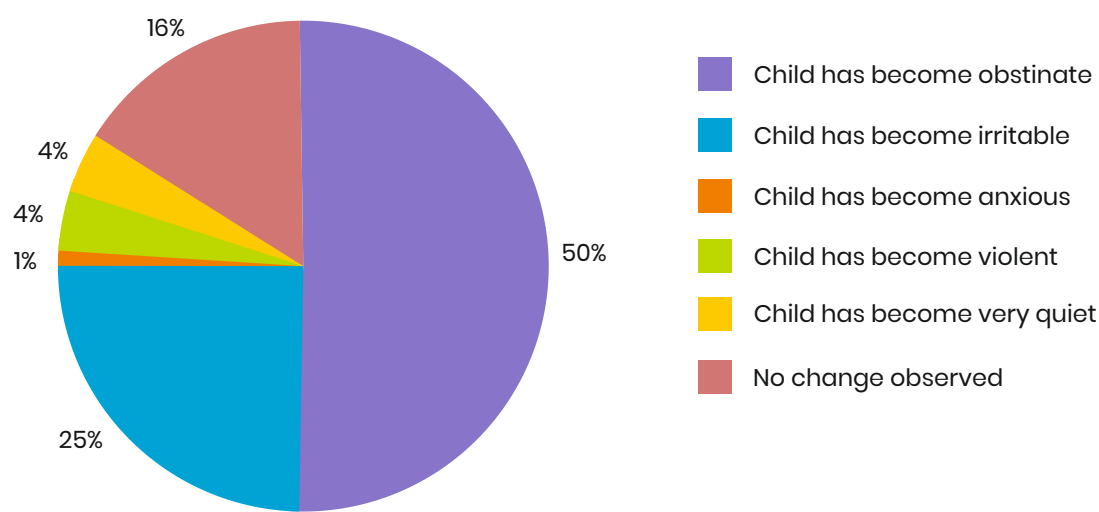
Often parents had no other way but to submit to the child's demand to maintain a semblance of peace at home. Geeta said:

'There were two mobile phones in my house. And I have two sons. Before Covid, I used to use one of the phones, and the other was mostly used by my elder son. But after the lockdown, when both my sons were at home for 24 hours, they started fighting over the phones. Both wanted to have a phone. They would in fact constantly ask for my phone. But I also have work. So, I had to purchase a phone just to maintain some peace at home.' (FGD, Mothers, January 2021)

The children too, it seems, were facing the implications of investing too much time on these gadgets, as mothers reported how their daily routine had been entirely disrupted due to over-exposure to the screen.

*‘My son would start his day late, eat late breakfast and lunch and will stay up all night watching this and that on the mobile phone. I would sleep, but he would just not sleep’, said Sandhya.
(FGD, Mothers, January 2021).*

Figure 11: Changes observed in child's disposition during lockdown



Source: SEWA-ISST Survey, December-February 2020-21.

Research in child psychology suggests such ‘defiant’ behaviour patterns in children and adolescents to be a sign of feeling neglected and insecure due to lack of attention from adults (Riley, 2016). With mothers having little time to spend with their children and the centres closed, such behaviour among the children in the present study can therefore imply similar neglect during the lockdown phase.

Besides, recent studies point to how gadget addiction is leaving a permanent impression on young minds in India, making children show “uncontrollable behaviour” such as sudden fits of rage, excessive crying, disobedience and irritable behavioural patterns¹⁰. Comparable changes in the behavioural disposition of the children here might indicate similar reasons, making the cycle a vicious one.

iii. Impact on Early Education Skills

The closure of the centres during the lockdown had direct repercussions on the children’s early education skills and learning abilities as well.

*‘Children are not being able to remember all that had been taught to them’, said Ranjan ben
(FGD, Sevikas, February 2021).*

¹⁰ <https://www.freepressjournal.in/india/lockdown-65-children-became-device-addictive-says-study>

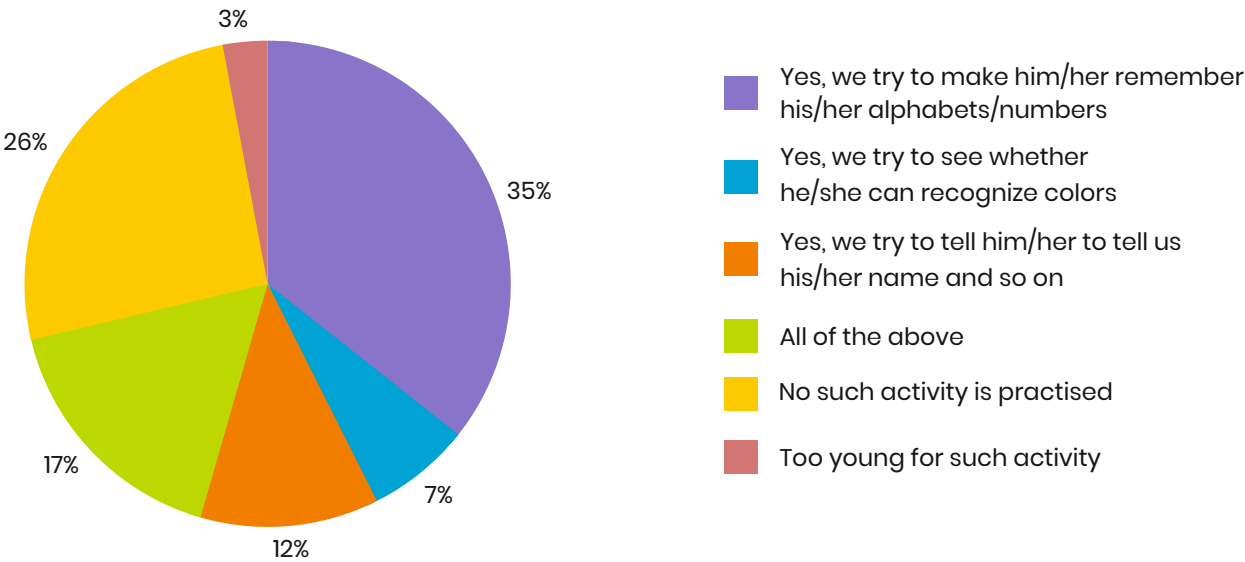
Ranjan *ben*'s words find support in the responses of 64% of the mothers who reported that their children could no longer recollect what they had learnt from the pre-pandemic days.

The fathers too recognised this problem as was highlighted by Ramesh (name changed), who had been sending his daughter to one of the BalSEWA centres.

'I could see my daughter learning. She used to keep practicing all that she had learnt on a daily basis. But during lockdown it seems now she cannot remember most things.' (FGD, Fathers, January 2021)

26% respondents also informed us that their child was not able to practice any form of learning activities at home (Figure 12), even though almost 35% respondents said that they tried to do small learning exercises with their child around remembering letters and numbers.

Figure 12: Early Childhood Education Activities Practised at Home



Source: SEWA-ISST Survey, December-February 2020-21.

The *sevikas* were however of the view that most children were not able to practise what had been taught to them.

With mothers busy, this was only obvious for young children below the age of 6, who would most definitely need parental supervision for such activities.

Many times an older child, if the family had one, would take up the responsibility of teaching the younger sibling, said Ranjan *ben*. But if there were no older siblings, children were mostly left to their own devices, watching TV and mobile phones the entire day.

This section therefore presents quite a grim picture of the children in the lockdown phase, which in no way seems to be conducive to their early childhood development needs.

3. THE SEVIKAS, THE ‘SANGINIS’: THEIR SIGNIFICANCE IN THE TIME OF THE PANDEMIC

While the data collected for the present research mainly aimed to highlight the unprecedented difficulties that the mothers and children had to go through during the Covid-19 lockdown, it also brought out an encouraging picture of the *sevikas* of the Sangini Co-operative who continued to support the families, even when the childcare centres had to formally close due to the lockdown. The present section will discuss the multi-layered role that the *sevikas* play in general and had played during these extremely trying times.

i. Second home for the Children

‘When we first heard of the lockdown, we were very worried. How will we reopen our Ghodiya Ghar? How will we go there and how can we leave our children in such times of distress?’ said Ranjan ben when she was asked to recollect her initial thoughts about the lockdown (FGD, Sevikas, February 2021).

Ranjan ben was not alone. All the *sevikas* of the Sangini Co-operative realised the need to continue with at least the most basic services of their childcare scheme and decided to deliver food door-to-door to the children. This they did despite often being discouraged and warned by their family and people in power.

‘The police would tell us not to go, our family members too were not always happy. But what to do?’ said Nanda ben (FGD, Sevikas, February 2021).

‘We would cook at least one meal in our own kitchen and go visiting the children daily’, added Ramila ben (FGD, Sevikas, February 2021).

This was, however, not merely about doling out food because the approach of the BalSEWA centres had always been much more than just that, where long-term interactions of the *sevikas* with the families had made them part of the extended support groups for these families. Mothers in their FGD stated that they were comfortable leaving their children, and had full confidence in the *sevikas* and their childcare skills.

‘I know my child is secure, when she is in the centre’, said Pratima, a parent participating in the FGD session (FGD, Mothers, January 2021).

This however, was not only because of the nutritious food that they receive but also because of the relationship the children shared with the *sevikas*.

To get a better understanding of this bond, the *sevikas* were asked about their relationships with the children in their FGD sessions. In both sessions the responses revealed a relationship that was more than just of provider and provided.

'When they first come to our centres, they cry a little for one or two days. But within a short span, they start enjoying. Then even on Sundays, they urge their mothers to send them to us', said Ramila ben (FGD, Sangini Board members, June 2021).

'The children would tell their mothers to cook like their teachers [sevikas] on days when they are at home', she added (FGD, Sangini Board members, June 2021).

'At the end of their five years with us when they go to formal school, they cry wishing to get back to us', said Mehrunissa ben (FGD, Sangini Board members, June 2021).

'Children graduating from our school are found to be the smartest when they start their formal school', said Ramila ben with visible pride (FGD, Sangini Board members, June 2021).

'The sevikas know the children inside out', said Padma ben (KII interview, March 2021).

It is obvious that sevikas sharing such an organic bond with the children would feel a deep concern for them during difficult times like the pandemic.

Their assistance however was not limited to providing food to the children. The sevikas also tried to make the children continue with their early childhood activities through audio-visual exercises that they received from the NGO Pratham. These activities, sent to the sevikas via WhatsApp or SMS, would be sent to the mothers so that the children could remain in touch with a basic knowledge set that they were taught in the pre-pandemic days. Sevikas would also go door to door, visiting and teaching children, especially in the case of those whose mothers could not be reached through such phone-based messaging platforms.

From September, the centres started opening up slowly. Initially, only two to three children would come to each centre because the parents had to start venturing out for work. By December however the strength was around 15 students per centre.

'We made each mother sign consent letters before their children could re-join and also trained all our sevikas to abide by the Covid safety protocols, while restarting our services', said Hansa ben (KII interview, March 2021).

It was however not an easy task for the sevikas to make the children re-settle. In the words of Kamini ben:

'They [the children] have become difficult to handle. Before corona, when a new child would come to our centre, it would take us about a week to make them feel settled. But now even these children, who know us so well, are taking time to settle down. They don't listen'. (FGD, Sevikas, February 2021).

Trying to elaborate on Kamini ben's observations, Nanda ben went on to say:

The children have become ziddi [obstinate], I feel. Now when we try to teach them or ask them, they do not answer properly. They do not want to participate in activities anymore.' (FGD, Sevikas, February 2021).



According to the latest information received (September 2021) most children are back to their respective centres, even though many have not joined yet. This is especially true for children whose parents were migrants and had returned to their native land during the first phase of the lockdown. Many of them are still not back.

The second wave of Covid-19 forced the cooperative to close down their centres once again for some time. But now (as of September, 2021) the centres have re-opened and are fully functional.

Children, as the *sevikas* suggest, are mostly back to their normal selves. However, their increasing gadget addiction is an issue that keeps concerning them, even after almost 15 months¹¹ of the Covid-19 national lockdown.

ii. Safe Space for Mothers

The centres, while being a nurturing home for the children, also serve as a 'safe space' for the mothers with whom the *sevikas* share an obvious emotional connect, being part of the local community as well. This was explicitly highlighted through the FGDs conducted with the *Sevikas*. Gouri *ben* for instance said,

'Mothers share with us their concerns about their children, or about arguments they might have had with their husbands or in-laws. We try to advise them to the best of our capabilities.' (FGD, Sangini Board Members, June, 2021).

'We inform them about various governmental benefits they may avail of. They come to us in case they had any enquiry about all such schemes', she added. (FGD, Sangini Board Members, June, 2021).

During the pandemic however, the *sevikas* assumed the additional role of informing mothers about the latest government advisories issued on Covid safety precautions, guiding them through the various measures of keeping their families safe. *Sevikas* were in fact found spending long hours with the mothers, during their home visits, giving them guidance about how to manage their husbands and children during these extremely daunting times.

Rani *ben* shared how she had tried to support the mothers emotionally during the lockdown period.

'I tried to explain them that this corona is not something to fear. This is because I had to somehow instil some kind of confidence in the parents, so that they could at least see it through.'
(FGD, *Sevikas*, February 2021).

¹¹ The *sevikas* were asked how the children were coping after almost one year of the lockdown, during the first wave of the COVID pandemic in September, 2021. This is when the *sevikas* expressed their concern.

For a country where healthcare is heavily dependent on private corporations and where mental health and wellbeing is often considered to be a concern reserved for the rich, (D'Cruz, 2020), the way the *sevikas* ended up providing almost door-to-door counselling to the socio-economically vulnerable ones needs to be recognised and highlighted.

They advised parents not to watch disturbing and often confusing news being disseminated by the media and encouraged them to consider this time as an unique opportunity to be with family and friends. In the words of Rani *ben*:

'I used to tell them to not watch news channels. Because news would make people anxious. News channels inflate numbers and make even healthy people feel tensed and sick. Instead, I would suggest the parents to stay with their family and children indoors and spend quality time with them. I would tell them to watch entertaining shows and comedies.' (FGD, *Sevikas*, February 2021).

In fact, the *sevikas* also often acted as senior matriarchs, scolding the mothers for letting their spouse waste money on addictive items like *gutka* while trying to encourage them to lead more healthy lives themselves. They were also instrumental in supplying mothers with day-to-day medicines and in connecting them with the local ASHA workers in case of medical emergencies. This also was something commendable especially since many mothers spoke about their helplessness in getting medical facilities during the lockdown in the FGD sessions with them.

During the first three months of the lockdown, the co-operative decided to completely waive the parents' contribution fee. From June however, a token fee of Rs. 150 was collected from the parents. By the end of the year as things started moving towards near-normalcy, the old fee structure of Rs. 250 was reinstated.

Even the decision to open the centres in September, 2020 was primarily based on the parents' demand, Padma *ben* told us. (FGD, Sangini Board Members, June, 2021). Work started resuming and parents had to start going out. This meant that there would be no one to look after the children.

'Even the home-based workers kept enquiring about our plans of reopening, because they could not resume work with the children at home', said Hansa ben. (FGD, *Sevikas*, February 2021).

The BalSEWA centres therefore, much like an essential service, had to open up early, even when all other government ICDS schools remained shut, apprehending further spread of the virus.

During the fearful days of the second wave of the pandemic in April-May, 2021, the co-operative decided to keep the centres mostly open, considering the dire conditions of the parents who avail of its services.

'We closed our centre for a few days, when the spread reached its peak in our city, but mostly we kept our centres open. This is because the parents, especially those in vegetable vending, had to continue with their work and they requested us to not shut our centres down. If we had shut down our centres, they would not have been able to earn', said Padma ben as she explained the reason behind Sangini's decision to keep their centres operational during the fearful days of the second wave of the pandemic. (FGD, Sangini Board Members, June, 2021).

One can therefore feel the multi-layered ways in which the *sevikas* became the voices and support network for the mothers of this community, even when the centres were closed during the lockdown days, based on the relationship they share with them.

iii. Increasing Engagement of Fathers

Besides playing an instrumental role in the lives of the mothers and their children, the *sevikas* of the Sangini Co-operative have also been attempting to create structural changes in the community around ideas concerning care work in the domestic sphere. This is why *sevikas* make it a point to meet not only the mothers but also the fathers of the children, at least once every three months, to engage them in the process of child rearing.

'We tell them that looking after children is not the sole duty of the women and that they too need to come forward and share women's burden in care work', said Gouri ben. (FGD, Sangini Board Members, June 2021).

In fact, even for the present study, the fathers actively participated in the FGD sessions organised to discuss the various ways in which they perceive the Sangini centres have helped them and their families. Many of them acknowledged that they could now work peacefully, knowing that their children are safe. Several also spoke about how work at home had increased for them, due to the closing down of the centres during the lockdown, perhaps indicating a degree of involvement in the childcare process.

4. THE CRISIS OF CARE: WHAT THE PANDEMIC HAS TAUGHT US

While the pandemic made us realise the vulnerability of human life in general, its gendered nature also revealed how certain sections of society are more vulnerable than others. While women were anyway doing most of the world's unpaid care work, the onset of the Covid 19 pandemic and the subsequent lockdown increased women's share of care work globally; making them feel the burden of the pandemic like no other. The impact of this is going to be felt in the larger economy as well, as researchers argue that low female participation in the workforce would soon become a global concern (Power, 2020).

The condition in a country like India with an inherently unequal and gender segregated workforce could therefore only be expected to become worse, as it could take years to make women re-join the labour force, if their burden of care work is not reduced significantly. This could have a disastrous impact especially on families belonging to lower economic backgrounds, like the ones covered in the present study, where both spouses are required to earn to make both ends meet.

The only way out of this is to acknowledge the importance of 'care economy', which Power (2020) defines as the site of 'reproduction of everyday life through cooking, raising children and so forth'. The Covid-19 pandemic has provided a unique opportunity to the world to realise the 'essential' nature of this 'care economy' and how it is the very foundation of the present globalised market economy (Bhattacharya, 2020; Heintz et al., 2021; Power, 2020).

With all production sites shut, schools and childcare centres closed and hospitals overflowing with patients, the need for being 'taken care of' was suddenly acknowledged as care work was conferred with the status of being an 'emergency service'.

Men and children of households were found to be entirely dependent on the women of the families for care work, as we saw a massive increase in the work pressure that women had to witness on their domestic front. Similar findings were highlighted in the present study as well, where women had to not only suffer an



individual job loss and pay cut, but also had to bear the brunt of her husband's job loss or pay cut, as well as the increased stress this created at home. Yet, such work of theirs remains largely devalued and invisibilised, even though it is this very work that nurtures the labour force driving the present economy (Bhattacharya, 2020; Heintz et al., 2021; Mezzadri, 2020).

Many women in the present study narrated how they had to constantly cook and provide food for the family during the lockdown period and they found hardly any time to rest. Such increased work pressure must have continued even after the lockdown, which is why mothers working from home felt the need to urge the Sangini co-operative to resume their childcare services; this way, they could share at least some of their child care burden with the *sevikas*.

This assistance that the mothers got from the Sangini is one of the founding principles of the Triple R framework that feminist economists have been advocating (Elson, 2017). The Triple R framework, which promotes policies to Recognise, Reduce and Redistribute care work, attempts a reframing of the prevalent economic discourse by bringing a change in the focus of the present economic understanding, from one based on production and exchange to one that would be grounded on ideas of social provisioning and flourishing of life (Heintz et al., 2021). Such a lens would recognise the importance of going beyond self-interest and profit and see the interdependence between countries, people and generations (Heintz et al., 2021).

This is what we can take from the pandemic, suggest scholars like Bhattacharya (2020), Kabeer (2021) and Mezzadri (2021), who feel the urgent need for a societal understanding of investing more in the 'care economy'. This would mean, apart from other things, 'Recognising' how important care services are, 'Reducing' some amount of care work from the hands of women and 'Redistributing' them among others in the community through not only creating structural changes in society's consciousness, where men start realising that care work is not only the domain of the women, but also through creating better and holistic childcare and development centres. These centres, which as the present crisis has most definitely taught us, should not be left in private hands, and have to be publicly funded, so as to secure them from the

uncertainties and fluctuations of the market (de Henau et al., 2021). Such productivity-enhancing measure, can be seen as an investment for the future, and have far-reaching consequences including the healthy growth of children, decent work opportunities for women and bridging intergenerational conflicts to ensure a more secure future for the elderly.

The Sangini Co-operative has been following exactly this model by sharing the burden of childcare work for mothers working in the unorganised sector in Ahmedabad, receiving little or no maternity benefit and often having hardly any support system at home. Their services however remain highly localised, even though its impact on the lives of the families it caters to can be felt from the present study. Unfortunately, like everywhere else, these childcare centres also had to close down during the nationwide lockdown and children and mothers availing of their services saw its negative impact, as the present paper highlights.

Their work was however as 'essential' as any other frontline care worker and even though there was no formal recognition of this, the *sevikas* felt the need to provide for the children and the families on an emergency basis, on their own accord.

This was perhaps because of the way the centres have become a joint platform for co-parenting and sharing, bringing the children, the mothers and the larger community together. This is probably the benefit of involving people from the community in care work, which then becomes a support system in times of crisis like the pandemic, as the childcare workers then not only feel responsible for the children but also for their families, as was seen in the present study. The *sevikas* as this paper highlights, went ahead to deliver the most basic yet crucial assistance door to door, possibly due to a deep sense of collective feeling that they derive from being part of the same community and cooperative. Such a sense of solidarity, which only increases during times of crisis (Durkheim, 1955, 1985), can prove to be especially important when imagining a feasible model of creating a disaster-resilient care infrastructure.



This is what makes the SEWA Sangini model unique in a way, for it serves by not only supporting mothers in their childcare needs, but also helps in fostering a more organic sense of collective, a mutual space of shared understanding for the children, the mothers and the families, as well as for the *sevikas*.

Such an arrangement is also considered ideal from child development perspectives for a strong bonding between early childhood education centres and the local communities help in nurturing a more socially, culturally, physically and academically successful child (Edward, et.al, 2008; OECD, 2006).

This is what was witnessed in the way the children coming to the BalSEWA centres had developed deep bonds with the *sevikas* as was highlighted in the present report. This seems to be extremely important for the healthy upbringing of children, especially for those below the age of six, a period considered to be crucial for their social, emotional and cognitive development. This is when 'love, language and attention' from adults play a supremely important role for the child (Winston et al., 2016). Unfortunately, in the absence of institutional childcare support, mothers with whom the present research had engaged, could hardly manage to give the necessary time or attention to their children. This had led to the over-dependence of the children on mobile phones and television; that studies have highlighted as less enriching than real interaction for little children in their developing ages (Canadian Pediatric Society, 2017). Some studies have in fact also associated prolonged screen time with lower cognitive abilities in terms of reading and math skills and language development (Lyn et al., 2015).

Giving undivided attention and being mindful of their day-to-day routine therefore is extremely important for children below the age of six, something that was typically taken care of by the *sevikas* for the children covered in the present study. Regrettably, with mothers busy with increased unpaid work at home and no *sevikas* to look after them, children who were left to their own devices were found to be not eating properly, depending too much on junk food and spending long hours on the screen. This had its impact on their anthropometric growth as well as early childhood education skills.

Fortunately, however, it should be noted that while the lockdown did temporarily cause hindrance to the children's growth, the role that the *sevikas* played, even during these uncertain times by continuing with their most essential services, did have a cushioning effect on these families, even during the lockdown months, showing the efficiency of such community-based childcare infrastructure.

Such models however most definitely need government support to survive.

RECOMMENDATIONS

The present study highlights the importance of institutional childcare infrastructure not only in supporting mothers to raise their children in a holistic manner, but also in helping them participate in the paid labour force, without being over-burdened by the pressure of unpaid care work. Further, the study also postulates that such support, if rooted in the community, can prove to be disaster resilient and hence can be seen as a prudent investment in the future.

The following can be considered as the key recommendations emerging from the present study.

Recognising quality childcare to be a fundamental right of all children

Every child has the right to quality care. Quality care means a safe and caring environment that could help each child grow to her or his full potential. Early learning and childcare services are meant to provide children with a foundation of inclusive, high-quality education and play experiences. Under the Convention on the Rights of the Child, adopted by the United Nations General Assembly in 1989, all children have this right and it cannot be denied to them on the basis of any form of discrimination (race, religion, culture, ability, etc.). Unfortunately, in spite of having a plan chalked out for early childhood care through its ICDS system in India, there are major limitations. Millions of children in both urban and rural pockets of the country run the risk of not reaching their full potential because of inadequate nutrition, lack of early stimulation, learning and nurturing care and continued exposure to stress. In fact, UNICEF data shows that over 43 % of children in India under the age of five are at risk of not fulfilling their full developmental potential due to lack of proper childcare. Recognising childcare as a fundamental right of each child is, therefore, crucial for their healthy up-bringing.

Investing in Public Childcare infrastructure and Extension of ICDS

Countries are increasingly recognising the multiplier effects offered by public investment in child care (de Henau et al., 2016). Investment in child care offers a potential triple dividend – creating new decent work opportunities, improving early childhood development, health, nutrition and education, and allowing women to more fully engage in the labour market, including transitioning from informal to formal employment. Investing in extension of the ICDS is, therefore, extremely important to ensure that this is available in a manner that is affordable, of decent quality, and meets the needs of all families, especially those of the working poor who are engaged in the informal economy with little or no work and income security, food security and social protection. This has become all the more urgent in the current Covid-19 pandemic, as the study clearly shows.

Understanding the importance of workers' organisations, especially women's collectives, in running childcare infrastructure

Workers' organisations, like cooperatives typically operate at the local level. They have a good understanding of what works and what doesn't in the regional context, and are particularly well-suited to respond quickly to issues that arise in their own areas (OECD, 2020). They are close to the people they serve and can quickly adapt to the needs of the community. Further, being local, they are accountable to the families they work with and for---they have to be therefore, transparent and agile in all they do.

The tasks of implementing full-day, extended ICDS and all other child care services should preferably be entrusted to such organisations. These organisations expand the potential for collective social innovation by collaborating with local stakeholders (citizens, civil society, policymakers, entrepreneurs, and

¹² <https://www.indiatoday.in/education-today/featurephilia/story/-many-children-at-risk-of-not-reaching-their-developmental-potential-1751461-2020-12-20>

¹³ The National Campaign for Childcare has been campaigning for investment of 1% of the national GDP in childcare.

researchers). They experiment with new and co-operative ways of working to develop place-based solutions, building on collective goals and the complementary assets of different types of actors.

Historically, during periods of crises, when there is a rise in the value placed on co-operation and solidarity, such organisations have played a key role in helping to reconstruct the community (OECD, 2020). Thus, such infrastructure can also be considered disaster resilient, helping in innovating building back strategies.

Recognising the importance of women worker and family-friendly policies and social protection

Childcare exists within a broader continuum of family-friendly policies, which help balance both paid work and unpaid work (UNICEF/ILO/WIEGO, 2021) especially for women. But for the majority of mothers around the world, policies, such as paid parental leave, breastfeeding breaks, childcare and child grants, are not a reality. This is especially true for women engaged in the informal economy, who are deprived of all such social protection and policies to support them and their work. Researchers have highlighted how the lack of such policies compromises mothers' ability to securely bond with their babies in the first critical years of life – a time, evidence tells us, when the combination of the right nourishment, a loving environment and stimulating care can strengthen a baby's developing brain and give her or him the best start in life. Not only do such family-friendly policies pay off in healthier, better-educated children, greater gender equality and sustainable growth, but they are also linked to better female workforce participation and productivity. Hence recognising the importance of such women and family-friendly policies and the need to implement social protection schemes for all, is crucial.

Following this model, such locally anchored and socially driven organisations can be seen as a viable alternative in designing disaster-resilient care infrastructure in the future, as the present study findings also reiterate.

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ANNEXURE 1: SAMPLING FRAMEWORK

Sample selected for Quantitative data collection

Centre Name Code	No. of Respondents
SEWA A	12
SEWA H	18
SEWA I	22
SEWA P	12
SEWA RN	11
SEWA R	10
SEWA S	12
SEWA SS	18
SEWA V	11
SEWA V2	17
	143

Source: SEWA-ISST Survey, December-February 2020-21

Sample selected for FGD

Name/location (centre)	Participants	No. of Participants
SEWA H	Mothers	7
SEWA R	Fathers	5
SEWA P	Fathers	8
SEWA V2	Mothers	12

Source: SEWA-ISST Survey, December-February 2020-21

ANNEXURE 2: SUMMARIES OF TOOLS USED

1. Summary of Survey tool

Objective: *The tool was designed to study the impact of the closure of child care centres on mothers and children during the nation-wide COVID 19 lockdown between March and September 2020. The tool was divided into three broad modules: i. About the family's basic demographic details; ii. About the mother's work and wellbeing; iii. About the child/children. These modules were then further divided into multiple themes of enquiry.*

Synthesis of questions asked in each module

i. Demographic Data

Initially the respondent was introduced to the topic and was asked for her informed consent. Following this, she was asked to introduce herself and was made to fill up a family roster, where she listed each family member, defining their relationship to her, their gender, age and current paid occupation. This was followed by questions around the lockdown's economic impact on her family and about the coping mechanisms adopted.

ii. About the mother's work and well-being

The respondent was initially asked about her status of paid work and whether the lockdown had impacted it in any way. She was further asked about the status of her paid work after the lockdown and how she has been managing her household care work with the childcare centres remaining closed. Detailed questions were asked around who supports her in household chores and care duties at home and whether she perceives any change in the volume of unpaid work that she is expected to do because of the lockdown. She was also asked about her own mental and physical well-being; if she had felt any increased stress at home and the reasons for the same.

iii. About the child

This section began with the respondent giving us a profile of her child/children. This was followed by a detailed enquiry into the child's care needs and who in the family is his/her primary/secondary caregiver. The respondent was next asked about the child's dietary habits. This included questions on what the child would typically have for breakfast-lunch-evening snack and dinner. Further questions were asked of the mother's perceptions of her child's changing dispositions, habits, learning abilities and general well-being during the days that they were 'locked down' inside their homes.

2. Summary of Anthropometric Data Tool

Objective: *Three sets of anthropometric data of the children were collected over a span of 10 months to understand how the lockdown of the centres might have impacted the children's growth rate. The growth rate of each of the child is then monitored through the WHO Anthroplus software (Refer to <http://www.who.int/growthref/tools/en/>)*

Analysis Rationale

The data from February 2020 was used as the base line to compare the impact the closure of the centres, (indicative in the July 2020 data). This was further compared to December 2020 data to understand how the slow opening up of the centres after the lockdown might have affected the children's anthropometric indicators.

The first set of data (February 2020) was collected when the centres were fully functioning, while the third set of data (December 2020) too was collected when the lockdown was over and the children were

mostly back in their respective centres. To collect the second set of data (July 2020), a mixed method was adopted. Some children were called to the centres with their parents, while in cases where parents could not accompany their children, the sevikas visited the children's homes to collect their data on anthropometric growth.

3. Summary of FGD Tools

FGD Schedule with Mothers

Objective: *To understand the impact of the closure of child care facility centres on the families in general and the mothers in particular.*

Synthesis of the questions asked:

i. Ice-breaking session: After being introduced to the rationale behind the FGD and asking for each of the participant's informed consent, the discussion began with an ice breaking session, where mothers introduced themselves and their children who attend the centre.

ii. COVID lockdown and how they remember it: This section of the schedule was about setting the tone of the discussion by making the mothers look back on the lockdown days. Questions were asked about how they received news of the lockdown and their first impression and apprehensions about such unforeseen times.

iii. Support of SEWA Centre: This section was meant to lead the discussion towards the mother's child care duties and how the SEWA childcare centres help in sharing some of these burdens in normal times. This then further led to questions about how the mothers managed without the help of these centres during the COVID lockdown days.

iv. Increased care work and impact on health: This section explored the mother's wellbeing during the lockdown. It included questions around her increased work pressure, effect on her health, the level of stress and tension that might have increased during the lockdown times and how they coped with all of it.

v. Unlockdown: Finally, the discussion moved towards the 'unlockdown' phase. This was when some of the mothers had to resume going out to carry on with their paid duties. They were asked how they managed to continue both their paid and unpaid care work and the negotiations they had to make to strike this balance.

FGD Schedule with Fathers

Objective: *To understand the impact of the closure of child care facility centres, on the families in general and how the fathers responded to it. The rationale behind bringing the fathers together was to observe their degree of involvement in child rearing.*

Synthesis of the questions asked:

i. Ice-breaking session: After being introduced to the rationale behind the FGD and asking for each participant's informed consent, the discussion began with an ice-breaking session where the fathers introduced themselves and their children who attend the centre. They were also asked a bit about their own work-life, families and who is in charge of care work at home.

ii. COVID lockdown and how they remember it: This section of the schedule was about setting the tone for the discussion by making the fathers look back on the lockdown days. Questions were asked about

how they received news of the lockdown and their first impressions and apprehension about such unforeseen times.

iii. The SEWA Centre: This section was meant to understand the father's awareness about child care duties in general and how the SEWA childcare centres have been helping their families with their support, in particular. This then led to questions about whether the fathers perceived any increase in care work at home during the lockdown times and if they were in any way involved in sharing these burdens of household chores.

iv. Children's care work: This section aimed to ask direct questions to understand the level of the father's engagement in the child-rearing process and whether there was any change in this during the lockdown phase.

v. Unlockdown phase: The following section was more about the time when the father's work outside home started resuming during the 'phased unlockdown' process. Questions were asked about whether he is able to go out for work and whether his wife too is being able to resume paid work. Questions were also asked about the perceived impact of the lockdown on their children and if the children were ready to go back to the centres when they re-open.

FGD Schedule with Sevikas

Objective: *To understand the impact of the closure of child care facility centres on the families and children that the sevikas engage with and how they responded to it as part of the co-operative and also the larger community.*

Synthesis of the questions asked:

i. Ice-breaking session: After being introduced to the rationale behind the FGD and asked for each of the participant's informed consent, the discussion began with an ice breaking session, where the sevikas introduced themselves and their work and briefly described their journey of being a sevika over the years.

ii. COVID lockdown and how they remember it: This section was about setting the tone of the discussion by making the sevikas look back on the locked down days. Questions were asked about how they received news of the lockdown and their first impressions and apprehensions about such unforeseen times.

iii. About their personal well-being: This section explored the personal well-being of the sevikas during the lockdown. Questions revolved around if they had to go out for work during the lockdown, if they were given the recognition of essential care workers, and their pressing concerns during those time.

iv. About children of the centres and their families: This section was about whether and how the sevikas continued their engagement with the children of the childcare centres during the lockdown. Questions were asked about whether they were in touch with these children and their families during the uncertain times of the lockdown and if they had taken any pro-active steps to help these families as part of the cooperative.

FGD Schedule with board members, Sangini Co-operative

Objectives

- i. To understand the ethos of the Sangini Co-operative, the ideology behind its formation, the way it is structured and how it functions.*
- ii. To make sense of the physical well-being and mental disposition of the children after almost nine months of the re-opening of the centres.*

Synthesis of the questions asked

i. Ice-breaking session: After being introduced to the rationale behind the FGD and asked for each participant's informed consent, the discussion began with an ice-breaking session, where the board members introduced themselves and their work and briefly described their journey of being a part of the co-operative over the years.

ii. On the collective nature and cooperative structure of the centres: This section delved into the history of the formation of the Sangini Co-operative and how it matches with the general ideology and motto of SEWA. Questions were also asked about how the co-operative functions and how the sevikas are chosen and trained to work here.

iii. On the bonding of the sevikas with the community: This section tried to explore the nature of bond that the sevikas share with the children coming to their centres; which then leads to a kind of camaraderie with their families in general. Questions were asked about the kind of relationship the sevikas have with the mothers and fathers of the children.

iv. On the condition of the children after almost nine months of lockdown: This section of the schedule was aimed to gain a more time-relevant understanding of the scenario of the centres nine months after the lockdown was formally called off. Questions were asked around whether the centres are fully functioning now, if all the children have resumed attending them and whether they are facing any major adjustment issues.





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