



ADVERSITIES AND ADAPTABILITY: INSIGHTS INTO THE STRUGGLES AND RESILIENCE OF INFORMAL WOMEN WORKERS DURING COVID-19 IN INDIA

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List of Abbreviations

ASHA	Accredited Social Health Activist
CAPI	Computer-Assisted Personal Interview
CSO	Civil Society Organization
DGKS	Delhi Gharelu Kaamgar Sanstha
FLFP	Female Labor Force Participation
GBV	Gender based Violence
ICRW	International Centre for Research on Women
IDI	In-Depth Interview
IPV	Intimate-Partner Violence
ISST	Institute of Social Studies Trust
IWWs	Informal women workers
KII	Key Informant Interview
MCD	Municipal Corporation of Delhi
NASVI	National Association for Street Vendors in India
NCR	National Capital Region
NGO	Non-Governmental Organization
PDS	Public Distribution System
PMJDY	Pradhan Mantri Jan Dhan Yojana
PM SVANidhi	Prime Minister Street Vendor's Atma Nirbhar Niti
SHG	Self Help Group
SRH	Sexual and Reproductive Health
TBA	Traditional Birth Attendant

Acknowledgements

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Executive Summary

This study focuses on assessing the effects of the socio-economic crisis created by the COVID-19 pandemic on informal women workers (IWWs) in India (Delhi-NCR), particularly street vendors and domestic workers in the context of pre-existing vulnerabilities and inequity with limited social security from the state. The research employed a mixed methods approach, with an in-person quantitative survey and in-depth interviews (IDIs) with IWWs, as well as key informant interviews (KIIs) with subject matter experts. The study explores IWWs' experiences of economic precarity, access to health services, and vulnerability to violence during the pandemic. Furthermore, the study identifies some of the key variables and support systems that aided

women workers in coping. It highlights the need to incorporate evidence into policy making processes in order to ensure that policies are inclusive and responsive to the needs of women workers employed in informal sectors.

Key Findings

Income and Livelihoods

The pandemic induced lockdown, mobility restrictions, and fear of contagion resulted in the firing of workers, non-payment of wages and depressed earnings for a majority of respondents. The survey found that 62 percent of respondents reported

job loss and 32 percent reported reduced incomes during the first wave of the pandemic. Loss of work and incomes drastically impacted their individual and family savings forcing 94 percent of women to use their savings for meeting living expenses and 87 percent to borrow to make ends meet. One-fifth had to sell smaller assets such as jewelry or household items. With respect to the source of borrowing, the study found that IWWs primarily reached out to their informal networks. Only 6 percent took loans from formal institutions, revealing a glaring absence of linkage of these groups to the formal banking system. The most immediate and severe impact of reduced incomes and dwindling savings was on food consumption, with almost 70 percent of respondents reporting shortage of ration. While ration and cooked food distribution was reported as the most accessible welfare benefit, more than half the respondents did not have ration cards, thereby limiting their access to free/subsidized food grains and creating massive food insecurity for these families.

Access to Sexual and Reproductive Health Services

In the survey, only a small proportion of women (less than 10%) reported that they needed any SRH service during the pandemic, and the majority were able to access them. However, many women during IDIs shared their challenges in accessing SRH services, particularly those related to prenatal care, delivery and postpartum care. They shared that access to these services was hampered due to the high volume of COVID cases, particularly in public facilities, diversion of medical services (both public and private) to meet the demands of the pandemic, fear of infection and limited transportation facilities. This either forced people to not/partially access services or access care at a higher cost from private facilities.

Vulnerability to violence

In the survey, 17 percent IWWs reported facing any form of violence from their spouse, including emotional, physical and sexual violence. Over 5

percent women reported facing sexual violence from their husbands. Household expenses (28.5%), lack of employment opportunities (12.9%) and lack of a stable income (10.5%) were cited as some of the key reasons leading to conflict and violence. The indication of high prevalence of IPV, however, strongly came out during the qualitative interviews. Most women interviewed mentioned facing physical and/or verbal violence from their husbands. While aggravated during the pandemic, IPV has been a normalized part of their lives.

In terms of violence faced in public spaces during the pandemic, IWWs reported facing verbal abuse, harassment, intimidation by police (6.6%), confiscation of goods by Municipal Corporation officials/police (4.5%), and psychological abuse (3.5%). Qualitative interviews with street vendors further revealed IWWs' vulnerability to violence in public spaces and fear of state actors such as the police and municipal authorities.

Declining mental health

The survey reported that the majority of the women interviewed felt anxious (84 percent) and/or depressed (78 percent) during the first wave of COVID-19 when the strict lockdown policy was implemented. In the period following the lifting of the lockdown, 78 percent of women reported feeling anxious, but only 31 percent reported being depressed. The primary stressor as identified by women were difficulties encountered in meeting household expenses (81 percent), followed by a reduction in income (50 percent), loss of employment (45 percent), and depletion of savings (25 percent). In the qualitative interviews, IWWs noted high levels of anxiety and physical manifestations of their poor mental health in the form of headaches, sleeplessness, frequent bouts of crying, and low blood pressure. Given the stigma attached to mental health in India and the limited access to and awareness of mental health resources, most respondents made use of their own existing resources and support networks to cope with their increased psychological stress.

Key Recommendations

Following are the key recommendations so that women workers employed in informal occupations are better prepared for another socio-economic shock of this nature and are able to make ends meet with dignity.

Recommendations for policymakers:

- Bring IWWs within the ambit of formal labor laws
- Facilitate registration of IWWs on the national database for unorganized workers in India called e-Shram
- Legally recognize domestic work
- Sensitize government officials on the gendered issues faced by IWWs
- Strengthen violence redressal mechanisms

Recommendations for grassroots organizations

- Capacity building of CSO frontline workers

- Capacity building of street vendors for active participation in Town Vending committees
- Creation of support groups for collective action

Recommendations for policy and program implementation

- Strengthen the linkages of IWWs to banking and financial institutions
- Collection of gender disaggregated data
- Build inclusive infrastructure to support IWWs
- Advocate for safer public safes



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Introduction

The onset of the COVID-19 pandemic and subsequent lockdown measures had sudden and devastating impacts on economic and social infrastructures worldwide. Millions lost jobs and incomes overnight, forcing many to deplete their savings and assets. Those who retained their jobs worked in deplorable working conditions with lowered incomes, no social security benefits, and constant threats of dismissal while facing the looming health dangers of a global pandemic. These livelihood losses, threats to economic survival, and deterioration of social and economic well-being were most severely felt by those working in the informal sectors of the economy and continue to reverberate in their everyday lives.

In India, over 90 percent of the workforce — or 415 million people — are engaged in the informal sector, contributing approximately 55 percent of the country's gross domestic product (Chatterjee, 2021). Informal employment in India encompasses those employed in privately-owned, non-registered businesses operated by individuals or households engaged in the production and sale of goods and services (Raveendran and Vanek, 2020). These businesses are typically run as sole proprietorships or partnerships and typically have fewer than ten workers. Additionally, domestic workers, contributing family workers¹, casual day laborers, and formal sector workers who do not receive social security

¹ The International Labor Organization (ILO) defines contributing family work as a form of labour which is generally unpaid, although compensation might come indirectly in the form of family income and which supports production for the market. https://www.ilo.org/wcmsp5/groups/public/---dgreports/---stat/documents/publication/wcms_422401.pdf

benefits from their employers are also considered a part of informal employment (Raveendran and Vanek, 2020). In the agricultural sector, which is the largest employer in the country, an approximate 97 percent of employment is informal in nature (Srija and Shirke, 2014). Other sectors, such as manufacturing, construction, trade, hotel, and restaurants also exhibit a significant amount of informal employment. Consequently, the majority of the Indian workforce is informally employed, which removes them from social security protections, including pensions, insurance, and child and family benefits, ability to collectively organize and labour protection frameworks. Only 24 percent of the total population of India has access to at least one social protection measure (World Social Protection Report, 2021), 71 percent of regular wage workers do not have a written job contract, and 54 percent are not eligible for paid leave (Periodic Labour Force Survey, 2017-18).

Women are further disadvantaged in the labour force in comparison to men. India's female labour force participation (FLFP) rate is one of the lowest in the world, standing at 28.3 percent in 2022 (World Bank Group, 2021), compared to the male labor force participation rate which is 76.1 percent. Additionally, more than 90 percent of women are engaged in the informal sector (Raveendran and Vanek, 2020). The low FLFP rate in India and the concentration of women in informal work is the direct consequence of inadequate employment generation and limited employment opportunities for women within the labour market in both urban and rural areas (Mehrotra and Parida, 2019; Deshpande and Singh, 2021). Due to patriarchal norms and limited opportunities for education and economic advancement, women often face challenges in acquiring sufficient skills and training. They also encounter barriers in accessing start-up capital and formal sector employment (Singh and Kaur, 2022). Despite their labor being a crucial economic resource, the value of women as economic actors is often overlooked. As a result, they tend to be concentrated in economically vulnerable and insecure types of

employment (Ulrichs, 2016) in small-scale industries and home-based work (Patel and Mondal, 2022).

The industries where women work in the informal economy often vary between rural and urban areas, but there are a few sectors that women tend to be concentrated in. Two-thirds of women workers are still employed in agriculture as their primary activity (Chakraborty 2021). While the majority of both men and women are self-employed without employees, women in informal employment are four times as likely to be contributing family workers compared to men. Given that this is a form of unpaid labour, it further adds to the economic precarity of women workers. More than 55 percent of the urban women workforce is concentrated in just 10 occupations, much of which is informal work as domestic workers (nine percent), textile and garment-related trades workers (nine percent), and salespersons and demonstrators (five percent), leading to women being disproportionately concentrated in the informal sectors of the economy (Nanda et al., 2021).² Further, a substantial gender wage gap is prevalent in the Indian informal economy, with women-dominated sectors such as home-based and domestic workers, earning less than half the remuneration of workers in men-dominated sectors such as construction (Vishwanathan, 2023).

The prevalence of unequal social and gender norms has also contributed to the low participation of women in the labour market. In India, women spend approximately five hours a day on unpaid work in the form of housework, as compared to men's 31 minutes a day (Addati et al. 2018). The demand for unpaid care work intensifies following childbirth and the societal expectation of women as caregivers within households. This often pressurizes women to deprioritize their paid work opportunities, thereby suppressing their participation in the labour force (Fletcher et al 2018; Addati et al. 2018). The "motherhood penalty" (Budig, & England 2001) of greater childcare is most severely experienced

² See Scoping Review for further information. The Scoping Review was based on secondary data and key informant interviews to analyze the implications of the national lockdown and the immediate policy responses to the COVID-19 pandemic from March 2020 to February 2021.

by informal women workers (IWWs) who do not receive maternity leave and are often fired during pregnancies and/or after childbirth. Safety concerns, limited access to public transportation, clean toilets, nurseries, and feeding rooms further limit their participation in paid work.

Additionally, gender norms coupled with lower literacy rates restrict women's access to government documentation, bank accounts, and welfare services. A larger number of women in India have received government identification through the Aadhaar initiative and have been included in the formal banking system by opening of zero-balance accounts through the Pradhan Mantri Jan-Dhan Yojana (PMJDY)³. Yet, emerging evidence suggests that more than half of poor (both urban and rural) women do not have these zero-balance bank accounts (Pande et al. 2020).

Many of these pre-existing vulnerabilities of IWWs were exacerbated with the onset of COVID-19. The pandemic 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 (Shekhar and Mansoor, 2020). Women engaged in such jobs suffered both immediate and medium-term economic losses on incomes, employment, and overall economic well-being resulting from the restricted movement of goods, produce, and people. It negatively affected the ownership and control over assets, access to resources such as food, security, and shelter, and overall financial autonomy of women workers.

REBUILD Project Overview

To guard IWWs against the vulnerabilities created by COVID-19 in future emergency response measures, it is critical to understand the impact of the policy measures taken in response to the pandemic on IWWs and their well-being, as well as explore their resilience and potential for recovery. The REBUILD study represents an important step in this direction, examining the effects of the pandemic on two categories of IWWs in the National Capital Region (NCR) of Delhi: domestic workers and street vendors. It pays particular attention to their economic vulnerabilities, access to health services, and their experiences of violence. The study identifies some of the key variables and support systems that aided IWWs in coping while also advocating for their recognition and integration into policy frameworks.⁴ The project aims to leverage these findings to advocate for the integration of a gender lens in policy and programs to address the unique challenges faced by IWWs. Highlighting this would help stakeholders in promoting the recognition and inclusion of IWWs in policy frameworks. It would also increase their responsiveness to the needs of IWWs and their preparedness to combat future crises of this nature by incorporating data and evidence into policy-making processes.

Research Objectives

The research study identifies the following objectives:

- Identify the primary areas of economic vulnerability resulting from the COVID-19 policy responses on IWWs (domestic workers and street vendors) in the urban informal economy from March 2020 to September 2022

3 PMJDY is a National Mission on financial inclusion and envisages universal access to banking facilities with at least one basic banking account for every household, financial literacy, access to credit, insurance and pension facility. It also envisages channeling all government benefits (from the central, state and local government) to the beneficiaries' accounts and pushing the Direct Benefits Transfer (DBT) scheme of the central government.
<https://pmjdy.gov.in/account>

4 Additional reports from the REBUILD project include the Scoping Report; Policy landscaping review which assessed the gendered impact of the pandemic induced lockdown and the overall effectiveness of the various state and non-state responses for relief and recovery ; Caste, gender and labor report which analyzed the impact of the pandemic on underreported and marginalized occupations in the urban informal economy; and the Formative Research Study analyzed the main areas of vulnerability of two categories of IWWs – domestic workers and street vendors as a result of the first two waves of the pandemic and the strategies adopted by them to cope with the aftermath.
<https://www.icrw.org/projects/assessing-covid-policy-impact-on-informal-workers-in-kenya-uganda/>



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- Assess the impact of the pandemic of IWWs on health-related vulnerabilities including sexual and reproductive health services and mental health, as well as their experience of violence in households and in public spaces
- Analyze how the absence/presence of social security measures impacted IWWs ability to cope with the aftermath of the COVID-19 pandemic
- Document the key actors and resilience strategies adopted by IWWs to access relief and cope with vulnerabilities brought on by the pandemic
- Document areas of improvement and key recommendations for future policy frameworks and programs related to IWWs

Research Design

Study Site and Population

The study site was in four areas of the NCR, a planning region located in the National Capital Territory of Delhi, India. It encompasses Delhi and several surrounding districts from the states of

Haryana, Uttar Pradesh, and Rajasthan. The specific regions covered in the study include Delhi, Gurgaon (Haryana), Noida and Ghaziabad (Uttar Pradesh). The study population consisted of the following:

- Women domestic workers and street vendors in the age group of 18-49 years, employed in the same occupation for at least two years at the time of the study
- Subject matter experts and representatives of organizations working with IWWs

Study Design and Methods

This study adopted an exploratory sequential mixed methods design. It applied a combination of quantitative and qualitative methods for data collection. The quantitative component of the study included an individual-level survey with domestic workers and street vendors using a structured questionnaire. The total number of respondents covered in the survey was 1,502, divided between domestic workers and street vendors.

Table 1: Quantitative and Qualitative Sample

Method	Sample Characteristics	Number of Respondents	Geographical Spread
Quantitative Survey	Women street vendors and domestic workers in the age group of 18-49 years	1502 - 768 Street Vendors - 734 Domestic Workers	- Delhi: 728 - Gurugram, Noida, Ghaziabad: 773
In-Depth Interviews	Women street vendors and domestic workers in the age group of 18-49 years	50 - 25 Street Vendors - 25 Domestic Workers	- Delhi: 26 - Gurugram, Noida, Ghaziabad: 24
Key Informant Interviews	Subject Matter Experts, government representatives	11	

The qualitative component of the study included 50 in-depth interviews (IDIs) divided equally between domestic workers and street vendors and drawn in proportion to the sample distribution of respondents during the quantitative survey. It also included 11 key informant interviews (KIIs) with representatives of organizations working with IWWs, subject matter experts, and relevant government representatives.

Sampling Strategy

Prior to conducting the main survey, a pilot survey tool was tested with 10-15 IWWs, who were in the age group of 18-49 years of age and employed either as domestic workers or street vendors for at least two years at the time of the survey. The International Center for Research on Women (ICRW) partnered with the National Association for Street Vendors in India (NASVI)⁵ to identify and list respondents for the pilot survey. Once respondents were identified, the survey was administered. A similar sampling strategy was followed for recruiting respondents for the main in-person quantitative survey. NASVI listed and identified potential respondents from localities in the four areas of the study. A sampling frame/list of women domestic workers and street vendors was prepared from the selected enumerating area. Demographic

characteristics of age and occupation were kept in mind during the process of data enumeration.

The qualitative sample was drawn from the quantitative survey cohort. Out of the total sample of 1,502 respondents, 25 domestic workers and 25 street vendors were purposively selected for the IDIs. The sample was drawn based on the following demographic characteristics: age, marital status, caste, religion, earning status within the family (sole wage earner, chief wage earner, and neither), and access to welfare schemes during the pandemic.

Data Analysis

Data from the survey was collected through Computer-Assisted Personal Interview (CAPI) and data quality was reviewed by the ICRW research team. A clean data set was used for data analysis. The analysis was guided by the set of outcome indicators, developed along the domains of inquiry of the study. Bivariate analysis of data was done to assess linkages. With respect to qualitative data, all IDIs and KIIs were transcribed/translated by the interviewers and reviewed by the team for completion and accuracy. The interviews were then coded manually along the emerging themes. The data was coded separately for street vendors and domestic workers.

⁵ National Association for Street Vendors in India (NASVI) is an umbrella of street vendor organisations. It started 25 years ago informally as a network of organisations in Bihar, India. The organization works towards ensuring livelihood security for street vendors by facilitating linkages to available social security schemes. Further, their mission is to empower the vendors, safeguard their rights and create a conducive environment where they can vend with dignity. Learn more at <https://nasvinet.org/>

Limitations and Challenges

The geographic representation of the population within the four states covered in the study is limited. The sample for the study was selected from specific regions in Delhi, Gurgaon, Noida, and Ghaziabad, in collaboration with our partner organization NASVI. This was done keeping in mind the substantial organizational presence of our partner NGO in the selected areas, as well as time constraints caused by the delayed initiation of the research due to the spread of the Omicron variant of COVID-19.

As an ethical decision, the study refrained from investigating the loss of lives among the surveyed and interviewed IWWs. This choice was made to prevent triggering any potential trauma for the respondents resulting from their participation in the study. Additionally, interviewers encountered the challenge of maintaining the privacy of the respondents during the interviews. Given that a substantial number of respondents of the study, particularly street vendors, were interviewed at their workplaces or in homes with limited private space, interviewers sometimes faced difficulties in delving into sensitive topics such as experiences of intimate-partner violence (IPV) or access to sexual and reproductive health (SRH) services.

Findings

The findings are presented in two main sections. The first section presents an overview of the socio-economic context of the IWWs, examining the multifaceted nature of informality that influences their access to resources and opportunities. The second section explores how their informality interacted with prevailing gender and social norms to create conditions of extreme vulnerability and marginality during the pandemic, the effects of which continue to impact their lives even in the present period.

Section I: Context of Informality

Many women workers covered in the study come from the poorer states of India, such as Uttar Pradesh, Bihar, and West Bengal. The paucity of adequate economic opportunities and resources in their native towns and

villages had forced their families to move. In the NCR, these women and their families work in low-paying, low-skilled occupations, without much access to state support and benefits. The evidence of their informality can be found in the areas and dwellings they reside in, occupations in which they and their families are engaged, and their overall access to state support and benefits. The section below presents an overview of the multifaceted nature of their informality, building a foundation to better understand how the pandemic and lockdown had an exacerbating impact on their access to resources and social protection.

Lack of educational and employment opportunities for IWWs

The study revealed that a significant majority of women lacked higher educational qualifications and sufficient skill training. This factor contributes to their disproportionate representation in low-paying and low-skilled informal occupations. Survey data as well as discussions with IWWs revealed that a lack of higher education and early marriage had a cascading effect on their life opportunities, restricting them to the private, domestic sphere early on and limiting their chances of getting better and higher paying employment opportunities. The survey reports that 49 percent of the respondents had not attended school. Only 14 percent had attended secondary school. Most respondents also mentioned that they had been married before they turned 20. After marriage, many of these women found themselves having to supplement their family income, but due to their lack of education and skills training, they were left with no choice but to enter occupations that were low-paying and informal in nature.

“The women moved from their villages to cities with some dreams that they will get nice jobs, their husbands will show them movies, we will be able to roam in the city, we will see things. But, when they come to the city, the situation completely changes because they don’t even have money to eat. So, they are forced to do this work.”

– General Secretary, Delhi Gharelu Kaamgar Sanstha (DGKS)⁶

⁶ Delhi Gharelu Kaamgar Sanstha is a union of domestic workers and was registered in 2011. The union comprises of part-time domestic workers and those who live in slums. Their work is primarily carried out in Delhi’s south, north, west and southwest regions. Currently, the union has a membership of about 3000 people.

Consequently, women workers have become segregated into sectors of domestic work, sanitation, construction, recycling, vending, agricultural work, casual labour in small-scale industries, and home-based work.

Devaluation of work carried out by IWWs

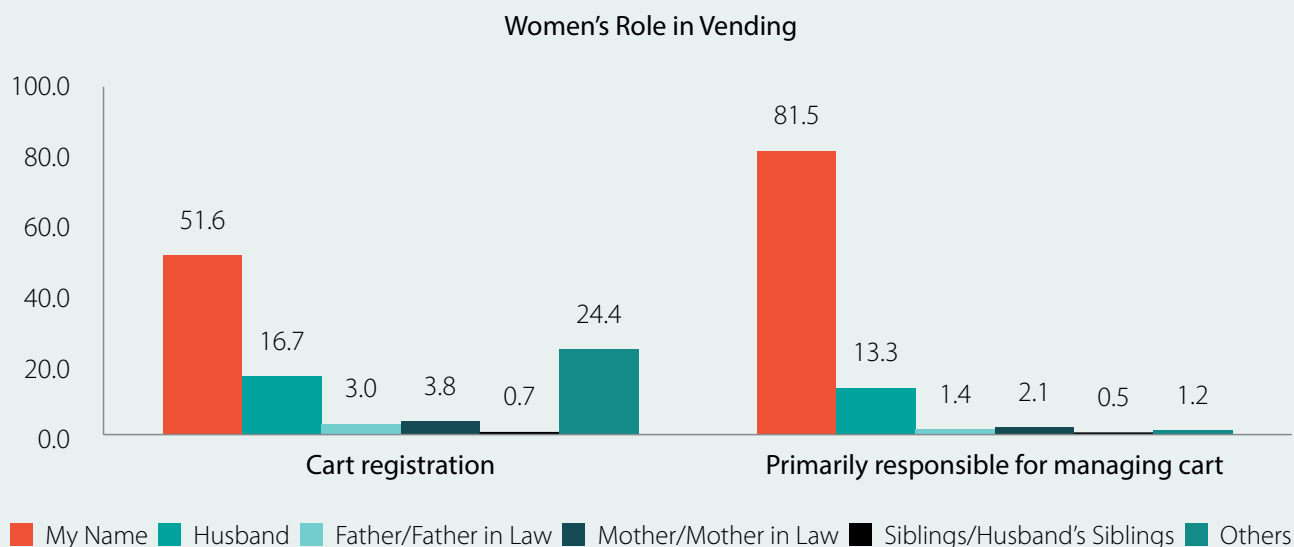
Findings revealed that the concentration of unskilled women workers in domestic work and the particular roles they undertake in street vending can be attributed to the prevalence of specific social and gender norms that tend to identify women as primarily responsible for household work and care responsibilities. Interviews with IWWs and key informants in the study reveal that paid domestic work is perceived as an extension of women’s traditional caregiving responsibilities at home. Consequently, the domestic work sector is predominantly occupied by women. Additionally, there is a tendency among employers to undervalue domestic work, not giving it the recognition, it deserves. The perception of domestic work being undignified and of little value is also prevalent among the workers. Due to this

devaluation of domestic work, employers avoid paying adequate wages or giving other employment benefits such as paid leaves or payment for extra work.

“There is no idea of value, it is a kind of stigma that you are going inside somebody’s house to do dirty work, most women don’t even recognize themselves or identify themselves as workers to the outside world.”
 – Research Fellow and Program Lead, Institute of Social Studies Trust (ISST)

Similarly, in street vending, there is a reluctance to acknowledge women as vendors. The survey found that among street vendors, approximately half of them were using carts that were not registered in their own names, but almost 80 percent were responsible for managing the carts, performing tasks such as purchasing the items to be sold, cleaning, sorting, and preparing. Significantly, 24 percent of street vendors in the study were using carts not owned by a family member, suggesting that there is a possibility of these carts being rented.

Figure 1: Role of Women Workers in Vending



"In many cases where men members sell onions, potatoes, and vegetables, it is the women who do the sorting, cleaning, and buying of vegetables. But she is not seen as a vendor because she may not be directly selling."

– Head, Street Food Program, NASVI

She also added that in cases where both the husband and wife run the same stall, vending certificates⁷ are usually found in the husband's name. The study found only 31 percent of women street vendors had a vending certificate. The absence of vending certificates makes women vendors more vulnerable to threats of eviction and greater harassment from police or the Municipal Corporation of Delhi (MCD), as well as more likely to face physical, verbal, and sexual violence in public places.

The burden of unpaid care work at home

Despite their engagement in paid employment, women workers are also primarily responsible for all domestic and household labor which directly impacts the choices they can make regarding their paid work. For instance, with respect to domestic workers, their choice of the hours they can give to their work is dependent on the time they have available after taking care of their household responsibilities and care work.

"Domestic workers work in multiple houses based on how much time they have. A domestic worker has to send her children to school in the morning, cook, feed them when they come back in the afternoon, and then send them for tuition in the evening. They choose their work depending on these factors."

– General Secretary, DGKS

Similarly, despite carrying out most of the activities required for operating a cart, women street vendors are often not present at the time of selling their ware due to numerous household responsibilities, adding to their lack of recognition as vendors. Given that they usually

need to balance their paid work with their unpaid care responsibilities, they tend to work in shifts and vend close to their homes to shuffle between their place of work and residence. Consequently, most women are static or stationary vendors while men are typically mobile and are able to participate in weekly markets more often.

One street vendor from the study mentioned that while her husband goes to the mandi, or local vegetable market, to buy vegetables in the morning, she carries out household chores like cooking, cleaning, and washing. Once he is back, she helps him in cleaning and sorting the vegetables. Following lunch, she prepares the cart and manages it till 9 at night. She then comes home to prepare dinner, while her husband manages the cart until 10 p.m.

"I do not have a daughter, sister-in-law or mother-in-law, so who will help me?"

– Street Vendor, 34, Noida, Neither chief nor sole wage earner

Engagement of family members in informal occupations

Apart from the occupations of street vending and domestic work, many women mentioned that they engage in other forms of informal labor such as construction work, tailoring, rag picking, and even begging to sustain themselves. Additionally, family members of IWWs were also found to be engaged in different forms of informal labor. Women revealed that their husbands are mostly either working as wage laborers in factories, rickshaw pullers, drivers, or street vendors. In fact, in multiple cases, husbands were found to be unemployed or in some form of temporary employment. As a result, women often found themselves carrying the burden of being the sole or chief wage-earning members within their households. Over half of the women from the study reported to be the chief wage earners of the family and a little less than one third reported to be sole wage earners. This placed them under immense pressure to handle not just household chores but bear the responsibility of household expenses as well.

⁷ A vending certificate provides the vendor with the recognition and the right to carry his/her business in the manner and conditions mentioned in the certificate, such as the space and time frame within which vending can be carried out.

Additionally, other members of the household were also employed in informal work, such as mothers-in-law working as domestic workers or sons of respondents working in factories/shops on a daily wage. The concentration of both – IWWs and their family members in informal work indicates that none of them benefit from labor framework protections, including paid leave, unemployment payments, and protection from arbitrary firing, which in a pandemic-like situation can trigger massive economic and social precarity.

Limited access to government documents

Another element that shapes the informality of their lives is their absence from different forms of social security protections such as subsidized ration, pensions, gratuity, insurance, and child and family benefits, and from access to relevant government documents that make them eligible to be included for different services and entitlements (Nanda et al., 2021; See Table 2).

Table 2 shows that while possession of an Aadhar card⁸ among the respondents was almost universal (98 percent), the number dipped to only 55 percent when it came to the possession of ration cards⁹ which are essential for accessing government-subsidized food grains. Since ration cards typically provide access to food grains at the place of registration, the data was further analysed by location. In Delhi, 57 percent of respondents had a ration card for Delhi. In Uttar Pradesh, 53 percent of respondents in Ghaziabad and 38 percent in Noida possessed a ration card for the state. Only eight percent women in Gurgaon possessed a ration card that was registered in Haryana.

Respondents interviewed also mentioned the lack of ration cards. While some respondents suggested that their temporary accommodations did not allow them to put any permanent address (often required), preventing them from applying for a ration card, few others argued that they had applied for one but never received it.

Table 2: Government documents held by IWWs (%)

Government Documents	%
Aadhar Card	97.6
Voter Card	79.1
Ration Card	55.5
Labour Card	53.0
Caste Certificate	21.8
Pan Card	20.6
Health Card	8.1
Women Registered with SHG	5.3

8 Aadhar is a 12-digit unique identification number given by the Government of India that serves as proof of identity and proof of address for residents of India. The Aadhar number helps residents avail various services provided by banking, mobile phone connections and other government and non-government services.
<https://www.uidai.gov.in/en/16-english-uk/aapka-aadhaar/14-what-is-aadhaar.html>

9 Ration card is an official document issued by different state governments in India to households that are eligible to purchase subsidized food grains from the Public Distribution System under the National Food Security Act (NFSA). Under NFSA, all state governments in India have to identify households that are eligible for purchasing subsidized food grain from the PDS and provide them with ration cards.
https://nfsa.gov.in/portal/PDS_page#:~:text=PDS%20is%20operated%20under%20the,grains%20to%20the%20State%20Governments.

"I had a ration card in my village. But then we started living here [in Delhi], then who would take ration over there. I tried to get a ration card made, but I couldn't get it ... I filled up the form and it was in the process, but it couldn't be made because my husband died [in Delhi] ... Otherwise, I would have gotten the ration card in two to six months. They demand INR 4000-5000 for ration card. Where do I get so much money for getting a ration card?"

– Street vendor, 45, Gurgaon, Chief wage earner

Discussions with key informants revealed that access to many programs and schemes, such as the Public Distribution System (PDS) is often determined by domicile status. The Media and Governance Head of Jan Sahas¹⁰ argued that even if there are long-term migrants living in Delhi, they do not necessarily have documents for Delhi. All their necessary documents are from their native towns or cities, and hence they are unable to receive services from Anganwadis¹¹, Integrated Child Development Services¹² (ICDS), and other social protection services.

"You are working here but you are not eligible for any sort of social security that a woman whose domicile is Delhi is eligible for."

– Media and Governance Head, Jan Sahas

Even though the One Nation One Ration Card¹³ has been adopted by most states across India, implementation challenges remain, making it difficult for women workers to access rations if their ration cards have been made in other states. For instance, one respondent said that her ration card mentions her state of residence as Bihar which prevents her from

accessing rations in Delhi. Some respondents added that they accessed rations through their mother's or another relative's ration card.

The study also found that the food distribution ecosystem is plagued by corruption, especially in the application and issuance of ration cards. Multiple respondents reported applying for ration cards several years ago yet, despite continued follow-ups were denied information by government officials. There were also complaints of black marketeering through middlemen who charged inflated prices for free/subsidized food grains distributed through the PDS shops.

In conclusion, elements of informality permeate every facet of the lives of these women workers, whether it is their access to education, economic and occupational opportunities, access to urban infrastructures, or government benefits.

Section II: Pandemic-induced vulnerabilities

Pre-existing vulnerabilities of IWWs compounded the challenges they faced with the outbreak of the COVID-19 pandemic and the implementation of a nationwide lockdown. This section provides a comprehensive exploration of these vulnerabilities and their detrimental impact on the well-being of IWWs during this period. It is divided into four subsections of economic vulnerabilities, limited access to SRH services, experiences of violence during the pandemic, and impact on mental health.

Economic vulnerabilities

The sudden lockdown of the Indian economy, mobility restrictions, social distancing measures, and fear of contagion exacerbated the pre-existing economic vulnerabilities, risks, and precarity of

10 Jan Sahas is a 20-year-old community-centric organization working intensively in more than 14000 villages and urban areas of 98 districts across 13 states of India. The organization works with the most excluded social groups on safe migration and workers' protection, and prevention of sexual and physical violence against women and children. To learn more: <https://jansahas.org/>

11 Anganwadi centres <https://wcd.nic.in/schemes/anganwadi-services>

12 Integrated Child Development Services

13 The One Nation One Ration Card plan is an endeavor of the Department of Food and Public Distribution, Government of India to ensure that migrant beneficiaries are enabled to get their ration through portability in the destination state, while the family members get their part of the entitled ration to support themselves. It allows migrant beneficiaries to get their entitled food grains from any Fair price Shop of their choice, in most parts of their country, by using the same/existing ration card with biometric authentication of identity (<https://transformingindia.mygov.in/wp-content/uploads/2021/10/ONORC-eng.pdf>)



Photo Credits : Shutterstock

IWWs and further amplified their intersectional marginalities of gender and class. This section discusses the impact of the pandemic on the economic vulnerabilities of domestic workers and street vendors due to the loss of jobs and income during this period. The section also highlights the effects of this reduction in income on women's savings, food consumption, shelter/housing, and children's education.

Loss of job/income

The Indian government imposed one of the strictest lockdowns in March 2020¹⁴ to prevent the surge of COVID-19 in the country, forcing millions of workers with no formal employment out of work. The mobility restrictions and stigmatization of informal workers

as the carriers of the pandemic resulted in the firing of workers, non-payment of wages, and depressed earnings many of them.

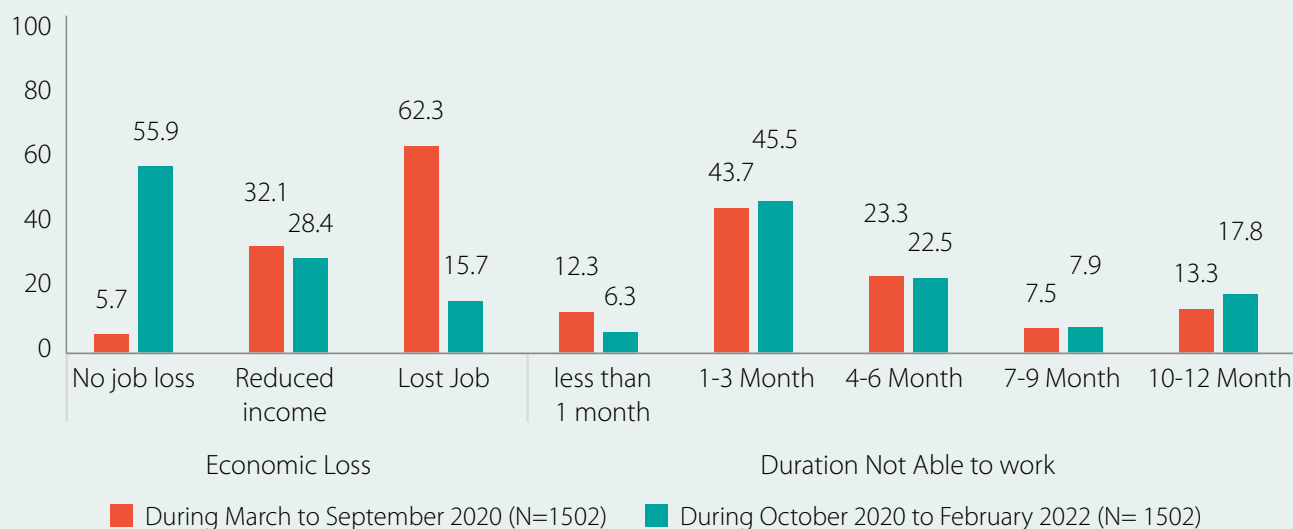
The survey substantiates these observations, with 62 percent of respondents from the survey reporting job loss and 32 percent reporting reduced incomes during the first wave of the pandemic. While 44 percent of women were unable to work for one to three months, almost one-fourth said that they could not work for four to six months and 13 percent mentioned not being able to work for 10-12 months (see Figure 2).

The majority of domestic workers interviewed mentioned that they had been asked by their employers to not come to work during the two lockdowns.¹⁵ They also reported not being paid during these periods,

14 The Stringency Index used by the Oxford COVID-19 Government Response Tracker found that India had one of the strongest lockdowns at an early phase of case growth. <https://indianexpress.com/article/explained/coronavirus-india-lockdown-vs-global-lockdown-covid-19-deaths-cases-cure-6399181/>

15 The first lockdown in India was imposed by the central government on March 24, 2020, across the country in a bid to contain the spread of the COVID-19 virus. The stringent lockdown measures started during this period continued till June 2020, after which small steps were taken to resume economic activities. The second lockdown was announced in Delhi and some other states of India in March 2021, with the outbreak of the deadly second wave of the pandemic. This period of the strict lockdown continued till mid-June of the same year. <https://indianexpress.com/article/india/covid-19-india-timeline-looking-back-at-pandemic-induced-lockdown-7241583/>

Figure 2: Economic Challenges during COVID-19 (%)



which resulted in extreme economic precarity as they had limited savings and no social security coverage. A few received partial payment of salaries and some ration support, but this was based upon the “benevolence of employers” as noted by a key informant since they were mostly ad hoc and sporadic in nature.

However, despite experiencing enormous economic challenges due to the non-payment of wages, almost none of the domestic workers felt that their labor rights had been denied or violated by their employers. Workers performing care and reproductive work remain highly invisible and undervalued in all domains — economy, community, and household — leading to many performing domestic work not considering themselves as “workers.” As a direct result of this internalization, most domestic workers interviewed did not expect any assistance from their employers during the lockdowns and instead relied on their employers’ benevolence during a period of deep vulnerability and uncertainty. For instance, praising her employer who paid her sporadically during the first lockdown, one domestic worker noted:

“When I needed money and if I asked them, they would give it to me. Those people never said why should I give you money when you’re not working. They gave me ration too.”

– Domestic worker, 44, Trilokpuri Indira Camp, Chief wage earner

Similarly, daily wage-earning street vendors interviewed also faced severe loss of livelihood during the pandemic. At the beginning of the first lockdown, fruit and vegetable vendors were not considered essential workers. Even after a change in this regulation, respondents experienced harassment from the police and MCD representatives, in the form of demands for government-authorized vending cards, bribes, verbal abuse, and physical violence. Consequently, many street vendors were forced to sell their wares hiding from the authorities.

“I used to set the cart hiding. There is a police booth here. They used to say that they are under pressure to remove the carts to stop the spread of the virus. So, I used to go to faraway places ... in different colonies. I used to wander here and there.”

– Street Vendor, 48, Harkesh Nagar, Okhla, Chief wage earner

Almost half of the survey respondents reported not being able to go to work due to police patrolling. Vegetable and fruit vendors faced challenges in accessing mandis due to curtailed public transportation services. Women street vendors found it more difficult to secretly sell their goods in comparison to their men counterparts, due to them predominantly being stationary vendors and the threat of gender-based violence (GBV). Further, street vendors selling

“non-essential” items such as clothes, bangles, and earthen pots faced heightened police surveillance and harassment and punishing restrictions on income generation. Adding to their economic debilitation, street vendors had to continue paying rent for their vending spots and the extended closure of weekly markets and vending hubs such as tourist attractions and public transportation stations made their economic conditions worse.

Like the pre-COVID-19 economic structure that limited the range of livelihood options available to IWWs, women workers reported facing considerable difficulties in finding alternative fruitful employment opportunities during the lockdown and pandemic. For example, while a domestic worker took up work at a construction site and learned stitching online to supplement her loss of income during the lockdown, another respondent opened a small shop outside her house, and a street vendor mentioned begging to sustain herself. However, across these alternative occupations, the income generated was not enough to meet their day-to-day expenses. A respondent aptly summarized the impact of the intersecting and multiple COVID-19-induced economic vulnerabilities:

“Our situation was such... what should I say... We only get water if we dig well. If there is no well, where do we get water? It was a very difficult time.”

– Domestic worker, 44, Trilokpuri Indira Camp, Chief wage earner

The period following the lifting of the lockdown did not dramatically alter their economic precarity, as finding employment post-lockdown remained deeply challenging. The employment crisis caused by the pandemic disrupted the labour market demand and supply for domestic workers. During the pandemic, domestic workers faced a significant decrease in the number of households they served compared to the

pre-pandemic period. As a precautionary measure, employers either reduced the number of workers they hired or restricted them to work exclusively in their own homes without compensating for the loss of other employment opportunities. On the other hand, due to the disproportionate loss of livelihoods among IWWs across other sectors, there was an influx of women in the domain of domestic work. This increased supply of domestic workers created imbalances in demand and supply, leading to a reduction in the negotiation powers of domestic workers, intensification of chores, and lower salaries. Some domestic workers reported that on return to work, they were no longer offered food and tea and they were also prohibited from using the toilet at the employer’s house. For street vendors, the return to work was plagued by market disruptions, increased prices of goods such as vegetables, gas cylinders, and potable drinking water, and a lower customer base.

For both domestic workers and street vendors, limited public transportation services and inadequate money to pay for auto fares also made the transition back to work extremely challenging. One-third of respondents from the survey reported mobility restrictions. To access mandis and work sites, IWWs were forced to walk long distances in the NCR’s extreme weather conditions and often rely on erratic and crowded public and private transportation services.

“After the sudden unlocking, auto drivers were asking for higher fares. I did not have so much money. I would pay INR 10-20 and go halfway and walk the remaining way.”

– Domestic worker, 29, Madanpur Khadar, Sole wage earner

Additionally, the transition to digital payment methods spurred by the onset of the pandemic has been especially challenging for IWWs given the gaping digital divide¹⁶. We found that women’s limited access

¹⁶ The National Family Health Survey-5 data [from 2019-2021] found that about 54 percent of women in India have access to a mobile phone but only one in three women in India (33 percent) have ever used the internet, compared to more than half (57 percent) of men. https://main.mohfw.gov.in/sites/default/files/NFHS-5_Phase-II_0.pdf

to smartphones, curtailed ability to recharge data plans, dormant or defunct bank accounts, reliance on men family members for access to digital payment methods, and low digital literacy made it difficult for them to use digital payment methods and this further suppressed earnings for some. Therefore, the return-to-work post-lockdown was marked by severe challenges, particularly for IWWs.

Depleted Savings and reliance on borrowings

For daily wage earners such as street vendors and precarious salaried workers such as domestic workers, loss of work and incomes drastically impacted their individual and family savings. During the first few weeks of the lockdown, respondents tapped into their savings to manage expenses. The survey reports while 94 percent of respondents used their savings to meet living expenses, 28 percent used savings for medical expenses. As the first lockdown was stretched and subsequent lockdowns imposed, the savings of families were depleted, and respondents were forced to borrow and/or sell smaller assets such as jewelry and household items to sustain themselves. As per the survey, 88 percent of respondents borrowed money for living expenses and 19 percent reported that they sold/pawned jewelry to make ends meet during the first lockdown (see Table 3). With regards to the sale of smaller assets, Agarwal (2021) states that these are the only assets owned by women (in contrast to assets such as land which are predominantly owned by men), resulting in hidden gender costs of reduced economic safety and bargaining powers within the household.

With respect to the source of borrowing, both the survey and qualitative interviews found that IWWs reached out to their informal networks to borrow money. This not only reveals a glaring absence of access to the formal banking system but also highlights the limited effects of government relief in mitigating financial losses. The formal banking system, including public sector banks, tend to view IWWs as risky borrowers due to their poor credit history and lack of collateral. Reflecting this sense of alienation from the formal banking system, the survey found that less than one-third of women saved money in a bank, opting instead to save at home. Only six percent of respondents revealed borrowing money from formal institutions such as banks. In addition to the stringent prerequisites for access and integration into the formal banking system, informal workers and especially women also contend with unequal power hierarchies in these spaces. Multiple IDI respondents reported feelings of intimidation, discouragement, and humiliation by bankers and other financial authorities.

The lack of familiarity and involvement with formal financial systems had a direct impact on women street vendors' ability to access COVID-relief through the Prime Minister Street Vendor's Atma Nirbhar Niti (PM SVANidhi) loan scheme (Manikatala and Jain 2020). The scheme was meant to facilitate collateral-free working capital loans to street vendors to help resume their businesses in urban and peri-urban or rural areas. However, many vendors complained about the process of applying for the loan as cumbersome and intimidating.

Table 3: Savings and borrowings of IWWs during COVID-19 (%)

Save Money (N=1502)	During March to September 2020	During October 2020 to February 2022
Yes	2.2	10.8
No	97.7	89.1
Use your savings (N=604)		
Yes	90.8	30.6
No	9.1	69.3
Borrow Money (N=1502)		
Yes	67.8	28.8
No	32.2	71.1

“We filled the form twice or thrice. We went to the MCD office. We kept sitting at the office ‘til 2 p.m. They would send us here and there and then in the end said that you will not be able to get a loan from here. We have not got it ‘til date. Then we just stopped going.”

– Street vendor, 37, Ghaziabad, Sole wage earner

Further, given the severity of income loss, livelihood erosion, and uncertainty of future earnings caused by the pandemic, many street vendors interviewed expressed fear of repayment and subsequent indebtedness due to the scheme. They stated that the scheme should have been a “cash relief measure” rather than a loan. These concerns were echoed by subject matter experts interviewed as well. Due to these challenges, women workers turned to relatives, acquaintances, and neighbours to borrow. However, the overall poor economic situation meant that families and peers of respondents also were plagued by the paucity of financial resources. Consequently, women were forced to borrow from informal sources such as money lenders at high-interest rates, thus perpetuating a cycle of borrowing and debt traps that continues to date.

Impact on food consumption and access

Our research found that the most immediate and severe impact of reduced incomes and dwindling savings was lowered food consumption. During the first lockdown, almost 70 percent of women surveyed reported a shortage of rations. Respondents reported experiencing acute food insecurity and reduced food consumption during lockdowns, extending into the unlock phases. Reduced incomes combined with higher food prices and a disrupted supply chain resulted in respondents reducing food consumption

and making changes to their diet including eliminating vegetables and eggs and surviving on chapatis, salt, and potatoes.

“Didi, I can skip a meal, but the children cannot stay hungry... Procuring ration was a big tension. Even now, I don't have to pay rent, but I still get tense about ration. It is important to give children food and water, if not much, we need to give them milk tea at least once a day.”

– Domestic worker, 29, Madanpur Khadar, Sole wage earner

The gendered impact of reduced food intake has been documented among women in South Asia, particularly in times of food scarcity (Harris-Fry et al. 2017). Interviews with women workers reinforced this. Women mentioned cutting down on food consumption drastically during the period of the pandemic, particularly the first lockdown. Limited food had a profoundly negative impact on pregnant and lactating women, with one respondent experiencing a miscarriage during the first lockdown which she believes happened due to the lack of food, and another respondent unable to breastfeed her newborn due to severe nutritional deficiencies. As the world recovers from the shadow of the COVID-19 pandemic, it is necessary to evaluate the long-term impact of the hunger crisis on maternal and child health, particularly in domains where India lags behind, such as malnourishment, anemia, child stunting, and wasting (UNICEF/WHO/World Bank Group – Joint Child Malnutrition Estimates 2021).

Food relief to urban areas during the pandemic was expanded¹⁷ by state government initiatives and other civil society organization (CSO) provisions, but the context of informality coupled with issues of accessibility and exclusion made them inadequate for

¹⁷ Under the Prime Minister Garib Kalyan Yojana, approximately 80 crore people were to be given 5kg wheat or rice and 1kg of preferred pulses for free every month during the pandemic. Additionally, 20 crore women Jan Dhan account holders were to get 500 INR per month for the next three months. In addition, in May 2020 the Government of India announced the 20-lakh crore INR Atmanirbhar Bharat economic package. This included additional allocations for MGNREGS and other sectors such as Agriculture and allied sectors, Energy, Finance, MSMEs, Infrastructure and Socio-Economic Welfare.
<https://www.indiabudget.gov.in/pmgky/>



Photo Credits : Pixahive

many IWWs. While rations and cooked food distribution were reported as the most accessible pandemic welfare benefit, almost 33 percent of respondents were not able to access them. Further, interviews with IWWs revealed that many were asked to present their ration cards to access free food grains. Given that only 56 percent of respondents had ration cards, this further limited their access to free food grains.

Ninety-one percent of respondents also noted large queues for cooked food by CSOs and government schemes, beginning as early as 1 a.m. Alongside this, survey respondents report having to travel long distances (47 percent), harassment by the police (19 percent), and mobility restrictions (10 percent) that impacted their ability to access food schemes. Some interviews revealed that women would have to walk approximately 30 minutes each way to distribution points to collect food grains or cooked food due to the lack of transportation. Even if they were able to overcome these roadblocks to reach the front of the distribution line, food would often run out and they would return home empty-handed. On the other hand,

utilizing received food was not always straightforward as some respondents faced problems in grinding the procured food grains while others were forced to purchase cooking oil and gas on credit from local vendors.

“When you couldn’t get food after you stood in the queue, I used to come back like that. Children used to scream and cry. I used to tell them that today we couldn’t get, then children used to sleep.”

– Domestic worker, Madanpur Khadar, Chief wage earner

The burden of sorting these logistics fell upon women, as the study found gender norms dictated that women of the household were primarily responsible for arranging food and rations. Further, CSO distributions were not active in all areas, excluding many informal workers and families living in the peripheral regions of Delhi in particular. Those that were active often left respondents wondering about the frequency and cost of distributions.

Impact on education and housing

The erosion of livelihood and income generation opportunities also threatened respondents' right to education and shelter. Due to the inability to pay school fees for children outside of the free and universal primary education scheme of the government, many respondents were forced to withdraw their children from schools.

"Now the condition of the house is very bad... My elder son has passed 10th class, but he has not been able to get admission anywhere. We have not set up a cart for 12 days. We do not have money and the date of admission has passed."

– Street vendor, 36, Noida, Chief wage earner

Additionally, even if the children continued in school, their limited access to digital methods of learning meant that the quality of education and learning suffered. Though 70 percent of respondents noted having access to a mobile phone, only 58 percent among them had a smart phone, which could support digital methods of learning. Women reported having to scramble to make arrangements for mobile phones or laptops at the onset of the pandemic so their children could continue attending classes. They were forced to purchase smartphones by borrowing from informal sources or through equated monthly installments, adding to their mounting debt burdens. Economic precarity led to struggles in recharging their phones and affording mobile data packages, resulting in children missing out on classes and schoolwork for a few days. Additionally, negotiations around children's education and access to digital technology for online classes became the sole responsibility of women, adding to their already heavy burdens of unpaid care work within the household.

Lastly, the loss of income affected housing and the ability to make timely rent payments to landlords. While a few landlords agreed to defer payments, rent had to be paid in full on lifting of lockdown measures and sometimes even increased in price. Subject matter experts reported that CSOs provided housing support as an essential component of their work

during the pandemic by intervening with landlords who threatened to evict tenants. However, none of our respondents reported receiving such help.

"Earlier the rent of the house was less ... The rent of the house has been increased... I can hardly pay the rent. The landlord says a lot. I have not paid rent for 10 months. The landlord has said that this time give me 10,000 rupees. I said I'll pay the rent little by little. I can't pay the whole rent. I have taken a loan..., I have to return that too."

– Domestic worker, 26, Madanpur Khadar,
Sole wage earner

Thus, the pandemic deepened IWWs' economic vulnerabilities, having both short-and long-term repercussions on their livelihoods, health, financial security, children's education, and housing.

Limited access to sexual and reproductive health services

Quantitative findings did not reflect a high need for SRH services among IWWs: six percent of respondents reported a need for pregnancy-related check-ups and five percent expressed a need for health care services for delivery. Out of those who expressed need, approximately 20 percent were not able to access them. However, interviews with IWWs revealed a different story altogether, with many respondents mentioning the challenges they or their relatives and friends experienced in obtaining SRH services.

Multiple respondents mentioned challenges in accessing prenatal care, particularly during the months of the intense national lockdown in 2020 when medical facilities were primarily managing COVID-19 infections and means of public transport were limited. Women found it difficult to access facilities for proper and regular checkups and feared punishment from the police for leaving home. Hence, many women ended up choosing to go to ill-qualified neighborhood doctors who prescribed medicines that often led to adverse health outcomes. The General Secretary of DGKS argues that women found it challenging to access a range of services for prenatal care, such as iron

tablets, immunization services, and ultrasounds. One domestic worker lost her job and was unable to afford any consistent prenatal care during the lockdown. Being a diabetic, she required a daily dose of insulin but was unable to consistently afford the injections. As a result, she experienced life-threatening complications during the delivery, forcing the family to take her to a private hospital. Unable to afford the charges at the hospital, the family was left with no option but to mortgage their house to pay the bills. The house remains mortgaged. Another respondent mentioned experiencing a miscarriage during the lockdown. She said that she avoided going to the hospital during the lockdown because she feared that the police would physically harm her. Instead, she borrowed money from her landlord to purchase medicines from a local dispensary.

“I was in the sixth month of pregnancy when the lockdown was announced. If I had some money, I would go for check-ups, otherwise I would stay at home. Only when I was unable to bear the pain, I would see the doctor. I was experiencing shortage of blood, for which I had been advised to take an injection. But we could not afford that. I developed complications because of that and was operated upon in the eighth month only. I try to not remember that time.”

– Domestic Worker, 36, Ghaziabad, Neither sole nor chief wage earner

Interviews with subject matter experts revealed that a number of women opted for home deliveries, choosing midwives or dais¹⁸ to assist in the delivery, as government facilities were being used primarily to meet the COVID-19 challenge and private hospitals were too costly. Further, some women mentioned not being able to access post-partum care or afford nutritious food, leading to negative health outcomes. One respondent noted her relative had given birth one month before the lockdown was announced and was restricted from going to the hospital for her post-partum checkups. As a result, her body swelled,

and it took several months to recover. The Head of the Food Security Program at NASVI added that the existing figures do not adequately capture the reality of how many pregnant women and infants must have suffered during the pandemic due to the inability to go to hospitals.

Ongoing SRH needs outside of pregnancy were also hindered. Due to economic constraints and lockdown restrictions, over one-fourth of women from the survey could not get an adequate supply of sanitary napkins. Challenges in accessing health services were further compounded by the absence of health workers during the pandemic, particularly the Accredited Social Health Activists (ASHA) workers who play a central role in providing information and services on reproductive health. Due to mobility restrictions during the pandemic, ASHA workers were not as active. None of the respondents from the study mentioned being visited by or getting any assistance from them during the lockdown.

Thus, while respondents in the survey did not report a high need for SRH services during the pandemic, both the survey and the qualitative interviews reveal that women with SRH needs — particularly with respect to prenatal care and delivery — faced challenges due to limited economic resources, diversion of medical services to meet the demands of the pandemic, and limited transportation facilities.

Experiences of violence during the pandemic

Similar to the SRH findings, quantitative findings on intimate-partner violence (IPV) were less pronounced compared to the qualitative findings.¹⁹ In the survey, approximately 18 percent of IWWs reported facing any type of violence from their spouse, including emotional, physical, and sexual violence, while over five percent specifically reported facing sexual IPV. Household expenses (29 percent), lack of employment opportunities (13 percent), and lack of a stable income (11 percent) were cited as some of the key reasons for IPV.

¹⁸ The Dai is a Traditional Birth Attendant (TBA) and primary health care provider for women during pregnancy and childbirth in many parts of India. Typically, a dai draws upon her experience of traditional knowledge for delivery practice.

¹⁹ Note that over five percent of the survey respondents either did not want to talk about violence or could not be asked the questions on violence.

In the qualitative interview, a vast number of respondents mentioned facing physical and verbal violence from their husbands. Moreover, this experience of violence was not limited to the period of the pandemic or the lockdown but was mentioned as a consistent and normalized part of their lives. Many respondents stated that while they did face violence from their husbands during the pandemic, it was not very different from the pre-pandemic period. Many respondents tried to justify the increased verbal quarrels and physical violence between husbands and wives with the economic hardships and loss of work caused by the pandemic or normalize the violence by taking the blame for it as a form of discipline.

“If you commit a mistake, he will beat [you]. If you do not commit a mistake, why will he hit [you]?”

– Domestic worker, 37, Trilokpuri, Chief wage earner

“I never give him a reason to slap me. Only when I make a mistake, he hits me. Without a mistake, he does not hit [me].”

– Street Vendor, 37, Jama Masjid, Chief wage earner

IPV was also found to be more common in situations of alcohol consumption by husbands. One street vendor said that her husband would normally use force in a drunken state so in the early months of the national lockdown when alcohol shops were closed, the use of force by her husband was less. Another respondent argued that the confinement to private spaces made her more vulnerable to violence as she had nowhere to hide from her husband. She was hospitalized after being subjected to both extreme verbal and physical violence by her husband during the lockdown.

The normalization of IPV by women and the stigma associated with it is further evident by the low level of help-seeking. Of those who experienced IPV, only 26 percent sought help. While half the women in the survey cited stigma as a reason for not seeking help, approximately 28 percent said that the husband has a right to treat his wife the way he wants. Even

amongst those who sought help, over half reached out to their own families. Only 11 percent reached out to the police, demonstrating the lack of trust in law enforcement agencies.

“I had once reported to the police when my husband had hit me. But the police said that this a matter between the two of us and we have to resolve it.”

– Domestic Worker, 29, Madanpur Khadar,
Sole wage earner

With respect to violence faced in public spaces during the pandemic, some IWWs, particularly street vendors reported facing an increase in instances of violence at work and in transit. This included verbal abuse, harassment, and intimidation by police, confiscation of goods by officials, and physical assault. There also seemed to be a reluctance among IWWs to seek help, with many suggesting that violence from authorities is ‘expected’.

In conclusion, IWWs reported experiencing violence in private and public spaces during the pandemic. However, while perceived as challenging, it was also seen as a consistent and normalized part of their lives and not a product of the pandemic. Discussions with women also revealed that they did not perceive violence as the biggest challenge in their lives, with economic hardships and access to health care taking precedence.

Impact on mental health

The sudden lockdown, stoppage of work, and depletion of income and savings had a significant impact on the mental health and well-being of individuals. The survey reported that the majority of the women interviewed felt anxious (84 percent) and/or depressed (78 percent) during the first wave of COVID-19 when the strict lockdown policy was implemented. In the period following the lifting of the lockdown, 78 percent of women reported feeling anxious, but only 31 percent reported being depressed. The primary stressor as identified by women were difficulties encountered in meeting household

expenses (81 percent), followed by a reduction in income (50 percent), loss of employment (45 percent), and depletion of savings (25 percent). In the qualitative interviews, IWWs noted high levels of anxiety and physical manifestations of their poor mental health in the form of headaches, sleeplessness, frequent bouts of crying, and low blood pressure.

"I didn't do anything. I just kept sitting. I had tension about how the expenses of the house would go and how I would pay the rent of the room. I just kept thinking this and sometimes I thought I should die. The situation in my house had deteriorated a lot. Whenever I remember that time, I still cry."

– Domestic worker, 26, Madanpur Khadar, sole wage earner

Given the stigma attached to mental health in India and the limited awareness of and access to mental health resources, most respondents made use of their own existing resources and support networks to cope with their increased psychological stress. Women turned to praying, sleeping, playing with their children, and going for walks when lockdown measures allowed for it. Many relied on speaking with their husband, neighbours, relatives, and friends to share with and vent about their problems.

"We work outside our home...we make connections or friendships. We get to know people...they also help us out. So, we are able to fight these challenges."

– Street vendor, 37, Trilokpuri, Chief wage earner

However, many IWWs also reported feelings of isolation and loneliness during the pandemic, due to extreme economic precarity, weak social network, restricted mobility, and relegation to the private sphere. Additionally, women were also responsible for all the care work at home, including managing the mental health of their children and their spouses. This often resulted in a disproportionate and exclusive burden of cognitive and emotional labor on women in the home, resulting in further mental turmoil and becoming isolated in their fight against the stressors of the pandemic.

"I was depressed. I used to keep crying. When there was no one in the house I used to cry alone. I didn't say anything in front of my husband and used to laugh. My elder son is sincere. I used to think that if I cried in front of him, he might take a wrong step like start stealing. When children see the situation at home, they get involved in wrong activities...I behaved in such a way in front of children in such a way that they never felt there is a problem...But inside I kept choking."

– Street vendor, 37, Trilokpuri, Neither chief nor sole wage earner

Poor mental health, in some cases, led to decreased motivation to succeed. Many women mentioned that, considering the severe economic losses suffered by almost all in their communities and networks, sharing their worries would not lead to any solutions, especially in the form of material support. Thus, isolated coping strategy had further negative repercussions on IWWs' mental health and wellbeing.

"Due to tension, I kept crying day and night... My husband had died. My children couldn't get married. My daughters don't have happiness in their life. I just do jyot-batti [lighting of the lamp], nothing else...I tell God that I always had faith in you and did everything with dedication. But what wrong did I do that such things happened to me? God never answered my prayers. I could never prosper in life. Today my situation is the same as it was before...Now I don't have any expectations from God. My life will pass just like this."

– Street vendor, 45, Gurgaon, Chief wage earner

It is clear from the above discussion that systemic inequalities, exacerbated by the crisis, had a major impact on the mental health of IWWs. Yet, due to the stigmatization and lack of awareness around mental health, acute paucity of resources, and crunch of mental health practitioners — particularly for those who are economically vulnerable — mental health care remains out of bounds for many IWWs and beyond.



Photo Credits : Pixahive

Enabling Factors: Support systems that helped IWWs cope

This study makes a critical contribution in highlighting pre-existing vulnerabilities of IWWs and how these were aggravated by the effects of the COVID-19 pandemic. The pandemic created extreme economic and social precarity among IWWs, and they had to rely upon a patchwork of support mechanisms, such as government relief, assistance from CSOs, social networks, and personal agency. It is essential to understand which specific mechanisms played a central role in aiding IWWs and their families in coping with these vulnerabilities. The study categorizes these mechanisms along four main axes: protective factors, physical factors, collective factors, and promotive factors²⁰.

Protective factors

Factors such as education, income, and access to welfare are central to determining how individuals navigate and cope with the uncertainties emerging from a crisis, such as that of the COVID-19 pandemic. This study found that respondents across both occupational categories were marked by the absence of education, income, and social security which had a devastating impact on their capacity to cope with the crisis. The lack of educational qualifications of respondents and their family members meant that they were forced to take up low-paying, low-skilled jobs, leading to poor income and savings that proved to be costly during the pandemic. The lack of education or literacy also affected IWW's capabilities to perform critical activities that could potentially

²⁰ The four categories of factors: protective, physical, collective and promotive have been adapted from a framework developed by Adrian Breda (2018) that identifies protective factors as education, health and welfare; physical factors as quality of food, safety, housing; collective factors as social networks and promotive factors as intelligence, problem solving skills and capacity to exercise agency. The presence/absence of these factors is said to influence resilience outcomes.

expand freedoms such as the ability to open bank accounts, become digitally literate, and recognize their own paid and unpaid labor, among others. Additionally, most respondents could not rely on the incomes of their husbands or other family members to manage the economic crisis emerging from the pandemic, as these women were mostly sole or chief wage earners in their households. Moreover, husbands were found to be occupied in informal jobs which further made the overall economic situation of the household precarious.

Considering the limited education and supplementary income support for respondents, access to social welfare measures by the government and CSOs became significant in coping with the adverse economic impacts of the pandemic. This study found that respondents in possession of documents linking them to government relief schemes fared better when compared to those without. Women who could access government-subsidized food grains and cooked food distribution programs were able to eat better in comparison to those who could not. Similarly, those with active Jan Dhan accounts received cash relief of INR 500 for three months which provided some financial respite.

Protective support mechanisms were limited, scattered, and ad hoc which significantly increased the vulnerability of a majority of IWWs. However, those who had access to these protective factors were able to cope with the economic crisis better. Focusing on protective factors from a policy perspective proactively highlights the programs required to equip IWWs with resources and tools to deal with future economic uncertainties, reduces pre-existing vulnerabilities, and builds crisis preparedness.

Physical factors

Including home ownership, access to toilets, physical labor of unpaid care, access to childcare provisions, workplace safety, and transportation services, physical factors are significant in shaping income capacities and working conditions of IWWs, as well as their ability to cope with the aftermath of a crisis such as COVID-19. The loss of employment and income had a substantial downstream impact on IWWs' ability

to undertake household expenses, a major chunk of it being rent payments. The study found that respondents with home ownership had an added layer of protection and cushioning compared to renters who were faced with harassment, verbal abuse, and threats of eviction from landlords for non-payment of rent during lockdown periods. Home ownership also provided equity that allowed respondents to negotiate better loans from formal banking systems, which was critical in protecting respondents from indebtedness in the long term. Therefore, living in rental housing — especially in informal settlements — curtailed IWWs from accessing government relief and becoming integrated into formal systems. Further, the quality of housing in terms of availability of personal space, type of locality, and access to urban infrastructures impacted respondents' ability to cope. For instance, those living in accessible localities found it easier to reach cooked food distribution points, allowing families to have sufficient food consumption while reducing household expenses, in contrast to those who lived in areas and localities that were difficult to access. For all, erratic public transportation due to the pandemic affected their ability to fulfill unpaid care work such as procuring cooked food and food grains and accessing government relief, as well as fulfill paid work responsibilities.

The pandemic thus highlighted the importance of the necessary infrastructure that can facilitate women's participation in paid work. The burden of household responsibilities compels women to choose occupations that take up less time, leading to reduced incomes and lower savings, which in a pandemic-like situation has a debilitating impact on chances of survival. Women who had a support system present at home in the form of other care providers could spend more time in paid work, in comparison to those who were the primary caregivers. This indicates the importance of functional and safe childcare provisions in the form of nurseries, and a more equitable balance of household work which can allow women to engage in more productive paid work, expanding their chances of greater financial security. This can be critical in situations of economic crisis, particularly when they are sole or chief wage earners.

IWWs that had access to some of these physical factors were able to cope better with the precarity induced by the pandemic in comparison to those who did not. Overall, an evaluation of physical factors can help policy practitioners to develop physical and social infrastructures which cater to the particular and differentiated needs of IWWs.

Collective factors

Due to weak protective factors and inadequate physical support mechanisms, collective factors including social networks and employers' support were important in strengthening the coping strategies and resilience outcomes for respondents. As respondents have limited linkages to formal banking systems and welfare benefits, they usually rely on their social networks to access loans, get rations support, learn about employment opportunities, and gain information about government programs. While collective factors were weakened during the pandemic overall due to social distancing, lockdown measures, and widespread economic decline, IWWs with stronger social networks found it somewhat easier to cope. Many IWWs mentioned depending deeply on family members, neighbours, and friends to relieve the mental stress of the pandemic. In comparison, IWWs with a weak social fabric and network found it comparatively hard to cope and became isolated, consequently having lower access to informal loans, knowledge about resources available, and general help and support.

Employers' support was also critical in helping IWWs cope with the precarity induced by the pandemic. For domestic workers, the "benevolence of employers" emerged as a collective factor and was a significant differentiator between resilience outcomes of respondents. Respondents who received partial payment of salaries, ration support, or were employed immediately after the lifting of lockdown measures found it easier to overcome economic losses in comparison to those who were denied wages and lost their employment. Some domestic workers interviewed found it challenging to get work even three to four months into the unlocking phases which deepened their economic

difficulties. Therefore, community networks as an informal coping mechanism played an integral role in making IWWs resilient to vulnerabilities. Further, focusing on collective factors by centering the role of employers shows the importance of formalizing women's work to ensure better employment relations and resilience outcomes.

Promotive factors

Finally, while the experiences, decisions, and life course of IWWs are shaped by overarching social structures, such as informality, socioeconomic positionalities, social relations, and adversities such as the COVID-19 pandemic, promotive factors such as the exercise of agency, degree of faith, and emotional regulation of individual IWWs were critical in their overall coping. The study found that respondents constantly negotiated and expressed their agency to minimize the impacts on their lives and wellbeing. As evidenced by the report, respondents bargained with husbands, sought out help from social networks and CSOs, contested and negotiated with employers, landlords, and municipal officials, and in different ways resisted social norms to manage their situation of vulnerability. For instance, one domestic worker who was going through a separation from her husband took recourse from the judiciary and was able to get the right to live in her husband's house. This helped her save on rent and use that money to manage other household expenses. Underlying their endeavors was the faith and hope to get past the immediate crisis and work for the betterment of their children. While all women exercised agency in implicit and explicit ways, the study found that some respondents who expressed greater agency and were able to negotiate better emerged as more resilient to the damage caused by the pandemic. They found means to access public resources, benefit from government schemes, find alternative employment opportunities, and garner help from formal and informal sources. Thus, including promotive factors in policy and program by studying women's lived experiences and their articulations of desires and change harnesses the power IWWs exercise over their lives and social environments.

These four interconnected factors show how IWWs interact with and within this complex ecosystem, which in turn shapes their coping strategies and outcomes. This discussion provides important insights into what does work for them, what does not work for them, and how formal and informal mechanisms can be strengthened to improve livelihood opportunities and economic outcomes.

Recommendations

Based on findings from the survey and the qualitative interviews with domestic workers and street vendors, and subject matter experts, the following are recommendations for designing more inclusive policies and programs that respond to the specific needs of informal women workers (IWWs). Recommendations are aimed at policymakers, grassroots and direct service organizations, and program implementers.

Recommendations for Policymakers

- **Apply labor laws to Informal Women Workers (IWWs):** Bring IWWs within the ambit of formal labor laws so that they benefit from existing laws pertaining to women such as equal and decent wages, maternity benefits, local committees for sexual harassment at the workplace, paid leaves etc.
- **Register IWWs on e-Shram²¹, the national database for unorganized workers:** Relevant government departments, CSOs and trade unions can facilitate this registration. This will provide relevant government departments with accurate data on informal workers and allow them to target and deliver social security measures and welfare benefits to IWWs (including migrant workers) more effectively.
- **Legally recognize domestic work:** Policymakers should introduce a comprehensive national law to replace the fragmentary legislation and policies

enacted by different state governments. The law should recognize domestic work as an occupation and enforce minimum wages and employment contracts. Registration of employers should be encouraged.

- **Sensitize officials on the gendered issues faced by IWWs:** Bureaucrats and government representatives such as the police, health workers, MCD officials, trade union members, and bank officers must be sensitized on the structural and gendered issues facing IWWs. This would reduce discrimination and stigmatization faced by women in public administrative spaces.
- **Strengthening violence redressal mechanisms:** Creating awareness and establishing linkages with One-Stop Crisis Centers²² that are easily accessible to IWWs.

Recommendations for grassroots organizations working with IWWs on the ground:

- **Capacity building of CSO frontline workers:** It is critical to strengthen the knowledge of frontline workers on gender and social inclusion, so they can understand the varying needs of women informal workers.
- **Capacity building of street vendors:** State Town Vending Committees²³ are mandated to have one-third representation of women street vendors. However, they often find it challenging to voice their concerns in these spaces. Hence, it is critical to build the capacity of IWWs to articulate and assert their needs. Additionally, it is important to sensitize male vendors to support IWWs effective engagement.
- **Create strong support groups for collective action:** There is a need to create worker-cooperative models and formal and informal support groups to facilitate collective negotiations and decision-making for IWWs.

²¹ <https://eshram.gov.in/>

²² One Stop Crisis Centres are intended to support women affected by violence in public and private spaces, within the family, community and at the workplace. Women facing sexual, physical, emotional, psychological and economic abuse are provided with integrated support and assistance.

²³ The Street Vendors (Protection of Livelihood and Regulation of Street Vending) Act 2014 mandates creation of Town Vending Committees comprising of at least 10 representatives of street vendors among others. Town Vending Committees are responsible for identifying street vendors, issuing the vending certificates and keeping the record of street vendors under its jurisdiction.

Recommendations for policy and program implementation:

- **Increase access to documentation:** Create awareness and access to essential government documents such as rations cards, health cards, and vending certificates for street vendors which facilitate access to entitlements and services for IWWs. This can be done through promotional campaigns in regional languages on news channels and through social media, visits by representatives to explain the processes, and capacity building of community leaders.
- **Strengthen the linkages of IWWs to banking and financial institutions:** This can be done by creating a single window system to register IWWs, developing financial literacy, and greater policy and advocacy measures to ensure their overall ease of access to banks.
- **Need for gender disaggregated data:** Collection of targeted and gender-disaggregated data on IWWs can increase visibility and the understanding of the needs of IWWs.
- **Strengthen knowledge on GBV:** Facilitate IWWs' access to information and response mechanisms on GBV, including sexual harassment and stalking.
- **Invest in building inclusive infrastructure to support IWWs:** Creation of inclusive urban

infrastructure through city planning centered on the doctrines of the right to public space, housing, and public infrastructure for migrant workers and the urban poor, especially women will help women increase IWWs' access to public spaces. Further, facilitate awareness of nurseries and Anganwadi centers in large migrant destination areas.

- **Advocate for safer public spaces for IWWs.** For women street vendors, advocacy efforts to make street markets responsive to their needs must be strengthened. In particular, allocated space for women vendors, hygienic toilet facilities and adequate lighting in street markets must be facilitated to ensure safety for women vendors and solidify their livelihoods.

In conclusion, IWWs face significant structural barriers to support systems during times of crisis. To be better prepared for another socio-economic shock of this nature, workers employed in informal occupations need to be provided with better support systems and protections to ensure that they can make ends meet with dignity. Engaging a range of stakeholders including policymakers, grassroots organizations, and program implementers to facilitate structural inclusion of IWWs can ensure their needs are understood and included in future times of crisis.

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