

Institute of Social Studies Trust



**Emerging from the Lockdown:
Insights from Women
Home-Based Workers’
Lives in Delhi**

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Abstract

The report discusses the impact of COVID-19 associated national lockdown and the subsequent unlock period on the lives and livelihood of women home-based workers in Delhi. A mixed-method approach involving telephonic survey and in-depth interviews with stakeholders and women workers was used to understand the impact of the pandemic on paid work, unpaid household and care work of women workers, and their access to essential resources and services. The study found that while home-based workers who are part of cooperatives and producer companies have received some work during and after the lockdown, individual home-based workers have been unable to join online platforms to sell their products or shift to in-demand work like mask production and food supply chains. It also revealed that continued school closure and widespread unemployment has led to a significant increase in household and care work for women since more household members stay back at home as compared to other times. Additionally, access to food, education, and healthcare have also been seen to be severely affected by increasing financial distress and the lackadaisical attitude of the government towards non-COVID diseases.

Acknowledgement

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Introduction

The recent estimates suggest the number of home-based workers in the four South Asian countries – Bangladesh, India, Nepal and Pakistan – to be over 61 million, of which 30 million are women (HomeNet South Asia, 2020)¹. Janhavi from HNSA says that the home-based workers in India are estimated to be around 42 million (Key informant interview). Despite this, when the lockdown was announced in India and home-based workers lost their sources of income, no targeted emergency relief package was announced (WIEGO, 2020)². This is primarily because their contribution to both domestic and global supply chains is not recognized, and most of them were left struggling for work and wages throughout the lockdown and even after it was lifted. As a result, by March-end or April, the workers in India ran out of cash and found it difficult to access soap, clean water, and even food to sustain them through the lockdown (HNSA, 2020)³.

The Independent Group set up in 2007 by the Ministry of Statistics and Programme Implementation of the Government of India defines home-based workers as:

“a) own-account workers and contributing family workers helping the own-account workers, involved in the production of goods and services, in their homes, for the market, and b) those homeworkers who work in their homes for remuneration, resulting in a product or service, as specified by the employer(s), irrespective of who provides the equipment, materials or other inputs used, and those contributing family workers helping such homeworkers.” (MOSPI, 2008)⁴

As per the Periodic Labour Force Survey (PLFS) 2017-18, 73% of employed women in Delhi work in the informal sector, and one-third of this section is employed mainly in the two sectors of informal work-domestic work and home-based work (Chakraborty, 2020)⁵. The survey carried out for the ISST study on the impact of COVID-19 national lockdown on women home-based workers in Delhi in April-May 2020, found that 92% of the respondents completely lost their livelihood at a time when other sources of their household income mainly from construction, tailoring and mechanical work were also drying up (ISST, 2020)⁶. 33% of them also reported access to cooking fuel as a major challenge while most reported not being able to access essential medicines and health services during the lockdown.

As a continuation of the previous study, this study looks at the social and economic impact of the COVID-19 associated national lockdown and the subsequent unlock period on the lives of women home-based workers in Delhi.

Survey Methodology

ISST partnered with SEWA Delhi and Mahila Housing Trust (MHT) to understand the impact of the pandemic and the initiation of the lockdown and unlocking phases on the livelihoods of women home-based workers. The quantitative data for this study has been collected through a telephonic survey of 61 women home-based workers, and through Google Forms. All data collection tools were translated into Hindi. The sample of respondents was selected in a purposive way and the results are not representative of the states or the country. The quantitative survey was conducted at the beginning of the study and the qualitative survey tool was designed specifically to address the gaps identified during the quantitative survey. ISST researchers conducted 7 telephonic interviews (4 were with women home-based workers and 3 were with the stakeholders) based on access. Strict anonymity of the respondents was maintained, the purpose of the study made clear to them beforehand, and prior consent taken before the survey/interviews began. Participation in this study was voluntary and respondents were under no obligation to complete the survey/interview if they were hesitant or reluctant at any point. Care was taken to schedule calls at times convenient for the women workers, and precautions were taken during data collection to avoid undue distress to the respondents or their families. No questions that may hurt sentiments or may be discriminatory against any person based on caste, class, religion, race, gender or sexual orientation, were asked.

Profile of Respondents

Figures 1-3 provide demographic information on the respondents

Figure 1: Marital Status

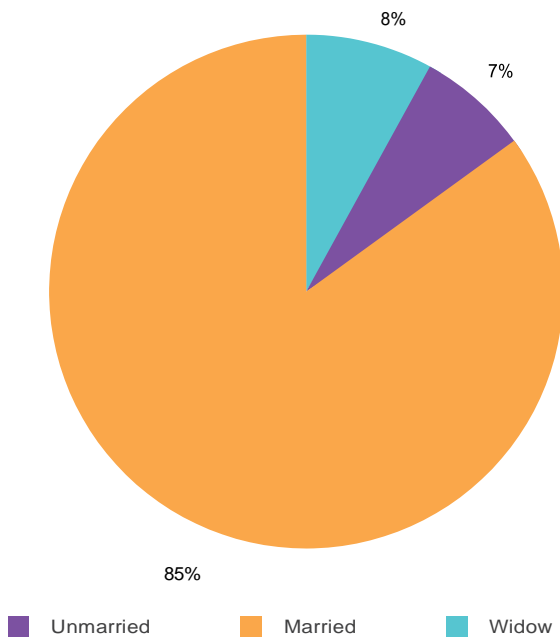
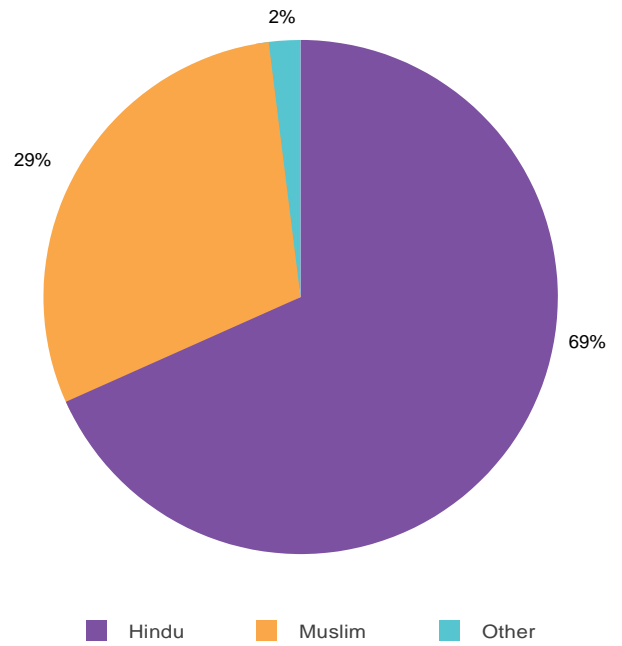
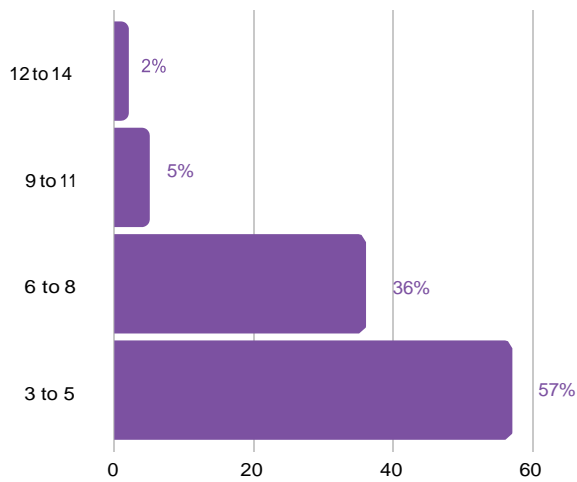


Figure 2: Religion



Source: ISST study, October-November 2020

Figure 3: Household Size



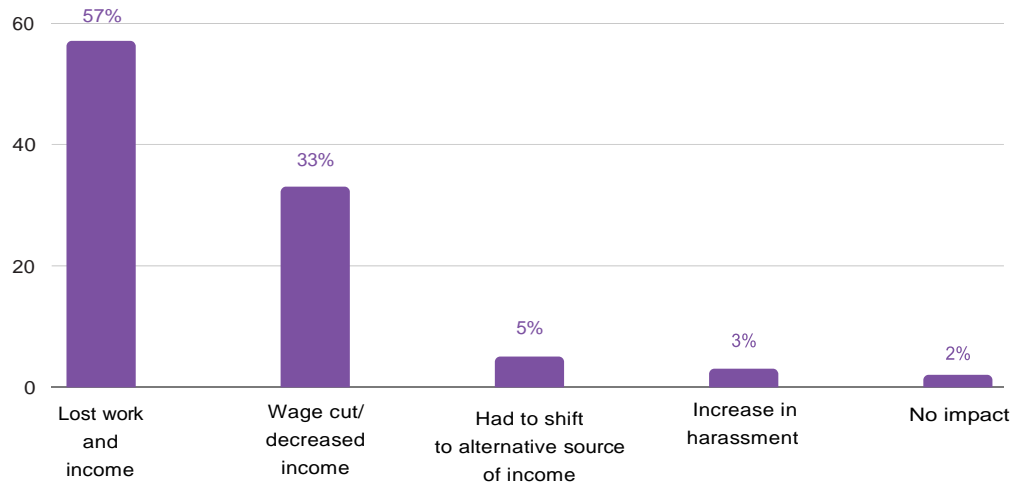
Source: ISST study, October-November 2020



Impact on Paid Work

57% of the respondents reported complete loss of work and income, while 33% saw a decline in work and wages as an immediate impact of the pandemic (Figure 4).

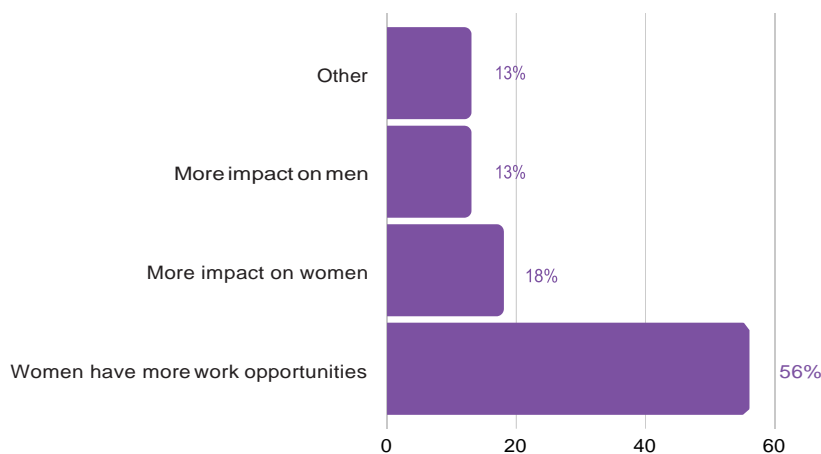
Figure 4: Impact of COVID-19 and the associated lockdown on employment



Source: ISST study, October-November 2020

However, approximately 56% of the respondents said that women had more work opportunities in the initial phases of the unlock period as compared to men (Figure 5). It is mainly because many of these women were part of cooperatives such as SEWA which offered mask production work to them for at least a few months after the lockdown was lifted. Janhavi Dave from HNSA says, “Some of the cooperatives and producer companies were very agile; they had done quick skilling programs and could shift quickly. They could also go online and sell their products on Gocoup or Amazon which the individual home-based workers could not do.”

Figure 5: Perceived difference in the impact of COVID-19 on men and women



Source: ISST study, October-November 2020

The interview with Namita Malik from SEWA Delhi, however, reveals that they were able to provide the work of mask-stitching only to a limited number of women (130-150) in Delhi. Women workers who were not part of any cooperative were, in fact, the worst affected as they lost all sources of income due to the lockdown and have struggled to find work even after it was lifted.

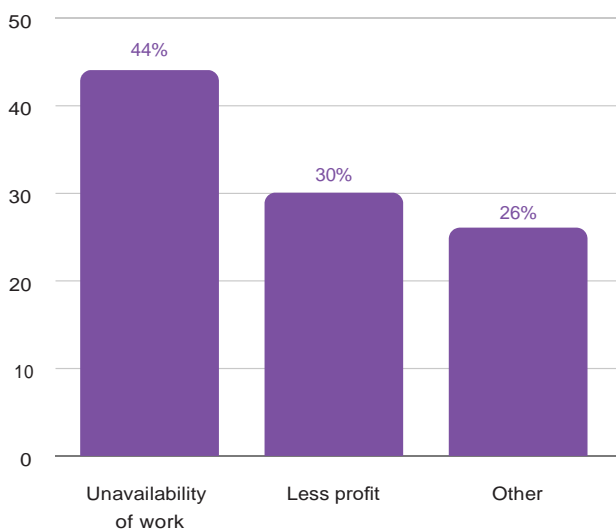


Savita, who is the single earning member in her household, lost both her home-based work and domestic work due to the lockdown. She earned ₹ 3000 for cleaning work at a crèche in Savda before the lockdown and earned some additional money from home-based work of strap cutting and production of Lakme Kohl. She found no employment during the lockdown. The only work she managed to get after the lockdown was lifted was making Lakme Kohl at home. Her income drastically decreased as she was offered only ₹ 25 for 800-900 pieces which required two days of work. She also tried to buy cosmetic products from Sadar market and resell them at a local market in Savda but COVID related restrictions meant that the police did not allow vendors to sell their goods in that area.

The interviews with women workers who were part of SEWA also revealed that they had no work or had managed with whatever little work of making/packaging PPE kits they could find through contractors/middlemen during the lockdown. They had seen a reduction in work received from SEWA post-lockdown as compared to the pre-lockdown period but were happy with the rates offered to them for stitching masks, as it was more than that offered by contractors/middlemen for the same work. “The condition of these workers has however worsened in the later phases of the unlock period as the demand for both masks and PPEs has declined significantly”, says Namita Malik. This is because with the lifting of lockdown, mask production has shifted to factories, and cooperatives have had to compete against them (Interview with Janhavi, HNSA). Almost 30% of the respondents, thus, reported less profit/margins in work while 44% reported lack of work post-lockdown (Figure 6).

Preeti, who was stitching masks from SEWA at ₹ 4 per piece till September, was cutting threads of t-shirts and tops at 50 paise per piece in November.

Figure 6: Challenges faced during the unlock period



Source: ISST study, October-November 2020



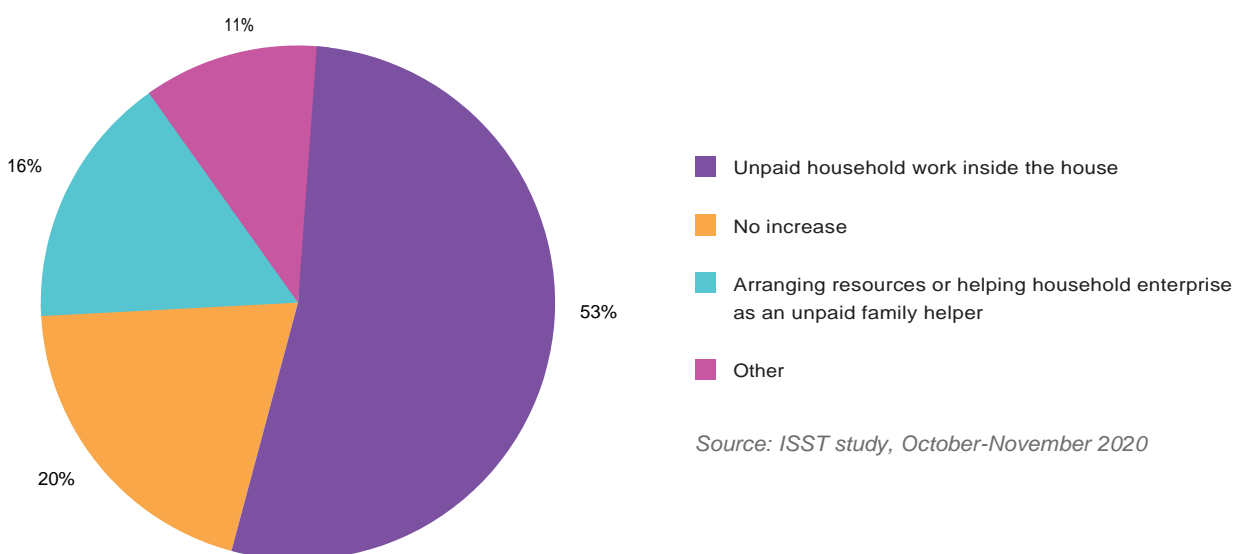
Alternative livelihood options for home-based workers are also limited as indicated by the fact that only 5% of the respondents reported moving to an alternative occupation such as domestic work or work in factories during or after the lockdown (See Figure 4). This is because many sectors in the economy have been disrupted, and other informal sector workers such as domestic workers and factory workers are also struggling to find work. Kavita from Mahila Housing Trust (MHT) said that while they could train a few women in Savda⁷ and Bakkarwala⁸ to stitch masks so as to provide a livelihood, only those who knew how to stitch could benefit. Most could not find any work during the lockdown and had to depend on the sporadic supply of home-based work such as strap cutting, threading beads into garlands and making decorative items even after the lockdown was lifted. Even street-vending, which many wanted to resort to, has proved difficult due to lack of workers' savings to invest into the business as well as decreased purchasing capacity of the public (Key informant interviews). For Muslim women home-based workers especially, mobility has emerged as an issue. This is seen in the fact that, post-lockdown, the paucity of work and income provided by SEWA⁹ has forced the women workers to opt for alternative home-based work options such as PPE kit making and packaging, thread cutting, and apron and mask stitching received through contractors/middlemen.

Impact on Unpaid Work

53% of the respondents reported an increase in unpaid household work of cooking, cleaning, etc. while 16% of the respondents reported an increase in other kinds of domestic chores such as arranging water, food and medicines (Figure 7). The latter category also includes women home-based workers who provide unpaid help to family owned home-based enterprises. Moreover, 59% of the respondents reported an increase in childcare and tutoring due to closure of schools, and 16% mentioned an increase in care work for both children and elderly within the household (Figure 8).

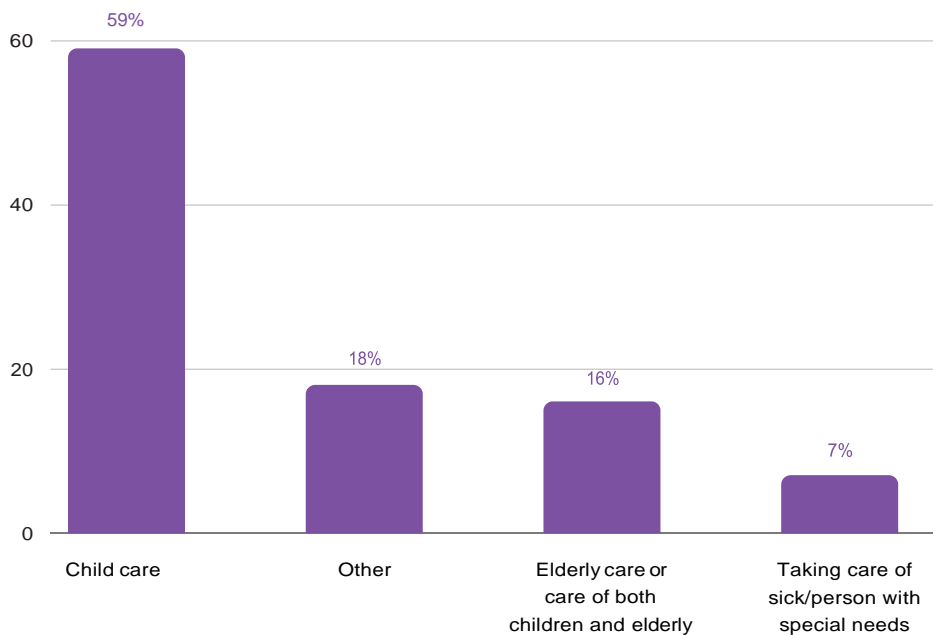


Figure 7: Increase in unpaid household work during and after the lockdown



Source: ISST study, October-November 2020

Figure 8: Increase in unpaid care work during and after the lockdown



Source: ISST study, October-November 2020

It is significant that most home-based workers reported not receiving any assistance in handling the increase in household work of cooking, cleaning, etc. and care work, both unpaid. The age group of respondents that were in majority in reporting the increase in the burden of this unpaid work is between 26-35 years and is the same as the group that reports receiving no assistance in managing it. Hasina, a 44-year-old woman home-based worker who received help with unpaid work inside the house, said,

“Work has increased. As many of the household members who were working earlier stay at home now, they ask for hot chapattis, hot cooked food all the time. When they used to work earlier, we used to cook in the morning before they left for work. It is my daughters who do the cooking, I do it only sometimes.”

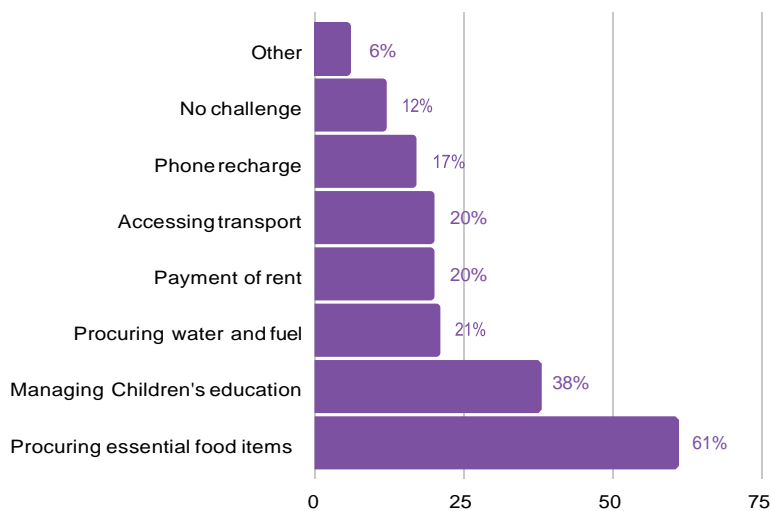
The key informant interviews show that despite the escalating demands of household and care work, if they find domestic work or factory work, women workers take it even though they have to leave their homes, simply because they need the income to feed their families. Kavita from MHT said that while many women who have to go out for work depend on their husbands or extended families, if available, to take care of their children, in the most vulnerable households with widowed/separated women with no support systems, women workers are seen leaving their children alone in the house and asking neighbours to take care of them.

Impact on Access to Essential Resources and Services

a. Access to food and water

61% of the respondents mentioned access to essential food items as a major challenge during and after the lockdown due to shortage and high prices of the items while 21% reported that access to cooking fuel and drinking water has proved to be a significant issue (Figure 9).

Figure 9: Major challenges faced during and after the lockdown



Source: ISST study, October-November 2020

The key informant interviews indicate that government policies aimed at managing the lockdown, and later, mitigating its impact, have not been well-planned. Workers living or trying to find food in a particular location but having ration cards of a different area in or outside Delhi have been deprived of access to free food and ration. Getting access to food has also proved difficult for disabled people whose mobility is restricted, and women with young children, especially since children were not allowed in queues at distribution centres for fear of them contracting COVID. Survey results thus found that respondents in small households, who receive very little assistance in household or care work, face the greatest challenges in accessing food and water. Kavita from MHT said: “Even if those with infants got some help with cooked food/ration from the government or cooperatives, their access to milk for their children has been severely limited both during and after the lockdown”.

Navisha, a home-based worker living in Savda, said:

“We have to pay for the cylinder also. We make food that can be quickly cooked so that it doesn’t consume much fuel. We make pulses that can be quickly made in the cooker or vegetables that can be cooked fast so that we can save some fuel. We can use one cylinder for a little over one month if we use it like that. We bought it for Rs.610/- last time.”

Those who do not have ration cards have had greater difficulty after the opening of the lockdown, as cooked food from schools is no longer available to them, and they have to borrow from ration shops or considerably deplete their savings to purchase food. Manisha, a home-based worker, said: “I had filled the online form to get ration after which I received ration twice. Rest of the times, we have had no option but to use the money that we had saved for our daughter’s wedding to get food.” A lot of civil society organizations including cooperatives, NGOs as well as religious groups, however, have been seen to be helping people from lower income groups by providing them with cooked food and free ration, as well as enabling them to access benefits provided by government programs (Key informant interview).

b. Access to mobile phones and online education

38% of the respondents have reported managing children’s education as one of the most significant challenges faced by them during and after the lockdown (Figure 9).

Interestingly, the survey results found that the respondents for whom phone recharges have been a major concern belong to the same age group (18-45 years) as those who have identified children’s access to education as a significant challenge. It can be inferred that it is women workers with children of school-going age who are most worried about access to phones and money to recharge them with. Some women have also complained about the lack of free Wi-Fi spaces.

Qualitative interviews with women workers simultaneously have revealed a multitude of problems with respect to online education of children in the event of continued school closure. Children who do not have access to android phones have to depend on neighbours or friends to attend online classes, and can only use the phones when the latter are at home. In households where there is only phone at home, children’s education has been further compromised post-lockdown since male members of the family have rejoined work and need to carry the phone with them. Often, women who find work outside home to supplement income, like selling cosmetics at local markets, have to leave their phones behind so that children can attend classes. So, it becomes a matter of priority- if there is only one android phone at home, the male member uses it, when he is at home, the children use it, and if there is any time left after that, the woman worker can use it (Key informant interview).

Mumtaz, a home-based worker and a mother to three grown-up children, said:

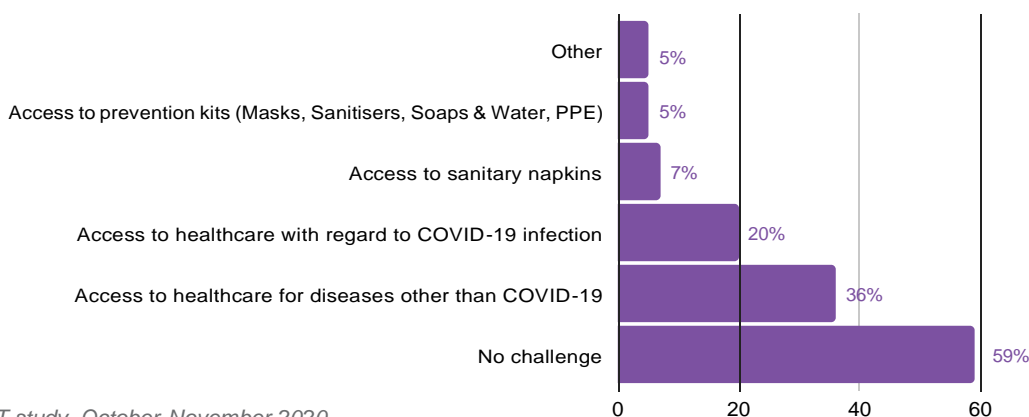
“We have just one second-hand android phone which I had bought for ₹ 1500 during the lockdown so that my children could study. However, the phone was with me this month as I had to be in the hospital with my husband to take care of him. So it’s been almost a month that my children have not been able to study properly. Moreover, I have three children studying in three different grades, so only one can study on one day, the other one studies the next day, and it goes on. They manage like this.”

Janhavi Dave from HNSA highlighted that as education shifted online, women also felt ill-equipped to deal with the situation. Earlier they would help the children with school work but now they cannot. Additionally, as everything has moved online, women home-based workers face difficulty even in their daily work since meetings for worker leaders are held online on Zoom or other such platforms that require a lot of bandwidth.

c. Access to healthcare

While the survey results indicate only 36% of respondents facing challenges in accessing healthcare for diseases other than COVID-19 (Figure 10), qualitative interviews have found that respondents are finding it difficult to access government hospitals/healthcare for both chronic and non-recurring ailments such as thyroid, cancer and typhoid.

Figure 10: Challenges in accessing healthcare during and after the lockdown



Source: ISST study, October-November 2020

Gulnaar, a woman home-based worker living in the North-east part of Delhi, said:

“My eldest daughter has thyroid and she has been under treatment at Guru Teg Bahadur (GTB) hospital. However, we have not been able to get any medicines from there since February. In February, the riots happened and all the riot victims were admitted there, so we didn’t go there out of fear. During the lockdown, we had to get the medicines from a private dispensary. After the lockdown opened, I went to GTB again but they said that they are only treating COVID-19 patients and that we can’t get medicines from there.”

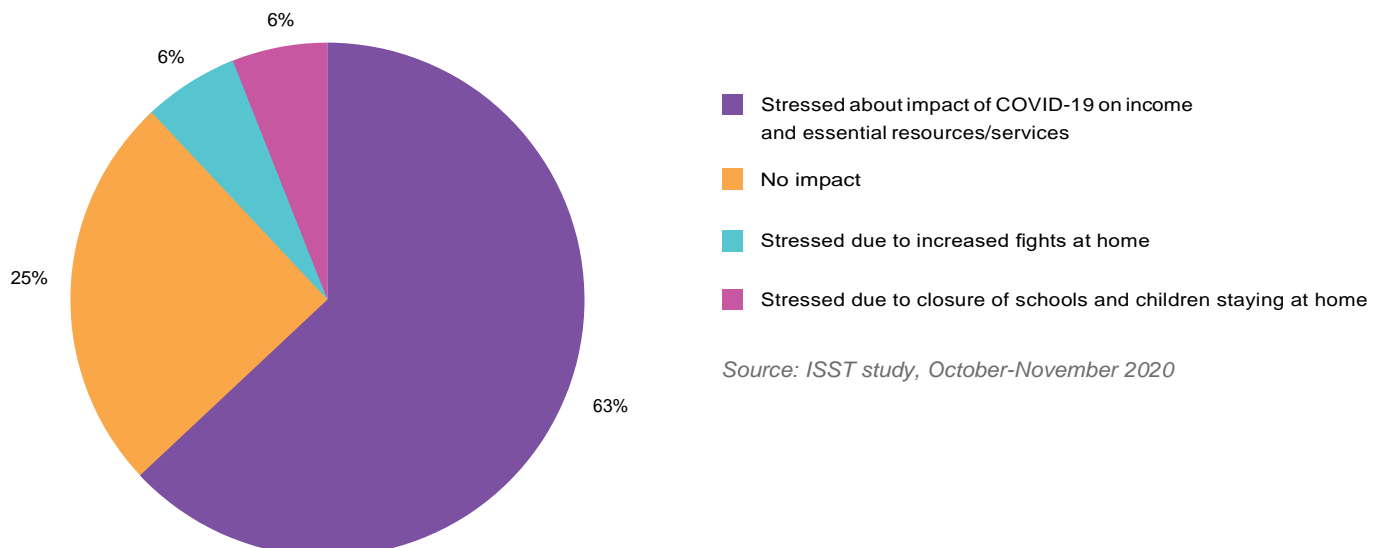


Some of the respondents were also hesitant to go to government hospitals due to the fear of contracting COVID. Kavita from MHT said that those who were pregnant, aged or sick have been most adversely affected as even during the unlock period, they were unable to get medicines either because shops near them were not open and transport to other shops was not easily available, or due to lack of money. She said, “Doctors in government hospitals were not entertaining any disease other than COVID-19. In private dispensaries, assistants did not even check properly when doctors weren’t there, and recommended Paracetamol and Brufen for all kinds of ailments or discomfort. So people did not want to have those medicines.” Mahila Housing Trust, to provide some relief, had arranged a health camp for a day at Bakkarwala to provide free medicines to those unable to buy them due to lack of money or transportation. The doctors at Mohalla Clinics in Delhi, however, have been found to be better than those in private dispensaries (Key informant interview).

d. Impact on mental health

63% of the respondents have reported an increase in their stress levels due to the adverse impact of the lockdown on both their work and income and on their ability to access essential resources and services such as food, education and healthcare. Moreover, 12% of the respondents have identified fights in the family and the increased burden of childcare as a cause of stress (Figure 11).

Figure 11: Impact of COVID-19 pandemic and the associated lockdown on the mental health of respondents



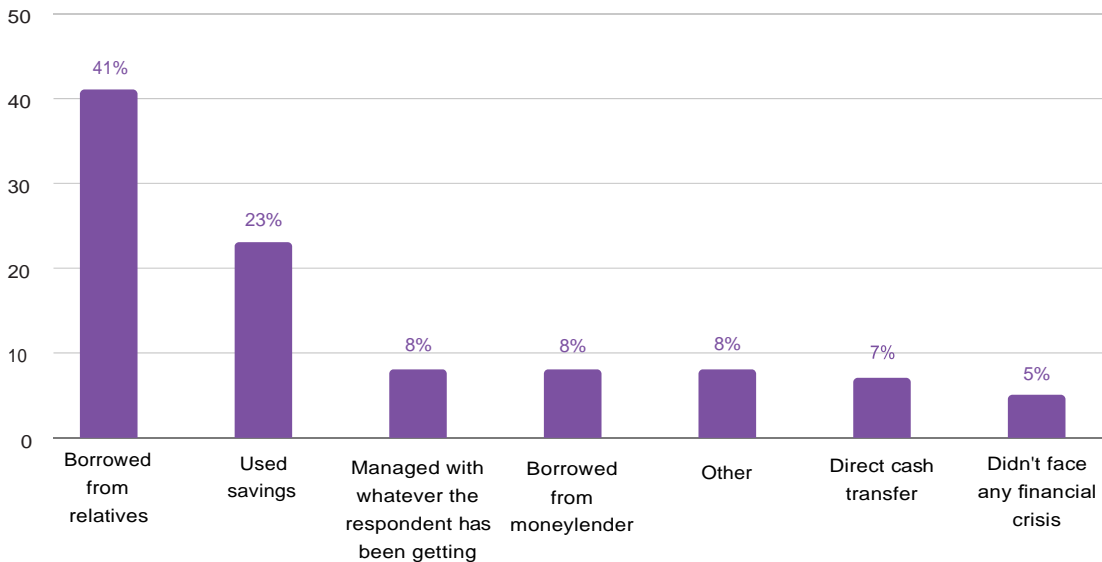
Savita said:

“I take out my frustration on children when they ask for something; sometimes I take it out on my husband too who is sick for the last 2 years. I think to myself that if my son who is in 12th right now leaves school for work, his future will be ruined. When these thoughts come, I feel frustrated, angry and helpless. Sometimes I cry to myself and sit in one corner of the house. What can I do?”

e. Debt, financial assistance and coping mechanisms

Only 8% of those surveyed reported borrowing from moneylenders (Figure 12) but qualitative interviews reveal that while respondents have borrowed primarily from relatives, small sums have also been lent by moneylenders. However, only 7% of the respondents reported receiving some sort of cash assistance from the government, such as ₹ 500 once or twice in their Jan Dhan accounts (Figure 12).

Figure 12: Coping mechanisms adopted in the last 8-10 months of the pandemic



Source: ISST study, October-November 2020

As home-based workers are not recognized as workers or contributors to supply chains, they have not been provided with any relief during or after the lockdown, whether from the government or from their employers. Most principal employers such as big brands have evaded the responsibility of providing for the workers integral to their supply chain, and only contractors/middlemen are held responsible for denied/deferred payments (Key informant interviews). While some respondents reported receiving some financial help from cooperatives such as Mahila Housing Trust, debt has been found to be one of the major challenges faced by women home-based workers in both the survey and qualitative interviews.

Recommendations

There is an urgent need to recognize home-based workers as workers and customise programs to cater to their needs. It is important to provide them with social security benefits, as without a safety net, they are going to be pushed further into poverty and starvation.

As most home-based workers have been seen to be struggling to access even essential resources such as food, water, healthcare and education due to lack of money, there is an immediate need for providing them with direct cash transfer benefits to cope with continued loss of work and income.

Provision of free food should be extended till at least June 2021, and must accommodate all the poor in the urban slum settlements of Delhi, irrespective of their ability to provide documentation such as ration or Aadhar cards.

At least one or two government hospitals in Delhi must remain accessible to the poor for treatment of diseases other than COVID-19, as the study has revealed that treatment of serious health problems such as cancer, typhoid, etc. have been sidelined due to diversion of healthcare resources to managing the pandemic.

Many NGOs, cooperatives and individuals have been found to be extremely proactive and helpful in providing lower-income households with both food and work in times of crisis. It is, thus, recommended that the government support these cooperatives and NGOs through tax exemption (Janhavi Dave, HNSA), as well as provide them with procurement support, and help in the creation of a database that is age, household size, work, income, etc. disaggregated so that benefits may reach the most vulnerable (Namita Malik, SEWA Delhi). Additionally, there is a need for a welfare board that can offer financial aid to home-based workers in times like that of a pandemic and a countrywide lockdown.

¹ Kala, S. (2020). Impact of Covid-19 on women home-based workers in South Asia. HomeNet South Asia. <https://hnsa.org.in/sites/default/files/Impact%20of%20COVID-19%20on%20HBWs%20in%20South%20Asia%20-%20December%202020.pdf>

² See <https://www.wiego.org/home-based-workers-face-new-kind-isolation>

³ <https://hnsa.org.in/blog/covid-19-impact-home-based-workers-south-asia-charter-demands-homenet-south-asia>

⁴ See http://mospi.nic.in/sites/default/files/publication_reports/report_home_based_worker_28july08_final.pdf

⁵ Chakraborty, S. (2020) 'Increased care work, reduced wages: Informal women workers are barely getting by', The Wire, 25 May. Available at: <https://thewire.in/women/women-informal-workers-lockdown>

⁶ Sekharan, Abhishek., & Datta, Ayesha. (2020). Impact of Covid-19 national lockdown on the lives of women home-based workers in Delhi. Institute of Social Studies Trust. https://www.isstindia.org/publications/1592391422_pub_ISST_-_Home_Based_Workers_RapidAssessementStudy_on_the_impact_of_Covid-19.pdf

⁷ Savda Ghevra is the largest resettlement colony in North West Delhi located about 40 kilometres west of Delhi and housing residents evicted from urban slums in other parts of the city since 2006.

⁸ Bakkarwala is a resettlement colony on the outskirts of Delhi developed by the Municipal Corporation of Delhi (MCD) for slum dwellers and housing a population of 20,000.

⁹ ISST is thankful to the team of SEWA and MHT for their laudable initiative of providing the work of mask production to the home-based workers and also helping them with ration and health services during and after the lockdown.

About ISST

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