

REBUILD

WOMEN IN URBAN INFORMAL WORK AND COVID-19 IN INDIA

A REBUILD Scoping Report



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¹Please refer to Annexure-1 for the list of project advisory group members

COVID-19 POLICIES AND WOMEN IN INFORMAL WORK IN INDIA

REBUILD Scoping Report

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The COVID-19 pandemic has wrought a global socio-economic crisis, with profound implications for the well-being of individuals, households and communities. It has further deepened existing social inequalities, heightened the risks for gender-based violence (GBV), and limited the access to health services, including sexual and reproductive health among marginalized groups. As countries move to mitigate the health threats of the COVID-19 pandemic, immediate policy action has often led to large economic and social costs that are majorly borne by vulnerable

and low-income populations, among whom women are the most affected. So far, immediate, state-led policy responses focused on COVID-19 clinical management, quarantine guidelines, mobility restrictions and lockdowns, protective and promotive social safety, and economic stimulus packages.

The present review aims to discuss how COVID-19-related health and economic shocks, and the policy responses to them, interacted with pre-existing vulnerabilities to impact livelihoods, the experience of GBV and healthcare outcomes for women who work in the urban informal



economy in India. This review examines the COVID-19 policy response period from March 2020 to February 2021 to understand the implications of the national lockdown and immediate policy responses as well as the slow recovery through the unlock phases.

Cities in India such as Delhi had been badly hit not only in terms of health infrastructure but also in terms of livelihoods, basic survival and social outcomes, leading to mass exodus of migrant workers from the cities back to their villages. However, even as this report was being conceptualized, the second COVID-19 wave hit the country like a storm, leading to a full collapse of India's already weakened health infrastructure. India's surge in infections began around mid-March and increased rapidly, reaching a peak of more than 400,000 recorded daily cases on April 30, 2021. Delhi was the worst hit with daily cases averaging around 23,000 for a week, three times higher than any number seen in 2020 across Indian cities. People across the country were sending SOS requests for beds, ventilators, medicines and treatments. Even those who reached the hospital were gasping for oxygen due to acute shortage of supplies. With this situation, the Delhi government called for a lockdown in the state to help curb surge in cases. Migrant workers who had returned to cities in December-January after conditions in the cities had improved and things had opened up now found themselves in a sticky situation. Going back again would diminish their income but staying in the city during the second wave also exposes them to the risk of infection and death, especially in the absence of access to proper healthcare here. Most

surveys have documented the relative disadvantage of migrant households in being able to access public safety nets, either in the villages of their origin or destination cities, due to a lack of identification documents or non-registration as workers or simply a lack of information. This is more so for women, whose nature of occupation and gendered access to entitlements make them doubly vulnerable.

Such disadvantage has meant another exodus of migrants from the city. There is no doubt that lives have to take precedence over livelihoods. However, in an economy where the informal sector is large (with 93 percent of total workforce being informal), extended lockdowns mean that migrant workers cannot protect their livelihoods. For them, this is a matter of not just livelihoods but basic survival. Furthermore, much of the discourse on the urban informal worker (often a migrant) being pushed out or marginalized by COVID-19 policy response has failed to take into account the gendered dimensions of impact. This scoping report is an attempt to address this gap.

The report focuses on understanding the experience in the period of the first wave (March 2020–July 2020) and its aftermath. It is therefore limited in its scope since it does not take into account the second wave of COVID-19 and its impact on the workers.

Furthermore, the study depends largely on review of existing rapid surveys and reports by various organisations during the first wave of COVID -19 along with a few interviews with experts. Remote rapid surveys have a lot of challenges such as difficulties of checking the veracity of the data, and the lack of privacy and confidentiality during telephonic interviews.

Given that the Scoping Report is based largely on a review of these surveys, the same challenges apply here as well. The absence of workers own narratives through primary research limits the depth and scope of analysis in this report. The scoping report therefore presents an overview of the social and economic vulnerabilities of urban informal workers and the exacerbation of these vulnerabilities during COVID-19, as recorded through existing studies and expert insights.

Key Findings

Pre-existing vulnerabilities

- Considering, total urban female workforce, about 87 percent of female workers are without any social security benefits, about 77 percent do not have any written work contracts and nearly 80 percent are not eligible for paid leaves. Thus, more than two-thirds

of the urban female workforce are under the category of informal workers (PLFS 2017-18).

- Given their migrant status, insecure jobs and low incomes, informal workers often live in informal settlements inside the city, devoid of civic citizenship, such as access to sanitation and hygiene.

Socio-Economic impact of COVID-19

- One of the foremost effects of the COVID-19 induced lockdowns was loss of employment and/or wages for a vast section of informal workers, a large section of them being migrants. This led to a mass exodus of migrant informal workers from cities to their villages in source states amidst fears of infection and starvation.
- Women workers were at a greater risk of wage penalty after the lockdown. Women, especially returnee migrants were more likely than men to work on the assurance of future payment.
- The pandemic crises invariably led to food insecurity and a sudden depletion of household savings. Studies suggest that households were coping with COVID-19 by

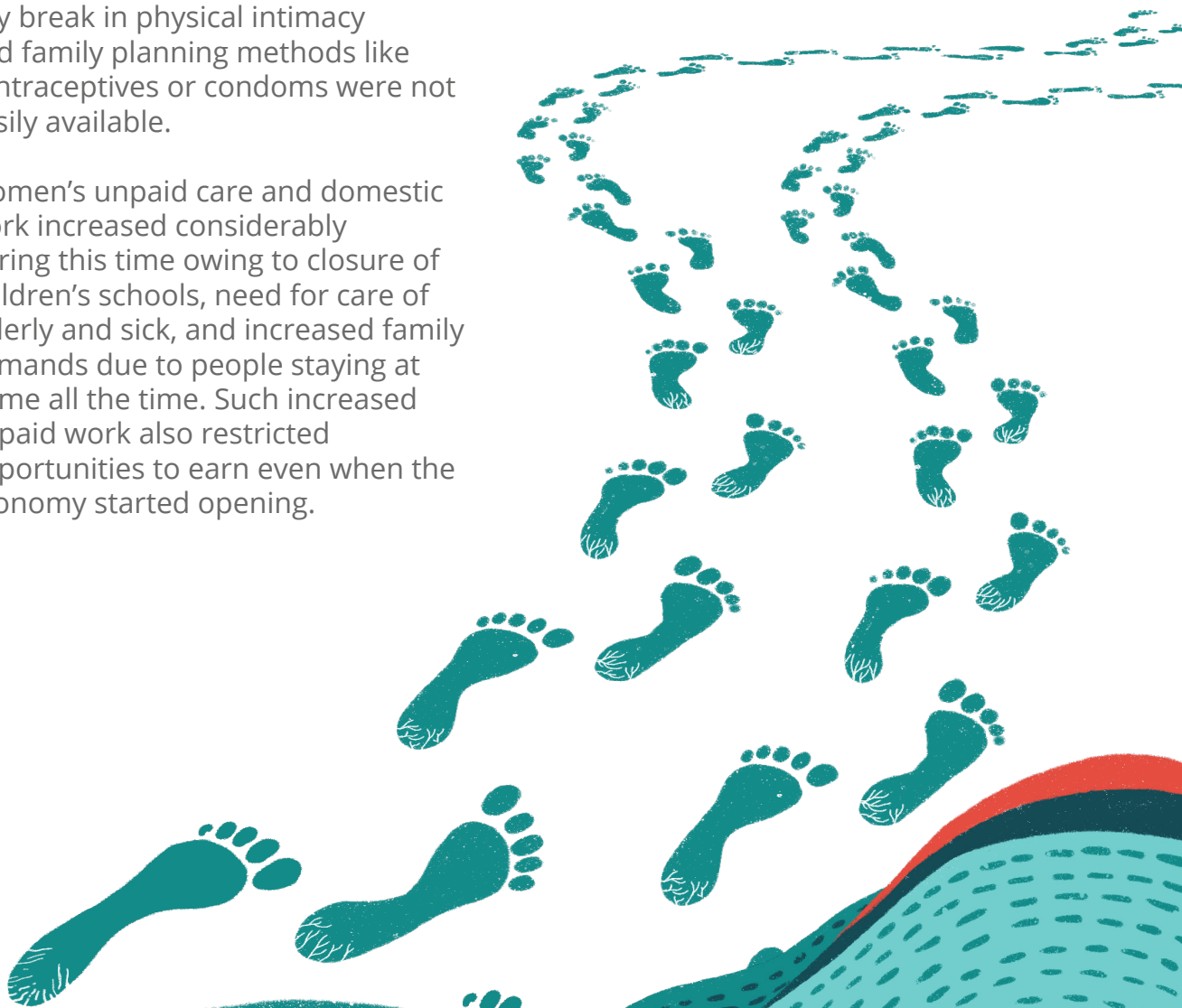
⁵ Gulati, A. Singh, B.B. (2021). Government must think out-of-the-box for a special package for migrants. The Indian Express.
Retrieved from: <https://indianexpress.com/article/opinion/columns/second-wave-covid-19-lockdown-migrant-workers-mgnrega-informal-sector-7288881/>

eating fewer times and consuming smaller quantities as well as lower nutritional quality food as well as becoming increasingly dependent on the Public Distribution System.

- Surveys showed that across various occupations where women are employed, 9 out of 10 women informal workers reported experiencing increased mental stress and tension due to uncertainties of work and income.
- Reproductive health suffered, and abortion was compromised because of lack of access to services, restrictions on mobility, and rerouting of health workers for COVID -19 management. Unplanned pregnancies also increased since social distancing did not lead to any break in physical intimacy and family planning methods like contraceptives or condoms were not easily available.
- Women's unpaid care and domestic work increased considerably during this time owing to closure of children's schools, need for care of elderly and sick, and increased family demands due to people staying at home all the time. Such increased unpaid work also restricted opportunities to earn even when the economy started opening.

Domestic violence cases increased throughout the country and lack of privacy for conversations, lack of access to phones, restricted mobility, and lack of support systems inhibited access to GBV services.

- Sexual harassment at workplace also increased but most women did not report it for fear of losing jobs in a situation of COVID-19 where the job market was anyhow extremely fragile.
- Slums/Informal settlement witnessed increased stigma of their residents by other, better off city dwellers, often their employers.



Pre-existing vulnerabilities

- In an overall context of rural bias in poverty alleviation policies, the COVID-19 policy response such as the Atma Nirbhar relief package was also not cognizant of the needs of urban poor, with a substantial amount being diverted to MNREGA (for rural areas). The access to such relief was less than adequate. For example, early reports from the Ministry of Consumer Affairs, Food and Public Distribution shows that only 33 percent of free-food grains and 56 percent of free gram (whole) for migrants under the Atma Nirbhar Bharat package have reached the intended population. Further, access to free ration through e-coupons, required access to smart phones or digital technology which many people did not have.
- Even the cash transfer of 500 INR to people with PMJDY accounts (55 percent of account holders are women) did not have the intended impact not only because of the insufficiency of the sum but also because of exclusion of a significant number of poor people who did not have such accounts.
- The National Commission for Women (NCW) announced a slew of measures to counter GBV. However, built on a weak implementation infrastructure, many of these measures were slow to catch up and limited in reach. Even the One-Stop Centers (shelter homes for women in distress) did not become essential services till June 2020.
- The Government of India (GoI) released guidelines on maintenance of essential health services in April 2021, almost three weeks after the completed lockdown. The guidelines notified reproductive services as an essential service. However, unplanned re-routing of health workers toward COVID response also significantly challenged healthcare supplies with disproportionate impact on women and girls.
- There was a cut in India's gender budget outlay by 26 percent from the period of 2020-21 to 2021-22, despite the disproportionate impact of COVID-19 on women.

Introduction

India's urban population is bustling as people migrate for want of better opportunities of growth and progress. While the process of urbanization has been largely associated with the idea of development and progress, what is often overlooked are the deep inequalities that it perpetuates. An inequality that marks the life of many, in the form of access to and use of resources such as primary healthcare, sanitation, education, space and other basic necessities of life. While rural areas are devoid of comparative work opportunities and the dwindling and seasonal nature of agricultural income does not help, migration to urban settlements is considered lucrative, but the trade-offs are many and unaccounted for within the policy space.

A lot has been written about the lives of poor rural-urban migrants, be it in academia, policy or by way of folk narratives and songs. They migrate with and without families to cities leading lives isolated from their traditional kinship networks, in conditions far from livable, especially in mega-cities such as Mumbai and Delhi, which house more than 10 million urban poor (Census, 2011).⁸ This separation from kinship networks may be liberating, especially for women who are often oppressed by the gendered norms and customs imposed by such networks. On the flipside, such separation alienates the migrants from traditional sources of support and fallback, making

their lives even more precarious, especially in times of crisis. Numbers further reveal that India's urban population increased from about 286 million in 2001 to 377 million in 2011 and is expected to increase to 600 million (out of a total population of 1.4 billion) by 2030 (Census of India, 2011).⁹ It is unsurprising that it is the urban poor that get a raw deal. Urban poverty, migration and informal work are deeply intertwined. While there is a strong male bias in the migration accounting system, census figures show a spurt in female migration for employment and business (from around 4.1 million in 2001 to 8.5 million in 2011) and an inclination toward urban location.¹⁰ Despite the immense labor of such migrant workers in building and maintaining cities and homes, they are usually perceived as "others", as people who do not really "belong" to the city and who cannot be the primary claimant of the resources that the city has to offer. Such workers take up whatever jobs are available to sustain themselves in these cities and often send money to their native villages, and as it would be, they account for the large and ever-expanding informal economy of the country. Without sustained earnings or any social security benefits, this category lies in the bottomless pit of precarity.

⁸ Census. (2011). Office of the Registrar General & Census Commissioner. Ministry of Home Affairs, Government of India. Available at <https://censusindia.gov.in/2011-common/censusdata2011.html>

⁹ Census. (2011). Office of the Registrar General & Census Commissioner. Ministry of Home Affairs, Government of India. Available at <https://censusindia.gov.in/2011-common/censusdata2011.html>

¹⁰ Mazumdar, I., & N, Neetha. (2020). Crossroads and Boundaries: Labor Migration, Trafficking and Gender. *Economic and Political Weekly*. Vol. 55, Issue No. 20. Retrieved from: <https://www.epw.in/journal/2020/20/review-womens-studies/crossroads-and-boundaries.html>

1.1. Locating the urban woman worker and the multiple axes of vulnerability

It has been argued that the urbanization process is itself shaped by gender roles and relations. This refers to the essential understanding of who does what in a resource poor setting, and this is largely gendered and determines the ways in which vulnerability manifests. While such inequalities mar the life of both men and women, it is women who bear the additional and higher brunt of it due to the gendered nature of the challenges of urbanization.

The imagination of a worker has predominantly been masculine, and women workers are often viewed as “supplementary” despite working at par or even performing the role of the primary earner. Male workers are usually paid more than women workers and are in a better position to negotiate terms of employment, even though informal. Unrecognized as workers both for their paid and unpaid labor, the lives of women workers are marked with precarity, more so when there is a crisis. Living in cramped urban settlements and in unsanitized conditions, most of them lack access to toilets, menstrual hygiene and proper reproductive healthcare. They bear multiple burdens of work, and to add to it all, they are also vulnerable to harassment and violence in their homes, at their workplaces and on their commute between home and work. Their workspaces are either home-based, their own or their employers’, or streets and construction sites, which are defined by similar

characteristics as that of their houses, such as lack of sanitary hygiene, forcing many women to use open streets and sites as toilets. It is within these multiple vulnerabilities and compromised well-being that we locate the urban women workers and capture their experiences. Amidst the onslaught of COVID-19, evidence related to them, by far, has been scattered and mostly encapsulated within the male (migrant) worker narrative. Keeping women in the informal economy at the center, we demonstrate the various layers and relationships within which they are located (the state, private sector, community networks and family). Furthermore, we state that this ecosystem is influenced by pre-existing structural factors. These include:

- A highly gendered reality that presents itself in multiple ways in the lives of women, including experience and manifestations of GBV;
- A largely inequitable macroeconomic context with shrinking state support, deregulation and decreasing access to social security and protection;
- Absence, or ineffective implementation, of policy directives addressing vulnerabilities such as GBV and access to health, specifically sexual and reproductive health (SRH) services.

Gender norms that restrict women’s access to skills, resources, employment, access to infra such as toilets, creche and increase labot market segregation, burden of paid and unpaid work, gender pay gap, and risk of GBV including sexual harassment at workplace.

COVID-19 specific impacts, responses, and coping strategie —



Macroeconomic context driven by inequality, privatization, informalization, minimal access to social protection and social security, fiscal austerity and low expenditure on social infrastruture, dilution of labor laws, gender blind relief and stimulus packages.

It is also important to articulate how we conceptualize vulnerability in this context. Vulnerability has been defined as the diminished capacity of an individual or group to anticipate, cope, resist, and recover from the impact of any hazard. Vulnerability is simply the risk for an individual but we see individual risks vary within the society; and the inequalities and conditions prevailing prior to the onset of hazard are mostly attributed to the differences in risk. Consequently, particular communities may often be found to be more vulnerable due to their exposure to higher risk and limited capacity to risk management (Hoogeveen et al., 2004). For the purposes of this study, we define vulnerability as a construct that is determined by an individual's or community's access to social and economic resources.

To illustrate how structural factors have a bearing on lives and vulnerabilities of women workers—

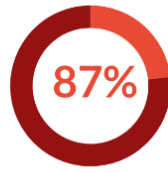
The ability to sustain paid work or have a measure of food security

would be largely dependent on the ecosystem responses during the crisis; employment or wage protection by the private sector; access to necessary relief and social protection by the state; presence and accessibility of community institutions, savings and credit collectives or workers' forums, among others; to bargain for rights or access to relief.

Similarly, policy directives that address GBV, and its impact on the lives and livelihoods of women workers, are intrinsically linked to women's access to services such as shelter homes, helplines, One-Stop Centers, reproductive health services, etc. And finally, we posit our understanding that economic precarity enhances women's vulnerability to other forms of precarity, disenfranchisement and abuse and their ability to cope is mediated by their social capital.



More than half of the rural and urban female workforce population are employed in **Informal Sector**



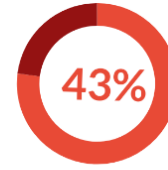
87 percent of the women workers are **without social security benefits**



77 percent women workers do not have any written work contracts



Nearly 80 percent women workers are not eligible for paid leaves



43 percent of the urban female workforce work out of construction sites, streets, own dwelling units or employers dwelling units or do not have any fixed workplace.

COVID-19 and Informal Economy



Women who were employed pre-pandemic are less likely to join back after the pandemic in comparison to men



The gender gap in average hours spent on domestic work has increased. Women are spending more time in taking care of children, elderly and managing domestic chores



Incomes declined more for households with informal workers and this is likely to push close to 75 million families below the poverty line

1.2. Methodology

The primary objective of this phase under the review is to understand and analyze the key vulnerabilities of informal women workers in the urban services sector, and how these were enhanced because of policy responses to COVID-19.

In line with the main objectives, the following sub-questions and methods were used for the scoping:

- What were some of the pre-existing socio-economic insecurities and labor conditions that rendered women workers especially vulnerable to shocks like the one that emerged in the wake of COVID-19? (Methods: Macro-economic Review using Periodic Labor Force Survey (PLFS) data, Literature Review)
- What are the key sites and subsectors of the informal urban services sector that represent the greatest share of vulnerable women workers with whom the project will engage in greater detail? (Method: Macro-economic review using PLFS data, Literature Review)
- How did the COVID-19 policy response affect their overall economic situation including their ability to earn, spend and save, ownership of assets, access to markets, access to credit and social protection, and control over incomes and finances etc.? (Methods: Literature Review, Policy Review)
- How did these policies affect social dimensions of vulnerability including health outcomes and experience of GBV? (Methods: Policy Review, KII)

The findings presented below have been developed through desk-based reviews, analysis of PLFS data and key informant interviews (KIIs) with subject matter experts.

Findings

The workforce participation rate (WPR) of women is abysmally low (16.5 percent as per PLFS 2017-18), and wherever they are present, they are plagued with extreme informality, typically characterized by lack of access to social security, paid leaves or security of tenure (employment security).¹⁴ Informal workers include all those working in the informal/unorganized sector (unit employing less than 10 persons) and households (who employ say domestic workers, security guards, drivers, etc.) as well as those in the formal/organized sector who do not have access to any form of social security or employment security.

Given the complex nature of work and the way it is counted in national statistics, it becomes difficult to ascertain the exact number and type of informal workers in the economy. Some standard indicators introduced by the first National Commission of Enterprises in the Unorganized Sector (NCEUS) in 2005 have been followed in subsequent research to also assess the number and nature of informal work. These indicators include

access to social security, access to paid leave, presence of a written work contract and even location of work.¹⁵ In this section, we elaborate on characteristics of the informal urban sector workers and their living environment that bears gradation of vulnerability and sheds light on how this was further impacted by policy responses to COVID-19.

2.1.a Vulnerabilities posed by informality of work and effects of COVID-19

As noted earlier, most workers in the Indian economy are informal and, thereby, extremely vulnerable since they have no recourse to social security or employment security in situations of personal or national crisis leading to loss of work or heightened health risks. Such vulnerability is also

¹⁴ For this review, we use the definition of informal workers provided by the Unorganized Workers Social Security Act, 2008. As per the Act, the term “unorganized workers” applies to home-based workers, a self-employed workers or wage workers in the unorganized sector. This includes a worker in the organized sector who is not covered by any of the Acts such as Workmen’s Compensation Act, 1923; the Industrial Disputes Act 1947; the Employees State Insurance Act, 1948; the Employees Provident Funds and Miscellaneous Provisions Act, 1952; the Maternity Benefit Act, 1961; and the Payment of Gratuity Act, 1972.

¹⁵ Most informal workers work at construction sites (such as construction workers), on streets with fixed workplaces (such as street vendors), within their own dwelling units (home-based workers stitching clothes, rolling bidis, etc.), structures attached to dwelling units (often for leather work, etc.), employer’s dwelling units (such as domestic workers) or without a fixed workplace (doing odd jobs and moving from place to place depending on where there is a demand). Most authors working with the Periodic Labor Force Survey (PLFS) data produced by the National Sample Survey Office (NSSO), one of the largest sources of data on work and workers in India, use one or a combination of these indicators to arrive at an estimation of informal workers. In this report, we have used a similar combination of indicators (mainly access to social security and paid leave) to arrive at estimates of informal women workers across various occupations using PLFS 2017-18.

compounded by the marginal social status of many of these workers. A large section of informal workers in urban India consists of temporary/ seasonal migrants from rural India, often from lower income quintiles, scheduled caste/ tribes and low educational attainments levels.¹⁶ Therefore, the choice to migrate for work/ employment is often an income and risk diversification strategy by households or individuals who are exposed to financial distress during the lean agricultural season. Many such migrant women workers join low-end manufacturing sector work and services sector occupations. As a result, these occupations have come to be characterized by “an over-representation of women from marginalized caste groups.”^{17,18,19,20} Moreover, most of the jobs taken up by migrant populations are marked by an absence of employment contracts and employee protections amounting

to irregular salaries or daily wages²¹ as well as a lack of adherence to labor laws.

Locating women in urban informal work is incomplete without mapping the multiple dimensions of deprivations at the intersections of gender-caste-class and migration. Lack of any portability of welfare schemes, unified migrant policy and access by domicile often leaves migrants without valid proof of residence, government ID cards, ration cards, and other markers of citizenship that makes them eligible and acceptable as urban residents. Lack of access to public health services and publicly funded food supplies further burdens migrants with high out-of-pocket expenditure on health and nutrition.

Migrant workers face additional challenges of being cut off from

¹⁷ Mazumdar, I., & N, Neetha. (2020). Crossroads and Boundaries: Labor Migration, Trafficking and Gender. *Economic and Political Weekly*. Vol. 55, Issue No. 20. Retrieved from: <https://www.epw.in/journal/2020/20/review-womens-studies/crossroads-and-boundaries.html>

¹⁸ NCEUS. (2007). Report on Conditions of Work and Promotion of Livelihood in the Unorganized Sector. New Delhi: NCEUS. Retrieved from: http://dcmsme.gov.in/Condition_of_workers_sep_2007.pdf

¹⁹ Prasad, S., Mehrotra, S., Singh, R.L., Chandra, A., Ashraf, J., Goel, K. & Chibba, S. (2016). Report of the Committee for Rationalization and Optimization of the Functioning of the Sector Skill Councils. New Delhi: Ministry of Skill Development and Entrepreneurship. Retrieved from: https://cse.azimpremjiuniversity.edu.in/wp-content/uploads/2018/02/Sharada_Prasad_Report_Vol1.pdf

²⁰ Jayaram, N. & Varma, D. (2020). Examining the ‘Labour’ in Labour Migration: Migrant Workers’ Informal Work Arrangements and Access to Labor Rights in Urban Sectors. *The Indian Journal of Labour Economics*. Vol 63, 999–1019. DOI: <https://doi.org/10.1007/s41027-020-00288-5>

²¹ Mahajan, S. S., Sukumaran, G., Ramani, P., Ramasubramanian, A., & Grace, H. (2020). Risk Perception, Knowledge, Social Distancing Measures of COVID-19 Pandemic Among South Indian Population. *International Journal of Current Research and Review*, 12(19), 241–247. <https://doi.org/10.31782/IJCRR.2020.SP31>



their networks of kinship support and political patronage and of being outside the ambit of legal protection. Language barriers, information asymmetries, and over-dependence on contractors and middlemen add to their vulnerability. This again renders women and girls poorer and disenfranchised. Given gender norms, women and girls prioritize their time for unpaid care work over paid work, prioritize expenses on health and nutritional needs of males in the family over their own, and remain cut off from access to resources and networks outside the household. While migration, by itself, can be a dynamic process leading to better incomes and sometimes more freedom (outside the control of traditional kinship structures) for women, in the given context of lack of access to resources and support, it renders them even more vulnerable in situations of crisis.

Considering principal as well as subsidiary workers, the PLFS 2017–18 conducted by the National Statistical Survey Organization (NSSO) shows that:

- More than half of the total rural and urban female workforce are employed in the informal sector, i.e., informal enterprises (employing less than 10 workers) or households (as employers).
- 86 percent of those employed in the informal sector do not have access to any form of social security. Furthermore, informality extends to those employed in the formal sector as well, where 47 percent do not have any access to social security. Considering, total urban female workforce (formal sector and informal sector), about 87 percent of female workers are without any social security

benefits, about 77 percent do not have any written work contracts and nearly 80 percent are not eligible for paid leaves. Thus, more than two-thirds of the urban female workforce are under the category of informal workers. This may include self-employed workers such as street vendors, workers on a daily wage such as construction workers, workers on piece-rated wage such as bidi workers or even regular salaried workers (52 percent of urban female workforce) such as domestic workers.

- Almost 43 percent of the total urban female workforce works at construction sites, on streets with fixed workplaces, within their own dwelling units, structures attached to dwelling units, employer's dwelling units or without a fixed workplace.
- More than 80 percent of urban female workforce are not eligible for paid leaves.
- Indeed, labor market outcomes have been highly gender linked (Deshpande, 2021)²². Women who were employed pre-pandemic were roughly 20 percentage points less likely to be employed following the end of the lockdown than men. To make matters

worse, the gender gap in average hours spent on domestic work hours increased post-lockdown.

- Bussolo et. al., 2021²³ highlights that informal workers were substantially more vulnerable to unemployment than those considered formal workers. Incomes also declined relatively more for households with informal workers as compared to households that had formal workers. In India, the pandemic will push 75 million families below the poverty line because of the COVID-19 recession.²⁴

Given their migrant status, insecure jobs and low incomes, men and women in informal work often live in informal settlements inside the city, but devoid of civic citizenship. Urban informal settlements are often characterized by dense population, unplanned construction of housing units, unsanitary conditions such as overflowing drains, open defecation, and a typical lack of governance mechanisms with respect to provision of goods and services such as electricity, water supply, healthcare, transport and road safety. It is important to remember that "... typical living conditions in slums described as small single room shacks (approximately 10 square metres) with

²² Deshpande, A. (2020). The Covid-19 Pandemic and Lockdown: First Effects on Gender Gaps in Employment and Domestic Work in India. Working Papers 30. Department of Economics, Ashoka University. Retrieved from: <https://ideas.repec.org/p/ash/wpaper/30.html>

²³ Bussolo, M., Kotia, A., & Sharma, S. (2021). Workers at Risk: Panel Data Evidence on the COVID-19 Labor Market Crisis in India. The World Bank. <https://doi.org/10.1596/1813-9450-9584>

²⁴ Kocchar, R. (2021). In the pandemic, India's middle class shrinks and poverty spreads while China sees smaller changes. Pew Research Center. Retrieved from: <https://www.pewresearch.org/fact-tank/2021/03/18/in-the-pandemic-indias-middle-class-shrinks-and-poverty-spreads-while-china-sees-smaller-changes/>

around five people living in them, situated adjacent to one another and with up to 10 families sharing a water tap and a pit latrine.”²⁵ In fact, sustaining everyday life involves giving a “poverty premium” implying paying higher prices for basic utility services, such as gas, sanitation facilities (toilets), water, healthcare, rental accommodation, and transport, leading this population into a state of dire stress,

desperation and vulnerability.²⁶ One of the foremost effects of the COVID-19 induced lockdowns was the mass exodus of migrant workers, mostly engaged in the informal economy, to their source states from bigger urban centers amidst fears of infection and starvation. According to the Union Labor and Employment

²⁵ Mitlin, D. (2020). Dealing with COVID-19 in the towns and cities of the global South. Blogs. International Institute for Environment and Development (IIED). Retrieved from: <https://www.iied.org/dealing-covid-19-towns-cities-global-south>

²⁶ CMIE. (2021). Economic Outlook. Centre for Monitoring Indian Economy Pvt. Ltd²⁷ Mazumdar, I., & N, Neetha. (2020). Crossroads and Boundaries: Labor Migration, Trafficking and Gender. Economic and Political Weekly. Vol. 55, Issue No. 20. Retrieved from: <https://www.epw.in/journal/2020/20/review-womens-studies/crossroads-and-boundaries.html>



Ministry,²⁷ over 1.14 crore interstate migrant workers returned to their homes during the lockdown. There was high distress among informal workers, especially migrant workers, fueled by the extremely high levels of livelihood loss (78 percent) and indebtedness (53 percent). More than half of the migrant workers reported that they were stranded for over a month and nearly three-fifths said that they had to vacate their housing during the lockdown.²⁸

The report **32 Days and Counting** by the Stranded Workers Action Network (SWAN)²⁹ gives a detailed account of the various issues that added to the ordeal of the migrant workers during the exodus. Babies were born on the roads, in auto-rickshaws at hospital gates, and in the Shramik trains. Deaths of mothers and new-born babies increased threefold³⁰. Immediate effects were documented by multiple studies, mostly using small purposive samples but still able to provide a glimpse into ground realities.

Information from different sources reported that nearly four hundred million workers in the informal economy in India were at risk of falling deeper into poverty.^{31,32} The pandemic crises invariably led to food insecurity and a sudden depletion of household savings-KII with Thematic Expert and Activist

According to Centre for Monitoring Indian Economy (CMIE), in February 2021, the urban rate of female employment touched 5.4 per cent signaling almost no recovery from the pandemic-hit low of 5 per cent in April 2020.³³ This rate has been declining since the last few years and stood at 7.5 percent in February 2020. The trend where women are first to lose and last to return, conforms to trends observed during economic shocks like demonetization or other pandemics in the past like Zika and Ebola.³⁴ Even for those who were able to retain jobs, the reduced workforce meant longer hours and stressful working conditions-

²⁷ Press Trust of India. (2020). Over 1 crore migrant laborers return to home states on foot during Mar-Jun: Govt. Retrieved from: <https://www.thehindu.com/news/national/over-1-crore-migrant-labourers-return-to-home-states-on-foot-during-mar-jun-govt/article32674884.ece>²⁹ Mazumdar, I., & N, Neetha. (2020). Crossroads and Boundaries: Labor Migration, Trafficking and Gender. Economic and Political Weekly. Vol. 55, Issue No. 20. Retrieved from: <https://www.epw.in/journal/2020/20/review-womens-studies/crossroads-and-boundaries.html>

²⁸ Sapkal, R.S., Shandilya, D., Majumdar, K., Chakraborty, R. & Suresh, K.T. (2020). Workers in the Time of COVID-19 — Round I of the National Study on Informal Workers. India: ActionAid Association. Retrieved from: https://www.actionaidindia.org/wp-content/uploads/2020/08/Workers-in-the-time-of-Covid-19_ebook1.pdf

²⁹ SWAN. (2020). 32 Days and Counting: COVID-19 Lockdown, Migrant Workers and the Inadequacy of Welfare Measures in India. SWAN. Retrieved from: https://covid19socialsecurity.files.wordpress.com/2020/05/32-days-and-counting_swan.pdf

³⁰ AIDWA. (2020). Impact Of Covid 19 Lockdown On Domestic Workers In India, 24 March To 4 May 2020.

³¹ Surbhi Kesar, Rosa Abraham, Rahul Lahoti, Paaritosh Nath & Amit Basole (2021) Pandemic, informality, and vulnerability: impact of COVID-19 on livelihoods in India, Canadian Journal of Development Studies / Revue canadienne d'études du développement, 42:1-2, 145-164, DOI: 10.1080/02255189.2021.1890003

³² ILO Monitor. (2020). COVID-19 and the world of work. Second edition. International Labour Organization. Retrieved from https://www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/documents/briefingnote/wcms_740877.pdf

³³ Centre for Monitoring Indian Economy. (2021). Economic Outlook. Centre for Monitoring Indian Economy Pvt. Ltd.

³⁴ Gupta, A.H. (2020). Why Women May Face a Greater Risk of Catching the Coronavirus. The New York Times. Retrieved from: <https://www.nytimes.com/2020/03/12/us/women-coronavirus-greater-risk.html>

KII with Thematic Expert. Studies also reported a range of reduction in wages based on type of employment (salaried, own-account or casual workers) of the respondents. Salaried workers reported a lower percentage of loss in income than casual workers.^{35,36} Since cash transaction is a preferred and prevalent mode of payment³⁷ (lack of mobility during the lockdowns was one of the leading reasons of why payments were withheld.

The difference in wages received by workers is more pronounced across genders. In a survey of about 11,000 informal workers by ActionAid³⁸ across 20 states during May 2020, around 52 per cent of women workers reported that they had not received any wages as compared to 46 per cent of men, implying that women workers were at a greater risk of wage penalty after the lockdown. Studies^{39,40} have shown that 23 percent of women in India do not have access to any formal financial services and among

those who have access, 42 percent have largely dormant accounts or interaction with formal services. This inequity in access to savings and formal financial products, further increases their vulnerabilities in case of wage loss. In situations of severe economic shock in such contexts, loss of assets and mounting indebtedness are found to be common for women as they have limited resources and little or no savings to tide over a crisis.⁴¹ During the pandemic, women reported having to sell these limited assets, including jewelry, to pay for family needs or to arrange finances for their stranded husbands to take the Shramik trains or buses home.⁴² Round 2 of the ActionAid survey⁴³ conducted in August-Sept 2020, noted that more than 16 percent of the respondents in the revisit sample shared that they have started working with the promise of being paid in the future. Proportionately, women were

³⁵NCAER. (2020). Delhi NCR Coronavirus Telephone Survey (Round 1 & 2). National Data Innovation Centre

³⁶Farzana, A., Dhillon, A., & Roy, S. (2020). How has Covid-19 crisis affected urban poor? Findings from a phone survey - I. Ideas for India: For More Evidence Based Policy.

³⁷Ghosh, A., & Bilkhu, A. K. (2020). Impact of COVID-19 National Lockdown on Women: Domestic Workers in Delhi.

³⁸Sapkal, R.S., Shandilya, D., Majumdar, K., Chakraborty, R. & Suresh, K.T. (2020). Workers in the Time of COVID-19 — Round I of the National Study on Informal Workers. India: ActionAid Association. Retrieved from: https://www.actionaidindia.org/wp-content/uploads/2020/08/Workers-in-the-time-of-Covid-19_ebook1.pdf

³⁹Gupta, P. & Dimova, M. (2021). Catalyzing Women's Bank Account Use Through COVID-19 Relief. Blog. FinDev Gateway. Retrieved from: <https://www.findevgateway.org/blog/2021/03/catalyzing-womens-bank-account-use-through-covid-19-relief>

⁴⁰MicroSave Consulting (MSC). (2019). The Real Story of Women's Financial Inclusion in India. MSC. Retrieved from: https://www.microsave.net/wp-content/uploads/2020/01/191125_The-real-story-of-womens-financial-inclusion-in-India_Gender-research-report.pdf

⁴¹Agnihotri, I. & Hans, A. (2021). The "New Normal"— Making Sense of Women Migrants' Encounter with COVID-19 in India. Migration, Workers, and Fundamental Freedoms. Routledge India. Retrieved from: <https://www.taylorfrancis.com/chapters/oa-edit/10.4324/9781003145509-5/new-normal-indu-agnihotri-asha-hans?context=ubx&refId=631dd459-e79b-4487-9fbb-937e0e5f1207>

⁴²Thomas, C., & Jayaram, N. (2020). Pandemic Crisis: 'Migrant Home-Based Women Workers Work 8 Hours/Day For Rs 10-15.' India Spend .

⁴³Sapkal, R.S., Shandilya, D., Majumdar, K., Chakraborty, R., Roy, A. & Suresh, K.T. (2021). Workers in the Time of COVID-19 — Round II of the National Study on Informal Workers. India: ActionAid Association. Retrieved from: https://www.actionaidindia.org/wp-content/uploads/2021/02/WORKERS-IN-THE-TIME-OF-COVID-19-II-Report-of-Round-2_Final-V2.pdf

almost twice more likely than men to work on the assurance of future payment at 23 percent compared to 14 percent of the latter. It was also more likely for returnee migrants and for urban workers. This demonstrated the level of precarity where labor was offered on promise of payment, almost six months after the COVID-19-induced lockdown was imposed and the economy started rebuilding.

2.1.b Housing, Health and Hunger

Multiple studies have documented gender-related reasons for low access and affordability of healthcare for women in urban slums.^{44,45,46,47}

The National Family Health Survey 4 (NFHS-4 2015–16),^{48,49} conducted a special study of living conditions and health in informal settlements in eight cities of the country. This study concludes that the health status of women and children

in informal settlements, as indicated by stunting, anemia and weight, is significantly worse than in non-slum areas. Women and girls living in informal settlements without access to water and toilets in their homes, have to negotiate their way through badly maintained, unsafe community toilet blocks with no provisions for menstrual waste. Often, toilet complexes are locked up in the night, promoting open defecation

A study⁵⁰ assessing the impact of COVID-19 on abortion access in India in the three months following the commencement of the lockdown concluded that “of the 3.9 million abortions that would have taken place in three months, access to around 1.85 million was compromised due to COVID-19 restrictions.”

Economic distress, coupled with anxiety and stress of uncertainty of lockdown led to complaints of heavy bleeding,

⁴⁴ Goswami, S. (2014). A Study on Women's Healthcare Practice in Urban Slums: Indian Scenario. *Journal of Evidence-Based Women's Health Society*: Volume 4, Issue 4, 201-20. DOI: 10.1097/01.EBX.0000456499.60072.56; and Chaplin, S.E. & Kalita, R. (2017). Infrastructure, Gender and Violence: Women and Slum Sanitation Inequalities in Delhi. *Scaling City Institutions For India: Sanitation*, Centre for Policy Research. Retrieved from: <https://www.cprindia.org/research/reports/infrastructure-gender-and-violence-women-and-slum-sanitation-inequalities-delhi>

⁴⁵ Abdi, S., Wadugodapitiya, A., Bedaf, S. et al. (2018). Identification of Priority Health Conditions for Field-Based Screening in Urban Slums in Bangalore, India. *BMC Public Health*. Vol 18, Issue 309. DOI: <https://doi.org/10.1186/s12889-018-5194-2>

⁴⁶ Banerjee, A., Bhawalkar, J.S., Jadhav, S.L., Rathod, H. & Khedkar, D.T. (2012). Access to Health Services Among Slum Dwellers in an Industrial Township and Surrounding Rural Areas: A Rapid Epidemiological Assessment. *Journal of Family Medicine and Primary Care*. Vol 1, 20-26. DOI: <https://doi.org/10.4103/2249-4863.94444>

⁴⁷ Garg, S., Khewar, A., K, Rizu. (2016). Improving Access to Health in Urban Slums through Rollout of NUHM and Expansion of Community Processes: The Experience of Chhattisgarh. *BMJ Global Health*. Vol 1, A13-A14. Retrieved from: https://gh.bmj.com/content/1/Suppl_1/A13 in Delhi.

⁴⁸ IIPS and ICF (2017) National family health survey 2015–16: India. Indian Institute of Population Studies, Mumbai

⁴⁹ Bhide A. (2020). Informal settlements, the emerging response to COVID and the imperative of transforming the narrative. *Journal of Social and Economic Development*. 1–10. Advance online publication. DOI: <https://doi.org/10.1007/s40847-020-00119-9>.

⁵⁰ IDF. (2020). Compromised Abortion Access due to COVID-19 A model to determine impact of COVID-19 on women's access to abortion. Ipas Development Foundation.

premature births and spontaneous abortions as well. There is ample evidence suggesting and linking the return of migrants to their native places, and steady sexual activities between couples with men at home 24*7. A rapid qualitative study conducted by ICRW⁵¹ in Uttar Pradesh and Bihar also pointed out that physical distancing did not necessarily lead to sexual distancing as men looked at sex as a distraction from their immediate economic woes. A huge spurt in unwanted pregnancies has been anticipated and compromise in abortion care is predicted. Furthermore, the lack of access to sexual and reproductive rights and services denied women the opportunity to make autonomous decisions about pregnancy

and childbearing, which will have an impact on their employment outcomes and their unpaid care work responsibility.

Women's unpaid care work also increased considerably during this time.⁵² In addition to cooking, cleaning and childcare, women were also managing ill and elderly relatives. This also reduced their chances to continue home-based work as the number of people at home increased adding to constraints of space and time.⁵³ Additionally, access to work mediated via contractors became harder to find as the chain of contact was disrupted due to return migration, health, and economic

⁵¹ Nanda, S., Seth, K., Sharma S., Nandy, A., Sahay, A., Achyut, P. (2020). Family Planning in Times of COVID-19 — A Remote Qualitative Study in Uttar Pradesh and Bihar. Research Brief. New Delhi: International Center for Research on Women.

⁵² Chauhan, P. (2020). Gendering COVID-19: Impact of the Pandemic on Women's Burden of Unpaid Work in India. Gender Issues. DOI: 10.1007/s12147-020-09269-w.

⁵³ Vaidyanathan, G. (2020). COVID-19: When a Contagion Comes, Women Bear a Heavy Burden. The Wire. Retrieved from: <https://science.thewire.in/health/covid-19-pandemic-women-health-workers-male-experience/>



crises. In a survey conducted by Institute of Social Studies Trust (ISST)⁵⁴ across various occupations where women are employed, nine out of 10 women informal workers reported experiencing increased mental stress and tension due to uncertainties of work and income, and their impact on access to essential resources and services.

Azim Premji University, through phone interviews across 12 states covering about 5,000 households found that 77 percent households were consuming less food than before and 66 percent lost employment.⁵⁵ A group of volunteers maintained a list of all non-COVID reported deaths (i.e. deaths that are reported in the newspaper) which can be attributed to the lockdown, and they documented almost 300 deaths during this period that were due to starvation and financial distress.⁵⁶ Studies suggest that households are coping with COVID-19 by (i) eating fewer times; (ii) consuming smaller quantities as well as lower nutritional quality food; and (iii) becoming increasingly dependent on the Public Distribution System. Given

the prevailing social norms and the secondary status accorded to women in many Indian households, such dynamics might exacerbate the already high incidence of malnutrition among women in India.⁵⁷ As per a recent report⁵⁸, the poor first gave up consumption of eggs/meat, then they gave up consuming green vegetables, then dal and then rice/wheat. Nearly 48 percent of the 4,000 respondents reported that they went to bed at least once without a meal. The need to borrow money for food increased for 45 percent and nutritional quality became much worse for 40 percent of them. On top of the fall in incomes and livelihood opportunities, purchasing power of the urban poor were also adversely impacted by the rising inflation rates which shot up to 6.2 percent in 2020 as compared to 4.76 percent in the previous year.⁵⁹

2.1.c Exclusion and Stigma

Slums, which have been seen as areas of social exclusion⁶⁰ also witnessed increased stigmatization of their

⁵⁴ Chakraborty, S. (2020). Impact of covid 19 national lockdown on women informal workers in Delhi. Institute of Social Studies Trust.

⁵⁵ ALahoti, R., Abraham, R., Kesar, S., Nath, P., & Basole, A. (2020). COVID-19 Livelihoods Survey. Azim Premji University.

⁵⁶ Sinha, D. (2021). Hunger and food Security in the Times of COVID-19. Research Paper. Journal of Social and Economic Development. DOI: <https://doi.org/10.1007/s40847-020-00124-y>

⁵⁷ Puskur, R. & Mohan, R.R. (2020). COVID-19 Opens Unknown Chapter on Rural Women's Plight in India's Migration Saga. Gender Insights Blog. Generating Evidence and New Directions for Equitable Results (GENDER), CGIAR. Retrieved from: <https://gender.cgiar.org/news-events/covid-19-opens-unknown-chapter-rural-womens-plight-indias-migration-saga>

⁵⁸ Labouring Lives: Hunger Precarity and Despair amid Lockdown: A Report by Centre for Equity Studies in collaboration with Delhi Research Group and Karwan-E-Mohabbat.

⁵⁹ O'Neill, A. (2021). India: Inflation rate from 1986 to 2026. Statista. Retrieved from: <https://www.statista.com/statistics/271322/inflation-rate-in-india/>

⁶⁰ UN Habitat. (2003). The Challenge of Slums Global Report on Human Settlements. UN Habitat. Retrieved from: <https://unhabitat.org/the-challenge-of-slums-global-report-on-human-settlements-2003>

residents by other, better off city dwellers, often their employers.^{61,62,63} The safety recommendation for “social distancing”, which requires one to maintain a distance of 1 meter from another person, was a far cry from the realities of slum dwellers.^{64,65} This compounded the stigma around them being carriers of the virus and prospects of finding work remained low, even when lockdowns were relaxed—“Many domestic workers could not find entry in the middle class and upper class resident welfare societies because of this stigma...”, observed by a thematic expert during a KII.⁶⁶ She further noted, “...in garment industries in Gurgaon, there was a further stigmatization of Muslim workers and they were not being allowed back into the factories. Only after activists, the Deputy Commissioner, Labor Department and the police intervened, were they allowed entry.”

COVID-19 vaccine access and vaccine hesitancy are also important to note here. India will be able to vaccinate 75 percent of its population only over the next two and a half years.⁶⁷ However, even here, the poorest and most vulnerable might be the last ones to be covered. The barriers to vaccination⁶⁸ are not just on account of vaccine scarcity, but also the government’s pricing and prioritization of who gets the vaccine. NFHS-5 figures show the extent of digital gender divide in India at present, where 58 percent women reported they have never used the internet. Moreover, the GSMA Mobile for Gender Gap report 2020⁶⁹ suggests that in India, only 13 percent women have access to a smartphone. These factors along with gender

⁶¹ George, C. E., Inbaraj, L. R., Rajukutty, S., & de Witte, L. P. (2020). Challenges, experience and coping of health professionals in delivering healthcare in an urban slum in India during the first 40 days of COVID-19 crisis: a mixed method study. *BMJ Open*, 10(11). <https://doi.org/10.1136/bmjopen-2020-042171> ;

⁶² Mahmud, A., & Islam, M. R. (2020). Social Stigma as a Barrier to Covid-19 Responses to Community Well-Being in Bangladesh. *International Journal of Community Well-Being*. 1–7. Advance online publication. DOI: <https://doi.org/10.1007/s42413-020-00071-w>

⁶³ ActionAid. (2020). Distanced, Discriminated And Distressed: Informal Women Workers Reeling Under Covid-19 Impact. *Outlook India*. Retrieved from: <https://www.outlookindia.com/website/story/india-news-distanced-discriminated-and-distressed-informal-women-workers-reeling-under-impact-of-coronavirus/351061>

⁶⁴ ActionAid. (2020). Distanced, Discriminated And Distressed: Informal Women Workers Reeling Under Covid-19 Impact. *Outlook India*. Retrieved from: <https://www.outlookindia.com/website/story/india-news-distanced-discriminated-and-distressed-informal-women-workers-reeling-under-impact-of-coronavirus/351061>

⁶⁵ For example, a typical slum in Bengaluru is 12 times denser than the rest of the city, and indeed worse, the Dharavi Slum of Mumbai is 28 times denser than New York (Satterthwaite et al., 2019)

⁶⁶ Source: KII with expert

⁶⁷ Annapurani, V. (2021). At current rate, India will take 2.5 years to vaccinate 75% of its population. *The Hindu Business Line*. Retrieved from: <https://www.thehindubusinessline.com/news/at-current-rate-india-will-take-25-years-to-vaccinate-75-of-its-population/article34552171.ece>

⁶⁸ Baruah, S. (2021). In Delhi’s Slums, Barriers To Vaccination: Few Smartphones, Complex Process. *Im4change*. <https://www.im4change.org/latest-news-updates/in-delhi-s-slums-barriers-to-vaccination-few-smartphones-complex-process-sukrita-baruah.html>

⁶⁹ Rowntree, O., & Shanahan, M. (2020). *Connected Women: The Mobile Gender Gap Report 2020*. 52. <https://www.gsma.com/mobilefordevelopment/wp-content/uploads/2019/03/GSMA-Connected-Women-The-Mobile-Gender-Gap-Report-2019.pdf>



norms around preferential healthcare for men, lack of public transport, restrictions on mobility and expectations of women to provide care for family members sick with COVID-19 or experiencing side effects of vaccination, relegate poor urban women to the last in the list of who gets the vaccine. Rumors related to disruption in menstrual cycles and infertility, and lack of proper information in accessible languages are other barriers.

2.1.d Violence, harassment and burden of care

Women workers are at increased risk of violence and harassment at the workplace, with the threat of losing jobs looming over any urge to file complaints.

A 2020 report⁷⁰ by the Human Rights Watch (HRW) noted, “...there are no studies in India that document the extent to which sexual harassment in the workplace contribute to women leaving their jobs” as this is highly normalized and grossly underreported.⁷¹ Similarly, fear of sexual violence in streets, in and around public transportation, schools, workplaces and other public and private spaces compounded by lack of street lighting, and safe and affordable public transportation have a huge impact on women’s ability to participate in the economy.⁷²

As suggested by a huge body of work on women’s right to safe public spaces,⁷³ urban planning is gender insensitive in

⁷⁰ HRW. (2020). India: Women at Risk of Sexual Abuse at Work: Poorly Enforced Laws Leave Informal Workers No Recourse. HRW. Retrieved from: <https://www.hrw.org/news/2020/10/14/india-women-risk-sexual-abuse-work>

⁷¹ Women often face humiliation and mistrust at police stations when they go to complain of sexual violence, and that criminal cases can drag on in courts for years, leaving survivors vulnerable to threats and loss of work days when they attend hearings.

⁷² SWomen undertake a remarkably more diverse set of activities owing to a mix of care, paid and unpaid work and it involves complex ‘trip-chaining’ in India.

S.S.V, S., & K.V, R. K. (2013). Trip Chaining Behavior in Developing Countries: A Study of Mumbai Metropolitan Region, India. European Transport .

⁷³ Patel, D., Borker, G., & Kreindler, G. (2020). Safety in numbers? Free public transportation for women and women’s safety. International Growth Centre. Retrieved from <https://www.theigc.org/project/safety-in-numbers-free-public-transportation-for-women-and-womens-safety/>

design and overlooks the care economy⁷⁴ leading to overwhelming male presence in public spaces. Moreover, studies have shown that women often experience stranger assault at higher rates in urban areas⁷⁵ and particularly, in informal settlements. Sanitation inequalities have a greater impact on the health of women and girls because of their greater social vulnerability to sexual violence. Many girls and women reduce their water and food intake to avoid going out at night.^{76,77}

In the context of COVID-19, a slew of reports from across the world and India highlighted the “shadow pandemic—a marked increase in violence on women and girls locked within homes. Domestic violence complaints increased by 131 per cent in May 2020 (Ravindran & Shah, 2020),⁷⁸ in districts with the strictest lockdown rules. These add significantly to the gendered dimensions of the pandemic beyond informality of work and employment. Anecdotal evidence suggests that even at sites of work,

GBV increased considerably. Speaking of the garment industry, a thematic expert observed in a KII, “..GBV has long been a part of industrial relations and disciplining mechanism that companies employ. In such a time of crisis, women hardly ever raise their voice against such violence due to the fear of losing their jobs.”

As discussed earlier, urban poor households are also characterized by a high burden of unpaid care and domestic work for women substituting for the absence of state’s supply of civic amenities. In fact, studies have shown that women’s work is motivated less by choice and opportunity, and more by ability to attend to care responsibilities. This implies that unpaid care and domestic work diminishes women’s chances at better paid work.⁷⁹ The most recent time-use survey in 2019⁸⁰ highlighted that in urban India, women spend 337 minutes a day on unpaid activities⁸¹ as compared to 110 minutes

⁷⁴ Sassen, S. (n.d.). Built Gendering. Harvard Design Magazine, 41. Retrieved from <http://www.harvarddesignmagazine.org/issues/41/built-gendering>

⁷⁵ Narayanan, Y. (2012). Violence Against Women in Delhi: A Sustainability Problematic. Journal of South Asian Development, 7(1). <https://doi.org/10.1177/097317411200700101> ⁷⁶ Centre for Monitoring Indian Economy. (2021). Economic Outlook. Centre for Monitoring Indian Economy Pvt. Ltd.

⁷⁶ Khosla, P. (2019). A Place Like Too Many Others: Gender Inequality in Bawana, Delhi. URBANET. Retrieved from https://www.google.com/url?q=https://www.urbanet.info/gender-inequality-in-bawana-delhi/&sa=D&source=editors&ust=1617705999456000&usg=AOvVaw38zq0Xn10RsuMrxW8Yj_z9

⁷⁷ Jha, K. L. (2016). Higher Incidents of Rape in India Linked to Open Defecation, Says Study. Outlook. Retrieved from: <https://www.outlookindia.com/newswire/story/higher-incidents-of-rape-in-india-linked-to-open-defecation-says-study/962341>

⁷⁸ Ravindran, S., & Shah, M. (2020). Unintended Consequences of Lockdowns: COVID-19 and the Shadow Pandemic. In National Bureau of Economic Research.⁷⁹ Farzana, A., Dhillon, A., & Roy, S. (2020). How has Covid-19 crisis affected urban poor? Findings from phone survey - I. Ideas for India: For More Evidence Based Policy.

⁸⁰ International Labour Organisation. (2018). Addressing care for inclusive labour markets and gender equality. Global Commission on the Future of Work.

⁸¹ Care for children, sick, elderly, differently-abled persons in own households, production of other services for own consumption, production of goods for own consumption, voluntary work for production of goods in households, voluntary work for production of services in households, voluntary work for production of goods in market/non-market units, voluntary work for production of services in market/non-market units, unpaid trainee work for production of goods, unpaid trainee work for production of services, other unpaid work for production of goods, other unpaid work for production of services

2.2 a) Policy landscape and urban informal women workers

To understand the exacerbated impact of COVID-19 holistically, we need to highlight the pre-existing policy void in the context of urban informal women workers. Historically, India's public policy focus has been on rural India, while the urban regions have grown consistently and haphazardly over the decades. In his paper, Lalit Batra noted,⁸³ "...both, the Gandhian idea of self-reliant village republics as well as Nehruvian vision of a modern, industrialized nation, were characterized by their relative silence on the question of cities per se and also the role of cities in their respective visions of the future of India."

In addition, post-liberalization economic policies have been characterized by shrinking state support on many publicly funded goods and services, which adversely impact the most marginalized. We identify two major factors behind the policy void explicitly visible in the context of COVID-19:

spent by men. Women caregivers already living in poverty suffer greater time poverty, vulnerability and violence, as well as the breakdown of social networks they rely on for support in situations of crises.⁸²

⁸² Oxfam. (2020). Time to care Unpaid and underpaid care work and the global inequality crisis. <https://oxfamilibrary.openrepository.com/bitstream/handle/10546/620928/bp-time-to-care-inequality-200120-en.pdf>

⁸³ Batra, L. (2009). A Review of Urbanization and Urban Policy in Post-Independent India. Working Paper Series. Centre for the Study of Law and Governance Jawaharlal Nehru University. New Delhi: JNU. Retrieved from <https://www.jnu.ac.in/sites/default/files/u63/12-A%20Review%20of%20Urban%20%28Lalit%20Batra%29.pdf>

- **An overall low attention to urban poor in the country's economic and social policy agenda.**

India's urban population has increased from about 286 million in 2001 to 377 million in 2011 and is expected to increase to 600 million (out of a total population of 1.4 billion) by 2030 (Census of India, 2011 and Planning Commission, 2011).⁸⁴ Despite this, allocation of funds from major national policies are leaning more toward the rural. For instance, the central government's allocation for the rural component of the Swachh Bharat Abhiyaan is about seven times more than that for urban areas; and urban support under the National Health Mission is just 3 percent of the total allocation, while 97 per cent of the funds are set aside for rural areas. While the mega scheme Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA) provides employment opportunities to rural households, there is no equivalent scheme for the poor in urban areas.⁸⁵

In the current budget, the three urban poverty alleviation programs, Deendayal Antyodaya Yojana-National Urban

Livelihoods Mission (DAY-NULM), PM Street Vendor's Atma Nirbhar Nidhi (PM-SVANidhi) and Pradhan Mantri Kaushal Vikas Yojana (PMKVY) together account for only about INR 10 billion,⁸⁶ which is less than 10 percent of their rural counterpart, Aajeevika—National Rural Livelihoods Mission (NRLM). Even in case of disaster management, the policy is vague in terms of management in urban centers. As shared by a thematic expert in a KII, "*disaster preparedness framework is very patchy across the country and is largely targeted toward natural disasters and not toward public health. The institutional framework to respond to disasters in urban space is not well developed, which is linked to essential issues of urban governance capacities.*"

- **There is a lack of cognizance of the entrenched gender norms in policies that are focused on women.**

Multiple laws and policies exist on GBV against women, the most noted amongst them being the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 (PoSH Act, 2013). A

⁸⁴ Khan, S. (2020). Covid crisis underlines false urban-rural binary, neglect of urban areas. The Indian Express. Covid crisis underlines false urban-rural binary, neglect of urban areas

⁸⁵ Abdi, S., Wadugodapitiya, A., Bedaf, S. et al. (2018). Identification of Priority Health Conditions for Field-Based Screening in Urban Slums in Bangalore, India. BMC Public Health. Vol 18, Issue 309. DOI: <https://doi.org/10.1186/s12889-018-5194-2>

⁸⁶ Ministry of Housing and Urban Affairs. (2021). Notes on Demands for Grants. Demand No 59. <https://www.indiabudget.gov.in/doc/eb/sbe59.pdf>

2018 study⁸⁷ based on Right to Information requests to 655 districts in the country found that many districts had failed to establish the committees or constitute them in line with the legal provisions. Even where they existed, it was difficult to find any information on websites or public spaces displaying the names of their members and location.⁸⁸ In their research, Chakraborty et al. (2017)⁸⁹ found evidence that women are not only less likely to work in areas where the perceived threats of harassment are higher, but in their decision to work outside their homes, they face a trade-off between the opportunity cost of working (wage) and the stigma cost of harassment and having to defy social expectations by working outside.

Other policies such as the National Policy for Skill Development and Entrepreneurship (NPSDE), 2015, have a strong focus on “gender mainstreaming” but the gender bias in training curricula is reflected in policy design, particularly in training institutions where gendered assumptions play a critical role in

nature of skill training provided for women. Most women end up opting for courses, such as secretarial practice, basic cosmetology, dress making, spa therapy, etc., reflecting the deemed “suitability” of certain skills/jobs for women offered in training institutes reserved for women.⁹⁰ This goes to demonstrate that while policies offer a framework for greater integration of gender concerns, implementation guidelines, building on gender blind systems leads to minimal transformative impact.

We analyze this further in context of COVID-19 policy measures below:

2.2 b) Economic policy measures during COVID-19

After the announcement of lockdown, the initial relief announced⁹¹ was a INR 1.7 trillion⁹² economic package (for both rural and urban populations) under the existing Prime Minister Garib Kalyan Yojana (PMGKY) to ensure free food (through Prime Minister Garib Kalyan Anna Yojana [PMGKAY]) and a limited cash transfer support extended to the most vulnerable

⁸⁷ Chhibber, D and N Mahajan (2018): “Who Safeguards Women’s Right to a Safe Workplace? A Study of Local Committees Across India Using RTI Data,” Research Report, Martha Farrell Foundation and PRIA International Academy.

⁸⁸ Marathe, H. (2020). No #MeToo for Women Like Us” Poor Enforcement of India’s Sexual Harassment Law. Human Rights Watch

⁸⁹ Chakraborty, S. (2020). Impact Of Covid 19 National Lockdown On Women Informal Workers In Delhi. Institute of Social Studies Trust.

⁹⁰ Pal, P., Nanda, S., Anand, S. Sharma, S., and Nandi, S., (2020). Vikalp: Policy Report on Skilling and Non-Traditional Livelihoods. New Delhi: International Center for Research on Women.

⁹¹ Correspondent, S. (2020). Coronavirus | Centre rolls out 1.7-lakh-crore lockdown package. The Hindu.

⁹² The key highlights of these relief measures include 80 crore poor people will to get 5 kg wheat or rice and 1 kg of preferred pulses for free every month for the next three months; 20 crore women Jan Dhan account holders to get Rs 500 per month for next three months; Increase in MNREGA wage to Rs 202 a day from Rs 182 to benefit 13.62 crore families; an ex-gratia of Rs 1,000 to 3 crore poor senior citizen, poor widows and poor disabled; Central Government has given orders to State Governments to use Building and Construction Workers Welfare Fund to provide relief to Construction Workers. On 30th June, Prime Minister Narendra Modi announced that the Pradhan Mantri Garib Kalyan Yojana was extended till the end of November 2020.

citizens, many of them residing in urban areas. This was *“intended at reaching out to the poorest of the poor, with food and money in hands, so that they do not face difficulties in buying essential supplies and meeting essential needs.”*-KII with Thematic Expert

However, of the initial INR 1.7 trillion package a large amount went into the MNREGA, and the actual amount for urban poor remained small. Moreover, there was a huge gap^{93,94} in the access to these benefits. For example, early reports from the Ministry of Consumer Affairs, Food and Public Distribution shows that only 33 percent of free-food grains and 56 percent of free gram (whole) for migrants under the Atma Nirbhar Bharat package have reached the intended population. The government announced a meager sum of INR 500 per month from April-June 2020 to poor women via Pradhan Mantri Jan Dhan Yojana (PMJDY) accounts. The Ministry of Finance announced in August 2020 that 400 million accounts had been opened under PMJDY since its inception, out of which 55.2 percent (205 million accounts) were accounts for women. However, this does not seem to have the intended impact not just because of the insufficient sum, but also

due to the exclusion of a significant number of poor women (below poverty line) from PMJDY. 176 million poor women lack a PMJDY account causing, 53 percent poor women to be excluded from PMJDY cash relief.⁹⁵ Those who have the accounts are unable to access them on account of lack of ration cards, distance from the nearest banks or inability to access/withdraw. Lack of detailed guidelines for disbursement and inadequate mechanisms kept many away.

In an analysis of the barriers to access the Atma Nirbhar package, economist Dipa Sinha⁹⁶ noted *“... in Delhi, a requirement of online enrolment for e-coupons excludes many. About 5 million people have been issued e-coupons and only around 2.5 million people were given rations in the first round... Anecdotal experience also suggests a large number of people were not able to access this online system or reach the MPs or MLAs to enroll for their quotas. It is obvious that the demand is immense, and the complicated online system has only created delays and barriers.”*

⁹³ Sharma, H. (2020). Atma Nirbhar Bharat package: Only 33 per cent of foodgrains allocated for migrants distributed. The Indian Express.

Similarly, of the 800,000 tons of food grains earmarked for the migrant workers, 638,000 tons (80 per cent) was lifted by the states and UT, but only 264,000 tons (33 per cent) have been distributed among the targeted beneficiaries in the last four months. Beyond food grains, there are major bottlenecks in disbursements of loans and financial support meant for poor urban dwellers like small shopkeepers/ SHGs.

⁹⁴ Sahoo, N. (2020). Covid19 and the Urban Poor: India's nowhere people. Observer Research Foundation. <https://www.orfonline.org/expert-speak/covid19-and-the-urban-poor/> quoting data of the Ministry of Finance (released during Parliament session), only 7.3 percent of the 5 million beneficiaries had received loan approvals and of that, the loans were disbursed to 99,000 beneficiaries. Sahoo, N. (2020). Covid19 and the Urban Poor: India's nowhere people.

⁹⁵ Singh, S., Ravishanker, S., & Pillai, S. (2020). Women And Work: How India Fared In 2020. IWWAGE.

⁹⁶ Sinha, D. (2020). Modi's 'Atmanirbhar' Plan Does Little To Help Those Worst Hit By Lockdown. Scroll. <https://scroll.in/article/962266/modis-atmanirbhar-plan-does-little-to-help-those-worst-hit-by-lockdown>

Similarly, although the central government introduced PM-SVANidhi⁹⁷ in June 2020, availing the benefits required documentation and government issued identity proofs that several individuals do not have.⁹⁸

2.2 c) Health (non-COVID) and GBV-related Policy Measures

A slew of guidelines was announced soon after the lockdown in 2020, specifically concerning women. For example, the National Commission for Women (NCW) issued a comprehensive advisory to states and requested support from line ministries to ensure that needs of women migrants, namely food, shelter, safety and security, health status, mental health and hygiene, are systematically addressed during COVID-19 lockdown. NCW also launched a helpline number—0721-7735372—to enable those facing domestic violence to send a WhatsApp message to access help.

However, built on a weak implementation infrastructure, many of these measures were slow to catch up and limited in reach. In a representation to the NCW⁹⁹, a group of civil society organizations suggested a set of



proactive measures to address this, including publicity and dissemination of existing helplines, information on one stop centers,¹⁰⁰ and declaration of protection officers (POs) across the country as emergency service workers to maximize existing infrastructure and resources.

However, the One-Stop Centers did not become essential services till June 2020 and women found it difficult to access helplines and other services because of the physical restrictions on mobility, and lack of access to phones and privacy for a conversation. As shared

⁹⁷ This is a micro-credit facility that provides street vendors a collateral-free loan of Rs 10,000 with low rates of interest for a period of one year. MHAU. (2020). PM Street Vendor's AtmaNirbhar Nidhi (PM SVANidhi) | National Portal of India. Government of India. <https://www.india.gov.in/spotlight/pm-street-vendors-atmanirbhar-nidhi-pm-svanidhi>

⁹⁸ Government Of India Ministry Of Housing And Urban Affairs. (2021). Parliament of India. <http://164.100.47.194/Loksabha/Questions/QResult15.aspx?qref=22660&Isno=17>

⁹⁹ Sharma, H. (2020). Atma Nirbhar Bharat package: Only 33 per cent of foodgrains allocated for migrants distributed. The Indian Express.

Similarly, of the 800,000 tons of food grains earmarked for the migrant workers, 638,000 tons (80 per cent) was lifted by the states and UT, but only 264,000 tons (33 per cent) have been distributed among the targeted beneficiaries in the last four months. Beyond food grains, there are major bottlenecks in disbursements of loans and financial support meant for poor urban dwellers like small shopkeepers/SHGs.

¹⁰⁰ Sahoo, N. (2020). Covid19 and the Urban Poor: India's nowhere people. Observer Research Foundation. <https://www.orfonline.org/expert-speak/covid19-and-the-urban-poor/> quoting data of the Ministry of Finance (released during Parliament session), only 7.3 percent of the 5 million beneficiaries had received loan approvals and of that, the loans were disbursed to 99,000 beneficiaries. Sahoo, N. (2020). Covid19 and the Urban Poor: India's nowhere people.

by an expert during an interview, “...the issue is that women do not have access to their own cell phone and the ability to recharge it. Women were experiencing loss of access to resources, increased control on mobility, no space to make that one call and constant vigilance”- KII with Thematic Expert. Recently, it has also been suggested that the relationship between infectious diseases and violence is syndemic¹⁰¹— “Syndemic describes the negative interaction between diseases or epidemics, which are worsened by social inequalities like poverty, stigma, stress, and structural violence” — based on experiences during the Ebola crisis.

With a great push from external stakeholders, the Government of India (GoI) released guidance¹⁰² on maintenance of essential health services in April 2021, almost three weeks after the completed lockdown. The guidelines notified reproductive services as an essential service, the guidelines also listed reorganization of services and service providers. GoI also released a special guidance note¹⁰³ on the provision of RMNCAH+N services during and post-COVID. This guidance note specified the management and implementation of SRH services during

the ongoing COVID pandemic.

However, unplanned re-routing of health workers toward COVID response also significantly challenged healthcare supplies with disproportionate impact on women and girls. It enhanced their precarity by taking them further away from sources of information and access with respect to their SRH needs. Reports from MSF clinics¹⁰⁴ located in the slums of Delhi revealed the distress—“Women did not have as much access to accredited social health activist (ASHA) workers, and the information and access we would normally give them related to family planning because we were so busy with COVID. During the lockdown, the number of unwanted pregnancies in the community increased substantially,” noted Seema Rani, a volunteer with India’s National Health Mission and with MSF. Moreover, a large share of women in the informal economy consists of frontline health workers, who were rendered highly vulnerable to the dangers of infection as well as abuse in course of their work.¹⁰⁵

¹⁰¹ Stark, L., Meinhart, M., Vahedi, L., Carter, S. E., Roesch, E., Scott Moncrieff, I., Mwanze Palaku, P., Rossi, F., & Poulton, C. (2020). The syndemic of COVID-19 and gender-based violence in humanitarian settings: leveraging lessons from Ebola in the Democratic Republic of Congo. *BMJ Global Health*, 5(11), e004194. <https://doi.org/10.1136/bmjgh-2020-004194>

¹⁰² Ministry of Health and Family Welfare. (2020). Enabling Delivery of Essential Health Services during the COVID 19 Outbreak: Guidance note. Government of India

¹⁰³ Ministry of Health and Family Welfare. (2020). Guidance Note on Provision of Reproductive, Maternal, Newborn, Child, Adolescent Health Plus Nutrition (RMNCAH+N) services during & post COVID-19 Pandemic. Government of India

¹⁰⁴ Nanda, S. (2021). Delhi: MSF supports survivors of sexual violence in the aftermath of coronavirus lockdown. *Médecins Sans Frontières*

¹⁰⁵ Mohan, D., Mistry, J., Singh, A., Mishra, S., & Agarwal, S. (2021). Travails of ASHA Workers During COVID-19 Call for Renewed Focus on Public Health. *The Wire*. <https://thewire.in/health/covid-19-frontline-workers-public-health>

2.2 d) Gender budget

Ultimately, it is important to talk about the cut in India's gender budget outlay by 26 percent from the period of 2020-21 to 2021-22, despite the disproportionate impact of COVID-19 on women. The gender statement, which outlines expenditure on 100 percent women-related schemes or 30 percent allocation to women, showed a declining trend in the latest union budget. The share of gender budget as a percentage of total budgetary expenditure has been 4.98% in 2018-19 (actuals), 4.91% in 2019-20 (budget estimates), 5.29% in 2019-20 (revised estimates), and only 4.72% in 2020-21 (budget estimates). Over the last 15 years, the size of gender budget has remained below 5 percent, with a few exceptions.¹⁰⁶ Moreover, the gender budget has remained concentrated within a few ministries and in traditional spending areas. Only 34 of the over 70 central ministries and departments reported allocations in the gender budget statement in 2021-22. Between 2005-06 and 2020-21, 90.3 percent of the gender budget was allocated to just five ministries and departments: Rural Development, Women and Child Development, Agriculture, Health and Family Welfare and Human Resource Development. This trend has continued in 2021-22, with the same five ministries receiving 87 percent of the allocations. For gender concerns to be mainstreamed, all ministries should get allocations for the same.¹⁰⁷ Ministries responsible for labor, roads and transport, urban planning, remain



conspicuously missing. Given the major impact of COVID-19 policy response on women's labor and livelihoods, mobility and access to housing, this becomes especially important in the current context.

In summary, economic precarity heightened women's vulnerability to violence and abuse and the social and economic marginalization created an overall condition of stress, violence, food scarcity, increased unpaid work and breakdown of necessary services. Not only did the immediate policy response remain silent on these issues, in fact, it overturned the already fragile and in-adequate structure of service delivery and diverted all resources to just COVID medical management, leaving most of these people to fend for themselves.

¹⁰⁶ Mehta Kapur, A. (2020). Union Budget 2020-21: A Critical Analysis from the Gender Perspective. *Economic and Political Weekly*, 55(16).

¹⁰⁷ Mehta Kapur, A. (2020). Union Budget 2020-21: A Critical Analysis from the Gender Perspective. *Economic and Political Weekly*, 55(16).

Key Takeaways for further research

The foregoing analysis on understanding vulnerabilities for informal women workers, interactions of economic precarity with social marginalization and their exacerbation in the context of COVID-19, helps us identify some clear next steps for the work ahead. This review has highlighted the key issues experienced by women in urban informal economies in the wake of COVID-19 and its policy response. It has shown how pre-existing economic and social vulnerabilities were exacerbated during this period leading to economic and social precarity and how the policy response was skewed, devoid of a gender lens and unable to sufficiently address the key vulnerabilities faced by women workers in urban informal economies.

Given this context, the research proposes to deep dive into sharper questions, using primary research methods (and some specific reviews) to understand state citizen relationships during the pandemic, implementation of policies on the ground and women's access to these mechanisms, resilience strategies and networks of support. In doing so, we will gain a deeper understanding of what works, what does not work, challenges and mitigation strategies, to come up with a clear actionable agenda for advocacy and action.

Some of the immediate questions and concerns flowing out of the scoping

review which require deeper analysis through primary research and specific sets of reviews are as follows:

- What are the pathways to recovery in the aftermath of COVID-19?
- Which policy measures, schemes and support networks have been most effective on the ground in responding to the social and economic crisis?
- How do urban governance systems treat women informal workers?
- How does the specificity of the migrant woman worker get reflected in the policy response mechanism in the Delhi NCR?¹⁰⁸ Given the separation from traditional kinship networks, what kind of support groups within the city spaces have migrant workers been able to access to cope with the COVID-19 crisis?

Specifically, as the next phase of this work seeks to engage in primary research based on the current exercise, we extend the analysis to the following sectors:

Occupations within the urban services sector that are most vulnerable:

10 occupations alone account for almost 56 percent of the total urban female workforce (Table 1). Within these, domestic workers, textile

¹¹⁰ National Capital Region of Delhi or Delhi NCR.

Table 1: Top ten occupations of urban women in the workforce

Occupation	Estimated frequency	Percent of urban female workforce
Domestic and Related Helpers, Cleaners	20,52,126	9.38
Textile, Garment and Related Trades Workers	19,93,313	9.11
Directors and Chief Executives	16,59,948	7.59
Shop Salespersons and Demonstrators	11,65,071	5.32
Middle & Primary Education Teaching Assistants and other teaching professionals	10,30,577	4.71
House Keeping and Restaurant Services	10,14,227	4.64
Agricultural, Fishery and Related Laborers	9,34,529	4.27
Food Processing and Related Trades Work	8,15,454	3.73
Secondary Education Teaching Professionals	7,37,844	3.37
Market Gardeners & Crop Growers	6,42,094	2.93

Source: Calculated using PLFS 2017-18

and garment-related trades workers, and salespersons and demonstrators constitute almost 24 percent.

Two major occupations that exhibit informal employment—domestic workers and the combined category of salespersons (shop salespersons and demonstrators & stall owners and market saleswomen and street vendors) were selected for further analysis. The choice of these occupations is primarily based on the concentration of women workers, being part of the service sector, and lack of social and work security benefits. A detailed analysis and profiling of these based on PLFS 2017-18 is available in Annexure 3.

Worker profiles in focus, within these two occupational categories

Based on our current analysis of extent of informality and share in working population, we propose to engage with domestic workers employed by households and street vendors within the two categories described above with a focus on certain additional selection parameters around migration, caste/religion/marital status/no of children/avg family income and so on. To fully understand the situation of public provisioning, state support and vulnerabilities experienced by women informal workers, we will need to

- Delhi has a large presence of informal workers despite having a higher share of regular/salaried workers (Figure 1 and Figure 2). It is important to note that analysis of different indicators of work and social security as well as working conditions provide a broader view of the degree of informality than just differentials based on the nature of employment.
- According to Census 2011, Delhi has the country's largest share of interstate migrants,¹¹³ with the largest percentage increase for women migrants (28.9 percent from 2001 as compared to 11 percent for men).
- According to the National Sample Survey (NSS) 64th round, about 43 percent of Delhi's population are migrants, with over half coming from Uttar Pradesh and Bihar, two of India's less developed states. While all migrants to Delhi are from out of state, there is a difference between migrants from rural and urban areas.¹¹⁴
- Around 49 percent of the population of Delhi lives in slums and unauthorized colonies without any civic amenities.¹⁹⁶ The majority of the slums have inadequate provisions of the basic facilities and according to a Delhi Urban Shelter Improvement Board DUSIB report, almost 22 percent of the people do open defecation.¹⁹⁷ About one-third of Delhi lives in substandard housing, which includes 695 slums and JJ Clusters, 1797 unauthorized colonies, old dilapidated areas and 362 villages.¹¹⁵ It is observed that these dwellings have significant ethnic diversity, with socially and economically disadvantaged population groups over-represented among slum-dwellers. 20 percent are Muslim (compared to 13 percent for all of India) and approximately 40 percent are Hindu scheduled caste (compared to 16 percent for all-India).¹¹⁶
- Being the national capital, Delhi offers an interesting glimpse of center-state interface with respect to governance, policymaking and implementation, and multiplicity of urban development schemes and policies (smart city, Atal Mission for Rejuvenation and Urban Transformation (AMRUT), Swacch Bharat Mission (SBM) Pradhan Mantri Awas Yojna (PMAY) etc.)

¹¹⁰ Kawoosa M V. (2019). Delhi has highest share of inter-state migrants. Hindustan Times. Jha, S. Rao, V. and Woolcock, M (2005). Governance in the Gullies: Democratic Responsiveness and Leadership in Delhi's Slums. Policy Research Working Paper; No. 3694. World Bank, Washington, DC. © World Bank. <https://openknowledge.worldbank.org/handle/10986/8601> License: CC BY 3.0 IGO."

¹¹¹ Ministry of Housing and Urban Poverty Alleviation. (2017). Report of the Working Group on Migration. Government of India

¹¹² Planning Department: Government of NCT of Delhi. (2019). Economic Survey of Delhi 2018-19. Government of National Capital Territory of Delhi

¹¹³ Banerjee, A., Pande, R., & Walton, M. (2012). Delhi's Slum Dwellers' Deprivation, Preferences and Political Engagement among the Urban Poor. International Growth Centre.

Delhi: COVID-19 and State Response

COVID-19, as we know today, has ravished lives in India in two different waves. The two waves have impacted lives and livelihood differently each time casting a long-term traumatic effect. This report was compiled before the onset of the second wave.

During the first wave, the humanitarian crisis was triggered by the sudden lockdowns all over India. As described above, Delhi is one of the hotspot urban cities that attracts migrants from different states in India. The lockdown triggered fear and panic, which led to mass movement of workers out of Delhi, a journey made on foot by millions in April and May 2020.

The Delhi government's¹¹⁷ immediate response was to set up free lunches and dinners at homeless shelters and at some school premises (although NGOs involved in these distributions said the resources would dry up after a few days, the state did not provide sufficient support). The shelters also did not have requisite facilities to follow social distancing norms. Delhi's civil society networks¹¹⁸ also rose to the occasion and extended multiple dialogues, humanitarian demands and relief measures in collaboration with the government during the pandemic.

Some of the other responses included:

- Free rations, with 50 percent more quantity, were provided to 7.2 million existing beneficiaries. However, this benefit was tied to Aadhar (ID) cards and cut out migrants and lower-caste Indians who do not have this ID;
- Pension pay out— INR 4,000–5,000 per person to 850,000 beneficiaries;
- INR 5,000 per person granted to construction workers registered with the Construction Workers Welfare Board;
- A “Hunger Helpline” set up in all districts. Although, the feedback from the ground was that these helplines are not always working and people were not always responding;
- 200-odd shelter homes set up along with other measures to help daily wagers and people as the country stepped up measures to fight COVID-19. The scheme was being implemented through shelter homes. The DUISB directed all the non-government organizations running its 190 plus shelter homes in the national capital to ensure cooked meals

¹¹⁴ WIEGO. (2021). Focal City Delhi: COVID-19 response. Women in Informal Employment: Globalising and Organizing..

¹¹⁵ Economic Times (2020). Civil Society: The third pillar of strength in fight against coronavirus. Economic Times.

were served to people twice a day. Society for the Promotion of Youth and Masses (SPYM), which runs 60 government shelter homes in Delhi, had started the preparations for serving meals. Sadik Masih Medical Social Servant Society (SMMSSS) also organized 45 shelter homes.

As NCT, Delhi faces peculiar challenges to manage a global pandemic that requires swift decision-making and coordinated approach. The city has the distinction of hosting a hundred-odd parastatal agencies, central departments, municipal institutions, Lieutenant Governor's office and an elected government, often competing for the same roles. On health, there are

three distinct authorities: Ministry of Health and Family Welfare (MoHFW), the Delhi government and Municipal Corporation of Delhi (MCD) that administer a fleet of hospitals. For instance, while the central government runs some major hospitals such as AIIMS, Safdarjung and Ram Manohar Lohia; MCD controls a number of other major hospitals such as Hindu Rao, Rajan Babu TB hospital, etc. Delhi government controls two major hospitals; LNJP, GTB and Deen Dayal Upadhyay hospitals.¹¹⁶

This complexity of governance mechanisms and interplay between central and state agencies/institutions create serious challenges for swift and holistic response to crises.

¹¹⁶ Sahoo, N. (2020). How Delhi became India's Coronavirus capital. Observer Research Foundation.



CONCLUSION

Our analysis so far has allowed us to establish the complex interlinkages between social and economic vulnerability, the feminization of poverty and the exacerbation of vulnerability due to COVID-19. While a range of research and programmatic efforts have focused on the question of informality, we found that few focused on the intersectional nature of informality and women's lives. The scoping review also allowed us to understand public policy development and implementation during COVID-19, and its sensitive, but fragile interface with citizens.

As we stay connected to the questions with which we began the scoping review, we have also unearthed newer areas of inquiry with greater understanding of the complexity of this situation. In the next phase of our work, we will delve deeper into understanding the impact of COVID-19 for the two selected worker groups in the NCR. We will also engage with existing research, policy advocacy and labor movement efforts in



the region to extend our learnings and imbibe from the larger, ongoing work.

As this work is part of a larger initiative across India, Kenya and Uganda, we will also be cross-sharing and learning from the research in Kenya and Uganda. Over the next few months, the work of assimilating learnings from across the three contexts will commence, in turn, paving way for the co-creation of a cross-country research design for the primary study. A multi-country study like this would yield important insights for building a global understanding of the socio-economic and humanitarian impact of major health shocks such as COVID -19 as well as resilience and coping strategies practiced by communities across these countries and continents.

The common threads of experiences as well as specific challenges and coping strategies will strengthen global policy making in an interconnected world which aims to build back better.



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