

A Qualitative Exploration of MAVIM -Mahila Arthik Vikas Mahamandal SHG Members and Their Experiences from Mumbai: COVID-19 Crisis and Living through It.

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Abstract

Maharashtra was one of the worst-hit states in terms of pandemic spread across its major cities, Mumbai, Thane, Pune, Solapur, Nasik to name a few. Government of Maharashtra imposed mobility restrictions from 15th March onwards that subsequently merged with the nationwide lockdown. After completing its fourth phase of lockdown, a total of two and a half months (15 March - 31 May 2020), Maharashtra started easing up but unfortunately to enter into a hard hit second wave. Mumbai being one of the hardest hit cities, the poor or marginalized community were heightened with the vulnerabilities of social, economic and health security risks. This research paper studies the women in the SHG groups of Mahila Mahila Arthik Vikas Mahamandal (MAVIM) a State Women Development Corporation of Maharashtra administered by the Women & Child Development Department, GoM and their experiences. The research paper analyses their experience through using seven themes Daily Life management and its Challenge, Accessibility to basic needs of Food, Medicine, Transportation, Services, Participation and Practices of women in SHGs, Livelihood, Compassion and Empathy of SHG members, Government Support, Positive Impact of Covid and Lock down. The experiences shared included challenges and opportunities to define a new normal. Though the participants faced many physical, mental health challenges and insecurities of livelihood and finances, they also got a new opportunity to relook into their goals and values of life. Interventions of self-acceptance to situation, building robust social networks and being of mutual help to each other have been some of the best practices. Though it has been over two years the researchers have tried to gauge if still there exists emotional and mental turmoil exists in the life of the women or have they moved on?

Keywords: COVID-19, lockdown, experiences, qualitative research, thematic analysis

Introduction

The spread of COVID 19 had created an unprecedented situation across the globe. What started as a health pandemic soon turned into a humanitarian and economic crisis compelling governments and civil society organizations to be on their toes. Government of India declared the first phase of lockdown on 15 March 2020 and then extended it in phases along with other measures. Maharashtra was one of the worst hit states in terms of the pandemic and its crises, but all the districts gradually opened up easing restrictions in a phased manner. Later the spread was uneven, with urban areas exceeding the number of infected cases and continuing to have

mobility restrictions for travel, which disrupted life and activities across the state but especially in a place like Mumbai where the cost of living is very high and there are large number of marginal community people living with deeply impacted livelihood and health issues. MAVIM took multiple initiatives to cope with the crisis as the lock down was declared in March, but still the district level reports submitted to the head office of MAVIM reveal that ongoing fear of the pandemic, loss of income / jobs, fear of food security, inventory stock pileup and requirement of personal loans among the SHG members have gone up in most of the districts. Though both the rural and urban communities were affected, but a series of constant telephonic interactions with the help of district officers gave an understanding that the urban SHGs were paralyzed to a large extent as compared to the rural SHG's.

The researchers felt it important to conduct a qualitative exploration. The qualitative study explores the individual and collective experiences of SHG members of MAVIM and their families. Understanding that the qualitative study is an essential part of the larger study it was driven through FGD (Focus group discussions) so that the output can be used by policy makers for restructuring and amending the existing policy or incorporate certain missing aspects in the existing policy if the State of Maharashtra is faced with a similar situation. The qualitative study discusses the challenges and opportunities experienced and identified by the women during the COVID-19 PANDEMIC AND RESTRICTIVE PHASE.

According to select literature Kaliat Ammu Sanyal, June (2020) in her article discusses the pandemic crises impact on the collectivization and solidarity of women. The article shares insights into the non-functioning of the SHG's during the lock down period. During the months of lock down there had been no physical meetings of the SHG's to discuss their needs or grievances. The SHG's had also switched over to online communication during this period, but it is understood that this cannot be a substitute platform for physical meetings as these meetings ensure collection of savings, collective well-being and support. She also highlights the fact that women SHG's played pivotal role during pandemic by getting involved in mask, sanitizer and PPE kit making along with ration distribution, social awareness creation of the pandemic and being a connect between community and government, hence they should be more, empowerment to SHG movement to absorb the social, economic and health shocks. Alok Deshpande, April (2020) throws light on the fact how the SHG -women have been in the fore front of the battle of fighting against COVID. The article in the "The Hindu" discusses how the SHG groups of MAVIM have helped the state government in fighting the social and economic impact of the novel coronavirus. Despite of facing the challenges themselves they have contributed 11.35 lakhs as donation through their existing income to the Chief minister's relief fund. The women in some districts have also created ATM Sakhis (friends) to introduce digital withdrawal of money, deposit money and to recharge phones. Alejandra Arrieta; Samuel Scott & et al (2020) through their research on women and their mental health came out with some key findings. A survey which were run by the researchers in Delhi during the month of April 2020 brings out the statistics that 65% female respondents felt depressed and 75% felt anxious. 1 out of 7 Indians were suffering mental disorder during pandemic. A similar study was run to understand the mental health state of women in semi urban and rural regions, this brings out the key findings that shocks to non -farm livelihoods are associated with poor mental health. Women with SHG membership have better mental health. Living in a food insecure household is associated with worse mental health. Thomas de Hoop; Sapna Desai et al (2020) Economic shocks and social protection: Economic shocks may reduce income and viable market linkages for groups linked to livelihood promotion, which may ultimately result in group dissolution due to a lack of capital or investments. On the other hand, groups may

increase the resilience of their members through existing savings and group support that can serve as insurance and social protection.

Research Methodology

The researchers adopted the qualitative method via FGDs.

Qualitative Methods: Focus Group Discussions:

In order to have an in-depth insight related to the answers provided in the quantitative data which is a part of the larger study and to gauge the intensity of the impact, an FGD guide was created by the researchers taking expert opinions.

Sampling for qualitative study component:

Participants were purposively identified for the purpose of the qualitative FGDs. Sample tried to include all type of respondents considering the social and religious group, livelihood activities and geographical locations. DCO's, ADCO's, Community Managed Resource Centre -Managers, Sahyoginis helped with the participant selection and joined the FGD. The place chosen for the study were the slums of Dharavi, Kurla and Ghatkopar where the SHG community belonged .

Data collection

The qualitative FGDs were carried out physically in the different districts through a face-to-face open discussion using specific topic guides. Verbal consent were sought by mentioning the purpose of the discussion. The FGD were written and recorded while the information was shared.

Data Analysis

The Qualitative data was analysed using the Braun & Clarke (2006) Theme Framework approach. The data was first transcribed verbatim into local language and then translated into English after familiarization. After reading the first few transcripts, certain codes were used as a template for other transcripts and new codes if any were also identified. Codes were grouped into categories or themes. An in-depth analysis was carried out for each of the themes and subthemes that emerged from the transcripts.

The Qualitative detailing of the respondents as to what they underwent during the peak Covid-19 Pandemic and peak lockdown phase in Mumbai

Profile of FGD Respondents in Mumbai from locations of Dharavi, Kurla, Ghatkopar, Trombay, Shivaji Nagar, Vikroli.

Number of FGD : 8

Total number of Participants: 87 women, Each group had around 10-14 women

Age group : 20-55

Gender : Female

Religion : Hindu, Muslim, Christian

Job profile : CMRC Manager, Sahyogini and individual SHG members

The women belonged to marginal income group

Theme 1: Daily Life management and its Challenges

This theme describes the challenges and struggles faced by the women and their family during the period of pandemic and it covers the first and second phase struggle which also includes the lockdown period experiences. This theme discusses the psychological impact, fear of infection, discrimination and violence, abandonment.

1.1. Psychological Impact

“We are habituated to meet people and help them, being at home created misery in myself was feeling frustrated, lost and depressed “ (Sahyogini -Kshitij CMRC ,MAVIM)

“People who were very close to us, my husband and my own family did not even speak to us for months together when they came to know that my husband was tested positive and both us did not have job as we were removed ”(SHG-Member Govandi,)

“ I lost my husband all of a sudden ,in 15 days my life changed, I have 3 children all are studying one is also suffering from kidney problem ,I am completely broken” (SHG-Member-Kurla)

“ I lost my 40 year old son who would take care of the entire family in the second phase of Covid ,I was completely depressed and would not even enter my home”(SHG-Member Kurla)

1.2. Fear of Infection

“Most of us and our family members did not wish to go to the hospital for any general health conditions, considering hospitals are dangerous place and the entire family may get affected with Covid -19” (SHG -Member-Trombay)

“I did not move out of the house for three and half months at all, as I am a heart patient and have small kids, the fear of infection stopped me always” (SHG -Asha)

“I was pregnant during the first phase of Covid-19 pandemic, I was 3 months when lockdown was declared, I did not visit Doctor till my eighth month due to fear, directly visited doctor in the eighth month though had to take shoutings from doctor” (SHG member-Dharavi)

“My mother was unwell and my sister is a nurse by profession but today if I think of the days which were during Covid, I did not even allow my sister to enter the house, I feel I had lost humanity because of fear” (SHG member-Ghatkopar)

1.3. Discrimination/Violence

“I got married during lockdown and immediately within a month became pregnant, my in-laws treated me very badly and I had mental trauma, they never gave me sufficient food to eat despite doing all the family work as they wanted, we are 13 members and the home had no room space” (SHG member-Dharavi)

“My husband lost his job 15 days after the lockdown was declared, he started to remove all his frustration on me ,gradually I started feeling unwanted and disturbed ,I could hear sounds ,hallucinated people hurting me.”(SHG member-Dharavi)

“My son who went out to buy medicines for my second son who has depression had to take lathi from police” (SHG Member-Dharavi)

“Post lock down when my husband and I started looking out for job the employer would ask from which place and the moment they heard Dharavi, we would never get the job”

1.4. Abandonment

“I know one of the SHG members who threw her in laws out of the house because there was no earning member in the house” (SHG-Sahyogini, Ghatkopar)

“I am 21 years today, I felt I lost my freedom to be what I want to be during the 2 years of Pandemic and lockdown, I had to drop out of college for my siblings” (SHG -Member, Dharavi)

“I got married just 2 months before the lockdown was declared, due to economic conditions at my in laws place I was asked to go back to my mother’s place, my parents faced difficult time answering my relatives” (SHG -Member, Dharavi)

“First time we saw Mumbai roads empty and it was very scary and I became very emotional” (SHG Member Vikroli)

Theme -2: Accessibility to basic needs of Food, Medicine, Transportation

This theme discusses the ease or challenges to get the provision of food which is one of the basic requirements for surviving. This was considered important to discuss as many people had lost jobs and shops were not allowed to open. The people in the slums buy their ration as their wages/salaries come to them. Similarly it was felt important to discuss medicines as many people found it difficult even to get their regular health medicines, those with mental health challenges and disabilities also had difficulty in getting medicines. Similarly, as there were restrictions during lockdown transportation was limited.

2.1 Food Supply/Ration availability

“We had no problem with food as there were large number of NGOs who distributed ration Kit” (SHG -Sahyogini and Manager’s Dharavi)

“After taking what is required by my family, I would give the remaining to my sister-in law” (SHG -member Kurla)

“We reduced some items in our food where we used to spend when we had job and money coming consistently, as we had to break our savings (fixed deposits), we started spending only if required.” (SHG Member)

2.2 Medicines

“We were not getting medicines of mental health for my son” (SHG-Member, Dharavi)

“I stay in the slums of Vikhroli and have heart problem, I was finding it very difficult to get my medicines due to limitation of mobility” (SHG member-Vikhroli)

“My child has disabilities and mental health challenges, we found it difficult to get his medicines”

(SHG -Member, Dharavi)

2.3 Transport

“My husband suffered from heart-attack and during that time we found it very difficult to get an ambulance or car finally my son alone took him in an autorickshaw along with the auto drivers help to the hospital, we all reached separately, had a very disturbing time” (SHG-Member Trombay)

“I was pregnant and during my eighth month for the checkup we had to book our auto to and fro in advance, despite all this we found it very difficult to commute” (SHG Member, Dharavi)

“Me and my husband struggled a lot to take our son who suffers from epilepsy problem to the doctor as we could not find transport facility, it also became very costly” (SHG Member, Dharavi)

3. Theme: Services

This theme discusses the ease and challenges to access the General and Covid-19 health services, disability or mental health access challenges and ease, the service of education and school.

3.1 General health Services

“My husband was hospitalized for Covid-19 with mild symptoms in the first phase, got discharged and after three days complained of chest pain, on being admitted to the hospital he was again treated for Covid-19 and tuberculosis, and was declared dead because of heart attack” (SHG Member-Kurla)

“We took my husband from one hospital to the other but he could not get admission, finally before getting hospitalized he was declared dead, reason mentioned is heart attack” (SHG member -Trombay)

My daughter took my husband to the hospital, he went walking but the next day morning we received a call saying he is dead, reason told was Covid and heart problem” (SHG member-Kurla)

“My husband could not be admitted anywhere as all beds were full and we were struggling finally on the way to check the last hospital nearby we lost his life, nobody helped us” (SHG member, Vikhroli)

“Me and my husband both got hospitalized and entered the ICU but this could only happen because I was lucky and had great amount and support from MAVIM officials” (CMRC-Manager, Dharavi)

3.2 Educational Services

“We have 4 children, 3 girls and 1 boy and had one simple phone and one smart phone for the children’s online education. Their education was completely disturbed” (SHG-Member, Dharavi)

“We had to borrow money from a private lender to pay the fees of my daughter who is doing Nursing” (SHG-Member, Kurla)

“As there was complete lockdown and then school notes and classes were online, my son has become a complete mobile addict and his studies have worsened, I am not educated” (SHG-Member, Dharavi)

“ I had to borrow money for my daughter’s education as my husband died in the first phase of covid and I did not have any job and she is good in studies and I did not wish our problems to become a challenge for her”(SHG -Member,Dharavi)

3.3 Rehabilitation and Counselling Services

“Many of us were undergoing mental trauma but did not know what to do” (SHG - Sahyogini, Kurla)

“My son went into depression as all activities had come to stand still. I had to seek the help of the church for rehabilitation and counselling services”.(SHG-Member, Dharavi)

“MAVIM created an online counselling platform which was created for MAVIM- SHG women” (CMRC-Manager Dharavi)

4. Theme: Participation and Practices of women in SHGs

This theme discusses the involvement and participation of women in the process of Meetings, savings and loan, livelihood, community activities, reverse -migration. As the women were confined to the homes their usual process and practices had changes, this theme discussed the same in order to understand its impact on the women and their SHG working.

4.1 SHG Groups and Meetings

“Regular SHG meetings had stopped, also each one of us were scared to even think of a physical meeting” (SHG-Member, Vikroli)

“I felt very upset that we were not able to meet and share our sorrows,there were some people who gradually moved out of the group and our group could not remain”(SHG- Member ,Kurla)

“Communication of the group was happening through whatsapp” (SHG- Member Dharavi)

“We were not used to this way of working and during the lockdown many groups broke and many new groups were formed”(SHG -Sahyogini, Vikroli)

“ Many new groups formed once the lockdown period exhausted ,those who earlier did not show interest were showing interest”(SHG-Sahyogini, Kurla)

4.2 Loans and Savings

“ I had taken loan from Saraswat Bank before Covid ,during Covid the only earning member of my family my husband died post that had to pay back the money with double interest post the loan moratorium declaration” -SHG member Kurla.

“ We tried to give loans to women of our SHG”-SHG Sahyogini (CMRC-Vikroli)

“ We did not collect the savings from the women” -SHG Sahyogini(CMRC- Vikroli)

“ Our savings of so many years got used up during the pandemic and lockdown period” (SHG Member Dharavi)

“ We could only survive because we had some saving through the SHG for last 15 years” -SHG Member ,Kurla.

“The pandemic has taught us that hence forth we should be even more careful of the savings”-SHG Member,Dharavi.

“We created Diwali gift packs for State Government organisations with our products from Urban and Rural SHG (CMRC

4.3 Livelihood

4.3.a Loss of Job

“Most of us use to work as home maids or cooks for working people, as lock down was declared the societies did not allow and we lost our jobs”- CMR-Chandivali

“We were working on piece work which would be coming to us, but as lockdown was declared gradually the work also stopped” SHG Member-Dharavi.

“Most of the members of the SHG groups in Vikroli and Kurla worked on breaking supari's (Betel nut) which during lockdown got completely shut and many of us diverted into food business” -SHG members Vikroli.

“Me and my husband have tailoring work, both of us lost our jobs and now I have started getting work again but my husband stopped doing work and started consuming alcohol” -SHG Member, Dharavi.

“The moment they would hear Dharavi, they would completely deny us any work ,as though there is some stigma which we carry” SHG member Dharavi

“We use to have multiple exhibitions of our products post lockdown we could not attend any big exhibition for 1 ½ years” CMRC manager Dharavi

4.3.b. Opportunity attained due to loss of job

“Most of us knew tailoring hence we got the orders to make mask from the CMRC”- SHG member Dharavi

“Our CMRC made more than 60,000 masks which were taken to APMC and sold”- CMRC Dharavi -Manager

“When I lost my job the only thing which I could do nicely was cooking, so started with Wada pav Centre with my husband which is doing good”-SHG member-Vikroli

“I washed utensils and mopped floors in the flats at Sion when I lost my job ,started to pick up vegetables from the market and sell it in small quantities”- SHG member Dharavi.

“My sister in law used to run Mess, but due to sudden death of hers due to Covid and I was a house wife, I lost my husband ,I took up her mess for bank employees,now I earn from it”-CMRC Member-Kurla.

“We got lot of online training online and now Saksham Foundation is also helping us to start our enterprise which we are thrilled and wish to bring stability to our livelihood”-CMRC Kurla and Dharavi-Managers.

“I am being trained for leadership hence trying to create CSR brochure of our products and presentation so we can have Corporate clients and all our people become engaged in work for the Diwali”-CMRC manager,Dharavi

4.4. Community Practices during Covid

“Most of the Sahyoginis and CMRC heads were Covid warriors”-(CMR Manager -Dharavi)

“In the initial days we would go around to create awareness and as the lockdown extended we got involved in distributing Ration and explaining the details of schemes by Government”(CMRC manager-Vikroli/Chandivali)

“We visited homes which had loss of life or where the economic or conditions were very bad”-SHG Sahyogini Ghatkopar

“We also washed the common toilets very frequently so that things could be in control and hygiene be maintained”-CMRC members Chandivali

4.5. Communication among SHG members -During Covid and Lockdown

“The challenge of reaching out to people always remained as people carried fear of infection”-CMR-Manager Dharavi

“All our communication of group came on whatsapp” -Sahyogini and members (MAVIM)

“Though we are not educated ,almost all the SGH members got trained as to how to use an online platform for interaction and also had banking function done on mobile”(Sahyogini MAVIM)

“As lockdown prolonged we were given multiple trainings for digital literacy”(SHG members)

4.6. SHG activities and its movement for its people and society at large

“During the first wave there were decline of activities as everyone had fear in their minds especially from the month of April” (Sahyogini -CMRC-Kurla)

“During the month of October 2020 and January 2021 people started to become active and some people had moved out of Mumbai to their villages returned back and again the started its meetings” (SHG Members Dharavi)

“I lost my husband during the second wave, I have 2 girls, the members supported me emotionally” (S HG member -Kurla)

“We tried to bring awareness of vaccination and its importance, distributed ration kits, sanitizers” (-CMRC managers and Sahyogini-MAVIM)

“I worked as ASHA in the slums of Vikroli ,also taking care and creating awareness for pregnant women (ASHA -CMRC -MAVIM)

Theme:5: Compassion and Empathy of SHG members

This theme discusses situations where being human, emotional and having empathy for others and wish for their well-being during the covid pandemic. The situation tries to bring out positive side and negative side of situations.

“During the initial seven to eight months I was not even taking my own sister inside my house as she is a nurse with Fortis ,the fear that she works in a hospital ,today I regret as to why did I behave so selfish and inhuman”(SHG Member Vikroli)

“ MAVIM as an organisation and relatives of the SHG members like husband ,helped me and my husband during our hospitalization”-(CMRC manager Dharavi)

“ I dis not receive any help from my close family members when we got infected in the first phase ,my Sahyogini and some SHG members helped me during this time”-(SHG member Vikroli)

Theme:6: Government Support

“We lost our main earning family member and have filled the form too but have not received support from the government” (SHG Member Widow)

“Wine shops use open early morning at 7:00am and was available throughout covid but Govt did not do anything” (SHG members Trombay)

“ Alcohol and tobacco were sold from homes in the slums at a price of Rs 1000/kg,which even created more challenges at home”-(SHG member-Shivaji Nagar Mankurd)

Theme 7: Positive Impact of Covid and Lock down

“ We could live and have picked new lessons of life that we should flow as required”-(SHG Members, Kurla)

“ We have understood value of life and the things we get”-(SHG Member Dharavi)

“We were able to learn and deal with technology, importance of our job was realized, importance of seeing our family members”-SHG member Dharavi

“We learnt to become stronger”-SHG Member Kurla.

Discussions

Some of the key observations and discussions by the women during the FGD at Mumbai

- SHG women agreed that Covid-19 pandemic had a great impact on their life and lockdown and its pressure only worsened the scenario.
- Women became emotional and wept while recollecting the trauma of managing the challenges of the sickness, loss (death) and their daily challenges.
- People wished to help but the fear of infection made them selfish to think for only themselves and their close ones, becoming inhuman came due circumstance of fear.
- Women expressed that gender discrimination and violence existed because of the lockdown, job-loss of spouse and self, availability of easy liquor and tobacco and staying together for many hours in their homes brought a state of depression and numbness to many.
- Daughters were made to marry during lockdown phase to avoid expense but girls faced terrible violence from in-law's post marriage.
- Some of the Sahyogini and CMRC managers were still making the women who were undergoing depression to be strong.
- Some women were welcomed back as they had returned for the SHG interaction for the first time post the loss of their family member.
- All SHG members of Mumbai mentioned they had no difficulty to get ration, instead it was only excess, but some of them faced challenges for getting gas cylinder during the

pandemic peak lockdown. Many NGOs in Mumbai distributed ration kit among the slum's belts of Mumbai.

- There was great challenge to get access to medicines and transport with travel bans and no travel passes, especially because of the poor understanding of police.
- People who suffered Covid dis face health care challenges but along with them people who faced other ailments faced more challenges as most of the ambulances and beds were reserved for Covid patients if available was at an exorbitant cost.
- Pregnant women had mixed responses, some shared that the delivery was amazing at the Government hospitals in Mumbai, which included the baby care kit for free, while some mentioned it to be a very hectic affair and not going to the hospital for months together and being without any medication till eight months. The number of pregnancies also was more among the Mumbai SHG members and their households.
- Most of the SHG members shared that their children suffered big time loss in education because of the lockdown and online classes, some parents also placed that their children have become addicted to mobile phones and are undergoing therapy for anxiety and depression due to mobile.
- The counselling services were less and not upto the mark, it was requested by most of the women that there should be consistent counselling sessions.
- The regular SHG activities got completely disturbed for the first few days to a month where the women even feared to come and give or share documents required as a reason things became challenging for the Sahyoginis.
- The savings collection was stopped by most of the groups in Mumbai, many group members also went back to the villages as a result of which some of the groups in Mumbai got dismantled.
- People had picked loans for business just before the lockdown was declared, and their business could not start or scale but had to pay back the loan with heavy interest due to the Consortium declared by the RBI.
- Most of the Livelihood activities came to a standstill till Nov 2020 for the Mumbai SHGs except for mask making activity which took off as an opportunity.
- The Sahyogini and CMRC managers were COVID-Warriors to many distributing masks, sanitiser, ration kit, visiting homes where people were sick and required help.
- Running around to co-ordinate for health requirements of women and their family, in the run most of them were infected and were in ICU but had to struggle to get facilities of bed, ambulance, oxygen cylinder.
- Each CMRC at its level have supported the women for new livelihood activities till date through running several online and offline training for skills, financial loan for opening new ventures, emotional support of being there for the women.
- Communication till the phase of lockdown -1 was done through WhatsApp and zoom. Digital literacy training and application was at its peak for all the women in the SHG that today to maximum women are comfortable and confident to use.

Positive narrations and observations of Mumbai (Present)

Women have started thinking of every interaction as a blessing. New skill set which they were scared to think and adapt, they have become transformational leaders for each other. Have learned the importance of savings and now have planned it in a much more systematically. Willing to switch themselves according to the circumstance.

Negative observations (Present)

Mumbai SHG was still preparing themselves for a systematic change and were on planning phase. They only focused on livelihood and, did not give too much importance to

other aspects such as policy reform for functioning and enterprise management, required essential security for themselves in terms of education or long-term strategic vision. Though the CMRC managers expressed desire to do a lot of things, the strategic vision and Intervention planning to odds were not visible.

Conclusion

The scars still remain and mental health is a concern; but the women are looking at the phase of post pandemic life as blessing and are preparing themselves for a systematic change. Technology and digital interventions always had resistance amongst the women of SHG and marginal community because of several reasons but during pandemic the women have embraced technology platforms for social involvement and financial transactions. Today no longer they resist the usage of technology which has opened new gateways for the SHG development and learning. Life losses are non-recoverable but the women are willing to begin all over again with new learnings for future and their progress.

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