

Single Women in Himachal Pradesh: Concerns, COVID-19 and Building Forward Better

Single Women are an extremely vulnerable and marginalized group in India. As per Census 2011, 71.4 million or 12% of the female population of India is 'single'. In Himachal Pradesh, this number stands at 3.2 million, constituting almost 5% of the population of the state. The category 'Single Women' includes widows, divorcees and unmarried women, and those deserted by their husbands. Given the patriarchal nature of our society, single women face many challenges which get compounded by the various religious and cultural norms imposed on them. They face negative social attitudes, social restrictions, discrimination and exclusion, and are considered easy targets for violence and exploitation. Difficulty in accessing work, lack of financial stability and independence, and limited access to government schemes adds to their challenges.

Initiatives for Single Women

The state government has enacted schemes and policies specifically for the benefit of poor Single Women in the state.¹ In light of the devastating economic impact of COVID-19 on the vulnerable communities, the Himachal Pradesh government has increased the benefit amount for some of these schemes. The state government runs Women State Home Mashobra to provide free shelter, food, clothing, education, health and medicines, counselling and vocational training to young girls, widows, deserted, destitute and women who are physically and sexually abused. Financial assistance up to

¹ Himachal Pradesh Economic Survey 2020-21: Saving Lives and Livelihoods

https://himachalservices.nic.in/economics/pdf/Economic_Survey_eng2020-21.pdf



Rs. 20,000 is provided to women for rehabilitation, and Rs. 51,000 is provided in case of marriage. Further, as part of the Widow Remarriage Scheme, Rs. 50,000 is provided to the couple to facilitate rehabilitation of widows after re-marriage.

Along the lines of Ayushman Bharat², the Himachal Health Care Scheme (HIMCARE) was introduced in January 2019 to provide cashless treatment coverage to those not covered under Ayushman Bharat. To avail of HIMCARE, Single Women (including widows/divorced/legally separated/unmarried women more than 40 years) have to pay a premium of Rs. 365 a year, and are required to submit a certificate issued by the Child Development Program Officer (CDPO) of the concerned area.

Apart from state-specific schemes, widows of Himachal Pradesh are also entitled to national benefits such as that provided under the Indira Gandhi National Widow Pension scheme (Rs. 1200 per month given to BPL widows between 40-79 years of age), and the Pradhan Mantri Garib Kalyan Yojana (direct benefit transfers amounting to INR 1000 to mitigate COVID-impact).

Challenges

While there are various schemes and policies in place, their impact has been lacklustre. There is limited interaction and engagement with community members for designing and implementing the projects, resulting in a disconnect between community needs and government initiatives. The benefits of the schemes are not percolating to Single Women due to resistance and insensitivity at the Panchayat-level. Even women above 70 years of age are being made to run from pillar to post to provide local authorities with income certificates for social security pension, even though the government had mandated that there would be no income criteria for elderly citizens above 70 years. Further, schemes such as HIMCARE haven't been particularly beneficial for Single Women as it is applicable only for hospitalization charges, and does not cover the cost for doctors' consultation or purchase of medicines.

A major challenge is the decrease in the fund allocation for programmes and schemes meant for Single Women, limiting any improvement in their development status. The budgetary allocation for the Widow Pension Scheme decreased from Rs. 118 crores (Rs. 1180 million) in 2020-21 to Rs. 98.5 crores (Rs. 985 million) in 2021-22³. Similarly, both the Central and State contribution to the Indira Gandhi National Widow Pension Scheme saw a decline in the 2021-22 budget.^{4,5} Given the limited to no data available specifically on the status of Single Women, they remain marginalized and invisible. Absence of data thus results in policies and schemes that are not adequately aligned to their needs and challenges. As part of the 100 Hotspots study in 2018-19, primary data was collected from households with Single Women (widows, divorced, deserted, with missing husband) in Himachal Pradesh which was further updated and substantiated through community consultations to understand the impact of COVID-19 on the community.

COVID-19 and Aggravated Vulnerabilities

Low-income criteria

To be eligible for government aid, the income of the family must not exceed Rs. 35,000 per year. However, that figure is too low (coming to around Rs. 3000 per month). The average household income of the surveyed Single Women households was reported to be just shy of Rs. 4000 per month.

² India's flagship scheme on universal health coverage.

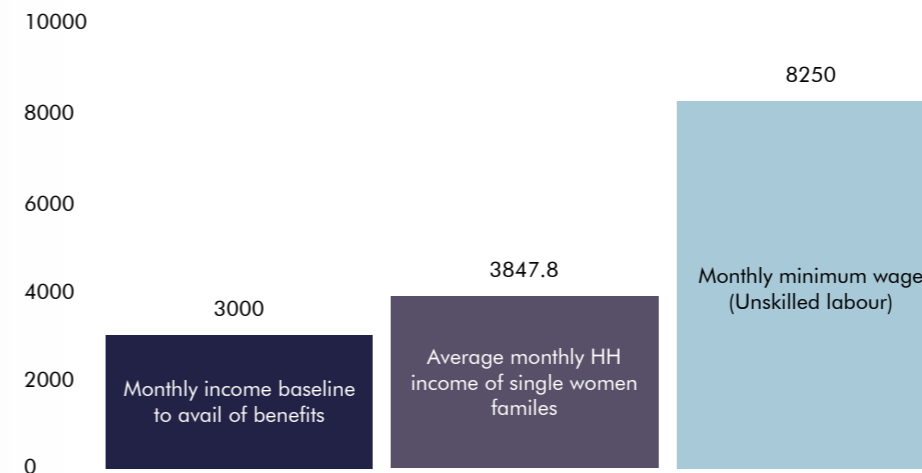
³ Department of Social Justice and Empowerment, Government of Himachal Pradesh, Details of Demand Estimates 2021-22. https://ebudget.hp.nic.in/Aspx/Anonymous/CRV_1.aspx?qs=PwK4v5RmUl4r5bnkBXqlrvogcmS+Nng/h1Julc1jLpeBs+1JC5/j/Q==

⁴ Ibid

⁵ Ministry of Rural Development, Budget Estimates 2021-22. <https://www.indiabudget.gov.in/doc/eb/sbe86.pdf>

The cost of living has continuously increased, however, the baseline income level set in the eligibility criteria has not been revised taking into account inflation. Even the minimum wage for unskilled labour in Himachal Pradesh comes to Rs. 8250 a month⁶, which is significantly higher than the baseline income as well as the monthly household income of single women families.

Income Levels (in Rs)



Food insecurity

Single Women also lack access to sufficient food. Since the amount of ration is dependent on how big a family is, Single Women and their families receive a meagre amount under the Public Distribution System. While all the surveyed households reported to have a ration card, only 26% had a BPL card. With most Single Women households not coming under the BPL category⁷, nor covered under the Integrated Rural Development Programme of Himachal Pradesh, purchase of ration becomes extremely expensive. The nationwide lockdown imposed in March 2020 furthered their food insecurity as government provision of ration was extremely delayed due to breaks in the supply chain and transportation issues.

With only 33% of the children from the community reported accessing Anganwadi services due to the sheer distance at which the Anganwadi centre was located (almost 5 km away from the habitation), the food and nutritional security of the children of Single Women was under stress even before the lockdown was imposed. The midday meal (MDM) scheme of the government also ran into difficulties, with the lockdown posing challenges in access to MDM. Even prior to the lockdown, the MDM provided to children of Single Women in schools did not contain nutritious items such as milk, eggs, or fruits, and was thus insufficient to satiate the hunger and nutritional needs of children.

Access to healthcare

With poor health infrastructure and limited availability of health facilities in their habitation, quality health services remain out of reach for Single Women. Focus group discussions with the community revealed that many of them were compelled to travel a distance of 60 km for a routine visit to the gynaecologist as their public health facility did not have one. Given that only 5.5% of the surveyed community members reported owning a transport facility, accessing healthcare remains a challenge

⁶ Calculated with the daily wage of Rs. 275 and the assumption that work for available for 30 days a month; Source: Department of Labour and Employment, Government of Himachal Pradesh. https://himachal.nic.in/showfile.php?lid=20396&dpt_id=14

⁷ As their annual income is above Rs. 27,000- the baseline below which BPL cards are issued.

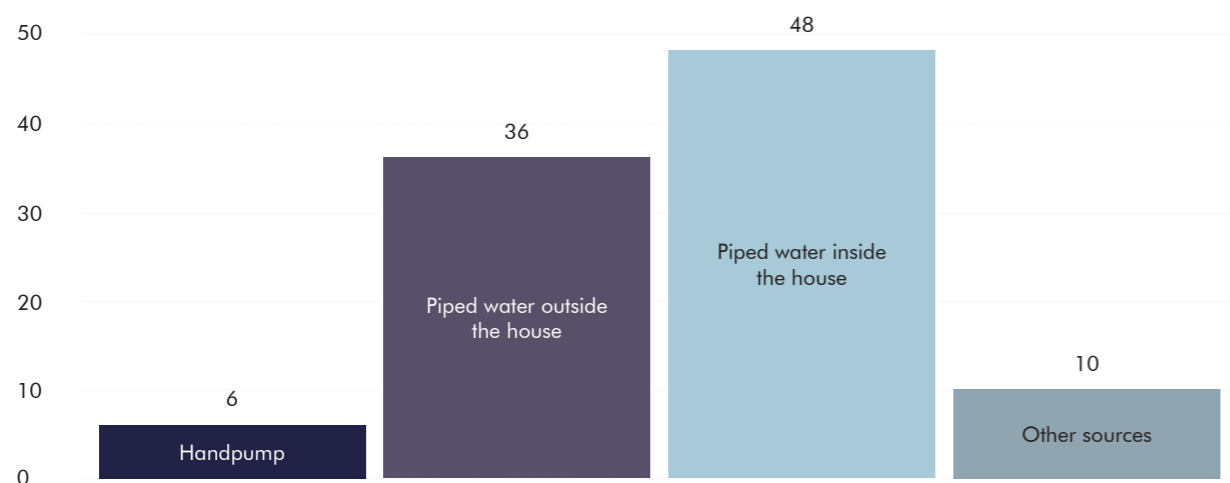
for the community. The surveyed Single Women households all reported high out of pocket expenditure on healthcare, with an average annual amount of Rs. 10,757. While their OOPE may seem lower than the national average of Rs. 12,336⁸, it must be kept in mind that their household income is significantly lower and their OOPE on health constitutes almost a quarter of their income.

Mobility constraints during the nationwide lockdown in 2020 coupled with the absence of public transportation facilities further limited Single Women's access to health services, with them finding it difficult to approach clinics and hospitals. Further, the reallocation of resources and healthcare providers to respond to the pandemic constrained their already limited access, as their health concerns became secondary to COVID-19. During a health crisis, access to timely and accurate information is crucial. While community members were aware of COVID-19 and the necessary related precautions, each household was just provided with a small bottle of sanitizer and two face masks. Community members thus relied predominantly on NGOs for the provision of these items or resorted to using handkerchiefs or dupattas to cover their faces.

WASH

COVID-19 has further propelled the importance of water, sanitation and hygiene (WASH) practices to prevent the spread of infection. Access to clean water and toilets has become all the more important with the pandemic. However, primary data highlighted poor access to WASH facilities in Single Women households. Only 48% of the surveyed households had piped water connection. The majority depend on community taps and handpumps for accessing drinking water. In times of lockdown and with the propagation of physical distancing measures, access to clean drinking water was adversely affected for a majority of the Single Women households.

Source of Drinking Water (%)



Education

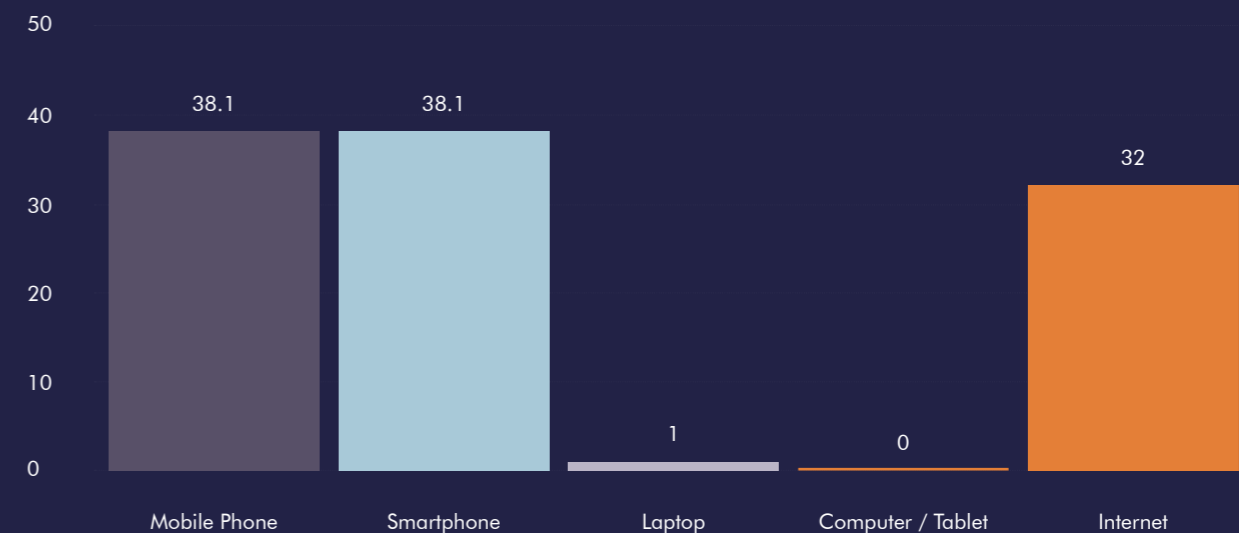
With a literacy rate of 35% (significantly below the average national literacy rate of 78%⁹), the burden of illiteracy is high among Single Women. Given the already limited access to education due to hardships and discrimination in schools and public spaces, the shift to virtual forms of learning

⁸ Calculated using per capita OOPE at Rs. 2570 (National Health Accounts Estimates for India, 2016-17) and average HH size at 4.8 (Census 2011).

⁹ National Sample Survey (NSS) 75th Round on Household Social Consumption on Education in India (2017-18)

dealt an additional blow to the educational prospects of the children of Single Women. Only 38% of the surveyed households reported owning smartphones while 32% reported having access to internet connections. With lack of funds and no employment, Single Women faced issues in procuring smartphones for their children's education. In most cases, families own single device which is usually taken by the earning member to work. Further, regular access to the internet constituted an additional economic burden for Single Women households which was unaffordable given the decline in incomes during the lockdown. For most young girls in the community, schools provided the only way for social and economic mobility in life. However, the digital divide resulted in a majority of children in Single Women households being unable to attend online classes since the closure of schools in

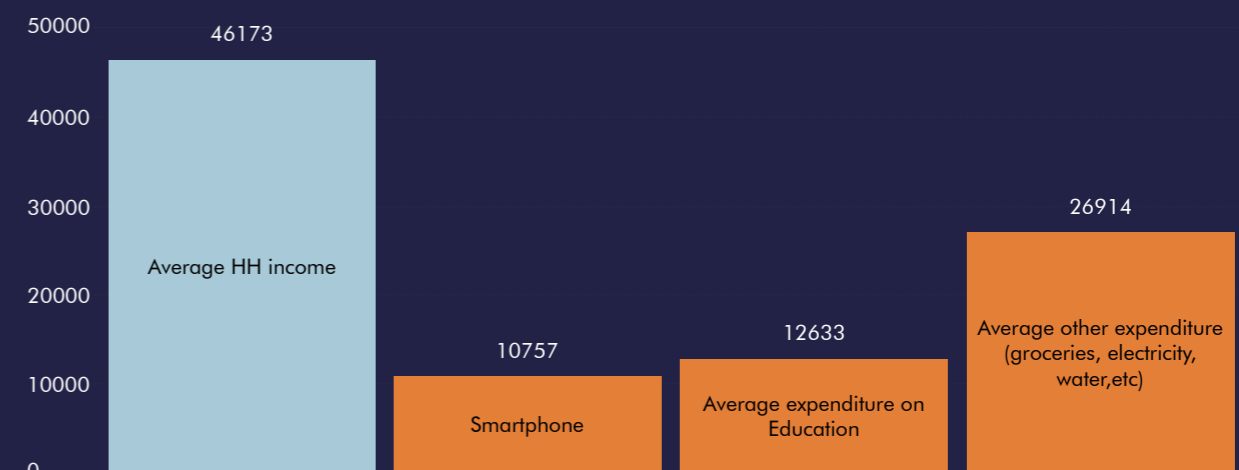
Access to devices (%)



Income loss and rising expenses

March 2020. The nationwide lockdown resulted in an economic crisis for Single Women families in Himachal Pradesh. Instances of unemployment increased and small businesses were destroyed. Single Women- predominantly employed in the informal sector in professions such as tailoring, parlours, and as domestic help- were disproportionately affected by job losses due to the nature of their work. With the surveyed community members reporting availability of paid employment for an average of 7 months in a year, the lockdown and subsequent loss of employment resulted in a drastic decrease

Annual Income vs Expenditure (in Rs)



in income. Though incomes decreased, expenses increased. Rising inflation resulted in an almost two-fold increase in the cost of bus fares, electricity, medicines and ration. With low incomes and high expenses, Single Women households' capacity for saving is negligible. Even pre-COVID, their expenditure on basic items such as groceries, electricity, water, etc. constituted more than half of their income. In such a scenario, a situation of income reduction has a disproportionately negative impact. Community members also reported an increase in cases of suicide, with many women taking their lives due to lack of support from the government.

Restricted mobility

Focus group discussions with the community members revealed that Single Women in Himachal Pradesh did not believe that they enjoyed freedom of movement, a challenge that has now been further intensified.

When the lockdown was strictly enforced, many streets and areas which otherwise used to be populated with people, were empty and isolated. This raised huge concerns regarding the safety of women, and hindered their movement significantly. This was further compounded by limited availability of public transport, and resulted in them being unable to access government facilities and other public services.

Deserted women

While we cannot make a hierarchy of challenges, women who have been deserted by their husbands are particularly vulnerable to abuse and discrimination. They remain listed as 'married women' and are deprived of government aid as they are neither supported by their in-laws (having separated), nor registered with their families (from where their name was cut after marriage). Access to justice also remains out of reach for them, with long-drawn court battles resulting in a wastage of time, effort and money.

Cases of violence and abuse against women at the risk of being deserted have increased since the imposition of the lockdown, with them being compelled to stay home with their abusers. Most of these women are unable to report the cases to the police as they fear getting kicked out of the house with no place to go. With no access to land and property ownership, Single Women are unable to gain any form of independence.

Civil Society Support

The Ekal Nari Shakti Sangathan (ENSS) is a forum of Single Women in Himachal Pradesh initiated in 2005. They organize Single Women in collectives through which the members work in unison to change their economic, socio-political and legal status so that each one can lead a dignified life. The ENSS anchored the data collection process of Single Women households in the 100 Hotspots study.

The forum has been extremely active in COVID-19 response and recovery and provided immediate support and relief to the community members post the onset of COVID-19 and nationwide lockdown. With limited support from the government, the ENSS stepped up and provided families with cloth to stitch masks from. Additionally, in collaboration with other civil society actors, they formed different committees with members contributing a certain amount of money in order to provide some financial support to the poor and vulnerable Single Women families.

Policy Recommendations

Immediate Recommendations

- Map and assess the impact of COVID-19 on their livelihood, employment, income, healthcare, education, access to basic services and – based on the assessment – formulate and/or revise schemes and provisions in conjunction with the community to adequately mitigate the impact of the pandemic.
- Ensure access to adequate and nutritious food, cash support to partially compensate the income loss and generate decent employment and livelihood opportunities. Opt for alternate, accessible modes of education, facilitate access to educational materials and ensure targeted support to overcome the learning loss due to school closures.
- Extend information on COVID appropriate behaviour in local languages through dedicated government functionaries and make provisions for masks, sanitizers, soaps, clean water, etc. Health camps may be set-up for awareness-generation about health-seeking behaviour, following proper sanitation and hygiene protocols and vaccination.
- Create facilities (managed by government functionaries and trained community volunteers) for the community to access medication, COVID vaccines, nutritious food, health monitoring equipment, isolation centres, etc.

Long-term Recommendations

- Build a robust framework for generating disaggregated data and undertake regular quantitative and qualitative monitoring of the development status of Single Women and their families, documenting intersectional vulnerabilities.
- Ensure local governments have capacities and resources to plan and implement need-based schemes in consultation with the community and create mechanisms to sensitize and ensure accountability of the local government and district administration to recognize, respect and support the community. Allocate adequate budgets and ensure effective utilization of funds for projects meant for the improvement of the development status of Single Women.
- Protect and promote the maintenance and inheritance rights of Single Women. Include the name of every woman in land and property documents at the time of marriage to promote their financial independence. Set up autonomous Nyaya Panchayats to ensure that legal cases of Single Women are taken up on priority and resolved speedily.
- Increase the income criterion to avail the various state schemes to Rs. 60,000 per annum to ensure better coverage of beneficiaries. Increase the social security support to at least Rs. 3000 a month to ensure Single Women and their families a life of dignity and extend current provisions of widow pension to deserted women and those whose husbands have gone missing. Ensure greater and regular income support in the form of cash transfers to reduce their high OoPE on basic services and daily expenses.
- The Himachal Pradesh state government should frame welfare policies for Single Women along the lines of schemes in Uttarakhand and Rajasthan where Single Women are issued separate ration cards.
- Improve access to pre-school and 12 years of free and compulsory quality education tracking retention and drop-outs, ensuring mid-day meals, scholarships, text books, uniforms. Strengthen the participation of the community through engaging the school management committee members.
- Expand and improve economic activities and livelihood opportunities, and build supportive mechanisms for information dissemination and marketing. Design vocational and skill development programmes to improve the community's self-employability, wage employment and entrepreneurial capacities to break the cycle of poverty.
- Facilitate engagement of community-led organizations and community members with the district and local administration to centre-stage Single Women in development design, planning, programming and reviewing.

Centre for Social Equity and Inclusion

CSEI is concerned with deepening democracy and developing our body politic by enhancing the enjoyment by excluded communities of their social, economic and cultural (SEC) rights. Education, employment, entrepreneurship and governance are the key intervention areas keeping “Exclusion – Equity – Inclusion” as our watch words.

Centre for Social Equity and Inclusion

2157/A, 2nd Upper Floor, Sarthak Building, Guru Arjun Nagar,
Near Shadipur Metro Station, Towards Satyam Cinema, New Delhi-110008

Phone: 011-25705650

Email: info@cseiindia.org.in

Website: www.csei.org.in

Wada Na Todo Abhiyan

Wada Na Todo Abhiyan (WNTA) is a national campaign focused on promoting Governance Accountability to end Poverty, Social Exclusion & Discrimination, through tracking government promises and commitments at the national and international levels. We work to ensure that the concerns and aspirations of the marginalized sections are mainstreamed across programs, policies and development goals of the central and state governments.

Wada Na Todo Abhiyan

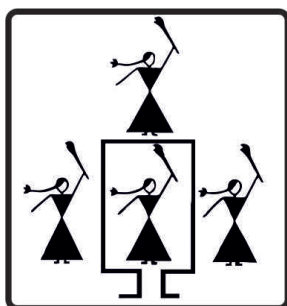
C-1/E, 2nd Floor, Green Park Ext., New Delhi - 110016.

Phone: 011-46082371 Fax: 011-46082372

Email: info.wadanatodo@gmail.com | <http://www.wadanatodo.net>

Facebook: <https://www.facebook.com/wadanatodoabhiyanindia>

Twitter: [@wadanatodo](https://twitter.com/wadanatodo)



Supported By

