MEN, MASCULINITIES AND THE PANDEMIC

Impact of Covid-19 on Programming with Young Men and Boys in Uttar Pradesh
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We are also grateful for the endless support and patience of our advisory members: Christina Furtado (Executive Director, Equal Community Foundation) and Vikas Choudhry (Evaluation, Research and Learning Adviser, IPPF-SARO). Their inputs and suggestions at every stage of the research process, including the conceptualisation of the project, drafting the research tools, as well as reviewing the analysis and report drafts have been very helpful to us in the completion of this work. This research would not have been the same without their mentorship and guidance.

We would also like to thank the Social Research Institute’s (SRI’s) Institutional Review Board (IRB) for undertaking an ethical review of the tools of this study, Niharika Singh and Chaitali Pant for transcription work on the interviews, and Dr. Sanjay for connecting us with organisations in Uttar Pradesh.

We thank the American Jewish World Service for supporting this project, especially Manjima Bhattacharya for her faith in our work.
Even after a year of the first wave of the COVID-19 pandemic in India, researchers, programme implementers and stakeholders across disciplines are trying to understand the impact of this crisis on society as a whole, as well as on specific issues of livelihood, healthcare, education, and gender justice across communities. As an immediate response to the first wave of the COVID-19 crisis, the central government of India declared a nationwide lockdown on 22nd March 2020 that extended until 18th May, 2020. During this time, only the movement and production of essential items such as ration, food, medicines, and other healthcare related commodities was permitted, while other economic activities such as the production and trade of non-essential goods and services remained shut.

This sudden closure of myriad economic activities in the country had a particularly calamitous impact on jobs and livelihoods of numerous young people. The pandemic has led to large-scale unemployment and income losses, and food insecurity. This forced low-income families across the country to cut back on their food and ration needs, spend their lifelong savings, and reduce their nutritional intake. Most of these negative impacts of the COVID-19 crisis and lockdown were seen within the informal sector and amongst self-employed people. The inability to afford rent or ration in the cities also triggered wide-scale reverse migration to villages and home-towns. In addition, with the stated intention of boosting economic activity, the Government of Uttar Pradesh (GoUP) approved an ordinance proposing exemptions on labour laws such as the Factories Act and the Industrial Disputes Act. This move allowed businesses to circumvent many key labour rights and existing policies such as the limit on legally permissible working hours, further adding to the precarity of workers during this time.

In the field of education, many schools were precipitously shut down on 16th March 2020 as a response to the crisis. This disruption affected around 84% students studying in rural...
areas, and 70% students attending government schools.\(^5\) This also negatively impacted students relying on government schemes such as mid-day meals for food and nutrition. At the same time, the emphasis on the use of smartphones, laptops, and the internet in order to keep students connected only widened the pre-existing digital divide amongst people from rural India, leading to a steep increase in dropout rates of marginalised students from local schools.\(^6\) In majority of the cases, priority in education was given to male children, leading to higher dropout rates amongst young women and girls.\(^7\)

That COVID-19’s impact on the health sector was particularly egregious. During the first wave of the crisis, the public healthcare sector in India faced a significant shortage in the availability of hospitals, beds, doctors, PPE kits, testing kits, and other medical equipment. In addition to this, historically low expenditure on health by different governments at the centre which had already increased out-of-pocket expenditure on healthcare services for the people, further widened the gap of affordability and availability of healthcare services between marginalized communities and upper middle-class families.

As governments grappled with the health-related impact of the pandemic, an ever-increasing number of cases of sexual and gender-based violence (SGBV) was coupled with a collapse of corresponding response mechanisms during the lockdown.\(^6\) The rise in violence was not only taking place offline, within families and homes, but also in online spaces where cases of cyber violence such as doxing,\(^10\) leaking of sexual images, or sharing morphed images were also being reported.\(^11\) This overall rise in various forms of SGBV due to the lockdown was termed by UN Women as a “shadow pandemic”. Instances of other kinds of violence, including caste-based violence\(^12,13\) and police brutality,\(^14\) were also being reported in the Indian media.

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\(^10\) Doxing is the act of publishing someone’s personal information such as address, phone number, workplace without the person’s consent with the intent to harass them.


It is in this larger context that development programmes engaging young men and boys in Uttar Pradesh were situated during the first wave of the COVID-19 crisis. Survey-based research studies conducted in the immediate aftermath of the announcement of the nationwide lockdown, have documented the impact of the COVID-19 crisis on development programmes across the country. As organisations reported, the impact of COVID-19 was experienced on multiple levels. Firstly, as coping with and responding to the pandemic became a priority for governments across the globe, funding and donor agencies redirected their funds to support COVID-19 related relief work in order to strengthen the response of non-governmental actors to the COVID-19 crisis. This led to a systemic de-prioritisation in funding development work not immediately concerned with or pertaining to the crisis, which had an impact on development organisations working on thematics unrelated to crisis response or pandemic related health. This impact was further compounded by policy changes related to international funding of local organisations in India. Secondly, policy decisions and response measures undertaken by the government of India, such as the nationwide lockdown, social distancing protocols, mobility restrictions, school and university closures, and work from home measures impacted their programmes especially in terms of necessitating shifts in their thematic focus and priorities, engagement models, strategies and platforms of program delivery, project timelines, mobilisation and outreach activities, and monitoring and evaluation capacities.


The impact of COVID-19 on TYPF’s work corresponds with the impact reported by development organisations across the country. COVID-19 had a deleterious impact on our work and operations, as well as the communities that we engage with. On ground implementation across programmes had to be halted during the initial lockdown and remained on hold for 7 months till October 2020. By September, we were able to resume engagement with some communities who had access to the internet and smartphones through online engagement methods. The interventions in Delhi with migrant communities was scaled down as many families including adolescents had to leave Delhi. From May 2021 onwards, we were able to continue training of trainers using online platforms. Some of our on-ground implementation of curricula based programmes was adapted to an online engagement model based on phones, WhatsApp and Zoom calls. We also re-designed the curricula to include AV resources.

The lockdown period also saw an increase in many other concerns emerging in the communities where we work. There were multiple cases of domestic violence and harassment reported by programme participants, seeking legal, financial, and psychosocial support for themselves - cases of adolescents and young people facing violence from community members while attempting to meet their partners also increased. Many adolescents and young people reached out for support in accessing SRHR products and services especially sanitary napkins, Emergency Contraceptive Pills (ECPs), and abortion services. Facilitators shared the need for mental health support to deal with burnout and stress resulting from dealing with community issues on a daily basis. During the enforcement of lockdown, incidences of caste based discrimination in communities were highlighted by field facilitators while discussing the impact of covid on communities. Across April-June, 2020 we took up specific COVID related scoping of community needs, and were able to allocate resources to support relief activities for communities in crisis during the lockdown period.17

TYPF’s research and engagement with young men and boys in Uttar Pradesh has shown a need for programme designs that address their intersecting realities on the basis of gender, sexuality, caste, class, religion and ability. Since the pandemic has also drastically impacted the lives of men and boys, it becomes imperative to understand how programmes already working with them have responded to these shifting realities.

Therefore, this study focuses primarily on the impact of COVID-19 on development programmes working with young men and boys on various issues, specifically in the context of Uttar Pradesh, with the aim to inform future delivery of such programs as well as create better preparedness among program implementers and other stakeholders.

18 The YP Foundation. (2019). Mardon wali Baatein: A Research Project on Men, Masculinities and SRHR
METHODOLOGY

The primary aim of this research was to understand the impact of COVID-19 on the programmatic work with young men and boys (14-25 years), therefore organizational staff members from 17 organizations operating in Uttar Pradesh were interviewed. This study employed a qualitative research design owing to its exploratory nature, and employed purposive and snowball methods of sampling. Purposive sampling was used since the organizations were chosen on the basis of their thematic engagement and location. The study also selected diverse organisations as well as diverse stakeholders in these organisations to explore maximum variations in perceptions and practices across different themes. Snowball sampling also helped in reaching out to various diverse organisations as well as served as a cost and time effective measure for the same purpose.

In-depth interviews were conducted by the researchers as they allowed the participants to share their experiences of working on-ground during the first phase of the pandemic. Each interview lasted between 40-60 minutes and were conducted with the help of pre-designed semi-structured interview guides (ref. Annexures). Keeping the safety of the research team as well as the respondents in mind, all the interviews were either conducted virtually using Google Meet/Zoom or through conference calls on mobile phones.

Through primary contact with the senior staff, the organizations were informed about the purpose of the research as well as. Organizations interested in participating were asked to nominate a field worker and coordinator/manager. The research team then contacted the nominated members individually and confirmed their participation. In-Depth Interviews were scheduled and consent form was shared with the members who agreed to participate. These interviews were recorded with the written and verbal consent of the respondents, and transcribed from Hindi to English for the purpose of the analysis.

Interviews with the field workers allowed the researchers to understand the impact of lockdown on communities based on their direct interaction with them. Therefore codes such as issues related to livelihood, healthcare, education, and violence were used to
analysing this data. Interviews with the coordinator/manager were used to get insights on the programmatic challenges and issues faced by the organizations. Therefore, codes such as disruptions, challenges, strategies, and online adaptations were used for the same. Thematic engagement of the organizations was used to compare and contrast the disruptions faced by organizations due to lockdown and coping strategies used for the same.

Various ethical considerations were followed while conducting the research. All the participants were given an extensive overview of the research including objectives and background before the interview. Additionally, a concept note and consent form was shared with the participants. The consent form stated the procedure of the research as well as the measures taken by the research team to maintain confidentiality of the respondents. The research team only went ahead with the interviews once the consent form was shared. The participants were also informed that they have the freedom to refuse participation or not answer any particular question and they would not be penalized for the same. Additionally, the research tools and proposal has been reviewed and approved by the Social Research Institute’s (SRI) Institutional Review Board to safeguard the interest of the participants.

**LIMITATIONS**

Various limitations were identified while conducting the research. Since the data collection was conducted virtually, only the organizations with access to cell phones and the internet could be included in the research. Due to this, the findings of the research might not be generalizable across the CSOs working in Uttar Pradesh and may only point towards emerging trends. Secondly, while the research attempted to increase the thematic scope of organizations working with young men and boys by interviewing organizations working on disabilities, mental health, or queer rights issues, no such organizations working specifically with young men and boys within TYPF’s immediate networks could be identified in the given timeline. Thirdly, data from this research might not be generalizable across India or U.P since only seventeen organizations were interviewed. However, the broad patterns emerging in this analysis might be able to inform programmes about the approaches that would help in building effective future interventions. Lastly, since most of the interviews were conducted in Hindi, there might have been some loss of data during the translation process.
BACKGROUND OF ORGANISATIONS INTERVIEWED

Out of the 17 organisations interviewed for this research, prior to the COVID-19 crisis, nine were working on themes centred on gender such as masculinity, SRHR, GBV, sexuality rights, and early, child, and forced marriage (ECFM). Out of these 9 organisations, four were working with the Ek Saath campaign\(^\text{19}\), while the other five organisations were working independently. The other 8 organisations interviewed for this research worked with men and boys across issues of livelihood and employment, water and sanitation, health and nutrition, and migration.

Table 1 - Thematic Engagements of the Organizations

<table>
<thead>
<tr>
<th>S.NO</th>
<th>THEME OF ENGAGEMENT</th>
<th>NUMBER OF ORGS</th>
<th>NOTES/DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Organizations with focus on gender-related themes</td>
<td>9</td>
<td>Themes such as masculinity, SRHR, GBV, sexuality rights, and early, child, and forced marriage (ECFM). Four were working with the Ek Saath campaign(^\text{20}), while the other five organisations were working independently.</td>
</tr>
<tr>
<td>2.</td>
<td>Organizations with focus on other themes</td>
<td>8</td>
<td>- <strong>Livelihood and Employment</strong> - 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- <strong>Water and Sanitation</strong> - 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- <strong>Health and Nutrition</strong> - 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- <strong>Sanitation</strong> - 1</td>
</tr>
</tbody>
</table>

TOTAL 17

Table 2: Organizational Profile and Work before COVID-19 Lockdown

<table>
<thead>
<tr>
<th>PARTICIPANT PROFILES</th>
<th>KEY ACTIVITIES AND ENGAGEMENTS STRATEGIES</th>
<th>OUTCOMES AND IMPACT</th>
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<td>• Around 10 organizations reported working with SC/ST Communities while 8 organizations reported working with muslim youth.</td>
<td>• Directly implementing programming with communities on issues around gender and sexuality once every one-two weeks via door-to-door campaigns and community oriented sessions</td>
<td>• Strengthening access to government services on education, employment, and health by providing technical assistance and knowledge.</td>
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</tbody>
</table>

\(^{19}\) Ek Saath campaign is a pan-Uttar Pradesh group of organizations that engages with men and boys to promote gender equity. https://www.eksaathcampaign.net/

\(^{20}\) Ek Saath campaign is a pan-Uttar Pradesh group of organizations that engages with men and boys to promote gender equity. https://www.eksaathcampaign.net/
Fourteen out of the 17 organizations reported redirecting their funds to directly distribute ration in their communities. Out of the other 3 organisations, one reported informally (by using personal donations from the organisational staff) distributing ration in the communities, one organisation reported working with local representatives like village pradhans to strengthen the connection of the communities to the existing ration under PDS by helping community members in filing ration requirement forms distributed for those without a government authorised ration card, and one organisation reported setting up a community kitchen to distribute cooked food to homeless people. Distribution of ration at this time also strengthened the relationship between fieldworkers and communities.

“When there was COVID, we were starting to think and distribute [ration]. It is a poor area, and a lot of people had difficulty with food. And the situation was so bad, that till now people are coming to ask our organisation for food. This became a way for people to begin recognizing our organization.”
- Field Worker

Almost all the respondent organizations undertook distribution of masks and sanitisers in their communities, along with a small package of medical supplies containing over-the-counter medications to cure common cold and fever such as paracetamol in order to ensure that communities were able to take COVID-19 related preventive measures. However, in some cases, the lack of verified information on COVID-19 caused much distrust among
community members towards field staff. For example, in various locations, communities rejected the relief material due to the fear that it might cause COVID-19, and one organization also stated that many of the field workers were not allowed to enter the village because of the fear of an “outsider” carrying COVID-19. Such a sentiment towards organizational staff also exacerbated the already-existing resistance to violence-intervention efforts, demarcating violence as an “internal” issue which does not require intervention from “outsiders”. In other words, in some cases, the relationship between organisational staff and communities was also negatively impacted due to the COVID-19 crisis.

Organisations engaging with young men and boys on issues of gender, violence and employment in particular reported shifting the content of their discussion with young men and boys to COVID-19 related awareness generation, sharing information on COVID-19 safety measures and protocols, and discussing the ongoing impact of the crisis on the communities of the participants so as to assess the emerging needs of the communities and redirect resources accordingly. An organisation working on masculinity also set up health camps in different areas in U.P after the announcement of the first unlock. This was done to generate awareness on the spread of COVID-19, to provide a common platform for the communities and emergency helpline workers from the state to engage in dialogue on the immediate needs of the communities, and the possible relief measures that could be undertaken for the same. These health camps also generated awareness amongst the communities on the availability of helplines for COVID-19 related emergencies. Organisations also set-up helplines to provide information on family planning, and report domestic violence. Help desks were set up to ensure access to contraception such as condoms and emergency contraceptive pills, and menstrual hygiene products such as sanitary pads. The availability of these help desks was amplified on social media and circulated on internal networks through Whatsapp.

The organisations were also careful and sensitive to the mental health needs of the participants and were organizing fun meet-ups and interactive activities on online platforms such as Zoom/Google Meet. Throughout the lockdown, staff members and the organisations were in touch with the communities via Whatsapp and phone calls, and were able to respond to the emerging cases of GBV through these channels. Organisations reported that in many cases of GBV, police intervention was requested by them. Some organisations also undertook capacity building sessions with police personnel at the time to sensitise them to deal with cases of GBV. They also used counselling as an approach to resolve conflict within families.
“CAN YOU HEAR ME?” : ADAPTING TO THE “NEW NORMAL”

The implementation of the lockdown was followed by an immediate needs assessment conducted by the organisations in the communities through phone calls. Telephone calls were also innovatively used during this time to stay in touch with other stakeholders in the communities, such as village pradhans, local government officials, or health workers. At that time, as many respondents recalled, a majority of them had not envisioned shifting their programmatic work to online platforms such as Zoom/Google Meet.

Eventually, with the multiple extensions of the nationwide lockdown, and the subsequent unlocks, organizations had to significantly change their engagement strategies with the communities. As a result, most organizations shifted their on-ground engagements to online platforms like Zoom, Google Meet, or Whatsapp, and translated their on-ground activities to work on virtual platforms through curriculum and pedagogy revisions. These revisions were made after hosting community dialogues through which emerging issues around COVID-19 could be incorporated in the content. Organisations engaging with young men and boys on gender and masculinity created audio-visual resources to engage their participants. These AV resources were shared through Whatsapp, and group discussions were facilitated on Whatsapp groups, or online meetings on Zoom/Google Meet.

Organisations in rural Uttar Pradesh reported facing some immediate challenges in shifting their engagement with the communities to online platforms. Many communities did not have access to smartphones or laptops, which made it difficult for them to attend online meetings. Internet connectivity was spotty in the villages, making it impossible to host Zoom/Google Meet meetings. Mapping the interest of participants engaging in online meetings and sessions was particularly difficult. Some organisations also reported that enforcement of strict timelines by funders necessitated the conduction of monitoring and evaluation processes of some of the programmes online or via phone calls.

These organisations reported adopting specific measures in order to mitigate these challenges. For instance, organizations working on the issue of education responded to the lack of access of their participants to gadgets by creating groups of five participants in the community cohort, one of whom owned a smartphone. Another organization working on the issue of gender provided their participants with phones and tablets after the unlock, and engaged in providing basic digital literacy and online etiquettes to their participants. Many organizations relied on creating and using WhatsApp groups that required lower bandwidth in order to disseminate information on COVID-19, or to share AV resources on different issues. An organization working on public health also created a WhatsApp group with a counsellor to facilitate access to authentic information on COVID-19.

Organisations working in urban Uttar Pradesh reported better access to technology and gadgets in their communities. For these organisations, their programme participants seemed to be at the forefront of leading the shifting of the programmatic engagement to online platforms. For example, two organizations reported shifting to TikTok during the
lockdown through the help of their participants, who were already well-versed with the platform. However, online work slowly started to reduce as the government started announcing various phases of unlocking with most of the organizations going back to the field by June 2020. through the help of their participants, who were already well-versed with the platform. However, online work slowly started to reduce as the government started announcing various phases of unlocking with most of the organizations going back to the field by June 2020.

PROGRAMMING TAKES A BACKSEAT

According to an organisation working with the Ek Saath campaign21, dropping out of programme participants due to migration or livelihood-based compulsions has been a perennial issue throughout the years of engagement, especially in Uttar Pradesh. In order to mitigate the effects of these disruptions on the programmes, the organizations have always invested in maintaining channels of communication with their participants, even if they migrate to the cities. These channels were helpful in providing relief assistance to the migrant workers during the lockdown period. However, the lockdown also exacerbated the phenomenon of dropping out of participants from the programmes because of the urgent necessity to compensate for the loss of income and employment by engaging in multiple jobs in order to sustain their families. Moreover, while the influx of migrant workers from the cities did create pools of participants in the rural areas for the development programmes to engage, the presence of these populations was perceived to be ephemeral. Migrant workers, too, were unwilling to engage in with the organisations as they believed that this engagement would always only be in the short-term, till the economy would start functioning again as it were before the lockdown, and they could resume their jobs in the cities. An organization working with urban slum dwellers reported that lockdown-induced migration was one of the biggest challenges while working during COVID-19, due to the continuous shift from urban spaces to rural spaces during the lockdown, and from rural spaces to urban spaces after the lockdown.

It must be noted that while most organisations reported high rates of drop-outs in the programmes because of the adverse impact of the COVID-19 crisis on the livelihoods of young men and boys in the communities, the rate of drop-outs in the masculinities and gender related programmes were higher as compared to drop-outs in programmes working on other thematics. There were two reasons for this that could be identified, as reported by the organisations. Firstly, organisations working on gender and masculinities predominantly shifted their engagements online after a significant break in between, owing to the lockdown and related contingencies. As noted earlier, online engagements were beset with technical issues which led to a number of participants dropping out from the programmes. Secondly, the break in between the implementation of the programme necessitated refresher sessions which the participants often found repetitive and boring, leading to lower rates of participation and attendance. Lastly, the prioritization of the need to find and sustain livelihoods led to a disengagement of the participants from the programs.

21 Ek Saath campaign is a pan-Uttar Pradesh group of organizations that engages with men and boys to promote gender equity. https://www.eksaathcampaign.net/
Impact on Thematic Engagements

I. LIVELIHOOD

Perhaps the biggest challenge posed by the COVID-19 pandemic, was the loss of livelihoods and earnings of the communities. Out of the 17 organizations interviewed for this research, 9 organizations identified the loss of livelihoods and employment as an acute impact of the nationwide lockdown on the self-image of the young men and boys engaged in their programmes. This impact, because of the socio-economic backgrounds of the participants, was specifically observed in the case of daily wage workers, such as street vendors and construction workers, as also on sanitation workers, and migrant workers.

Before the lockdown, strengthening access to employment opportunities through MGNREGA was one of the primary focuses of the organisations working on livelihoods. With rampant unemployment during the lockdown period, this work was all the more necessary to undertake in order to support the communities in weathering the crisis. However, as respondents recounted, MGNREGA as a scheme was almost defunct at the time of the lockdown.

Moreover, restrictions on travel and mobility had limited the ability of the organisations to visit the field and assist their communities in filling relevant documents in order to receive job cards. While the respondents ensured their contact with their participants through phone calls, translating their entire work online remained a struggle. Respondents could only manage to visit the field after the lockdown, by which time the need for employment and livelihood opportunities had increased manifold. This further aggravated the pressure under which organizations working on livelihoods were operating during the first wave of the pandemic.

Another significant challenge faced by organisations working on livelihoods was the unequal impact of the COVID-19 crisis on their participants. As respondents observed, young men from marginalized caste locations were at the receiving end of caste based discrimination, which affected their livelihood opportunities even further, as compared to young men from dominant caste communities. For instance, an organization working with *safai karamcharis* (sanitation workers) reported that their programme participants were barred from entering the buildings and apartment complexes in which they were employed before the pandemic. This was because the building residents and RWAs associated *safai karamcharis* with poor hygiene, and poor hygiene with the increased threat of COVID-19. This demonstrated that while workers across communities lost their livelihoods and jobs during the pandemic, the reasons for the same were determined by existing caste hierarchies.
Similarly, differences amongst participants on the basis of class and location also presented as a challenge. Respondents noted that young men, especially migrant workers, were engaged in relatively better-off jobs in the cities, and therefore reluctant to take up low-paying work in villages.

“As organisations reported, extensive loss of livelihood and employment opportunities also led to an increase in GBV in the communities that their programmes were engaging with. According to the respondents, loss of livelihoods and employment had made participants in their programmes more irritable, restless, and violent, leading to verbal arguments and physical violence within the domestic sphere, often directed against intimate partners. Many organizations surmised that the violence was a means to reiterate patriarchal power which was threatened by the ongoing lack of livelihood. And this understanding is what informed their efforts of providing assistance through ration or employment on a priority basis to families reporting cases of GBV.”

- Coordinator

II. EDUCATION

According to the organisations interviewed, for the adolescent youth engaged in the programmes, the lockdown resulted in a disruption of education. Although organisations reported a significantly worse impact on the education of women and girls, considerable drop-outs were also reported for young men and boys. The reasons for these dropouts, according to the organisations, were deeply gendered - while it was reported that young girls were dropping out of school to assist with domestic work, young men and boys were reported to be dropping out in order to financially support their families by engaging in early employment. An organization working in Lucknow reported how young boys in this time had to find innovative ways to earn money, such as delivering food and ration to the communities with a profit margin, and working in the food packaging industry in order to support their families. These jobs were demanding, often requiring young men and boys to perform work in multiple shifts throughout the day.
While students in urban Uttar Pradesh were reported to have better accessibility to electricity and smartphones, the primary issues behind dropouts in such cases were technical glitches during online classes, and lack of interest amongst students to engage in classes due to the stress and confusion caused by the lockdown.

Given these challenges, organizations took primarily three approaches in order to ensure that the education continues: providing stationary, notebooks, and other materials required by the students; starting a system of *muhalla pathshala* where a teacher would provide offline classes to the students; hiring a teacher whose work was to ensure that the students were studying and clarifying any doubts.

### III. HEALTH

The primary response of the healthcare sector to the pandemic was a prioritization of COVID-19 cases. The Government of India released an advisory on 20 March 2020 stating that hospitals should shut down the Out-Patient Departments (OPDs), postpone non-elective essential operations, and reserve some beds for COVID-19 patients.
This had an adverse effect on the lives of community members as reported by various organizations. Five organizations reported that there was a general fear associated with going to hospitals during this time as hospitals were considered to be a hotspot for COVID-19. Other organizations also reported that the healthcare sector was generally inaccessible during this time. Since the clinics and primary health centres were closed, patients could only go to secondary and tertiary health centers many of which required the patients to show a COVID negative report even for other basic ailments, such as leg pain. Those patients who managed to meet the doctors during this time reported that the doctors would often give them medicines without a proper check-up. Many doctors refused to touch their patients or give injections due to the fear of infection, which, as reported by a respondent, also led to the death of a person in the community.

Prior to the COVID-19 crisis, organisations working with young men and boys on health were working on strengthening access to healthcare provision through advocacy work with ASHA and Aanganwadi workers, who would ensure that the existing services and schemes of the local government were accessible and affordable to the most marginalised members of the communities. This advocacy and engagement with ASHA and Aanganwadi workers was strengthened during the lockdown, so as to ensure that community members were able to reach local hospitals for healthcare needs apart from COVID-19. Collaborating with ASHA workers and Aanganwadi workers to identify the immediate needs of the communities also proved to be helpful in order to disburse medical supplies.

Organizations also assisted in transporting unwell patients to the hospital, and engaging with healthcare officials in local hospitals in order to negotiate the strict procedures put in place to treat COVID-19 patients which were detrimental to non-COVID-19 patients from the communities, and also worked on ensuring the availability of medicine in PHCs by engaging with local government officials, and generating awareness within the communities on the availability and cost of medicines so as to curb corrupt practices.

Organizations working on health-related issues with young men and boys had started prioritizing awareness generation related activities on COVID-19 related concerns. They reported the absence of authentic information regarding the spread or symptoms of COVID-19 as a source of significant stress and anxiety amongst young men and boys. An organization from eastern U.P reported that men in their communities had completely stopped talking to other community members, including members from their own family, out of the fear of contracting the virus. At the same time, men in other parts of UP expressed fear of testing positive due to the stigma associated with the same, which could result in discrimination and isolation from the community. This was one of the major reasons for the dismal rates of testing in the area. Most organisations working on health were undertaking door-to-door campaigns in their communities to generate awareness and share authentic information on COVID-19, and distributing IEC materials in the villages, since there was a lot of misleading information circulating through Whatsapp groups and Facebook. Organizations were only sharing information that was approved by the central and state governments.
IV. VIOLENCE AND MASCULINITIES

Prior to the COVID-19 crisis, organizations working on gender equality relied on using a rights based approach to talk about gender, masculinity, patriarchy, SRH, and GBV through curriculum based interventions. They also engaged in advocacy with the state government on issues concerning women’s rights and child rights, human trafficking, and early child and forced marriage (ECFM).

Most of these organizations reported that their work was expanding before the COVID-19 pandemic and subsequent lockdown. This consisted of expansion in scales, locations, thematic focus, and organizational structure. In order to expand to new locations, some organisations would often visit a village directly and conduct a needs assessment exercise with the communities. Other organisations reported that entry via official structures such as village panchayats was also helpful for them, since it helped build legitimacy for their work. Success stories emerging from the programmes would also inspire other men and boys to join, for they were rewarded and praised publicly for demonstrating behavioural change. Most of the field workers would visit the communities frequently to conduct interactive sessions and games that would help the participants in building perspective. Other forms of engagement would comprise distribution of IEC material on SRH or ECFM issues, or conducting campaigns to reach out to larger groups of people.

In terms of working with men and boys on gender and masculinity, organizations were working on primarily two issues after the initial phases of unlocking. The first issue was increasing the participation of men in household work, considering that men and boys were locked inside the home. Multiple organizations reported that there was a lot of hesitance among men and boys to perform household work due to its association with femininity. Added to this, the lack of earning amongst the men and boys increased this insecurity. Organizations reported multiple cases of their programme participants assisting with housework such as filling water, mopping the floor, and helping the children in studying. Positive role modeling was used as a method to influence more men to share housework with women. However, despite such measures, household work was still mostly performed by women. In various cases, organizations reported that men refused to consider household work as work and would often shout at their partners for various reasons such as not getting food on time, unavailability of food, or refusing to believe that their partners might be tired.

Frequently, the arguments would escalate into violence directed at women. Data has shown that COVID-19 induced lockdown caused an increase in the number of domestic violence cases throughout the world as it forced partners to be in physical proximity with their abuser for longer durations. Organizations working with men and boys reported drawing a primary link between livelihood, masculinity and violence, to argue that the lack of livelihood has raised anxieties amongst men about their status in households.

This fear of losing out on status and control in the families has led to men responding violently towards their family members in order to maintain control. For example, men would react violently towards women when they would speak on phone and laugh because men feared that their wives were ‘cheating’ on them.

“Men who would earn daily wages were struck the hardest during this time. They believed that this time is women’s time now. Since they were at home, they were more concerned about the way they will be perceived.”

- Field Worker

However, this connection by the organizations seems very preliminary and will require further research to substantiate. Some respondents also identified alcohol consumption as a factor linked with the rising cases of GBV in the communities. In one case, unavailability of alcohol during the lockdown was seen as a reason for peace at home while in another, the same led to further domestic violence due to the irritability it caused to men in the household.

“Men had a restlessness to drink and in the villages, they only got local shops, and the alcohol that is made with sugarcane was available. So if not from one place they got alcohol from another place. And the price of alcohol was increased. Those who were not able to drink were also very irritated.”

- Field Worker

Organisations working on gender related issues also reported hearing or observing increasing instances of marital rape in the communities, which they associated with men sitting idle at home. According to the organisations, men saw the lockdown as an opportunity to ‘improve’ their relationships with partners.
The proximity to their partner made it difficult for women to refuse sex, as this refusal would often result in violence. Since clinical methods of contraception such as Copper-T were not available during this time because of the inaccessibility of hospitals, only temporary methods of contraception such as condoms were available. However, even these methods were inaccessible, owing to restrictions in movement and mobility. Organizations reported hearing about more cases of unwanted pregnancies in the communities. This claim has also been substantiated by organizations such as MomJunction whose report on baby booms reported up to 40% unplanned pregnancies during the lockdown.

In certain cases, men refused to take their wives to hospitals or ASHA workers for fear of contracting COVID-19. In this context, the curtailment of access to healthcare during lockdown for women, can also be interpreted as an insidious form of violence.

While for the first month of lockdown, organizations were not able to assist women facing violence since the conversations were only happening virtually, after the unlock they used primarily two approaches when the cases of SGBV were reported. The first approach was
to empower women to take action against men and file a police report or FIR. This approach relied on informing the men that a legal framework exists to assist and support the women. Therefore, even if women did not want their partners to get arrested, they would ask the police officials to show up and warn the perpetrator. The second approach worked around counselling the men and informing them why violence is wrong. This approach focused on humanizing the women in men’s eyes and sharing how COVID-19 is also having a negative impact on women. The organizations would talk about how the men and boys should not be violent in order to have a positive influence on their children. Both these approaches, albeit important, are short-term focused on resolving the immediate situation. The difficulties in responding to these cases indicate that many systems and response-mechanisms to GBV laid out by programmes were not well prepared for such an unprecedented crisis. At the same time, some organizations working on the issue of gender reported that no violence was taking place in the homes of their programme participants. In order to cross-check, these organizations also spoke with the partners and children of these young men, who confirmed the same. These young men were also working towards counselling other men and boys in their locality in order to have a positive impact in the community.

Apart from GBV, cases of violence against marginalized caste communities were also reported. This form of violence was perpetrated by upper caste communities and was often used to justify the status-quo. Due to casteist notions of low hygiene about marginalized caste communities, they were often viewed as carriers of COVID-19 which was used to justify the discrimination against them. Such caste-based discrimination and violence against Dalit, Bahujan and Adivasi (DBA) communities took place at rations shops where they were asked to stand in separate queues. In another instance, the panchayat refused to interact with members from these communities altogether.

“During ration distribution, we saw that two queues were formed where the people of marginalised caste were standing separately from the people of the dominant caste. When we confronted this issue, we were told that discrimination is necessary because of the different living conditions of the people. Such encouragement of caste-based discrimination was questioned by us throughout the lockdown.”

- Coordinator
Moreover, the villainization of the Muslims by the media led to an increase in violence against the Muslim communities and field workers. An organization reported how Muslim children were warned to enter particular parts of the villages or reveal their real names in order to not get caught. Children were only asked to hide their real names without being told the reason behind the same. A field worker also reported that they were frequently asked to not enter the villages and to take an alternative route in order to avoid contact with village people.

“In fact, I was discriminated against and not allowed entry in several villages due to my name. They said I was not allowed to enter because I was a Muslim, so we had to change the route, because we were working with Dalits and they were facing similar treatment.”

- Field Worker
What We Did Best...

I. ENGAGING STAKEHOLDERS

In order to address COVID-19 related challenges, it is important to note the stakeholders the respondent organizations started working with in order to ensure that the needs of the communities are met. Among the cases discussed during the interviews, three main stakeholders were identified:

1. Village Pradhans:

Organizations working in rural areas worked closely with the village pradhans to maintain optimism amongst the communities. One of the organizations would share their success stories of working with men in the village meetings, often in the presence of pradhan as a way of promoting positive role models. The other organization worked closely with pradhans and helped them in capacity building so that they could get the benefits of the government schemes during the initial lockdown. Working with Pradhans ensured that the communities would more widely accept the organizations.

2. Local Administration and Police:

Working very closely with the administration allowed the organizations to function smoothly without any harassment. Two organizations got the e-pass after the implementation of lockdown by speaking with the district magistrate allowing its members to move freely from one place to another. As a result, the organizations were able to connect with the communities and were successful in providing ration to them. Two of the organizations wrote a letter to the Chief Minister’s Office raising concerns about the poor public health in their districts that was addressed by the government quickly. Two organizations working on the issue of gender worked towards sensitizing the police officers. Here, their work consisted of providing technical and soft skills to the police officers in order to ensure they were well equipped to deal with the cases of domestic violence by responding swiftly and protecting the interests of the survivors.

3. ASHA Workers:

In rural Uttar Pradesh, engagement with ASHA workers ensured that health services were available to everyone. ASHA workers travelled from village to village providing contraceptives and PPEs to everyone in need. Organizations working on gender-related issues worked and collaborated with the ASHA workers to ensure availability of contraceptives and adequate nutrition for pregnant women. Moreover, one of the respondent organizations with a focus on gender-related issues worked with ASHA workers to ensure that they know how to intervene in situations of domestic violence as bystanders.
II) HOSTING INTERSECTIONAL DISCUSSIONS

1. One of the measures undertaken by organisations working on livelihoods in order to mitigate the challenges presented by the COVID-19 crisis was to strengthen the advocacy capacities of participants through awareness generation on the shifts in the landscape of labour rights in Uttar Pradesh by hosting facilitated discussions. This enabled the participants to have a more holistic view of the context in which they were situated.

2. Some organisations working on masculinities reported hosting discussions and meetings during the unlocks wherein they discussed issues of livelihood, health and education with the young men and boys, and created the space for them to reflect on the impact of COVID-19 on these other aspects of their lives.

One Year of Covid: What To Do Next?

I. THEMATIC EXPANSION

Organisations working on thematics of water, sanitation and education in particular reported an increase in the possibilities of diversifying their thematic focus and target groups because of the COVID-19 pandemic. The crisis had prompted these organizations to form and strengthen linkages between various thematics, as they were observing the multitudinous impact of COVID-19 on their communities, which necessitated a more holistic response. For instance, an organisation working on gender with young men and boys prior to the COVID-19 crisis reported working on strengthening access to education during the lockdown as adverse impact on education was observed in the lives of young men and boys in this time.

It was observed through the study that during the COVID-19 crisis, organisations working on issues of livelihood, education and health became more cognisant of the need to adopt an intersectional lens in their work with young men and boys, and the need to diversify their thematic engagements. For instance, these organizations reported and emphasised on the need to work with adolescent boys and girls in their communities on the issues of sexual and reproductive health (SRH) including menstrual health, family planning and abortion, and reported their inclination to work on these issues in the coming years.

In a similar vein, organizations working on the issues of gender acknowledged the need to work on mental health and the adverse impact it had in the communities during the lockdown. However, lack of knowledge, perspective, and technical skills on mental health makes it difficult for them to work or engage on this issue. Meanwhile, organizations that had taken up addressing mental health in their work during the first wave of the COVID-19 crisis were mostly responding to the immediate needs of the community such as dealing with stress and anxiety, and did not report any long term investment or interest in carrying forth this work in the future.
The rise in unwanted pregnancies during the first wave of the COVID-19 crisis prompted organizations working on health to increase their focus on issues of maternal health, which emerged as a thematic that they hoped to continue engaging with, even after the pandemic. While emerging issues such as maternal health during COVID-19 were incorporated in the long-term aspirations of organisations working on healthcare, they reported no concomitant aspirations for shifting or expanding on their long-term engagement strategies. In other words, the potential for diversification of thematic focus in the future was reported by the organisations, even as conversations on diversification of engagement strategies remained limited.

Organisations working on gender-related issues noted some positive behaviour shifts that they observed in their participants during the lockdown. They reported that their programme participants were more helpful towards the menstrual needs of the women. As a result of participating in sessions on menstrual health earlier, many of these men were volunteering to get sanitary products for the women. In contrast, organisations working on health reported the strengthening of stigma related to menstruation during the lockdown, and its adverse impact on menstrual health in the communities. This also led to these organisations reporting the necessity to incorporate work on menstrual hygiene and stigma in their future programme plans.

Most of the organizations working on thematics such as health and labour rights were able to identify the gaps in their programmes which they believe needs to be more intersectional. These plans comprise of working on the issues of SRH, menstrual health, family planning and abortion. Their work plan comprises working with the youth and marginalized communities more in order to improve their access to health services. This has allowed the organizations to form a better link between issues such as livelihood, education, healthcare, and gender which they believe needs to be discussed in the field. However, managing the scales and outreach post-pandemic seems to be a challenge for them.

II. ONLINE OR OFFLINE?

It must be noted that while most organisations reported shifting their work online during the lockdown period, this shift in engagement strategies was seen as a temporary measure. Almost all organisations reported that in the future, after the COVID-19 crisis subsided, they were hoping to resume working offline in their respective fields and communities. Organisations seemed to favour an offline model of engagement, which they claimed provided them with more opportunities to monitor the learning, interest, and engagement of the participants. Given the speculation by epidemiologists and health experts in the media about the possibilities of multiple waves of the COVID-19 crisis in the coming time, there is an imperative need to build more sustainable online engagements, not seen as temporary measures, but as possible long term engagement strategies of the programmes.
Small-scale organizations interviewed for the research were generally pessimistic about their future plans. Organizations that worked in only one or two districts felt that the FCRA rules worked against them. While they believed that the FCRA would allow them to open and maintain a bank account, they also felt that they would be getting lesser funds in the future. Changes in CSR rules have further weakened their funding, therefore, these organizations are only hoping to work and survive the current financial year. Other organizations stated having to cut out on their programmatic funds in order to divert funds for the ration distribution.

Organizations with adequate funds, operating in multiple locations in U.P, have acknowledged this need to re-strategize and shift their work online in the longer term. Increase in accessibility, irrespective of the challenges of transportation and mobility, is seen as a positive outcome of the COVID-19 crisis. Therefore, a few organizations are planning to invest in the creation of websites or phone applications to build more sustainable online engagements which are accessible to a more diverse population. It is interesting to note that the confidence amongst organisations in the ability to build longer-term online engagement strategies is concomitant with higher support in terms of funding, as well as a larger outreach of the programme.
Through this study, it has become evident that development programmes engaging young men and boys across different thematics in Uttar Pradesh were impacted by the first wave of COVID-19, and the subsequent measures undertaken by central and state governments to respond to the crisis, in myriad ways. As a result, organizations interviewed for this study recounted their experiences of providing immediate relief and assistance to their communities, by redirecting their funds, shifting their engagement and outreach strategies, and diversifying their thematic focuses and target groups. At the same time, organisations also reported the impact of the COVID-19 crisis on their communities, especially in terms of the emerging issues and concerns of the young men and boys in this time. It is interesting to note that the impact of the COVID-19 crisis observed in the lives of young men and boys was reported by organisations beyond their own areas of thematic focus. Organisations working on gender and masculinities were keenly cognisant of the impact of the crisis on the livelihood and employment prospects of the young men engaged in their programmes, and the concomitant impact of this on their engagement on issues related to gender. For instance, organisations reported that the loss of livelihoods had led to a de-prioritization of gender-based programming in the lives of young men and boys, as they felt increasingly bogged down by the pressures of finding and sustaining steady sources of income and monetary support for their families. Similarly, organisations working on livelihood reported the impact of the COVID-19 crisis on the mental health of their participants as loss in livelihoods negatively impacted their self-image, and reverse migration from the cities increasingly presented as a threat to the possibilities of acquiring new sources of income. At the same time, organisations also reported and observed that, owing to the multiple identities that the participants in their programmes embodied, the impact of the COVID-19 crisis on their lives was very diverse and ultimately intersectional in nature. Thereby, in order to address this impact in programming going forward, there is abundant opportunity to translate these observations into the use of intersectionality as a lens that not only informs and builds curriculum content and pedagogy, but also programme delivery and strengthening access to services. There is also the need, as has emerged through the research findings, for strengthening collaboration across organisations engaging young men and boys across different thematics. Collaborative approaches to programming could ensure that the multiple and intersectional realities of young men and boys are not only acknowledged and affirmed, but also effectively addressed.
Moreover, as organisations working on thematics of health and education have noted, COVID-19 crisis seems to have highlighted the need, more significantly than ever before, to incorporate a gender transformative lens in all development work with young men and boys, across thematics. This would ensure that in times of crisis, principles of gender equity and justice are not only upheld but also furthered by the participants of these programmes, producing positive indicators in the communities on SRHR, GBV prevention and EFCM prevention.

While significant data was gathered in this exercise by interviewing organizational staff to map the direct impact of the COVID-19 crisis on the communities, this data has to be supplemented with further research directly conducted with young men and boys in urban and rural Uttar Pradesh. This exercise of evidence generation, through direct interaction with the communities, could provide a much clearer and authentic picture of the experience of the crisis and its impact on the lives of young men and boys. Direct research conducted with young men and boys could possibly also facilitate an understanding of the impact of the COVID-19 crisis on perception of masculinities tied to the experience of diverse impact on their livelihoods, education, health, and other emerging concerns and issues in their lives. As a consequence, development programmes working with young men and boys on these different issues could incorporate a more intersectional and holistic approach in their engagements which is also deeply cognizant of the impact of COVID-19 in their lives and perceptions of self-image and masculinities.

While further research on impact of the COVID-19 crisis on the lives of young men and boys would certainly be useful for development programmes to adapt their engagements accordingly, the present study has pointed out a worrisome trend in the current engagement strategies deployed by the organisations to deal with the COVID-19 crisis and related effects. For one, most of the organisations that reported a shift in their engagement models to online platforms, only saw this transition as a temporary measure, pertaining to the restrictions in travel and mobility at the time of the lockdown. With the easing of restrictions, organisations sought to resume their work on ground, albeit with protective measures in place and with lesser number of participants in cohorts to ensure social distancing, and hoped that by the time the crisis would have passed, the work on ground would go back to the way it was prior to the COVID-19 crisis. This seems particularly improbable at this point, with the multiple waves of the COVID-19 crisis being speculated in the media, even as the country reels from the devastating effects of the second wave of the pandemic in 2021. Therefore, while programming adapts to the immediate changes in its ecosystem, there is an urgent need to also design more sustainable programmes that account for disasters such as COVID-19 to have more long-term effects. While it is true that online modalities present many challenges of accessibility for marginalized communities, especially in rural areas, programming efforts need to be directed at improving this access and building capacities of communities in this direction. Not only would this ensure that the programmes are able to withstand the future waves of the COVID-19 crisis, but it would also open up the space for the organisations to engage with the positive impact of remote implementation.
For instance, inclusion of more number of disabled participants in cohorts for whom issues of access owing to restrictions in travel and mobility would have always already posed a problem. This, however, would require that the organisations are able to respond to the current challenges being faced in building online engagement models because of the digital divide, increase in dropout rates, virtual implementation of monitoring and evaluation tools and delivery of non-curriculum based interventions. Further sector-wide dialogues in this direction of investing in building combinations of online and offline engagements as per the need of the communities in times of crises need to be held for organizations to collectively build programming and advocacy action points on this.

Furthermore, building intersectional approaches is of equal importance. This is because, projects are never neutral in their design or social impact, as project designs reveal organisational values and priorities, while their impact reflects the diversity of identities that compose any given community that the project is implemented with. Thereby, project neutrality only furthers existing inequalities and impedes a holistic understanding of the distinct and intersecting concerns and issues emerging in the communities, especially at the time of crisis. As is evident through the findings of the research, the impact of the COVID-19 crisis on young men and boys was also varied based on the different identities - such as caste - that these participants embodied. For instance, some organisations engaging with young men and boys from marginalised caste communities specifically noted the adverse impact of the COVID-19 crisis on job opportunities as well as social standing and status, owing to experiences of caste-based discrimination and violence during and after the lockdown. Similar observations were reported by organisations on other axes of identities of class and religion. This specificity of impact based on diverse identities demands focussed attention from organisations working with them on different issues. In order to address this differential impact on young men and boys, it is important to move beyond gender binaries of women and men, and instead focus on the intersections between different social identities within these categories and to acknowledge that young men and boys are not a homogenous category, and there are differences and hierarchies within them as well. Prioritising the need of the most marginalised amongst them would be the key to building back better in the future. Moreover, many inequalities that tend to get exacerbated during crisis such as access to education, livelihoods, increasing gender-based violence etc. are informed by notions masculinities heavily informed by these multiple identity locations, and thus programming with an intersectional masculinities lens would be able to account for and respond to these more adequately.
As we look forward to grappling with the future waves of the COVID-19 crisis, or the potential of further havoc caused by new variants of the coronavirus, these possibilities necessitate further conversations and research on bridging the gaps and forming better linkages between humanitarian aid and development efforts, as well as investment into building resilient capacities of existing development programmes and the communities that these programmes engage with. This research report has been an attempt to contribute to sustaining our collective institutional memory of navigating through the first wave of the COVID-19 crisis, in order to support future efforts of further research, relief and redevelopment.
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1.1 Interview questionnaire for organisations working with young men and boys in Uttar Pradesh on issues of livelihoods/health/education/WASH.

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<tr>
<th>QUESTIONS</th>
<th>OBJECTIVES</th>
<th>NOTES FOR INTERVIEWER</th>
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<tr>
<td><strong>History and Background (Pre COVID-19) (20 minutes)</strong></td>
<td></td>
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<tr>
<td>1. How long have you been working in this organisation? What interested you to pursue this work?</td>
<td>In order to build a rapport with the participant, and also get insights into their work on the field.</td>
<td>Prompts: • What do you work on? • How many years has it been? • What is the profile of participants you work with? (gender, age group, caste, religion, class, location) • Why did you start this work at the time?</td>
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| 2. Can you describe the history and background of your organization’s work and also the current engagement? | i) To document the history and background of the organisation in a particular community.  
ii) To understand the identity make-up of the participants the organization engages with.  
iii) To document the needs of the community in pre-COVID-19 context. |                                                                                      |
<p>| 3. Can you describe the themes and programmes on which your organization engaged young men and boys in your work before the COVID-19 outbreak? | To gauge the thematics of the organization. | If you believe this has been answered in the previous questions, you can skip this question. |</p>
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<tr>
<td>4. How does your organization interact/engage with the community and what processes do you use for the same? What has been the frequency of these engagements before the COVID-19 pandemic?</td>
<td>To understand the nature of engagement and processes.</td>
<td></td>
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</table>
| 5. How do your organization mobilize the participants in your programmes? | To understand the engagement process with the community. | Prompts: 
Are the men engaged as community leaders, mobilizers or as direct participants? 
Workshops, community action, group formations, skill building etc. |
| 6. What is the outreach and scale of your work? | In order to gauge outreach pre COVID-19. | 

**Impact of COVID-19 Pandemic (10 Minutes)**

7. Can you please describe the impact of the COVID-19 pandemic on your programme and work?  
- Has there been a shift in focus in the kind of work that you engage with? (thematic shift)  
- Has there been a change in the outreach and scale of your programme?  
- What are the key activities/areas of work that have not been impacted by the COVID 19 crisis, and are still continuing?  
- In order to gauge impact on implementation and design of the programme.  
|  |  | Prompts:  
Have you seen any shift owing to the COVID-19 pandemic either in the design or in implementation of your program?  
Has there been an impact on programme timelines? What has this impact been? And how have you been able to adapt to this impact? |
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| 8. How has your organisation/programme responded to the different needs in each phase of the pandemic?  
  - Can you recount what happened at different points?  
  - Did your organization take up any covid specific work with young men and boys in this period? How did your organization identify their COVID-19 specific needs? | To gauge the organisation’s response to the dynamic impact COVID-19 had on the field. |                                                                                                                                 |

**Mitigation Strategies (10 minutes)**

| 9. How has your organization adapted to the immediate challenges that have arisen owing to the impact of the pandemic on your work?  
  - Was the organization able to adapt new methods or models of engagement?  
  - Were there any strategies that worked well for your organization? | In order to document successful mitigation strategies, adaptation models/methods. | It would be useful to list the challenges or impact of covid on their work in the previous questions and ask them about coping or adapting strategies one by one for each impact they list or mention. Being specific would be useful here.  
Was there any reason why the strategies worked/didn’t work for your organization?  
Prompts :funding related concerns and strategising. |
| 10. Have there been any specific challenges in reaching the outcome of your work due to the COVID-19 pandemic and the subsequent lockdown? | In order to document challenges in reaching outcomes to see if a case can be made for including gender lens in developmental work with young men and boys. |                                                                                                                                 |
### 1.2 Interview questionnaire for organisations working with young men and boys in Uttar Pradesh on issues of gender, masculinities, GBV prevention and SRHR.

#### QUESTIONS

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<tr>
<td>Are there any other observations or experiences from this time that you would like to share with us?</td>
<td>In order to close the conversation while giving the space to the participant to share any other relevant anecdotes, experiences, challenges or observations.</td>
<td>Prompts: Anything they might want to share with regards to new learnings, ongoing challenges, etc.</td>
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#### History and Background (Pre COVID-19) (20 minutes)

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<td>1. How long have you been working in the organisation? What interested you to pursue this work?</td>
<td>In order to build a rapport with the participant, and also get insights into their work on the field.</td>
<td></td>
</tr>
</tbody>
</table>
| 2. Can you describe the history and background of your organizations work and also the current engagement? | i) To document the history and background of the organisation’s work.  
ii) To understand the identity make-up of the young boys and men that the work engages with.  
iii) To document the needs of young men and boys in pre-COVID-19 context. | Prompts:  
- What do you work on?  
- How many years has it been?  
- What is the profile of participants you work with? (gender, age group, caste, religion, class, location)  
- Why did you start this work at the time? |
| 3. Can you describe the themes and programmes on which your organization engaged young men and boys in your work before the COVID-19 outbreak? | To gauge the thematics of the organization. | If you believe this has been answered in the previous questions, you can skip this question. Here we can attempt to understand the relation of masculinities program with context to livelihood, education, health, and WASH |
### QUESTIONS

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<thead>
<tr>
<th>4. How does your organization interact/engage with the community and what processes do you use for the same?</th>
<th>To understand the nature of engagement and processes.</th>
</tr>
</thead>
<tbody>
<tr>
<td>What has been the frequency of these engagements before the COVID-19 pandemic?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. How does your organization mobilize the participants in your programmes?</th>
<th>Since mobilisation has been a significant issue in masculinities programming. And this would be relevant to compare in Covid context later.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>6. What is the outreach and scale of your organization’s work?</th>
<th>In order to gauge outreach pre COVID-19.</th>
</tr>
</thead>
</table>

### Impact of COVID-19 Pandemic (15-17 minutes)

<table>
<thead>
<tr>
<th>7. Can you please describe the impact of the COVID-19 pandemic on your programme and work?</th>
<th>In order to gauge impact on implementation and design of the programme.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Has there been a shift in focus in the kind of work that your organization engages with? (thematic shift)</td>
<td>Prompts: Have you seen any shift owing to the COVID-19 pandemic either in the design or in implementation of your program?</td>
</tr>
<tr>
<td>• Has there been a change in the outreach and scale of your programme?</td>
<td>Has there been an impact on programme timelines? What has this impact been? And how have you been able to adapt to this impact?</td>
</tr>
<tr>
<td>• What are the key activities/areas of work that have not been impacted by the COVID-19 crisis, and are still continuing?</td>
<td></td>
</tr>
<tr>
<td>QUESTIONS</td>
<td>OBJECTIVES</td>
</tr>
<tr>
<td>-----------</td>
<td>------------</td>
</tr>
</tbody>
</table>
| **8.** How has your organisation/programme responded to the different needs in each phase of the pandemic?  
- Can you recount what happened at different points?  
- Did your organization take up any COVID-19 specific work with young men and boys in this period?  
- How did your organization identify their COVID-19 specific needs? | To gauge the organisation’s response to the dynamic impact COVID-19 had on the field. | Prompts:  
Are the men engaged as community leaders, mobilizers or as direct participants?  
Workshops, community action, group formations, skill building etc. |

**Mitigation Strategies (10 minutes)**

<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>OBJECTIVES</th>
<th>NOTES FOR INTERVIEWER</th>
</tr>
</thead>
</table>
| **9.** How has your organization adapted to the immediate challenges that have arisen owing to the impact of the pandemic on your work?  
- Was the organization able to adapt new methods or models of engagement?  
- Were there any strategies that worked well for your organization? | In order to document successful mitigation strategies, adaptation models/methods. | It would be useful to list the challenges or impact of covid on their work in the previous questions and ask them about coping or adapting strategies one by one for each impact they list or mention. Being specific would be useful here.  
Was there any reason why the strategies worked/didn’t work for your organization?  
**Prompts** - funding related concerns and strategising. |
| **10.** Have there been any specific challenges in reaching the outcome of your work due to the COVID-19 pandemic and the subsequent lockdown? | In order to document challenges in reaching outcomes while working with men. |  

### QUESTIONS

Are there any other observations or experiences from this time that you would like to share with us?

### OBJECTIVES

In order to close the conversation while giving the space to the participant to share any other relevant anecdotes, experiences, challenges or observations.

### NOTES FOR INTERVIEWER

Prompts: Anything they might want to share with regards to new learnings, ongoing challenges, etc.

---

**1.3 Interview questionnaire for fieldworkers working with young men and boys in Uttar Pradesh on issues of livelihoods/health/education/WASH.**

<table>
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<tr>
<th>QUESTIONS</th>
<th>OBJECTIVES</th>
<th>NOTES FOR INTERVIEWER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction (10-15 Minutes)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. How long have you been working in this organisation? What interested you to pursue this work?</td>
<td>In order to build a rapport with the participant, and also get insights into their work on the field.</td>
<td></td>
</tr>
<tr>
<td>2. What are some of the locations that your organization works in?</td>
<td>In order to build a rapport with the participant, and also get insights into their work on the field.</td>
<td></td>
</tr>
<tr>
<td>3. Which communities does your organization work with?</td>
<td>In order to understand the identity make-up of the communities that the participant works with.</td>
<td>Prompts: Identities based on gender, age group, caste, religion, class, location.</td>
</tr>
<tr>
<td>4. Has your organization been working in the same locations and with the same communities in the past year or so?</td>
<td>In order to gauge and account for possible disruptions and shifts in outreach owing to the COVID-19 crisis.</td>
<td></td>
</tr>
<tr>
<td>5. Can you describe your role and the usual activities and tasks you take up?</td>
<td>In order to understand the nature of the work that the participant does.</td>
<td>This question is significant because it can give a sense of the scope of questions that the participant might be able to answer.</td>
</tr>
</tbody>
</table>
### 2.1 Profiles of Organisations

<table>
<thead>
<tr>
<th>ORGANIZATION</th>
<th>THEMATICS</th>
<th>LOCATION(S) OF WORK WITH MEN &amp; BOYS</th>
<th>AGE GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian Bridge India</td>
<td>Gender and Masculinities</td>
<td>Banaras</td>
<td>15-25</td>
</tr>
<tr>
<td>GPS Azamgarh (Ek Saath)</td>
<td>Gender and Masculinities</td>
<td>Azamgarh</td>
<td>15-25</td>
</tr>
<tr>
<td>Sahyog India (Ek Saath)</td>
<td>Gender and Masculinities</td>
<td>Hamirpur</td>
<td>Across age group</td>
</tr>
<tr>
<td>Awadh Peoples Forum (Ek Saath)</td>
<td>Gender and Masculinities</td>
<td>Ayodhya</td>
<td>15-30</td>
</tr>
<tr>
<td>Tarun Chetna Samiti (Ek Saath)</td>
<td>Gender and Masculinities</td>
<td>Pratapgarh</td>
<td>15-25</td>
</tr>
<tr>
<td>WAYVE Foundation</td>
<td>Gender and Masculinities</td>
<td>Pan UP</td>
<td>Across age group</td>
</tr>
<tr>
<td>Project Khel</td>
<td>Gender and Masculinities</td>
<td>Lucknow</td>
<td>14-23</td>
</tr>
<tr>
<td>Breakthrough</td>
<td>Gender and Masculinities</td>
<td>Pan UP</td>
<td></td>
</tr>
<tr>
<td>Astitva Samajik Sanstha</td>
<td>Gender and Masculinities</td>
<td>Muzaffarnagar</td>
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<td>Gramaya Santha</td>
<td>Nutrition</td>
<td>Banaras</td>
<td>15-25</td>
</tr>
<tr>
<td>Badlav</td>
<td>Livelihood</td>
<td>Lucknow</td>
<td>Across age group 14-18</td>
</tr>
<tr>
<td>HCL Foundation</td>
<td>Employability, Disability, Migration</td>
<td>Noida, Lucknow</td>
<td></td>
</tr>
<tr>
<td>Majdur Khadan Union</td>
<td>Livelihood</td>
<td>Mirzapur</td>
<td>Across age group</td>
</tr>
<tr>
<td>Vigyan Foundation</td>
<td>Livelihood, Education</td>
<td>Pan UP</td>
<td>Across age group</td>
</tr>
<tr>
<td>PSI</td>
<td>Health, SRH</td>
<td>Pan UP</td>
<td>Across age group</td>
</tr>
<tr>
<td>Disha Foundation</td>
<td>Education, Violence</td>
<td>Jaunpur</td>
<td>14-18</td>
</tr>
<tr>
<td>Aanchal</td>
<td>Water, Gender</td>
<td>Saharanpur</td>
<td></td>
</tr>
</tbody>
</table>
THE YP FOUNDATION

The YP Foundation (TYPF) is a youth development organisation that facilitates young people’s feminist and rights-based leadership on issues of health equity, gender justice, sexuality rights, and social justice. TYPF ensures that young people have the information, capacity, and opportunities to inform and lead the development and implementation of programmes and policies that impact their lives and are recognised as skilled and aware leaders of social change.

MARDON WALI BAAT PROGRAMME

The Mardon Wali Baat programme works with young men and boys to facilitate a deeper reflection on masculinities in order to challenge patriarchal gender norms and prevent gender based violence. Through research and intervention designs, the programme seeks to create interactive spaces for young men and boys to hold dialogues on the intersectional nature of their privileges and vulnerabilities.

www.theypfoundation.org

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