India’s Policy Response to COVID-19 and the Gendered Impact on Urban Informal Workers in Delhi NCR

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Introductory Brief

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<table>
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<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>AAMC</td>
<td>Aam Aadmi Mohalla Clinics</td>
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<td>ANB</td>
<td>Atmanirbhar Bharat</td>
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<td>ARHC</td>
<td>Affordable Rental Housing Complex</td>
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<td>BOCW</td>
<td>Building and Other Construction Workers</td>
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<td>BPL</td>
<td>Below Poverty Line</td>
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<td>CMIE</td>
<td>Centre for Monitoring Indian Economy</td>
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<td>DBT</td>
<td>Direct Benefit Transfer</td>
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<td>DDA</td>
<td>Delhi Development Authority</td>
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<td>DDMA</td>
<td>Delhi Disaster Management Authority</td>
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<td>DHRTF</td>
<td>Delhi Housing Rights Task Force</td>
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<td>DUSIB</td>
<td>Delhi Urban Shelter Improvement Board</td>
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<tr>
<td>EPW</td>
<td>Economic and Political Weekly</td>
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<td>FRHS</td>
<td>Foundation for Reproductive Health Services</td>
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<td>GNIDA</td>
<td>Greater Noida Industrial Development Authority</td>
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<tr>
<td>ICMR</td>
<td>Indian Council of Medical Research</td>
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<tr>
<td>ISST</td>
<td>Institute of Social Studies Trust</td>
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<td>IWWAGE</td>
<td>Initiative for What Works to Advance Women and Girls in the Economy</td>
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<td>KII</td>
<td>Key Informant Interviews</td>
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<td>MHA</td>
<td>Ministry of Home Affairs</td>
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<td>MLE</td>
<td>Ministry of Labour &amp; Employment</td>
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<td>MoF</td>
<td>Ministry of Finance</td>
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<td>MoHFW</td>
<td>Ministry of Health &amp; Family Welfare</td>
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<td>MoHUA</td>
<td>Ministry of Housing and Urban Affairs</td>
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<td>MWCD</td>
<td>Ministry of Women and Child Development</td>
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NALSA  National Legal Services Authority
NASVI  National Association of Street Vendors in India
NCT  National Capital Territory
NCW  National Commission for Women
NDMC  New Delhi Municipal Council
NFHS  National Family Health Survey
NFSA  National Food Security Act
PDS  Public Distribution System
PIB  Press Information Bureau
PLFS  Periodic Labour Force Survey
PMAY-U  Pradhan Mantri Awas Yojana - Urban
PMGKY  Pradhan Mantri Garib Kalyan Yojana
PMGKAY  Pradhan Mantri Garib Kalyan Anna Yojana
PMJAY  Pradhan Mantri Jan Arogya Yojana
PMJDY  Pradhan Mantri Jan Dhan Yojana
PMSVANidhi  PM Street Vendor’s AtmaNirbhar Nidhi
PRIA  Participatory Research in Asia
PWDVA  Protection of Women from Domestic Violence Act
RBI  Reserve Bank of India
RMNCAH+N  Reproductive, Maternal, New-born, Child, Adolescent Health Plus Nutrition
SEWA  Self-Employed Women’s Association
SRHR  Sexual and Reproductive Health and Rights
SWAN  Stranded Workers Action Network
UN  United Nations
UNDP  United Nations Development Programme
VAW  Violence against women
A year into the pandemic, the devastating impacts have disrupted social and economic infrastructure and have further marginalized millions of people. In many ways, the epicentre of the pandemic was felt among the urban informal workers in the country, particularly women. Already existing at the edge of precarity with respect to livelihood, social security, and shelter—all of which lay on the spectrum of informality—the humanitarian crisis brought about by the pandemic further widened the fault lines of their pre-existing social and economic vulnerabilities. As the government urged people to stay at home and the economic cogwheels of the country came to a grinding halt, India witnessed one of the worst recessions since independence, with the economy shrinking by a historic 7.3% in the first year of COVID. Overnight, urban informal workers across the country lost their jobs and incomes. As a result of the loss in livelihood and income, it is estimated that about 400 million people, working in the informal economy in India, were at the “risk of falling deeper into poverty”\(^1\). During this period, the number of people living below the minimum wage threshold of Rs 375 per day\(^2\) had increased by 230 million.\(^3\)

In addition, with the rise in COVID infections, urban informal settlements with their tightly spaced living conditions and poor sanitation were at the heightened risk of becoming a tinderbox for infection. It was unviable for large groups of migrant workers to stay in the cities. Thus making it unviable for large groups of migrant workers to stay in the cities. However, To arrest the spread of infection, the government placed heavy restrictions on mobility, including border restrictions introduced across state lines and the suspension of public transport to arrest the spread of infections. As a result, thousands of migrant informal workers were left with no choice but to walk hundreds of kilometres to reach their hometowns, away from the cities where they were no longer unable to afford food and rent.
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**1st Wave**

- **JAN 30 2020**: 1st confirmed case of COVID in India
- **MAR 25 2020**: Govt announces 21 day lockdown
- **MAR 26 2020**: PMGKY package announced
- **APR 15 2020**: Lockdown extended by another 19 days
- **MAY 12 2020**: ANB package announced
- **MAY 18 2020**: Lockdown extended by another 14 days
- **JUN 1 2020**: Unlock phase begins
- **DEC 19 2020**: COVID tally crosses 1 crore in India
- **JAN 16 2021**: Vaccination drive begins
- **MAR 22 2021**: Rajasthan announces lockdown
- **APR 16 2021**: UP announces lockdown
- **APR 19 2021**: Delhi announces lockdown
- **MAY 3 2021**: Haryana announces lockdown
- **JUN 23 2021**: COVID tally crosses 3 crore

**2nd Wave**
While the impact of the pandemic was universal, but several studies have observed that this was felt more harshly among women who were caught at the intersection of traditional gender norms, COVID-19 induced socio-economic challenges, and challenges the general precarity associated with the informal sector. Not only were the total job losses higher among women (especially urban women), they also experienced an increased burden of care work during this period (Singh, 2021). Reports have also observed that violence against women and girls, particularly domestic violence, intensified during the lockdowns, leading to a ‘Shadow Pandemic’.4

The percentage of the working population in India fell from 89% pre-lockdown to 8% by the end of the third phase of the lockdown.5 The worst unemployment rates were observed among migrants (81.42% compared to 70.82% among non-migrants), and workers in urban areas (77.51% compared to 58.36% in rural). According to the same study, women were the worst affected as the number of unemployed female working population increased from 3.42% pre-lockdown to 79.23% post-lockdown (compared to 4.81% and 75.07% for males respectively). In a survey conducted by the Institute of Social Studies Trust, 64% of women workers in the informal sector in Delhi stated that they had experienced job loss and 18% had witnessed a fall in income during the post-lockdown phase (2021). There was also a marked difference in the focus of the policy response between the two waves. Whereas the 1st wave saw a nation-wide lockdown - marked by border closures, heavy restrictions on mobility and a stop on all economic activities considered non-essential - the stress on healthcare itself was relatively lower as the number of infections were comparatively fewer. However, the 2nd wave was majorly a public health crisis with the high rate of infections and deaths putting a heavy toll on the healthcare infrastructure in the country. The 2nd wave also witnessed more regional lockdowns which were phased out, and the country was not subjected to a complete stop on economic activities.

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4 The UN Women coined the term ‘Shadow Pandemic’ as, globally, reports of domestic violence began to rise during lockdowns “as many of the factors that trigger or perpetuate violence against women and girls are compounded by preventive confinement measures”, wrote the UN Women Regional Director for the Americas and Caribbean.

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When tracing the progress of policies for informal workers, it is evident that the crisis began long before COVID-19 hit the country. Informal workers have been shouldering the burden of economic vulnerability and health crises for a long time. Within this ambit, women informal workers have largely been excluded from social protection schemes. The heightened challenges that women informal workers have been facing during the pandemic are thus an extension of their earlier precarious state. As a result, despite these relief measures, migrant households had to reportedly cope by cutting down on their food intake, selling assets, borrowing money (Bhosle et al, 2021), or returning to their villages where they had some socio-economic support.

To bridge these gaps, in many parts of the country, women rallied together to drive India’s COVID-19 response. From producing masks and other protective items to coordinating essential food supplies through setting up community kitchens and centres for food grain and vegetable distribution, women SHGs played a critical role in cushioning the impact of the crisis. In Delhi, several SHGs were trained by the local government to produce face masks and other protective equipment (Roy, 2020). Civil society organizations (CSOs) also rallied to support those in need. A 2020 research paper by Participatory Research in Asia mapped 130 CSOs to better understand interventions on ground. The recommendations emerging from this paper laid emphasis on the need to lay a focus on gender issues, pointing out the need to tap into informal networks and include women from disadvantaged communities in the design and dissemination of COVID-19 awareness campaigns.

There have been several gaps in existing data and research around the subject of women informal workers in the Delhi National Capital Region (NCR). This report aims to fill that gap, bridging the distance between research on pre-pandemic vulnerabilities, and institutional policy responses through the course of COVID-19. In the absence of clear policy safeguards, the report also delves into informal channels and actors that organized during the pandemic.

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6 Roy, S. (July 20, 2020). Delhi: Rakhis to masks, self-help groups being trained to tide over the crisis. Times of India

7 By Ankit2 - Own work, CC BY-SA 4.0, https://commons.wikimedia.org/w/index.php?curid=70589664
Our approach for this study has been two-pronged: one, to assess the gendered impact of the pandemic-induced lockdowns on urban informal workers in Delhi NCR; and two, to assess the overall effectiveness of the various state and non-state responses for relief and recovery. In doing so, we have also looked at the urban governance structures put in place for COVID management as well as to deliver on the policy response, along with mapping the efforts of CSOs to bring in stop-gap measures, from March 2020 to August 2021. Our study has focussed on five thematic areas of concern, namely food security, economic well-being, access to healthcare (SRH), access to shelter and protection against gender-based violence.

We started by undertaking a mapping exercise of the policies related to the five themes announced by the Centre and the state governments of Delhi, Uttar Pradesh, Haryana, and Rajasthan (involved in the administration of the districts in NCR). For analysis of these schemes, we have primarily relied on media reports and surveys carried out by think-tanks and research institutions. We followed this with Key Informant Interviews (KIIs) with experts who were either leading research or working on ground (state and non-state actors) during the pandemic.

The observations and findings on the policy responses were further assessed using a framework developed specifically for this study (adapted from a report by the National Collaborating Centre on Public Policy, Canada), which evaluates the schemes across the following metrics - Effectiveness, Unintended Effects, Equity, Cost, Feasibility, Acceptability and Presence of Informal / Alternative Mechanisms. However, given the limited scope of this study, we had to choose two to three schemes, under each theme, for a detailed analysis.

Owing to the lack of data (specifically, gender-disaggregated data) from the government on the beneficiaries of the policy responses, the authors had to rely on media reports and available literature to assess the impact of the schemes. Reports based on surveys to assess the coverage of welfare schemes during this period were particularly helpful. However, given that most of these surveys were conducted telephonically, we acknowledge its limitations in terms of the exclusion of those without mobile phones or the financial means to recharge their phones during this period. We have also observed the lack of robust data from regions outside of Delhi National Capital Territory (NCT) and relevant to NCR, which has proven to be a challenge in assessing the policy responses by the governments of Haryana, Uttar Pradesh, and Rajasthan. Furthermore, at the time of writing the report, there was limited research available on the 2nd wave of the pandemic.

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8 institutions such as Azim Premji University’s Centre for Sustainable Employment, Institute of Social Studies Trust (ISSST), Women in Informal Employment: Globalizing and Organizing (WIEGO), Indo Global Social Service Society (IGSSS) among others

9 Expansion of this framework included in Annexure.
Thematic Briefs

- Urban Governance Structures
- Economic Well Being
- Food Security
- Housing and Shelter
- Sexual and Reproductive Health and Rights
- Redressal of Gender Based Violence
Way Forward

While each thematic brief includes a set of recommendations, our analysis also directed us towards some ways forward from this point, which are as follows:

Leveraging the study for further research

Using this study as a sounding board on the gendered outcomes of the policy responses at the central and state levels, there’s definite scope in doing a deeper dive to evaluate the policy design of these responses and the overall impact to bring out evidence-based recommendations for policymakers on what works and what does not. This is also likely to prove beneficial in planning for future waves of the pandemic, if the need arises.

Identifying and legitimizing the role of CSOs in public crisis response

The study, in identifying the strengths and gaps in urban governance structures during the pandemic, has also outlined the role played by CSOs in extending some of the government’s services. Alternatively, CSOs have also proven to be a vital resource during this pandemic in replacing public services where none existed. The study can therefore be used to identify the roles that CSOs can play in responding to a public crisis, which can then be factored into the scheme design itself. At the same time, it needs to be ensured that the government does not abrogate its responsibility for last mile delivery.

Making available gender-disaggregated data

In the absence of robust and usable data shared by the government on the beneficiaries of the pandemic’s relief and recovery measures, several research institutes have attempted to assess this through large surveys. However, the scope of these surveys has been limited. Also, most surveys are focused on centre-led schemes, and there’s little evidence available on the impact of the schemes introduced at the state-level. There is scope for more research to understand identify the coverage of such schemes, and better understand the markers of exclusion.
Longer-term study to assess the impact of new directives meant to benefit the migrant worker population

Over the last few months, various Ministries have introduced several new measures meant to benefit the migrant worker population in the long-term such as the One Nation, One Ration Card scheme, the national database for unorganized workers, the two surveys launched by Ministry of Labour and Employment, namely the All India Survey on Migrant Workers and the All India Quarterly Establishment Based Employment Survey (AQEES), and the Affordable Rental Housing Complexes scheme. Before the country collectively moves on from the discourse of migrant welfare to economic recovery, which is likely to commence once the COVID infection numbers stabilize, the need for a longer-term study to assess the effectiveness of these schemes, from a gender lens, should be put in place to ensure that when the country builds back, it does not leave the vulnerable migrant and urban informal workers behind.