**Response to editor’s comment**

Dear Editor,

Thank you for raising extremely valid points with respect to the paper. Based on your comments, we have taken time to make the necessary revisions to the extent possible. Kindly find below our response to the comments raised:

 1. The first and second authors run the counselling service as part of the Ajeevika. In so far as the telephonic counselling is concerned – as they are the counsellors, and they have annonymised the identities, it can be treated as being similar to anonymised medical records.  
  
2.  However, such use is not exempted from ethics review. It is eligible for expedited review. If it is a commentary – then the use of this documentary evidence needs to be made as general observations, but they cannot use these quotes. If they do so, then it needs due process – ie, IEC review – the alternative is getting consent from everyone who is quoted.

Response: We concur with the Editor’s concern around the ethics of consent and abide by the suggestion. We would like to pitch our manuscript as a commentary. All quotes are removed in the revised version and we have used references from the region that have been published elsewhere to substantiate our arguments.

3.   The authors seem to have used quotes not only from the telephone service, but also from their exposure to the field in these areas. They do not state how they were linked to all of the spaces and the information.

Response: First two authors work in rural and tribal areas of South Rajasthan for the past four years. The first author is engaged in the primary healthcare space and has been working with these communities. The second author has been anchoring women collective initiatives of Aajeevika Bureau, an organization working for several years in these areas. The third author has done collaborative work with Ajeevika Bureau in the past and very familiar with their work and the activities undertaken. The manuscript is shaped by their experience in the area and the first two authors tele-counselling efforts which was undertaken during lockdown to support the communities in the region. We have also rephrased the introduction to convey that the insights are informed by our engagement with women from the community and that we have supplemented them with secondary data resources. In one or two places where evidence is unavailable and the point is extremely critical we have mentioned “Based on our observations..”

 4.   By eliminating the individual quotations, and still making the point, it would be a commentary. In that case, the absence of an IEC review is not an issue.

Response: We have eliminated all the quotations and argued using references of the issues that were published. Referenced articles cover the issues from the region.

5.    Since some of the issues mentioned here are/were present already in the system and the lockdown made it more visible, so labelling them as implications of COVID and lockdown seems little confusing. This needs to be clarified.

Response: This is a very valid point and we have highlighted it in our introduction that how inequities become more visible than ever as a result of lockdown. In other words, the inequities already present get heightened due to lockdown. However, we do also feel it would not be possible to write about lockdown without keeping in purview the overarching situation of pandemic. For instance, women internalizing the accountability of fasting to end Coronavirus at a time when several constraints across public spaces, policies, double burden of work and acute food scarcity is already placing her at an extremely vulnerable position. We have also mentioned in the introduction, how poor development **indicators and poor access to authentic information in these remote tribal communities are** contributing to several fears and hypes around Coronavirus. In this light, one then proceeds to situate the women and their experiences in the Adivasi communities during lockdown.

6. Some of these are systemic issues like ANC care and vaccination, and this will have a universal effect. How specifically are the women in Adivasi communities affected here? You need more evidence to support this. Even among the very vulnerable and marginalised people there is diversity of experiences and capacities and this is not discernible here in the paper.

Response: In continuation of the above response, intersectionality exactly does this- situating individual experiences within a certain intersecting mesh of structures or powers and saying that even though some of the effects are universal, the impact is not the same. In the paper as well we argue why this is so and how across multiple sites of powers, women are disempowered and pushed to further vulnerability. In simple words, a pregnant woman in urban area may not be able to access ANC as well, however in comparison different other structures of power (her class position, her status etc.) places her at a better position than an Adivasi pregnant woman.

Similarly, within the paper as well we have attempted to highlight how experiences even among Adivasi women may differ. In several instances, we have mentioned about single women, single women with a chronically ill person in the household, women engaged in construction work etc.   
  
7.      I am not quite clear about the ‘gendered implications in the intimate space’ since the arguments made seem not specific. This needs to be addressed.

Response: In intersectionality literature, sites of power plays a critical role in looking at who is the privileged and who is the vulnerable. In this paper, we have examined women’s experiences across multiple sites of power to elucidate how they are the vulnerable and yet an invisible group. We also highlight how in each space, the woman is faced with challenges aggravated by the pandemic and lockdown. The first site of power refers to the public space in which women from Adivasi communities interact with : local governance, workspace, public facilities such as hospitals, banks, etc and how structures of power within these spaces limit her agency, representation and access to services in comparison to other members in the community. We have also highlighted who among these women are the worst affected. The second site of power refers to the private – the closed walls of her home, her interaction with her own family, her own position within the household, and vulnerability to domestic violence. The third site of power is her own self: the intimate. Culmination of experiences in the first two sites of powers lead to a certain gendered internalization of role holding herself responsible and blame herself or be accountable for every responsibility in the household, which also surfaces in instances of gender based violence. Therefore in the intimate, the woman processes her experiences with the public and private that seeps into a meaning-making process and assumption of her own self that because I am a woman, so I should fast for the community, so I am to be blamed for my husband’s anger, I am meant to suffer and subscribes to the discrimination without questioning.  
  
 8.      In the same subsection, you have brought in mental health issues, which feel unconnected to the previous paragraph. These could be deleted or carefully contextualised.

Response: In continuation of the above response, as a result, women suffer mental health issues such as depression, fear and even suicidal tendencies. We would like to emphasise that this is an extremely vital point as with the lockdown disparity in access to mental health counselling is stark due to several structural reasons. For these women, even the physical presence of support from women that often act as support system in their neighbourhood and extended families are absent as well. Again reiterating the fact that how there is a differential impact for women in these communities compared their male counterparts or women who are literate, have the agency to use a phone or call up help lines and police or afford counselling services

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The key point is that the counselling records cannot be used without having a research proposal approved by the ethics committee of your institution. Alternatively, you could write a commentary based on your experience and observation and review of literature or secondary data. But such a submission must not use primary data of a counselling record or any such other data without explicit approval of the EC, so that it is ensured that the rights of women who sought counselling are protected

Response: Thank you very much for raising this extremely critical part. We have reorganized the paper eliminating first person accounts and substantiating with references as best as possible.