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**IMPACT OF COVID 19  
NATIONAL LOCKDOWN ON  
WOMEN HOME-BASED  
WORKERS IN DELHI**

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*Institute of Social Studies Trust*

# KEY FINDINGS

**92%** of women reported severe job loss and income loss. Many haven't had any income in their household since March 20th. Most are uncertain of recovery even post lockdown.

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Only **20%** of respondents had received the promised one-time transfer of Rs.500 into JanDhan accounts which they deemed highly insufficient. Apart from this, most home-based workers had not been beneficiaries to any other welfare measures.

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**57%** of respondents reported facing challenges in accessing banks/ATMs due to lack of transport. Many have not been able to withdraw anything including JanDhan transfers.

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Major reasons for the scale of precarity are complete shutdown of factories/markets, supply chain disruptions, transport restrictions to carry raw materials and, payments withheld for work completed prior to lockdown. Many reported struggling with limited mobility due to lockdown/police patrolling and fear of contracting the disease.

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Women's unpaid work within homes has increased significantly during the lockdown. **42%** respondents having young children and **57%** respondents having both young children and elderly persons in the house reported an increase in care work. **40%** respondents stated that no one helps them in doing household work.

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**33%** respondents reported access to cooking fuel as a major challenge to ensuring adequate food intake due to increased prices and income loss.

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Respondents reported rapidly depleting savings due to which many have taken loans from family/friends/neighbours and on regular days have to "make do" with whatever cooked food or ration they are able to receive from the government.

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While accessing ration respondents reported issues such as long queues, crowds, and having to make multiple trips. This, coupled with absence of masks/PPEs, has increased women's risk of exposure to coronavirus infection disproportionately as the burden of procuring ration is mostly borne by them.

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Most respondents reported not being able to access essential medicines and basic health care services due to unavailability of functional dispensaries within their colonies and inability to travel to those located far away.

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# INTRODUCTION

ILO has predicted that economic disruptions caused by the pandemic have the potential to render the already vulnerable informal workers into deeper levels of poverty and deprivation.<sup>1</sup> Despite this, there has been little to no urgency by state actors to extend protection and security to these workers. Rather, many states have dismantled existing labour protection laws in a bid to inflate capital inflow and growth. Those schemes which have been announced so far only cover a miniscule section of registered construction workers through direct cash transfers. On May 12, PM Modi announced an economic stimulus under the “Self-reliant India Mission” specifically targeting unregistered informal workers such as street vendors, construction workers and domestic workers. However, home-based workers, a significant category within India’s most vulnerable informal sector workers, have universally remained invisible even now. According to some studies, the COVID-19 crisis has left many home-based workers with no work, income or future hope for earnings.<sup>2</sup> This brief presents data on the impact of COVID-19 disease and the national lockdown on home-based workers.

## SECTOR PROFILE

Home-based work is generally understood as remunerative work undertaken in or around workers’ homes. Broadly there are two kinds of home-based workers – self employed (own-account) workers who procure their raw materials, capital and sell finished goods on their own; and subcontracted (piece rate) workers who depend on a contractor for work/raw materials and selling finished products.



**37.4 million**

home-based  
workers in India in  
2011-12<sup>3</sup>

Crucial earners in  
low income  
households residing  
in informal  
settlements

Largely informal and marginally higher in urban areas

Undertaken by more women –  
**31.7% of female non-  
agricultural workforce  
was home-based in  
2011-12 as compared to  
11% for men**

**Manufacturing is  
the single largest  
employer**

accounting for  
**70%** of female  
home-based non-  
agricultural workers<sup>4</sup>

**Face multiple vulnerabilities** related  
to livelihoods, housing/workplace  
conditions and access to basic  
services

**Located at the end of value chains**  
characterized by abysmal piece rates,  
irregular and often seasonal work and  
no social security

<sup>1</sup>International Labour Organization. (2020). ILO Monitor 2nd edition: COVID-19 and the world of work.

<sup>2</sup>WIEGO. (2020, March). Impact of public health measures on informal workers livelihoods and health. Retrieved April 21, 2020, from WIEGO: Home-based workers: <https://www.wiego.org/home-based-workers-face-new-kind-isolation>.

<sup>3</sup>Raveendran, G., Sudarshan, R., & Vanek, J. (2013). Home-based Workers in India: Statistics and Trends (WIEGO Statistical Brief No. 10). WIEGO.

<sup>4</sup>Chen, M., & Sinha, S. (2016). Home-based workers and Cities. *Environment and Urbanisation*, 28 (2), 343-358.





# PROFILE OF RESPONDENTS

## 34/35 MARRIED WOMEN

ALL RESPONDENTS STATED HAVING AT LEAST ONE AMONG THESE THREE CATEGORIES OF DEPENDENTS WHILE 33% STATED HAVING MORE THAN ONE IN THEIR HOUSEHOLD



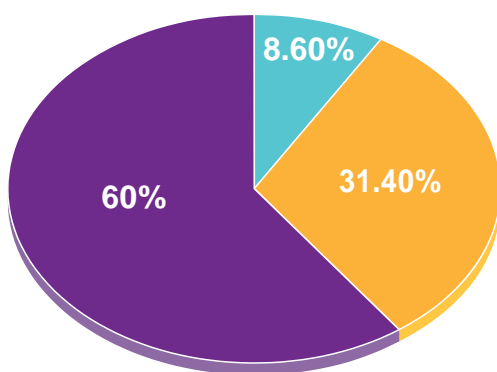
**75%** Women with at least one child below 14 years of age

**31%** Women with at least one unemployed youth

**31%** Women with at least one household member above 60 years of age

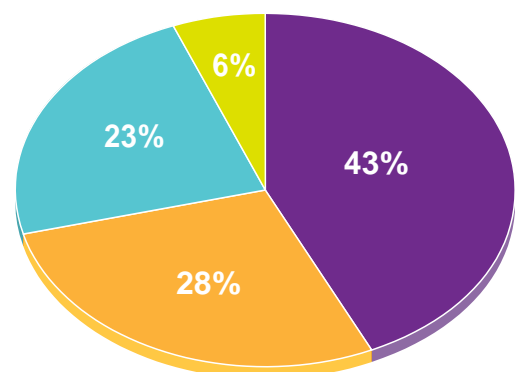


Distribution of Respondents by Household Size



- 6-8 members
- 5 members or less
- 9 members or more

Percentage of Respondents in Specific Age Groups



- 21-30 years
- 31-40 years
- 41-50 years
- Above 50 years

# IMPACT ON PAID WORK

**91.4%**

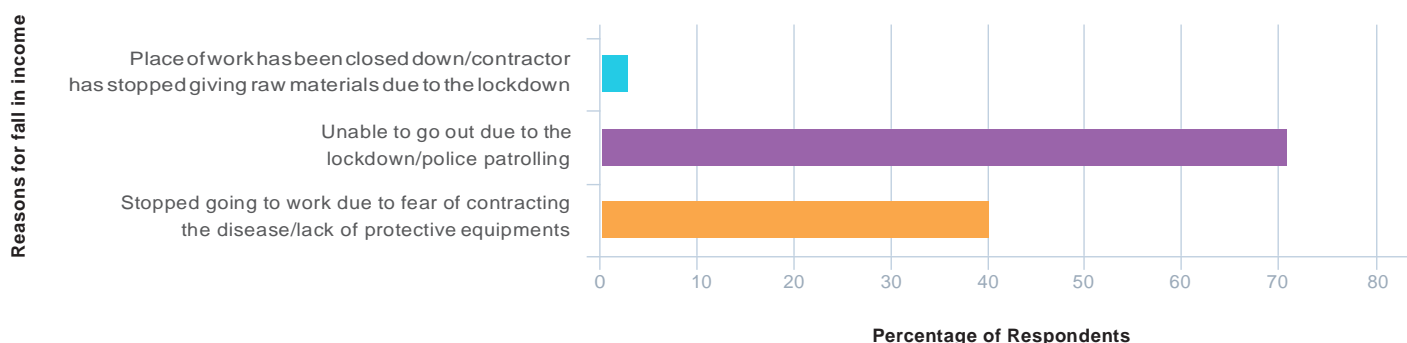
of respondents reported severe loss of income/employment.

Average loss in income was reported to be between

**Rs. 500-1000/month**

Most reported total monthly earnings to be in the same range (between Rs. 500-1000) which means that many have lost their entire incomes. Major reasons accounting for job/income loss of the women home-based workers are closure of factories and supply chain disruptions, restrictions on transports carrying raw materials and payments withheld by sub-contractors/employers. Surveys additionally revealed mobility restrictions due to lockdown/police patrolling and fear of contracting the disease as major reasons for their income/job loss.

**Figure 1: Reasons for fall in income of home-based workers (Survey results)**



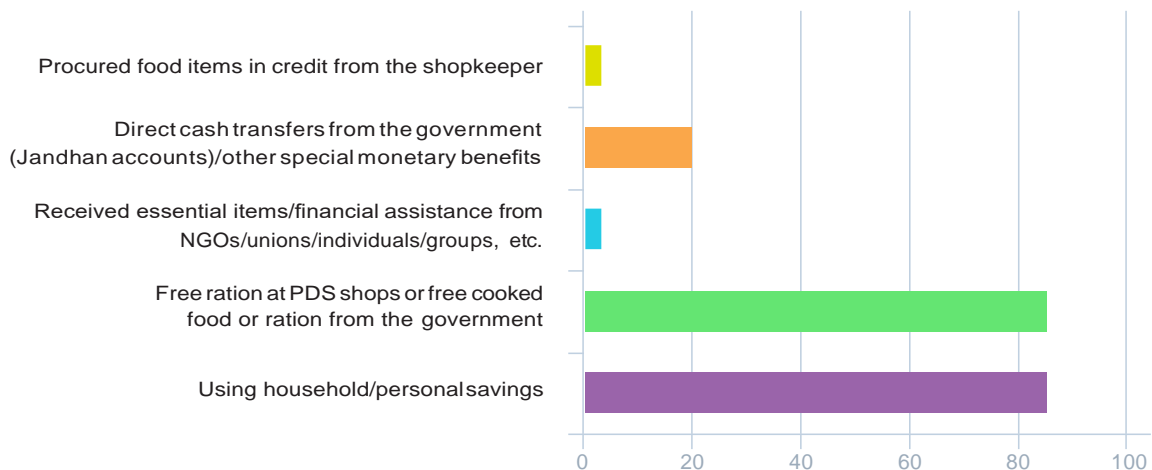
*Sarita, whose husband is unable to engage in paid work or contribute in procuring essential services for the family due to his disability, used to engage in garland making prior to the lockdown. The sub-contracted home-based work used to fetch her a minimum of Rs. 3,000-4,000/- per month. However, she has lost her income completely since the lockdown and is dependent on cooked food/free ration provided by the government for making her ends meet. She neither receives any disability pension for her husband nor is able to engage in alternative work arrangements outside the house due to care responsibilities towards her husband. She has also not been able to resort to street-vending due to fear of her children getting beaten/harassed by the police for engaging in the work.*

Home-based workers in female headed households have been terribly hit by the lockdown due to care responsibilities that restrict them from resorting to non-home-based work options and lack of economic capital/credit in many cases. In male headed households, on the other hand, increased competition for street vending and fear of police brutality/harassment have been reported as major reasons for not engaging in the work.

Most respondents relied on casual wage work in construction, tailoring and mechanical work as their major sources of household income. The impact of lockdown on these sectors has meant the home-based workers losing their entire household incomes in many cases. This has the potential to render countless citizens short on food, cash and security across aspects of their lives.

A variety of coping mechanisms (please refer to Fig.2) have been adopted by the respondents to deal with job/income loss in the unanimous absence of employment support by government or employers.

**Figure 2: Coping Mechanisms**



*Those who received cash transfer benefits reported receiving one of the following:*

- One-time transfer of Rs.500 into JanDhan accounts, which the respondents deemed highly insufficient
- One-time cash transfer of Rs.5,000/- by spouses registered with Building and Other Construction Workers' Welfare Board

However, such measures fail to cover majority of informal workers who lack registration and even visibility such as home-based workers, and those without bank accounts. This aggravates the deprivation of women home-based workers, especially single women and women in female-headed households, who have limited or no access to credit and are currently left with no money.

Interviews with key informants also suggest that post-lockdown recovery rates would vary with trades. Certain own account workers like tailors and those who stitch masks, gloves and other personal protective equipments would have scope to quickly adapt to changing demands while those who exclusively depend on factory-based production would be slower to recover.

**Post-lockdown concerns of the respondents include:**

Lack of availability of home-based work due to severe decline in manufacturing output.	Increased competition for the work due to retrenchment faced in other sectors of work like domestic work.	Fear of contracting the disease while working or from other family members (who would commute to faraway places of work) due to lack of protective gears like masks, sanitizers, gloves, etc.
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# IMPACT ON UNPAID WORK

**42%** respondents having young children and **57%** respondents having both young children and elderly persons in the house reported an increase in care work.

**71.4%** of the respondents having both of these dependents reported an increase in domestic work like cooking, cleaning and washing since the lockdown.

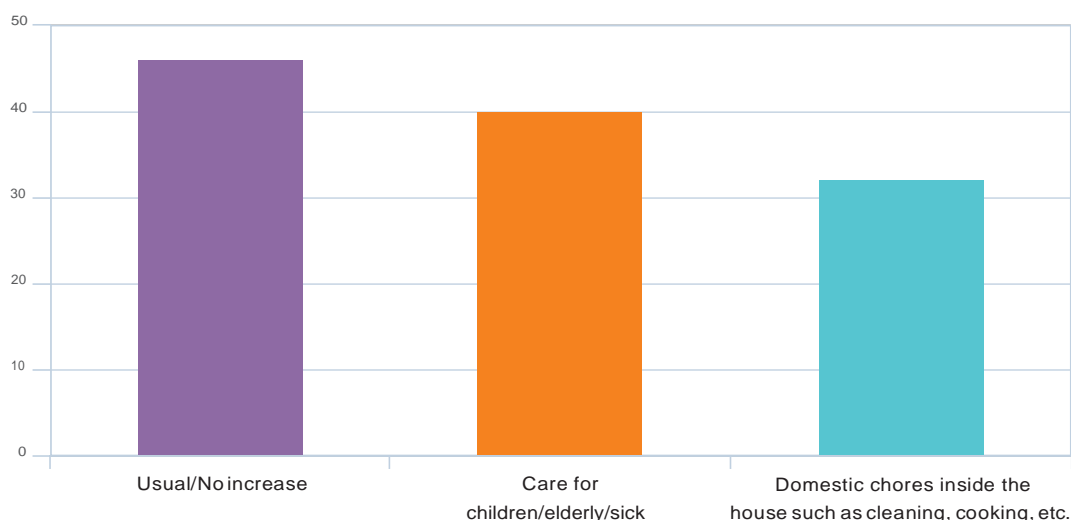
**40%** respondents stated that no one helps them in doing household work.

Approximately **90%** of those getting help from their spouses in minor chores were women between 21-30 years of age. Even when help is received from male members, including spouses, it is only in minor chores such as making tea or repairs, etc.

Women in older age groups relied on daughters or other female members for help.

*Sakina, 29 years, lives in a nuclear family with her husband and two sons aged 10 years and 7 years old. She was into garland making prior to the lockdown while her husband engaged in tailoring on piece-rate basis at a shop/factory few kilometres away from their house. While both of them have lost their paid work due to the lockdown, care work has increased substantially for her. Besides the regular work of cleaning and washing, she is now cooking 4 times a day (instead of two times) and also has an added responsibility of tutoring the children what they were taught at school/tuitions.*

**Figure 3: Increase in unpaid work**



Another activity that has become an added burden since the lockdown and disproportionately falls on women is procuring cooked food/ration and other essential resources like medicines for the family. This further exacerbates their time poverty and risk of exposure to the coronavirus disease. Women take on these activities on their own fearing exposure to husband/children or them getting harassed by police while outside.



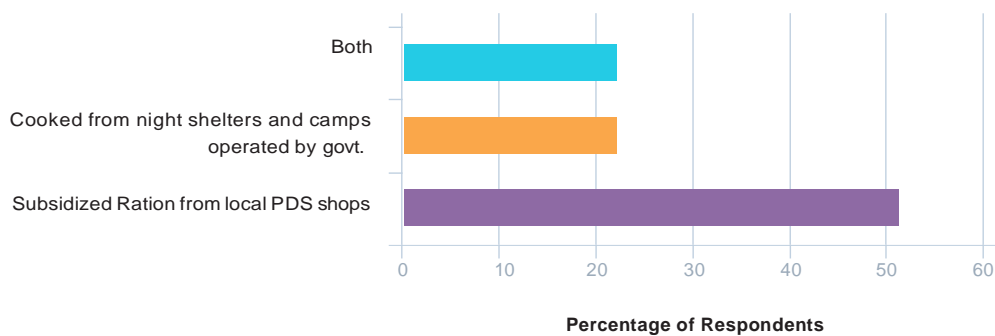
# IMPACT ON ACCESS TO ESSENTIAL RESOURCES AND SERVICES



## Food supplies:

Major sources of ration/food for residents in Savda are depicted in the figure given below.

**Figure4: Sources of Food Supplies/Ration**



Free ration at the PDS shop still remains mostly available to ration card holders only. In spite of getting her ration for April, Anita, a home-based worker from Savda colony expressed doubts as to whether she would be able to get this again next month. Some respondents reported getting ration through Aadhar cards but the quantity was lesser in this case. Very few reported taking ration on loan from local private kirana shops and/or neighbours to get by.

*Rashmi, a home-based worker in Savda colony, who is primarily responsible for procuring ration in her household, revealed her fear of contracting infection because of having to make multiple trips in a single day. This was echoed by many other respondents who also complained about long queues and inability to maintain physical distance from people while outside.*



Access to sufficient food depended on availability of ration cards/Aadhar cards/e-coupons, household size/composition, in-hand income, savings and number of times assistance is received from government/NGOs. This means that many respondents with large household sizes and those without appropriate documents continue to face food shortage in the absence of universal coverage under the Food Security Act.



## Cooking fuel:

- **33%** respondents stated that they were facing a shortage of cooking fuel/LPG/gas during lockdown due to increased prices (about Rs. 750) and limited availability.
- **75%** of the respondents above belong to households having more than 6 members in which case there are higher chances of food shortages even if ration/cooked food is received. Unavailability of cooking fuel thus exacerbates food security even for those who received ration as they are unable to cook.
- None of the respondents stated receiving any subsidy for cooking gas under schemes such as Ujjwala Yojana.

Women are disproportionately exposed to hunger during food shortages as the case below highlights –

*Zafreen, another home-based worker, revealed that she eats after feeding her 6 children. She has avoided going to the government canteen for cooked food till now due to fear of crowd and having some ration stock leftover at home, but if the lockdown continues she will have to go to the canteen so that she can at least feed her kids. She and her husband will manage without eating or eating less.*



## Transport:

- **94%** respondents stated access to transport services being a major challenge during the lockdown.

For informal workers and women, unavailability of transport disrupts crucial facets of their lives/livelihoods, especially in peripherally located resettlement colonies such as Savda. Similar to other urban informal settlements, residents here struggle for affordable and reliable transport even on an everyday basis. This has only worsened during the present crisis, thereby limiting access to several other crucial goods/services such as healthcare and banks/ATMs in such colonies.



## Banks/ATMs:

- **57%** respondents reported facing a major challenge in accessing banks.

A severe shortage of cash in-hand for everyday and emergency expenses alike was reported universally. Respondents reported an acute fall in earnings and inability to access savings/cash benefits as banks and ATMs remain inaccessible. Nearest bank/ATM in Savda is two kilometres away. Many are fearful of making this commute due to risk of exposure and police patrolling.



## Health services:

Service provision at the local dispensary remains poor due to irregular timings and unavailability of doctors/medicines, even as few respondents reported an increase in operational hours. Many either rely on private clinics (nearest being 2 kilometers away), Mohalla clinic (7 kilometers away) or Sanjay Gandhi Memorial Hospital (14 kilometers away). Due to limited public transport provision, residents rely on private vehicles for emergency commutes to hospitals. *In such a state, accessing healthcare services has been costlier and more challenging presently.*

**Upto 40% of the respondents stated that access to healthcare services will continue to be a central concern even post lockdown due to crowded hospitals and greater expenses.**



## Access to preventive information and practices around COVID-19:

- None reported receiving masks, sanitizers, soaps or any other protective items from any of these service providers.

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- Most have purchased their own masks or make do with cloth/dupatta/sari to cover faces while collecting ration, food, medicines etc.

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- Almost **33%** respondents stated being unable to practice physical distancing due to unavailability of masks/gloves, huge crowds, and limited awareness around the disease.

The major sources of information around COVID-19 disease are TV (80%), followed by local INGOs/unions (25%), mobile phones (23%) and community members (9%). 30% respondents stated that fear of contracting the disease will remain a crucial concern even post-lockdown which will impinge on employment (where they travel for work and how, how many household members go out for work, etc) and health.

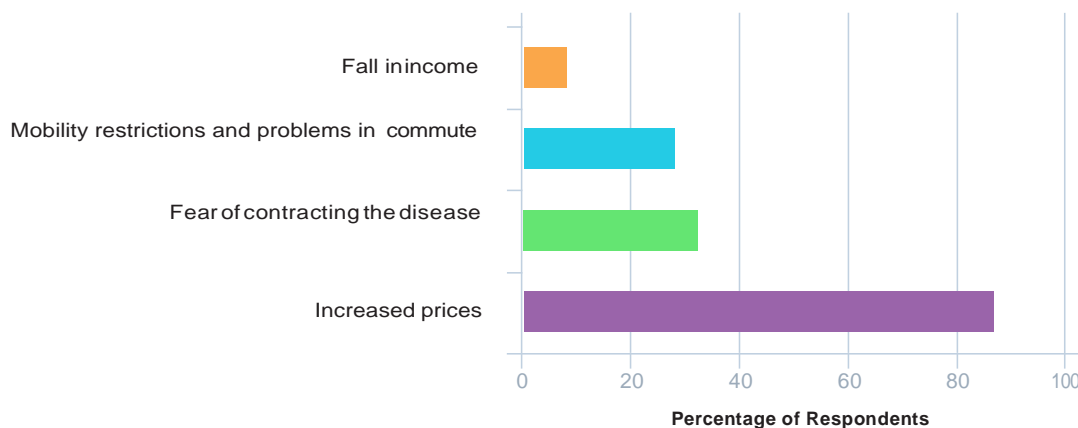


## Groceries and other everyday items:

Even though local kirana shops and vendors are open in Savda colony, supplies are fetched from far away wholesale markets even on usual days. During a lockdown, this has meant paying more for groceries, vegetables and other items to be transported inside the colony. This has translated to increased prices for these everyday essentials.

The figure given below provides a summary of the major challenges reported in the survey.

**Figure 5: Challenges in Accessing services**



## RECOMMENDATIONS

<p><b>Immediate Measures</b></p>	<ul style="list-style-type: none"> <li>→ Identifying home-based worker clusters in our cities and ensuring their coverage in economic recovery schemes such as DCTs taking into account household level vulnerabilities</li> <li>→ Universalizing informal workers' access to ration without relying on registration or ability to produce relevant Ids</li> <li>→ Provision of cooking gas/fuel to home-based workers to ensure food security</li> <li>→ Provision of masks, soaps, sanitizers and awareness generation regarding physical distancing and preventive practices</li> </ul>
<p><b>Post lockdown Measures</b></p>	<ul style="list-style-type: none"> <li>→ Ensuring payment of minimum wage piece rates and regular supply of work to home-based workers</li> <li>→ Special attention to small-scale and micro home-based enterprises that provide collateral free loans and easy access to credit</li> <li>→ Ensure safety and access to protective equipments as workers return to work</li> </ul>
<p><b>Long term Measures</b></p>	<ul style="list-style-type: none"> <li>→ Recognizing home-based work as a major employer drafting a national policy that ensures living wages, protection and social security</li> <li>→ Providing basic services such as water, transport, waste management and regularization/in-situ development of all low-income settlements</li> <li>→ Reworking zoning regulations and land usage in Master planning to encourage home-based enterprises</li> </ul>

## METHODOLOGY NOTE

*This study on women home-based workers is one of the five micro-study series on the impact of COVID-19 national lockdown on lives of women informal workers in Delhi. ISST partnered with Mahila Housing Trust (MHT) to conduct a telephonic survey (using google forms) with 35 women home-based workers residing in Savda Ghevra JJ Colony and Bakkarwala JJ colony between 23 - 28 April 2020. The ISST team also conducted telephonic interviews with key informants and a few women home-based workers based on access. All data collecting tools were translated in Hindi and consent was taken prior to data collection. Names of women respondents have been changed to maintain confidentiality.*

## ACKNOWLEDGMENTS

*We are grateful to MHT for providing us with key insights throughout the survey. We are also thankful to women from the Community Action Group (CAG) in Savda for their insights and laudable work within the colony towards ensuring food security and awareness in the current time of crisis. Most importantly, we are indebted to the women home-based workers for their time and participation in the study. Their contributions are invaluable.*

## AUTHORS

*This report is authored by Abhishek Sekharan and Ayesha Datta at the Institute of Social Studies Trust, New Delhi, May 2020.*



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