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COVID-19 – a crisis of care and what we can learn from the SEWA experience in India

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ABSTRACT

As women across the globe continue to be overburdened with child-care responsibilities owing to the closure of institutional child-care facilities due to the COVID-19 pandemic, this paper attempts to posit a viable disaster-resilient model through the idea of community-based care infrastructure. Based on research conducted among parents from low-income groups, whose children attended child-care centres run by Sangini Co-operative of Self-employed women's association (SEWA) in Gujarat in western India, this paper wants to highlight the spontaneity with which the Cooperative responded to the pandemic, underlining the efficacy of community-based interventions in times of crisis. This paper argues that solidarity between care workers and the larger community is only likely to increase during times of crisis, which makes community-based solutions an integral part of addressing future care emergencies.

Tandis que les femmes des quatre coins du monde continuent d'assumer une part excessive des responsabilités de soins dispensés aux enfants en raison de la fermeture des services institutionnels de garde d'enfants suite à la pandémie de Covid-19, cet article entend proposer un modèle viable résilient aux catastrophes à travers l'idée d'infrastructures de soins basées au sein des communautés. Sur la base de recherches menées parmi les parents de groupes de faibles revenus, dont les enfants ont fréquenté des centres de garde d'enfants gérés par un groupe d'entraide de femmes – la SEWA Sangini Cooperative – dans le Gujarat, dans l'ouest de l'Inde, cet article entend mettre en relief la spontanéité avec laquelle la coopérative a répondu à la pandémie, en soulignant l'efficacité des interventions basées au sein des communautés en temps de crise. Cet article soutient que la solidarité entre les personnes dispensant les soins et la communauté dans son ensemble est en fait susceptible de s'intensifier en situation de crise, et que les solutions basées au sein des communautés font donc partie intégrante de la gestion des situations d'urgence futures en matière de soins.

Debido al cierre de guarderías institucionales atribuible a la pandemia de la Covid-19, las mujeres de todo el mundo siguen estando sobrecargadas de responsabilidades relativas al cuidado de los niños. En este contexto, este artículo se propuso plantear un modelo viable de resistencia a los desastres, a partir de la idea de una infraestructura de cuidado basada en la comunidad. Tras una investigación realizada entre padres de familias de bajos ingresos, cuyos hijos asistían a guarderías gestionadas por un grupo de autoayuda de mujeres —la cooperativa SEWA Sangini en Gujarat, en el oeste de la India—, este ensayo destaca la espontaneidad con que la cooperativa respondió a la pandemia, para subrayar la eficacia de las intervenciones basadas en la comunidad en tiempos de crisis. Asimismo, da cuenta de que la solidaridad entre los trabajadores sanitarios y la comunidad en general sólo puede aumentar en tiempos de crisis, lo que hace que las soluciones basadas en la comunidad sean parte integrante de la respuesta a futuras emergencias de salud.

Q KEYWORDS: Child care resilient care-infrastructure care crisis Self-employed Women's Association women's collectives COVID-19

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Notes

1 The ICDS in India was initiated in 1975. It 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 immunisation, health check-ups, referral services, and pre-school training and education for the children. Currently, ICDS has a network of almost 1.4 million *anganwadis* (child-care centres) and covers around 38 million children through these centres.

2 *Ben* is used as a respectful salutation to refer to any woman in Gujarat. The literal translation of the word is sister. The word has been used throughout the paper to refer to the *sevikas*.

3 Pratham is one of the largest NGOs in the country, focusing on high-quality, low-cost, and replicable interventions to address gaps in the education system. During the pandemic, Pratham focused on providing children with engaging content using digital resources. SEWA child-care centres also used these and shared them with the families of the children enrolled in their centres. For more information on these resources, see www.pratham.org/covid-19-response/digital-resources-enabling-learning-for-all/.

4 *Gutka* is a chewing tobacco preparation made of crushed areca nut, tobacco, catechu, paraffin wax, slaked lime, and sweet or savoury flavourings highly popular in India, Pakistan, other Asian countries.

Additional information

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