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# **INFORMALITY AND THE PANDEMIC-** LIVES OF DOMESTIC WORKERS AND STREET VENDORS IN DELHI DURING COVID-19

A REBUILD FORMATIVE RESEARCH REPORT

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# ABBREVIATIONS

| | |
|---|---|
| COVID-19 | Corona Virus Disease 2019 |
| CSO | Civil Society Organization |
| FGD | Focus Group Discussion |
| GBV | Gender Based Violence |
| ICRW | International Centre for Research on Women |
| IPV | Intimate Partner Violence |
| IWW | Informal Women Worker |
| KII | Key Informant Interview |
| MCD | Municipal Corporation of Delhi |
| NASVI | National Alliance for Street Vendors in India |
| NCR | National Capital Region |
| NCT | National Capital Territory |
| RWA | Resident Welfare Association |
| PD | Public Distribution System |
| PMGKY | Pradhan Mantri Garib Kalyan Yojana |
| PMJDY | Pradhan Mantri Jan Dhan Yojana |
| PMJSY | Pradhan Mantri Janani Suraksha Yojana |
| PMMVY | Pradhan Mantri Matru Vandana Yojana |
| PM SVANidhi | Pradhan Mantri Street Vendor's AtmaNirbhar Nidhi |
| SRHR | Sexual and Reproductive Health Rights |
| UNFPA | United Nations Fund for Population Activities |

# INTRODUCTION

COVID-19 has deepened existing social inequalities and heightened the risks for economic precarity[1], gender based violence as well as aggravated the lack of access to sexual and reproductive health and rights[2,3] among marginalized groups. As countries move to mitigate the health costs of the pandemic, the policy choices they made carry economic and social costs largely borne by vulnerable and low-income populations, among whom women are the most affected.

The lockdown brought economies to a grinding halt, overwhelmingly impacting women workers in the informal economy, including daily- and hourly-wage workers, those paid task-by-task and self-employed and home-based workers[4]. Women engaged in such jobs suffered both immediate and medium-term economic losses resulting from the restricted movement of goods, produce and people. Such an economic shock has profound implications on incomes, employment and overall economic well-being. It negatively affects the ownership and control over assets, access to resources (required for food, security or shelter) as well as overall financial autonomy of women workers. It is critical therefore to document how women workers and their well being has been affected by the policy response to the pandemic and the possibilities of their resilience and recovery.

In the current research, which is part of the Rebuild project[5] (Rebuild-COVID-19 and Women in the Informal Economy in Kenya, Uganda and India, 2020) ICRW takes an intersectional approach[6] to understand the interaction of COVID-19 related health and economic shocks, and the policy responses with pre-existing gender and other social norms impacting livelihood, experiences of GBV and SRHR outcomes for women who work in the urban informal economy[7]. This report is based on a formative research conducted in the National Capital Region of India.

## Objectives

After completion of Phase 1 of the project during which secondary analysis was held, this formative research was undertaken to fill the knowledge gaps in the Phase 1 findings and to explore new challenges that emerged during the second wave of COVID-19. The formative research attempts to answer the following:

[1] KNBS. (2020). KNBS – Survey on Socio Economic Impact of COVID-19 on Households Report. The Elephant. KNBS – Survey on Socio Economic Impact of COVID-19 on Households Report | The Elephant

[2] UNFPA, Avenir Health, John Hopkins University (USA) & Victoria University (Australia). (2020). *Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage: Pandemic threatens achievement of the Transformative Results committed to by UNFPA.* https://reliefweb.int/sites/reliefweb.int/files/resources/COVID-19_impact_brief_for_UNFPA_24_April_2020_1.pdf

[3] Tang, K., Gaoshan, J., & Ahonsi, B. (2020). Sexual and reproductive health (SRH): a key issue in the emergency responseto the coronavirus disease (COVID-19) outbreak. Reproductive Health, 17, 1-3.

[4] Shekar, K. C., & Mansoor, K. (2020). COVID-19: *Lockdown Impact on Informal Sector in India – University Practice Connect.* Practice Connect. https://practiceconnect.azimpremjiuniversity.edu.in/

[5] Rebuild aims at understanding the social and economic impact of policy responses to COVID-19. The project uses an analytical frame that puts women workers at the centre of an ecosystem, influenced by norms and structures, comprising the market (private), the state (public) and social relations in the community and family. The project has three phases, in which different research activities are planned to achieve desired objectives.

[6] The conceptual framework is detailed out in the report titled Women in Urban Informal Work and COVID-19 in India: A Scoping Report. Suggested citation: Nanda, S., Sengupta, N., Anand, S., Sharma, S. & Seth, K. (2021). COVID-19 Policies and Women in Informal Work in India — Rebuild Scoping Report. New Delhi: International Center for Research on Women.

[7] Nanda, S., Sengupta, N., Anand, S., Sharma, S. & Seth, K. (2021). COVID-19 Policies and Women in Informal Work in India — Rebuild Scoping Report. New Delhi: International Center for Research on Women.

- What were the most crucial areas of vulnerability for informal women workers in urban centres that were most influenced by the policy responses during COVID-19 (after March, 2020)? How were these areas of vulnerabilities impacted by the second wave of COVID-19?
- What were some mechanisms and resilience strategies adopted by women to cope with these vulnerabilities?
- Were the urban governance infrastructures and implementation mechanisms effective and accessible for the delivery of these COVID-19 relief measures?
- What were the alternative/informal mechanisms that emerged to help address the vulnerabilities and who were the key actors and networks that got activated in absence of state support?

## Study site and population

The study site was in New Delhi, National Capital Region (NCR). NCR is a planning region located in the National Capital Territory (NCT) of Delhi in India. It encompasses Delhi and several other districts surrounding it from the states of Haryana, Uttar Pradesh and Rajasthan[8]. For this study, our sample was relatively small and largely concentrated within a few settlements in Delhi which included Ashok Nagar, Ashok Vihar, Hauz Khas, Jahangirpuri, Mandawali, East Delhi, Model Town, Saraikale Khan, Sukhdev Vihar, Tilak Nagar to name the most prominent settlements, where the respondents reside.

The study population was as follows:

- Women workers employed in one or more of the severely affected urban services sectors for at least a year before March 2020, within the NCR region (such as domestic workers and saleswomen including hawkers and street vendors, constructions workers- occupations emerging as top employers of women, and known to employ women in highly informal jobs within the sector).[9]
- Frontline staff of Civil Society Organizations (CSOs) working with women workers in the informal economy, mid and senior managerial staff of these CSOs, prominent persons such as activists, leaders, community gatekeepers who work closely with informal women workers and live and/or work in and around the areas where informal women workers work and/or reside.
- Policy advocates, members of advisory to the government and government representatives, involved in matters of policy action, implementation, advisory and advocacy efforts for informal sector workers during COVID-19, academia, CSO leaders, and other government functionaries.

[8] Prominent cities of NCR include Delhi, Faridabad, Ghaziabad, Gurgaon, and Noida. The NCR is a rural-urban region, with a population of over 46,069,000 and an urbanization level of 62.6%. Within NCR, Delhi boasts of a high rate of informal employment for women (76%). With respect to COVID-19 policy implications, this region was at the centre of many events and policy debates, whether the number of cases of infection or the mass exodus of migrant workers across the state borders (even to towns within NCR), which made it a compelling site for our study.

[9] The research team finalized on these categories of workers, and decided to better understand their life experiences in the midst of COVID, as suggested in the scoping report prepared by the team during Phase 1 of the Rebuild Project.

## Study Design and Methods

This research was conducted using qualitative methods, primary data collection using a range of tools to gather basic information on employment and earnings, access to resources and changes in the light of COVID-19, perceptions around persons, platforms, networks and relations which helped in coping with various stressors during the last one year and so on.

We partnered with two organizations, namely Chetanalaya[10] and National Alliance for Street Vendors of India (NASVI)[11] to co-design and co-facilitate all the research activities using a hybrid mode of interactions. The method of data collection comprises a number of different techniques, all of which were administered online. It includes an online semi-structured survey, online/ phone based focus group discussions, online/phone based key informant interviews and online workshops which incorporated a slew of activities through which we gathered data from our respondents. This involved the partner organizations organizing all the research activities directly with the respondents who were taken through the process of consent and introductions by them physically before the initiation of interactions in a familiar space. ICRW researchers provided documentation, design and backend support during the entire process.

In a particularly difficult time to be conducting research, demanding time from respondents and with COVID-19 risks still pervasive, the hybrid methodology was deemed best in terms of decentralizing the research, taking on board the expertise of partner organizations and also sharing the expertise of designing and conducting research activities with them. As opposed to being in the field while partners only played the role of coordinators, as in conventional research models, this method seems to allow for the greater transaction of knowledge and experiences.

**Table 1 presents the range of activities and respondent groups for the qualitative study:**

| Respondent group | Sample | Achieved Sample Size | Methods |
|---|---|---|---|
| Frontline, community level staff of CSOs/ frontline leaders | • Maximum of 100 CSO staff/ frontline leaders working with domestic workers<br>• Maximum of 100 CSO staff/ frontline leaders working with street vendors<br>• Maximum of 200 CSO staff/ frontline leaders working with women in other informal occupations such as construction workers and waste pickers. | • 56 Domestic Workers<br>• 75 Street Vendors<br>• 46 women workers in other informal sectors such as waste pickers and construction workers | Online survey using semi-structured tool |

[10] Chetanalaya is the social action wing of Archdiocese of Delhi which is the concrete expression of the social concerns of the Catholic Church in the given geo-political and socio-economic background. It focuses on a number of thematic areas, including child rights, gender mainstreaming and protection of the rights of domestic workers among others. http://chetanalaya.org/default.aspx#

[11] The National Alliance for Street Vendors of India (NASVI) is an organization working for the protection of livelihood rights of street vendors across the country. It is a national federation of street vendors organizations. https://nasvinet.org/about-nasvi/

| Respondent group | Sample | Achieved Sample Size | Methods |
|---|---|---|---|
| Small group (4-5 members) of frontline, community level staff of CSOs/ frontline leaders | • 2-4 groups for staff/ frontline leaders working with domestic workers.<br>• 2-4 groups for staff/ frontline leaders working with street vendors.<br>• 2-4 groups for staff/ frontline leaders working with women in other informal occupations | • 3 groups of frontline leaders working with domestic workers<br>• 1 group of frontline leaders working with street vendors<br>• 1 group of staff working with street vendors<br>• 1 group of frontline leaders working with construction workers<br>• 1 group of frontline leaders working with waste pickers<br>• 1 group of staff working with domestic workers, construction workers and waste pickers | Phone/Online Focus Group Discussion (FGD) |
| Workshop activities with women workers (4-6 members per group) | • 2-4 groups of domestic workers<br>• 2-4 groups of street vendors<br>• 2-4 groups of women workers in other informal occupations | • 2 groups of domestic workers<br>• 4 groups of street vendors<br>• 2 groups of waste pickers<br>• 2 groups of construction workers | Workshop |
| Mid/Senior staff of organizations | Maximum 5 | • 4 mid - senior staff of both organizations | Phone/online KIIs |
| Prominent persons or influencers (activists, leaders, other gatekeepers) in the informal settlements | Maximum 10 | • 2 prominent persons affiliated to street vendors | Phone/online KIIs |

# Findings

## SECTION I: AREAS OF VULNERABILITIES DURING THE PANDEMIC

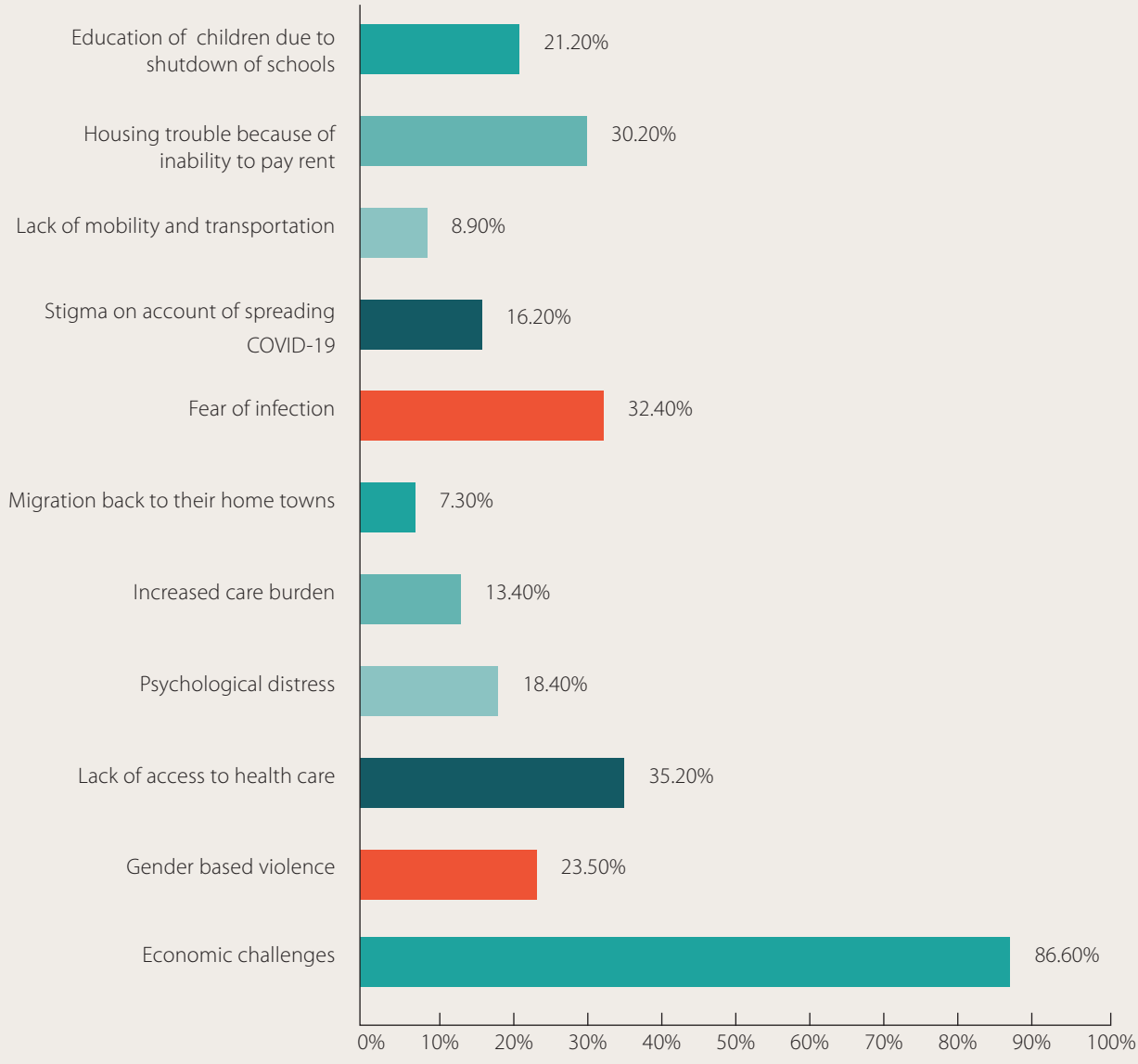
This section explores some of the prominent areas of vulnerability experienced by women workers in the informal sector during the last two years of the pandemic.

### a. Job and income loss

For women workers in the informal sector, regular employment and stable income flow has always been challenging, for they are largely daily wage earners with very little access to income security and other forms of social protection. However, the pandemic with the state mandated lockdowns massively aggravated this vulnerability, with most women workers reporting job losses and severe income depletion, something that is true for women workers in general during this period[12]. The survey data shows that 86.6 percent of the total respondents found economic challenges to be the most debilitating difficulty faced during the pandemic (Figure 1).

[12] Pillai, S., Chaudhury, S., Bard, R., Sengupta, N., Sharma, S., Nanda, S., & Bharti, A. (2021) India's policy response to COVID-19 and the gendered impact on Urban Informal workers in Delhi NCR. TQH and ICRW, 3.

**Figure 1: Top key issues faced by informal women workers**




Discussions with different categories of workers - street vendors, domestic workers, construction workers and waste pickers revealed that the onset of lockdown meant that they could not continue with their regular work and lost their primary source of income. For instance, street vendors could not put up their fruit or vegetable stalls once the first lockdown was announced and construction work was also halted. Since these are daily wage earners, the imposition of lockdown resulted in complete loss of income source. Street vendors other than vegetable sellers and a few fruit sellers were unable to work until the second unlocking in June 2021. As per the survey data, reduction of income (84.4%), depletion of savings (88.8%) and non-payment of wages (65.9%) were cited as the most pressing economic challenges faced as a result of the pandemic (Figure 2).

**Figure 2: In the past one year, economic challenges faced by women workers**

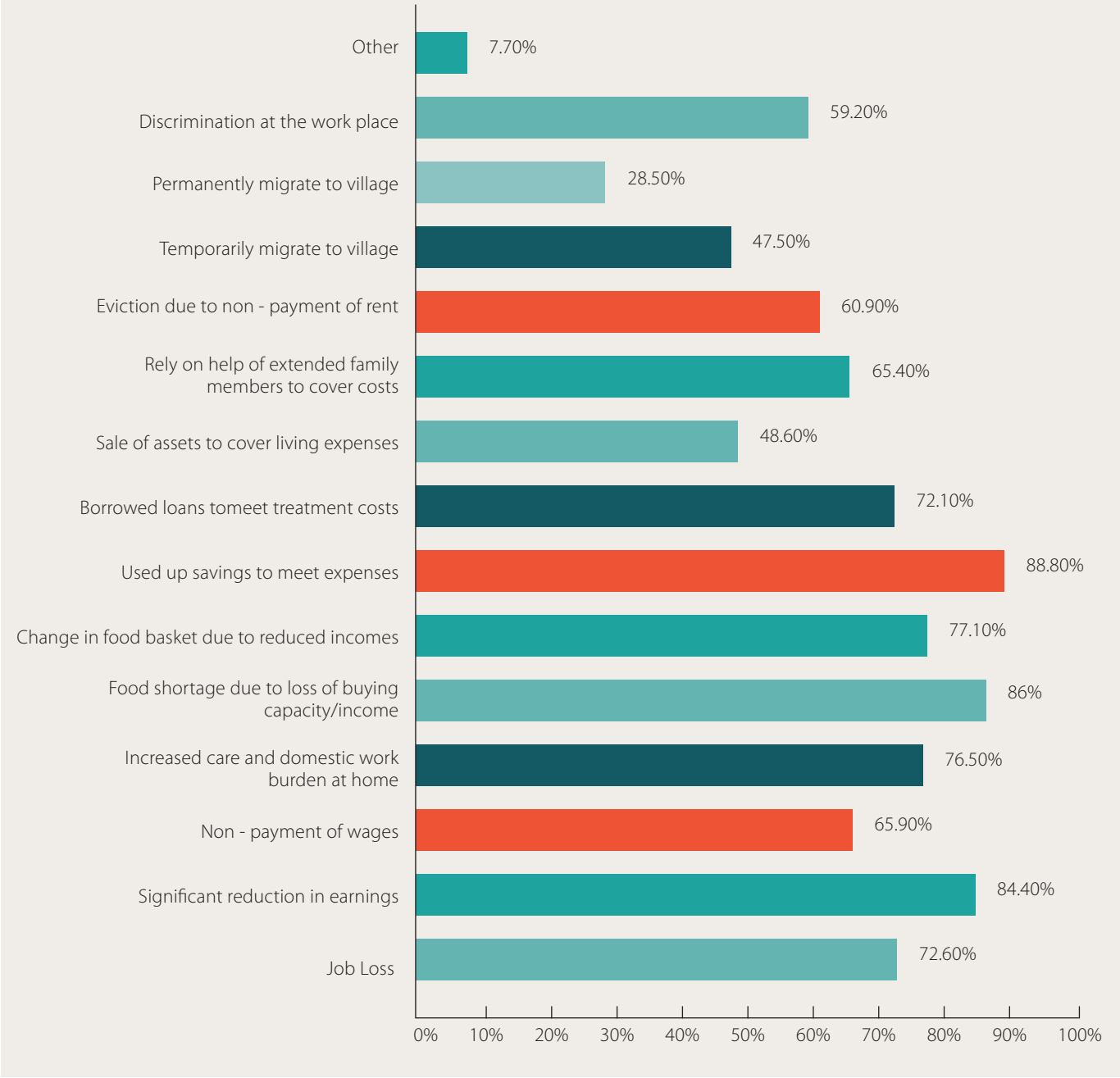


**Table 2 provides a brief summary of the employment related difficulties experienced by the different categories of workers during the pandemic.**

| Domestic Workers | Street Vendors |
|---|---|
| • Total loss of income for the first 3-4 months of the lockdown in 2020.<br>• Post unlocking in 2020, less pay for a greater workload. Employers were reluctant to hire a larger number of workers and often one person was made to do the work of 3-4 workers.<br>• Stigmatized and harassed at the hands of RWAs and home-owners.<br>• Live-in workers preferred over part time workers<br>• Live-in workers are often subjected to harassment at the hands of the employer, a few unwanted pregnancies[13] also reported. | • Total loss of income for all vendors (for instance, those selling cooked food, cosmetics etc.).<br>• Only fruit sellers and vegetable sellers were allowed to vend-essential services.<br>• Harassment at the hands of the police and MCD, who demanded bribes to allow vending in designated areas. |
| **Construction workers** | **Waste pickers** |
| • Total loss of work and income.<br>• The ones who could go for work during the second lockdown and after that required working passes that would be given by the contractor. This was essential for travel at that time. But often contractors could not arrange these passes, leading to workers losing out on work.<br>• Police harassment was also lesser if these passes could be produced. In the absence of passes, harassment increased | • Loss of jobs during the first lockdown, especially for women workers who mostly work on waste segregation. The ones who were involved in garbage collection from households started working in between the first lockdown .<br>• Called CORONA carriers and not allowed to enter gated societies- for garbage collection. Also not provided with drinking water - *"Pehle se hi paani upar se dete the..ab toh dete hi nahin"* (earlier they would give water in separate utensils, now they have stopped giving water).<br>• Waste segregators faced problems with the MCD. This affected their income since a single lot of garbage ensures income for 2-3 days. |

The loss of employment across sectors negatively impacted their access to food (see Figure 2) and other utilities such as water, cooking fuel and education. In addition to food shortage, available food (grains or cooked) was of poor quality. Women workers also mentioned that there has been a steady increase in prices of goods since the lockdown, with vegetables, gas cylinders and potable drinking water becoming more expensive (see Figure 2). Thus, even though some expenses per item came down (such as travel related expenses), the overall share of expenses to income increased for most families.[14]

In order to meet the rising expenses, women and their families relied heavily on savings. Organization representatives and frontline workers reported that during first lockdown, families depended almost entirely on their savings to survive (See Figure 2). During the lockdown[15] of the second wave, families had to resort to borrowing money from relatives, moneylenders or their self-help groups along with pawning their jewellery in organizations like Muthoot Finance[16]. Women also mentioned having to sell off household items like fridge, almirah, brass utensils etc.

[13] During FGDs, women workers reported that their colleagues have often faced unwanted pregnancies but it is not clear from the data collected whether these pregnancies were a result of consensual sex or abuse.

[14] Tagat, A. (2021, April 08). COVID-19 impact: Indian households spent more on food less on healthcare during first lockdown. Firstpost. COVID-19 impact: Indian households spent more on food, less on healthcare during first lockdown-India News, Firstpost

[15] *COVID: Delhi announces lockdown as India's cases surge.* (2021, April 19). BBC News. Retrieved December 03, 2021, https://www.bbc.com/news/world-asia-india-56798248 (COVID: Delhi announces lockdown as India's cases surge, 2021) (The Ministry of Health and Family Welfare, 2021)

[16] Muthoot Finance Ltd is an Indian financial corporation and the largest gold loan NBFC in the country. In addition to financing gold transactions, the company offers foreign exchange services, money transfers, wealth management services, travel and tourism services and sells gold coins.

As reported, even with the lockdown being revoked, return to the pre-pandemic employment or income situation for most workers has not been achieved. Street vendors, for instance, mention that not much increment in sales has been witnessed. Additionally, there has been some change in the nature of payments received by workers, with higher preference to online transactions. Given that digital illiteracy is much higher among women[17], they are finding it more difficult to make the transition in the post-lockdown phase.

### b. Access to utilities

A related consequence of the loss of income suffered during the pandemic has been the difficulty faced in accessing utilities, such as food, clean drinking water, ability to pay house rent, access to education, transport and other essentials (See Figure 2).

In particular, women workers mentioned that access to good quality, nutritious food became difficult due to the loss of income. They spoke about their dependence on the ration provided as a part of relief operations during the pandemic to survive. Women also narrated their experiences of surviving on dried vegetables or eating rice with water, and reducing expenses on nutritious food such as eggs, meat and pulses. As the survey data indicates, food shortage due to loss of income and change in food basket were cited as two of the most fundamental problems faced by women workers (See Figure 2). For instance, 76.8% women of total respondents indicated that change in food basket was one of the biggest challenges they faced during the pandemic. One woman said, *"Pehle do sabji banti thi, phir abhi to ek hi banti hai..beech me toh sukhi roti khate the ya paani peeke so jate the"* (earlier we would make two types of vegetable curries, now we only make one or sometimes just eat dry chapati or drink water before sleeping). Existing literature has also documented this extensively. For instance, in a study conducted by Ghosh (2021), women workers revealed that for most of them, securing three meals a day was nearly impossible (Ghosh 2021). Some workers also mentioned that during the first lockdown, vegetable vendors were not allowed to enter their neighborhoods and as a result, families were not able to access food items on a regular basis and became dependent on cooked food ration or extra ration from the PDS[18]. Moreover, access to ration was dependent on ration cards which many workers did not possess. E-coupons were also distributed[19] for ration but due to poor implementation, many failed to access benefits. Additionally, Anganwadi centers were shut in the first lockdown , as a result of which young women and children could not receive the cooked food as they would pre-pandemic. Even though anganwadi centers reopened in the second lockdown, not many knew about it, thereby limiting its access. The food crunch affected women the most, for they mentioned how they would usually consume the least, ensuring that their children, husbands and elderly receive adequate food (Ghosh 2021; Mittra et al. 2020). This finding is consistent with the existing literature which points towards the gendered norms of food distribution in Indian households (Ghosh 2021; Neogy 2010; Miller 1997; Srivastava, 2021; Oxfam, 2020). One woman commented, *"aadmi ko achha khana dena parega kyunki wahi kamake layega aur ek aurat kabhi aadmi ko girne nahi degi"* (the man of the household has to be fed properly because he is the one who earns money. A woman will never let her man fall).

Access to education also deteriorated on account of the fact that it was difficult to pay the school fees along with the added expense of purchasing mobile phones/laptops for online classes (See Figure 1).

[17] The Ministry of Health and Family Welfare. (2021). National Family Health Survey-5 (2019-2021) [Data set]. Government Of India. India.pdf (rchiips.org)

[18] PDS is the Public Distribution System maintained by the Food Corporation of India, a Government owned Corporation. Food as well as non-food items are distributed to the poor at subsidized rates. Major commodities distributed include staple food grains, fuels like kerosene, through a network of fair price shops (known as ration shops) established in several states across the country.

[19] PTI. (2021, March 08). Delhi: Govt gave free rations to 69.60 lakh people not having ration cards. The Livemint. https://www.livemint.com/news/india/delhi-govt-gave-free-rations-to-69-60-lakh-people-not-having-ration-cards-11615219625169.html

Some women spoke about how children had to be shifted from private to public schools while some children had to be removed from school.

Women workers also mentioned the challenges related to mobility during the pandemic. Due to suspension of public transport, many workers were unable to reach their places of work, for instance, domestic workers even if their employers were calling them back (Nanda et al. 2021). Some workers found it difficult to migrate back to their villages, even though they were running out of money. Some of their children who were in hostels also faced massive challenges in returning and had to hide in milk/ vegetable trucks to escape from police and reach their homes (See Figure 2). The lack of transport facilities severely limited women's ability to socialize or move out of their homes, adding to the feelings of loneliness and stress.

Social security benefits were also hit during the pandemic. In the initial months of the pandemic, elderly people and widowed women could not access benefits from the state, since offices were shut and online services were not available. Women also mentioned facing difficulties in accessing sanitary napkins.

### c. Access to health care

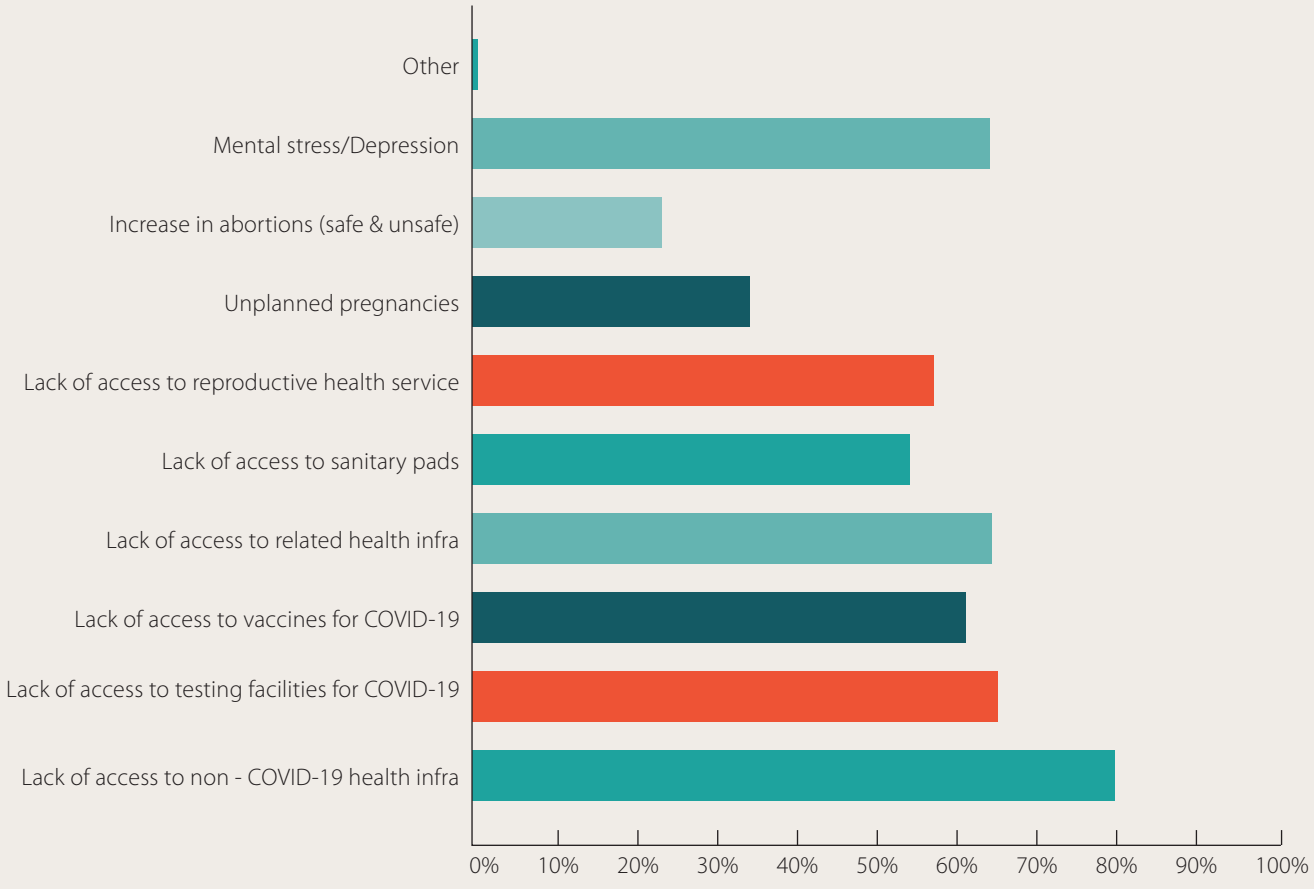
Discussions with women revealed that during both waves of the pandemic, doctors as well as medical care at hospitals were not easily accessible. While some women mentioned that doctors were not available in hospitals, others said that they were forced to return home from hospitals since doctors were not willing to meet with them, particularly for non-COVID ailments. This is borne out by existing literature as well. Maximum respondents cited the lack of access to doctors (91.5%) and hospitals (74.9%) as the primary health related problem they faced during the pandemic (See Figure 3). This was compounded by the limited availability of public transport and exorbitant rates for hiring ambulances as well as other forms of transport. In many areas, private clinics were also closed because private doctors refused to treat patients and it was only after the second lockdown that they started to open their clinics. One woman said, *"na dispensary thi, na anganwadi, na aspataal- sabhi band the"* . (There was no dispensary, no anganwadi, no hospital available for us-everything was shut). One woman narrated the story of a lady who was suffering from asthma. She was taken to the hospital but not given entry on account of the fact that it was meant only for COVID patients. She was taken to a few different hospitals on a rickshaw and was finally admitted to Ambedkar hospital where she passed away three days later. Thus delay in getting medical attention led to the woman losing her life. Getting access to medicines was also difficult, since medicine shops in hospitals were closed, with only emergency wards being open. Only doctors who were known at a personal level were providing assistance.

While these discussions primarily reveal the difficulties experienced by the families in accessing health care, it is also important to point out that the health care system was put under enormous strain during both phases of the lockdown, as it was dealing with an unprecedented crisis with little preparation and a mounting patient load. Medical staff in different hospitals were almost forced to push patients away because there was an acute shortage of beds, medical equipment and other necessary items. The challenges in the two phases were also different. While in the first phase, the medical system was forced to deal with a completely new emergency with little preparedness, the second phase witnessed a much larger patient load due to the extreme spread of the virus, leading to an acute shortage of beds, oxygen and medicines across the NCR region.[20]

Women mentioned the difficulties experienced by them in arranging money for health care as well. While they mentioned not being taken seriously at public hospitals, care was too exorbitantly priced in private hospitals, leading to difficulties in access. Employers also would not provide any financial assistance in times of illness, further aggravating the challenges. When probed on whom did they seek to tide over the financial strain, most respondents mentioned

[20] https://www.bbc.com/news/world-asia-india-56891016

**Figure 3: In the past one year, economic challenges faced by women workers**




seeking help from relatives and family members, or from their neighbours and friends. Interestingly, government/state was not mentioned as a source of help/assistance.

### d. Challenges in accessing SHRH services

Additionally, the pandemic had a particularly disastrous impact on women's access to sexual and reproductive health[21]. This is indicated by the survey responses as well. Out of the total 175 respondents, 116 said that access to sexual and reproductive health services was negatively impacted as a result of the pandemic (See Figure 3).

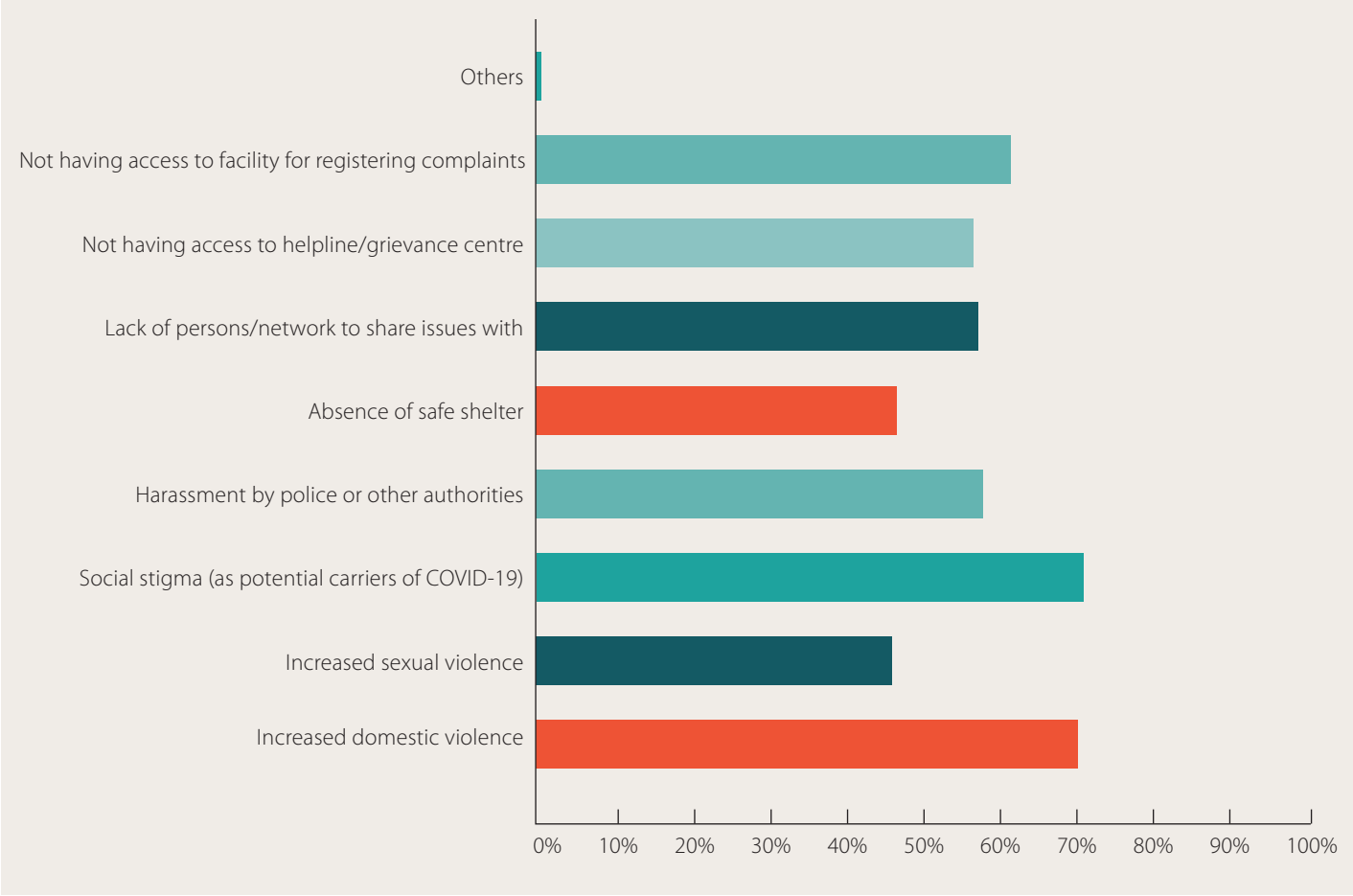
Pregnant women faced a lot of difficulties. While some discussions revealed that pregnant women were often shifted to their hometowns or villages due to the lack of provisions in the city, others said that some women had to seek help from 'dais' or informal health workers for their deliveries. One woman mentioned that she knew someone who experienced a miscarriage during the pandemic due to difficulty in accessing medical care. Many discussions also continually stressed on the lack of abortion facilities (see survey data in Figure 3) during the pandemic – *"ekjan ko leke gaye the par waha pe kia nahin, wapis kar diya, phir woh [clinic] bandh ho gaya"* (we took one lady for an abortion

[21] Express News Service (2021, May 31). *Maternal health has been severely impacted by pandemic, say experts.* The Indian Express. Maternal health has been severely impacted by pandemic, say experts | Cities News,The Indian Express

but the clinic refused, later the clinic also shut down). Additionally, many women required blood for various health emergencies/pregnancies which was difficult to arrange due to travel restrictions. One respondent narrated an incident of a pregnant woman in the neighborhood being denied medical assistance when she visited a hospital during the pandemic. This denial of service had an adverse impact on her inter-personal relationship with her husband, for her husband started insisting her to return to her natal home, since he was not in a position to care for her. Another lady who was pregnant revealed that she could not get her ultrasound and had to visit numerous hospitals to get checked. She was finally given a reference to go to another hospital after much persuasion of the hospital staff. However, the baby had already been dead for two days and the woman died shortly thereafter.

Women mentioned that they were forced to seek help from private hospitals for pregnancy related concerns, even at the risk of incurring substantial financial losses. *"Khaane ke liye nai tha log kahin se private ke liye paisa nikaal rahe the"* (people did not have enough to eat but were arranging money to seek care in private hospitals).

**Figure 4: In the past one year, instances of violence/harassment faced by informal women workers**



### e. Threat and experience of violence

Another devastating impact of the pandemic on women workers in the informal sector has been a steady increase in their experience of violence – within households, at public spaces as well as places of work. This is in addition to the violence faced by them as a result of the lockdown – for instance, walking for hundreds of kilometers to reach home as a result of job loss or facing regular violence from police authorities. Violence was experienced by all types of women workers – domestic workers, street vendors or rag pickers and both at home and outside.

#### Intimate-partner violence and domestic violence

All discussions revealed that the persistent economic insecurity fueled by the loss of jobs and income during the pandemic and constant confinement at home created turmoil within homes, often resulting in an increase in incidences of intimate partner violence. This is borne out by existing literature as well, with reports suggesting that violence against women and girls, particularly domestic violence increased during the lockdowns, leading to a 'Shadow Pandemic'[22, 23] (Benson and Fox, 2001; Ackerson and Subramanian 2016; Patra et al. 2018; Abramski et al. 2019). The survey data as well reveals that 85.3% out of the total respondents said that there was an increase in episodes of domestic violence. One woman remarked that families were struggling to make ends meet, purchase food, find jobs and were completely confined to their homes. In such a situation, use of force and violence increased – *"agar paisa nai hoga, toh ladai toh hogi hi".* Per women, the loss of income during the pandemic had the effect of making men in the household irritable and more prone to the use of force. *"jo hamare pati hai unko ab kaam nai hai aur unpe hum zor daal rahe hai ki yeh nahin hai, who nahi hai, toh choti choti baat pe bade jhadge ho jaate the"* (our husbands do not have work and then we say that there is nothing at home, so on small incidents, big fights happen). Women said that confinement to their homes also contributed to frustration and the resulting violence – *"pehle toh nikalte the, kaam pe jate the toh chutkara mil jata thi per abhi toh ek jagah me hi bandh ho gaye"* (earlier husbands would step out, go for work, so they would get some relief but now are stuck to one place). Moreover, if husbands were asked to contribute to household work (either by going to shops to purchase household items or taking care of children), they would lash out at their wives. One woman mentioned that since women were not going out to work, men expected them to take care of household responsibilities - *"husband log aise bolte the, samajhte nahin the..tumhara kya kaam hai, ghar pe baithe rehna hi toh kaam hai, saradin aur kya karti ho"* (husbands would say that we do not have any work because we are at home only doing nothing). Some women attributed the increase in violence to the decline in alcohol consumption. Closing of alcohol shops during the lockdown meant that men could not get access to it, and often took this frustration out on their wives. However, striking a different note, a few women said that episodes of domestic violence have increased with gradual unlocking. This is due to the growing frustration that despite opening up of employment opportunities and slow return to jobs, household expenses still remain very high and making ends meet is difficult. Another respondent said that domestic violence has increased in the unlocking phase compared to the lockdown because men are reluctant to share their earnings with their wives, claiming that wives earn too and should be able to manage the expenses. Also, for some women, an increase in alcohol consumption has meant an increase in cases of violence at home.

In addition to women of the household, a few discussions revealed that children also faced increased violence at home during the pandemic. One woman said that while men would often take their anger out on the women, women in turn take it out on the children, a finding substantiated by existing literature (Pereda and Diaz-Faes 2020). Moreover, since children

[22] 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 Carribean.

[23] UN Women. (2020, May 27). *The Shadow Pandemic: Domestic violence in the wake of COVID-19* [Video]. Youtube. The Shadow Pandemic: Domestic violence in the wake of COVID-19 - YouTube

were mostly confined to their homes, it was difficult for parents to manage them constantly, and as a result, parents would at times use force on them.

**Violence in public spaces and right to work**

Another theme that emerges from discussions with women workers is their fear of facing violence from state authorities in public spaces. Given that these women inhabit workspaces that are in the informal economy, threat and actual violence from state agencies is common. Almost all women, and particularly construction workers and street vendors reported that they faced considerable violence and abuse from the police and the MCD workers. Harassment by the police emerges as the most pressing violence related problem with 85.9 % of total respondents pointing towards it (Figure 4). A discussion with street vendors revealed that violence from the police was common during the pandemic when they tried selling their ware – *"police bhaga rahe the corona kaal mein"* (police would constantly chase us away). The police would insult street vendors, abuse them, demand money and also use force at times. They would demand to see government authorized vending cards from vendors. However, since these are yet to be issued, street vendors would face considerable harassment from the police. A similar pattern was seen in the interaction of street vendors with MCD officials, along with the demand for bribes from street vendors to allow them to sell their ware. They would go to the extent of destroying the stalls/ carts and issuing challans on grounds of disrespect of COVID-19 protocol. These fines, women said, were at times greater than the amount they would spend in buying the material. While violence was a common occurrence even before the pandemic, workers mention that it increased considerably in the pandemic phase. One woman narrated an incident of how a vendor's child lost his life on account of police violence. Violence was common at the mandi too, where women would go to sell their wares. The police would also not let the waste pickers collect waste and use force on them. In the case of domestic workers, RWAs often contributed to their experience of discrimination, with workers not being allowed to enter gated colonies, leading to loss of employment.

Discussions also revealed various episodes of violence due to growing frustration within communities. One woman narrated an incident of a small disagreement between two shopkeepers selling meat that escalated into a major fight, leading to the death of one person. They traced this episode of violence to growing insecurity and frustration related to lack of adequate employment and dwindling finances.

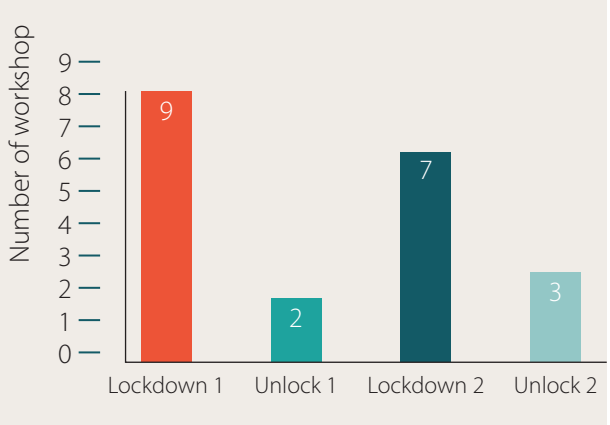
**Single women and violence**

The pandemic made the situation of single women (unmarried, widowed and divorced) more difficult and increased their vulnerability to violence. Single women mentioned facing harassment from men on account of being without male partners. One woman said that men would keep coming to their shops and disturb; another said that men would get drunk and knock on their doors at night-time. One woman mentioned how she would urinate in a bucket because of the fear of going outside. These women would also face harassment from men as and when they tried to put up their stalls or seek employment. One woman remarked that when she met someone for a job opportunity, she was harassed as the man told her to move in with him and stop working, *"apna kaam chod do aur mere saath raho, mere saath ghoomo, main shopping karane le jayunga; tera kharcha uthaunga, tu mere saath so"* (this translates into, leave your work and stay with me, roam with me, I will take you out for shopping, if you sleep with me, I will take care of your expenses). They added that they fear retaliatory attacks in case they report these matters to the police. Since their families are dependent on them financially and otherwise, they find it difficult to take these risks.

However, an underlying sentiment that is expressed through all discussions with women and key informants is that even though the intensity of violence has increased during the pandemic (both at home as well as in public spaces), violence is a regular and normalized event in the lives of these women, whether in public spaces or within homes (ICRW and UNFPA 2004). This becomes evident on examining Figure 1 and 4 simultaneously. While per Figure 4,

a majority of respondents suggest that intimate partner violence has increased during the pandemic, as per Figure 1, only 42 respondents find gender based violence to be the most pressing problem faced during the pandemic. This seems to suggest that women do not perceive violence to be the most fundamental challenge, with economic survival and health care taking precedence. This further suggests the normalization of violence as a daily and common feature of their lives as per the discussions with women workers. When asked about intimate partner violence, many women remarked that this form of violence is common whenever and wherever husbands are present. Husbands tend to drink and not work, while women engage in some form of work or the other to support their families. In such a context, disagreements are natural and at times violence takes place. Another woman commented saying *"pehle bhi tha, aaj bhi hai"* (it existed earlier and exists today also). Another woman said that harassment at work or in trying to seek work is a common experience for women, whether married or unmarried, pre-pandemic or during the pandemic – *"job dhundne jayegi tab shoshan hoga, job karegi tabhi shoshan hoga; har jagah hai"* (a woman will face exploitation when she goes out looking for work; she will face exploitation even if she is at work; it is everywhere).

**Figure 5: Increase in Household work**




### e. Disproportionate burden of care work on women

The measures to control the pandemic have ensured that people spend more time in their households. The time spent on managing the chores and taking care of family members has also increased which is majorly being shouldered by women, owing to the gender division of labour in households (NITI Aayog, 2017).[24,25] Even before COVID-19, in India, women spent an average of 351.9 min/day on unpaid work as compared to an average of 51.8 min/day spent by men.[26,27] With COVID-19, additional burdens have been laid on women's daily routine like standing in ration/ food queues, managing children's education due to school closure and caring for the sick and elderly. This has resulted in the increased burden of unpaid care work for women. Discussions with women workers during workshops conducted under the study reveals this pattern clearly (see Figure 5 and 6).

Echoing the evidence, our participants expressed having to spend more time on domestic chores. In cases where men were in the homes, women mentioned spending more time taking care of husbands and managing their needs. In some instances our participants spoke about husbands partaking in the household chores, but that was limited to tasks, like going out to buy groceries or taking care of parents if they were sick. In the case of single women, the burden was heavier because they had to manage household chores, take care of children in addition to looking for paid work. One woman said, *"Some women do not even have the time to stand in queues to collect ration."* Another woman said, *"Lockdown me to khali time hume nahin mila, kyunki bachhe ka class karana, homework karana yeh sab chal raha tha toh hume aur zyada time dena padh raha tha, ghar ka kaam bhi badh gaya..free time*

[24] Care work is highly gendered in India with evidence suggesting that women perform 9.8 times more care work than their male counterparts.

[25] Agarwal, M. (2019, July 26). It is not your job: Unpaid care work in India. *Oxfam India*. https://www.oxfamindia.org/blog/unpaid-care-work-in-india

[26] Chauhan, P. (2020, October 24). Gendering COVID-19: Impact of the Pandemic on Women's Burden of Unpaid Work in India. *Gender Issues*. 1-25. doi: 10.1007/s12147-020-09269-w. Epub ahead of print. PMID: 33132690; PMCID: PMC7585488.

[27] OECD.Stat. (2021). *Employment: Time spent in paid and unpaid work, by sex.* [Data Set]. Organisation For Economic Co-operation and Development. https://stats.oecd.org/index.aspx?queryid=54757

*nahi mila"* (We did not get any free time during the lockdown because we had to make our children do their homework, we had to give them more time; time taken in finishing household chores also increased... could not get any free time).

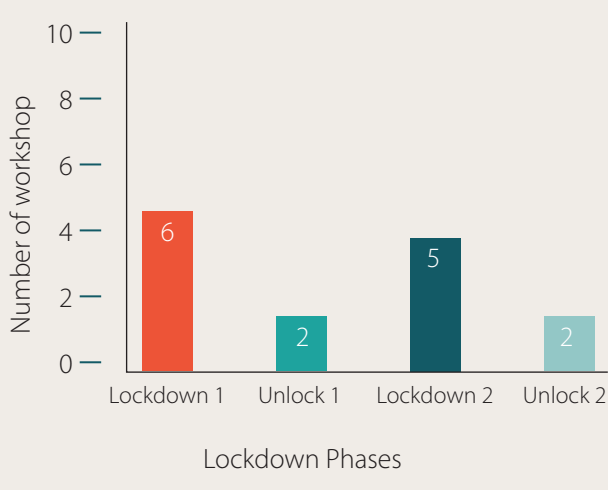
While highlighting the physical burden of managing chores, it is also important to recognize that with lack of resources and help, the emotional labour with unpaid care work has also gone up considerably. Women experienced a situation of prolonged stress due to uncertainty with the virus, lack of income sources, managing food, education and other expenses with limited fund availability, and taking care of those sick with the constant fear of losing loved ones. In few cases where women spoke about sharing chores with their husbands, the mental labour of understanding family needs, addressing those needs, and decision-making on scheduling and completing tasks was still with the women[28].

### f. Mental and psychological impact of COVID

Mental health has been in decline for the community of women informal workers during the pandemic owing to the half of work, numerous hurdles in accessing alternative livelihood opportunities, and massive depletion in incomes and savings. While women workers were not probed specifically on issues of mental health, almost all discussions revealed the persistent feelings of stress, turbulence and loneliness they were experiencing while navigating their losses in income and livelihoods, their inability to meet household expenses, hurdles in accessing health services and independently shouldering the load of unpaid care work. Women constantly vocalized feelings of stress while articulating their difficulties and challenges. Increase in episodes of domestic violence, loneliness due to performing all household work on their own, confinement in homes and very little social interaction with friends and extended families contributed to aggravating emotional turbulence. Researchers have also commented on the relationship between food insecurity and poor mental health of women. A researcher who was also helping with the Hunger Helpline Centre in Delhi NCT noted during a KII that among the women who called the helpline, there was a palpable sense of increased mental stress as they felt a larger sense of responsibility towards ensuring there's enough food for everyone in the household (Pillai et al. 2021).

For women workers, complete confinement at home is deeply challenging since the friendships and associations that they develop at places of work help in forming feelings of solidarity and companionship, further contributing to their sense of agency as well as leisure (will add reference). Lastly, their inability to meet their loved ones who were ailing for the final time and perform their last rites in keeping with their cultural traditions was an additional cause of stress and grief. In the wake of COVID-19, especially at the hilt of the lockdowns, the ailing were breathing their last moments in isolation while families and members of the community were unable to perform

**Figure 6: Increase in Family Care work**




the traditions customary to their faith for the departed members of their community.[29] The women mention that they carry the grief and guilt of not being able to be there for their family and friends in their final moments and perform due diligence as per their faith's customs.

[28] Bakshi, T. (2020, August 19). *A Mother's Work Is Never Done: Emotional Labour Is Also Work*. The Quint. https://www.thequint.com/voices/opinion/women-gender-gap-house-work-domestic-emotional-labour-role-of-men-inequality-mental-health#read-more

[29] Staff, S. T. (2021, October 28). *Coronavirus is changing the death rituals too.* The Bridge Chronicle. https://www.thebridgechronicle.com/news/world/coronavirus-changing-death-rituals-too-50466

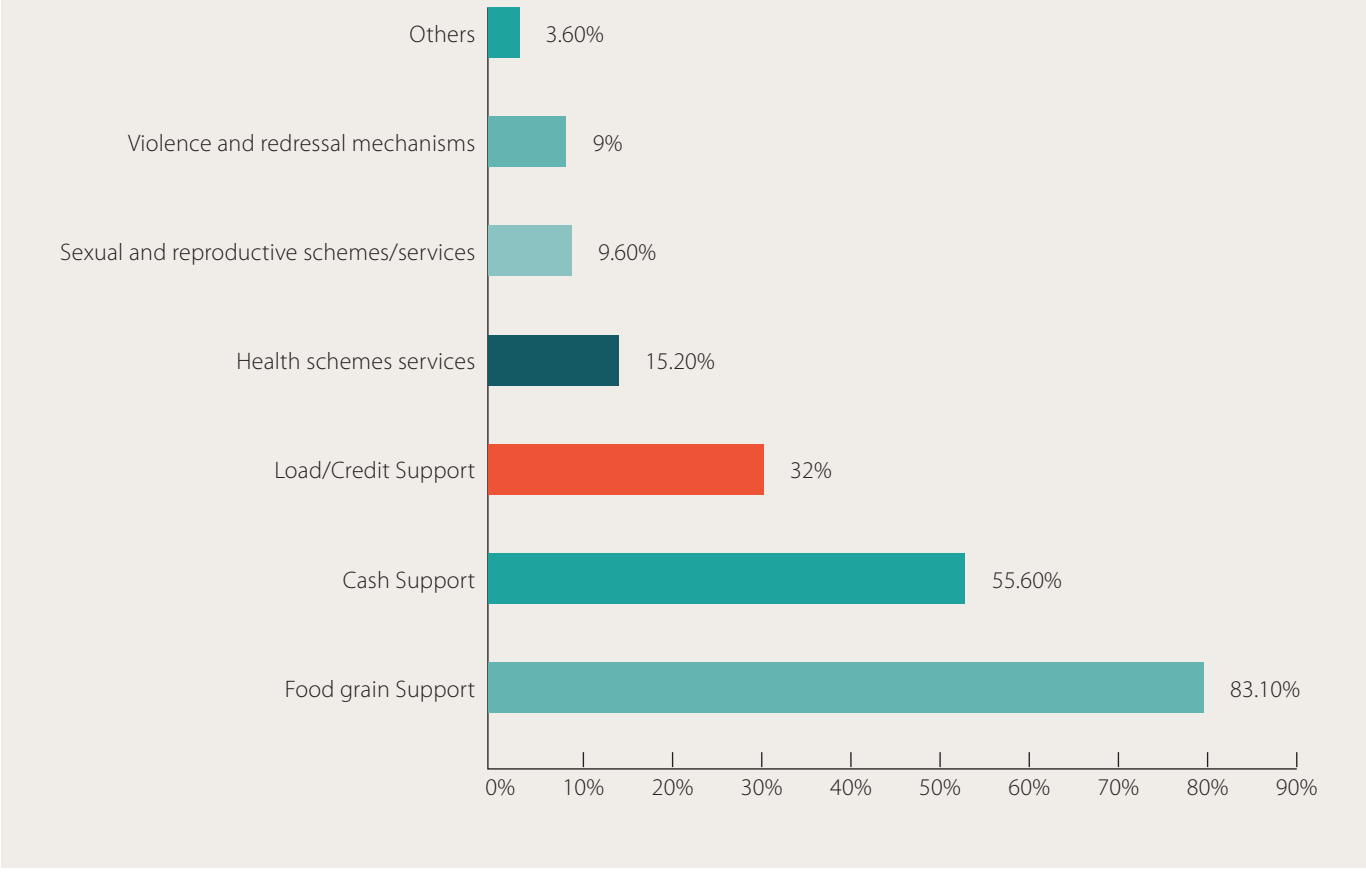
## SECTION II: RESPONSES BY STATE AND CIVIL SOCIETY AND COPING MECHANISMS ADOPTED BY WOMEN WORKERS

This section highlights some of the key responses to the pandemic, from the state as well as civil society organizations and the primary enablers and barriers that helped/inhibited women from accessing these. The section attempts to identify how women workers perceived the responses from the state as well as CSOs in helping them navigate the pandemic and key measures/actions that helped them cope with the aftermath.

### Responses by state and civil society

The pandemic brought the whole country's economy to a standstill, with several citizens losing their incomes, livelihoods and housing. The centre as well as state governments announced a series of policy measures since March 2020, most of which were meant to address food insecurity and economic instability[30]. Over time, the focus of these measures shifted gradually from immediate relief measures, to schemes targeted at economic and livelihood recovery.

**Figure 7: Informal women workers' access to schemes to tide them over the immediated effects of COVID-19**

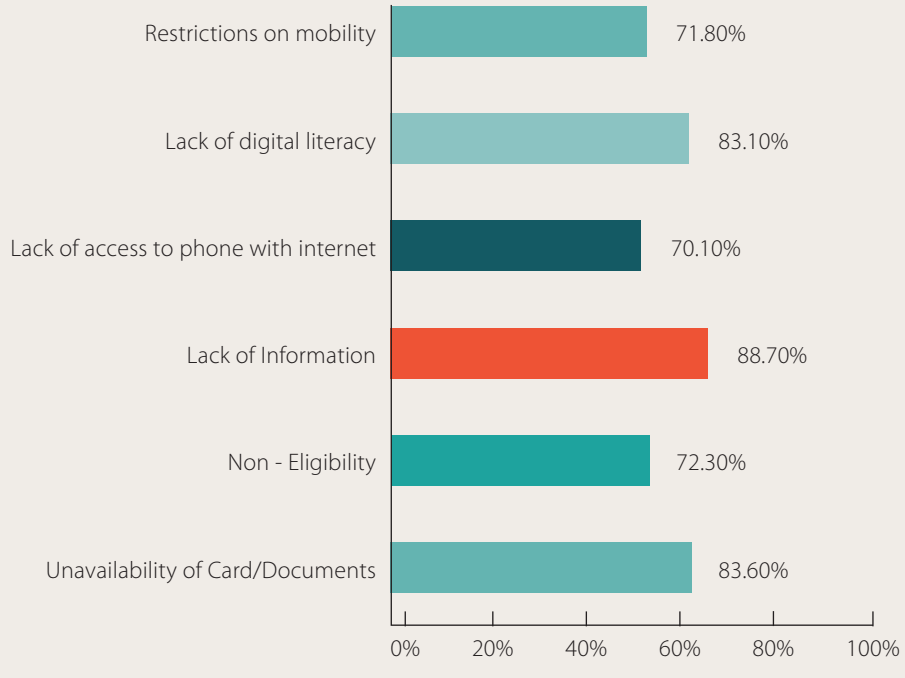



[30] National Data Innovation Centre. (2020). *Round 2 of the Delhi NCR Coronavirus Telephone Survey* [Data set]. National Council of Applied Economic Research.https://www.ncaer.org/uploads/photo-gallery/files/15884074691588273627NCAER_DCVTS2_PressRelease.pdf

During the interactions with research participants as well as the survey with informal workers and frontline staff of CSOs, the most talked about measures included ration and food distribution and the direct cash transfer under Jan Dhan Yojana (see Figure 5). While the center announced ration provisioning under the Pradhan Mantri Garib Kalyan Yojana, the Delhi state government also announced free ration to all PDS card holders[31, 32]. The people who did not have ration cards could use e-coupons to access rations. In addition to ration and direct cash transfer, some women workers spoke about receiving a loan through the SVANIDHI Yojana. Under this scheme, workers who had labor cards were eligible to receive Rs 5000 for three months. Some did mention receiving the amount - *"Workers could access PM Swanidhi scheme and receive the money promised. At least now because of the loan many have the vending certificate which is crucial and was very crucial during the lockdown." -NASVI Representative*

However, many women workers mentioned that much of this relief was not enough to overcome the gravity of the crisis they were faced with and accessing the relief was also deeply challenging. Regarding ration, women said that even though they received wheat/rice and pulses during the lockdown, it was not adequate since only two kilos was being provided[33]. Similarly, the transfer of only Rs. 500 to Jan Dhan accounts was insufficient to tide over the financial constraints faced by families. While cooked meals were also provided (which helped families save on cooking fuel), women workers mentioned that families need more than just food and have many other needs that require fulfillment. Additionally, accessibility was also identified as a major challenge, for many of them did not have the required documents and women were faced with the extra burden of digital illiteracy which meant that several of them could not access these schemes (see Figure 6).

**Figure 8: Hurdles in access to information around government schemes**




[31] Sharma, N. C. (2021, May 18). Kejriwal govt. to give financial aid, free ration and education to COVID-19 affected. *Livemint*. https://www.livemint.com/news/india/kejriwal-govt-to-give-financial-aid-free-ration-education-to-COVID-19 affected-11621349508479.html

[32] Government of India. (2020). Pradhan Mantri Garib Kalyan Package. National Portal of India. https://www.india.gov.in/spotlight/pradhan-mantri-garib-kalyan-package-pmgkp

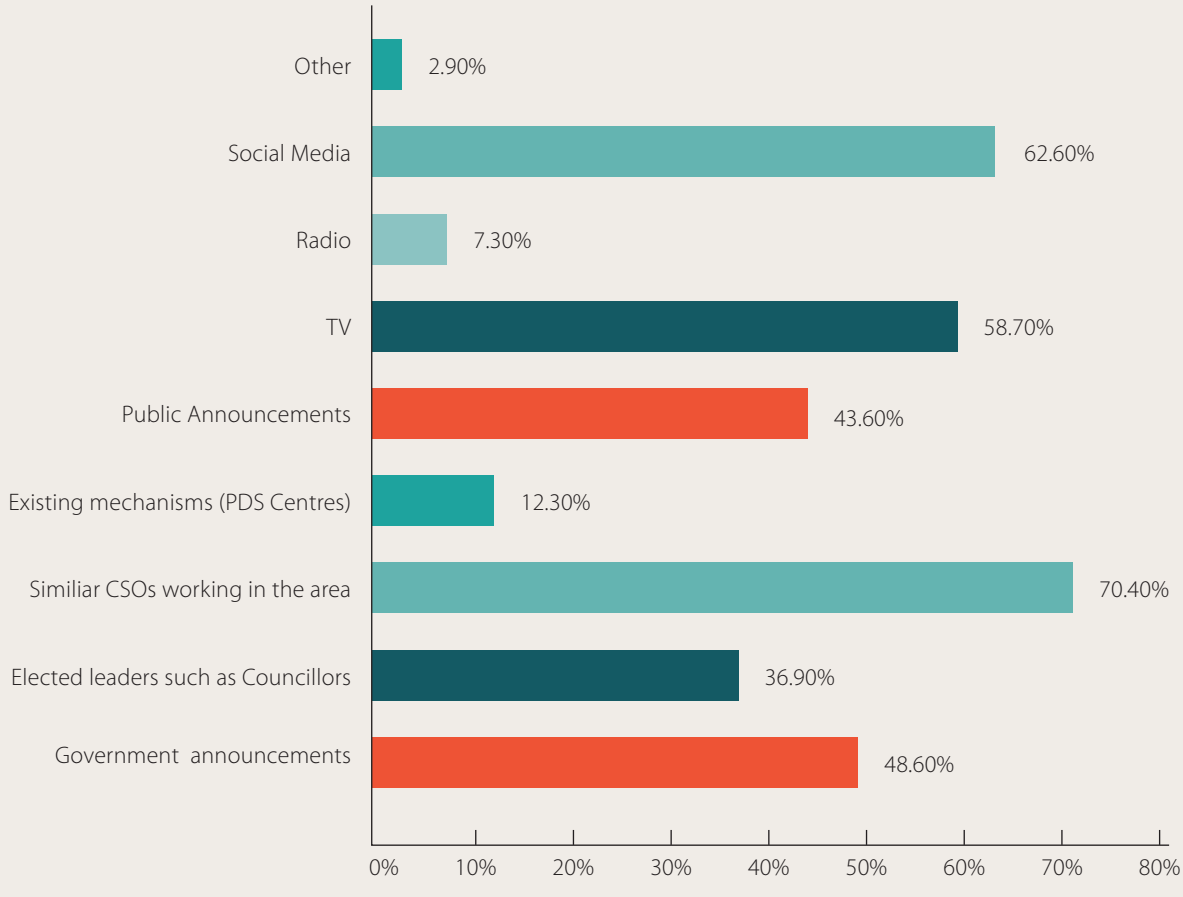
[33] This figure is reported by women workers during discussions. However, as per government announcements, 5kg grains and 1 kg pulses were to be given free per household during the first wave of the pandemic.

For instance, those who did not have ration cards had to get e-coupons, which required going to cyber cafes. Women faced challenges in opening the website. In many cases even their children were not adequately versed with using the internet. Using services at a cyber cafe itself cost Rs 250 at least, and even then they were not able to use the services properly. If they had e-coupons for five people, they would get ration only for four.

Apart from the issues due to digital methods, the lack of awareness and lack of proper information dissemination also meant that women weren't able to receive the benefits of the schemes (see Figure 6). Another big challenge was the dearth of schemes addressing the social fall out of the pandemic (experiences of violence, increased discrimination and stigmatization, police atrocities, and lack of access to health and education services and so on)[34].

Similar to the intervention by the state, civil society organizations also focused heavily on providing ration to the needy, particularly during the first lockdown. CSOs provided relief by opening community kitchens and distributing rations in addition to what people were receiving via the government run PDS system. The government ration kit only consisted of two items: wheat and rice which were clearly insufficient to meet the daily requirements of families. CSOs intervened in many areas to fill this gap. During the discussions, women spoke about receiving about 15 days of ration which included essentials such as salt, sugar, cooking oil etc. The kits also contained sanitary napkins, since these were difficult to access during the

**Figure 9: Informal women workers' access to information around government schemes**




[34] For a detailed analysis on policy responses during the pandemic please refer to a report published by ICRW in collaboration with The Quantum Hub titled India's policy response to COVID-19 and the gendered impact on Urban Informal workers in Delhi NCR.

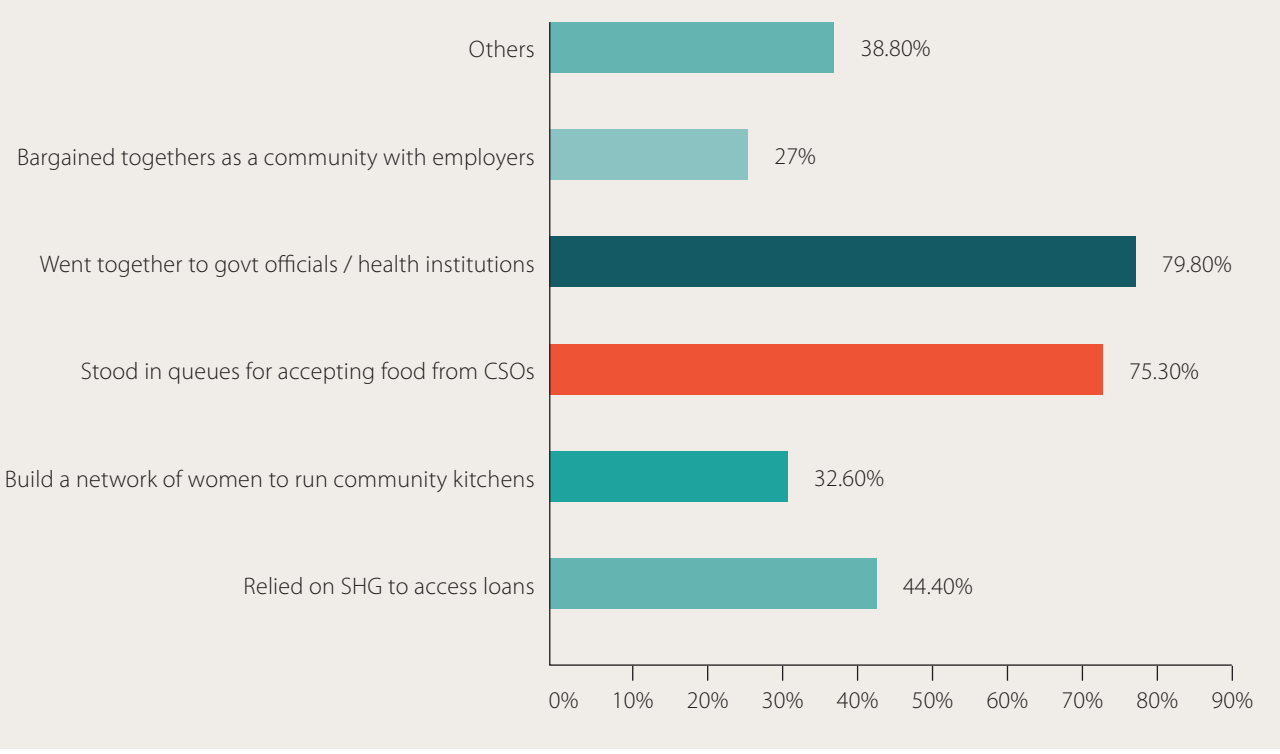
first lockdown. Religious organizations, gurudwaras, churches also organized relief in the form of ration.

CSOs helped in generating awareness about the different government schemes and means to access the same well, especially through the digital medium. NASVI workers mentioned how schemes like Janani Suraksha Yojana and Pradhan Mantri Matri Vandana Yojna existed to provide relief to workers but the government did a poor job with regard to information delivery and implementation[35] (see Figure 7). Our survey data also shows that awareness generation was primarily done through efforts of CSOs, rather than government announcements (see Figure 7). Both organisations partnered during this study - NASVI and Chetanalaya mentioned the use of online platforms like Zoom and Google Meet to equip frontline workers and leaders in the field regarding use of digital platforms not just for setting up meetings and important discussions but mainly to stay connected with each other and create a sense of community. CSOs also reached out to women facing domestic violence.

### Coping Mechanisms adopted by women

One theme which runs across all discussions is that over and above the relief provided by the state and the civil society organizations, what ultimately ensured the survival of women workers was their inner resilience built over years of facing persistent marginalization and violence from state and society

**Figure 10: Steps taken by informal women workers to cope with the impact of COVID-19**




[35] NASVI had also invited the Municipal Commissioner to speak to the street vendors online so that they could directly know about the plans and relief the government was organizing.They lobbied with the government to provide some benefits to the street vendors that they work with. In consultation with the Ministry of Home Affairs, NASVI demanded monetary relief for street vendors whose incomes had been hit and savings depleted during the first lockdown itself. The NASVI team worked on the field to link as many street vendors with PM Svanidhi as they could after this was okayed by the ministry.
Similarly, Chetanalaya, as a part of the National Platform for Domestic Workers, along with six-seven other organizations, reached out to the Labour Minister demanding monetary compensation for women workers for the months of the lockdown. While the government did not accept the demand, yet an effort was made.

and community/family support (Mullin and Arce 2008). One of our key informants, from NASVI said, "if you ask me how they survived through COVID-19, then it is individual resilience which stands out for me. They have this idea of responsibility, of running their lives, taking care of their children and of continuously moving forward, no matter what. It is not NASVI or other CSOs that build resilience. NASVI provides training and capacity building but their capacity to face challenges in life is what makes them cope with something even as severe as COVID-19 lockdowns". Key informants also mentioned the role played by community members and distant relatives to make the pandemic manageable for the vulnerable. Discussions revealed how communities came together during this time of crisis, supporting each other by facilitating access to government schemes, running community kitchens and being there for each other. Also, given their everyday vulnerability, women are used to helping each other out, for instance, taking care of each other's children or taking them to school etc. During the pandemic, women mentioned that this tendency of providing help to each other increased. For instance, neighbors helped each other out by taking the sick to the hospital or sharing food. Moreover, knowledge that other women and families were going through a similar situation was of some help, with women speaking to each other (on the phone) to feel better.

Discussions also revealed that without internal resilience, it would be very difficult for women to survive a crisis of this nature because the state system is organized in such a way that it makes these groups doubly vulnerable. They want to sell their wares and make a living but state authorities such as the police and the MCD harass them. Legislations are passed to safeguard vendors but not implemented. This continuous harassment makes the situation more difficult for them and pushes them towards the edge. Moreover, in the north Indian context, life for women workers is much harder with fewer women vendors seen on roads, in comparison to southern or eastern India. our participant mentioned, *"if they could afford formal employment they would have taken that up, but unfortunately they cannot and the state and the system makes it harder for them to do this kind of work and further pushes them into a corner. Without inherent resilience it is very difficult to fight this".*

## Way Forward

This formative research/study intended to explore and understand the most crucial areas of vulnerability experienced by informal women workers in urban centers as a result of the pandemic and the subsequent lockdown. The study reinforces some of the commonly documented findings about the impact of the pandemic on informal urban female workers – that is the dramatic drop in income and savings for most of them, complete absence of job security as well as forms of social security, irrespective of occupation or industry. However, this research also provides a peak into some of the less documented areas of vulnerability experienced by informal women workers, namely challenges associated with accessing sexual and reproductive health services during the lockdown, the constant threat of violence, both at home as well as public spaces and the psychological upheaval caused as a result of the pandemic – themes that the upcoming primary research intends to explore in greater detail. Additionally, the formative research has also helped in articulating some other potential areas of enquiry that promise to add exciting insights into existing knowledge about the effects of the lockdown on informal women workers. In particular, the primary research is well placed to deeply engage with resilience and coping strategies undertaken by women to deal with the consequences of the lockdown, a theme that has been briefly touched upon in the formative research. This theme will be advancing the existing knowledge on the status of women workers during the pandemic, for the focus of most work has been on the assistance/ relief provided by state agencies, and not on the community or individual coping mechanisms adopted by women workers. This area of research can also throw up important knowledge on various informal platforms or initiatives that came up during the pandemic to help women workers cope.

In terms of respondent groups covered, the formative research captured the experiences of a variety of women workers, throwing light on the differential experiences of different occupational categories during the pandemic. The upcoming primary research intends to take this analysis forward, focusing specifically on the differential experiences of street vendors and domestic workers and further exploring the scope for a comparative study between the two groups, using both quantitative survey analysis and qualitative narratives/case studies.

In terms of future areas of research, this study does provide important pointers that may be out of the scope of the upcoming primary research but can be important pieces to develop as we move along.

In particular, the formative research briefly touched upon the transition from physical to digital sales and payments in relation to street vendors. Future research can examine how female street vendors have adapted to this change, given their relative limitations in accessing digital technology in comparison to male street vendors. Future research can also address the broader question of gendered vulnerability of women as workers, in terms of their engagement with employers and the state, their access to resources/ markets/unions as well as how they have been imagined/visualized by public policies. Lastly, it would be exciting to diversify the occupational categories studied and explore the impact of the pandemic on informal women workers employed in non-traditional occupations.

## Recommendations for future research

- Coping mechanisms/strategies employed by women workers in situations of crisis at an individual or community level
- Impact of the pandemic on women's agency and decision-making capacity within the household as well at places of work
- Digital illiteracy and its impact on women workers employed in the informal sector
- Gendered vulnerability of women as workers, in terms of engagement with employers as well as the state
- Impact of the pandemic and subsequent lockdown on women workers employed in non-traditional occupations

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