

Domestic Workers, Risk & Social Protection in Delhi National Capital Region



The vast majority of workers interviewed reported not having a benefit to help them pay for health care, over 40 per cent reported having to take out a loan to finance a health-care visit. Photo by IDWF.

Key Points

- 1 There are an estimated 500,000 domestic workers in Delhi, where the bulk of the demand for domestic work is for part-time workers. Most have multiple employers and work more than 40 hours per week.
- 2 While there are some policies in place, domestic workers in India are currently excluded from protective labour legislation. In Delhi, large numbers of domestic workers are unprotected from work-related risks, with the typical domestic worker earning below what they consider necessary for survival. Among other such risks are sexual harassment, work-related injury or ill health, and lack of bargaining power, with written contracts extremely rare.
- 3 Domestic workers in Delhi spend the equivalent of three-quarters of a week's wage on a health-care visit, despite various governmental schemes to help workers access health care. Also, most have no access to maternity leave or other benefits including pensions. Migrant workers often encounter problems in applying for benefits because the necessary documentation is kept in their home villages and is inaccessible to them.
- 4 Among recommendations to the Delhi state government are that a minimum wage notification be set for domestic workers, that health clinic opening hours are extended, that child care support be given to domestic workers, and that a task force be established to consider the social protection needs of domestic workers, taking into account migrant status.
- 5 With COVID-19 and its impacts, large numbers of domestic workers in Delhi are said to have lost their jobs and about 80 per cent face severe to moderate economic crises. The sector was largely excluded from emergency grants and food rations.

Delhi, India's capital and a bustling metropolis, is home to many migrant workers from across the country. For most women migrants, domestic work is a viable option owing to ease of entry, low skill requirements and flexibility. However, these workers face high levels of risk, precarious working conditions, and low incomes.

This policy brief aims to provide a descriptive picture of the condition of domestic workers in the Delhi National Capital Region (NCR). Delhi NCR covers the city of Delhi as well as adjacent areas incorporated into the states of Haryana, Uttar Pradesh and Rajasthan. The study is based on interviews with domestic workers and their organizations, as well as a survey of 176 domestic workers in the city of Delhi as well as in Faridabad and Gurgaon, which fall under the administration of the state of Haryana. The policy analysis contained in this brief, however, focuses more narrowly on the state of Delhi, although many of the recommendations may apply generally.

Domestic Workers in Delhi

There are estimated to be 500,000 domestic workers in Delhi (ILO, 2016). According to the International Labour Organization (2017), the bulk of the demand for domestic work in Delhi is for part-time workers, although there are also substantial numbers of particularly vulnerable live-in workers from rural districts and states including Jharkhand, Odisha and Bihar.

In this survey, the following key characteristics of domestic workers were identified:

Individual: The group was relatively young, with half of those surveyed below the age of 40. Education levels are low – 66 per cent reported having no schooling at all, with a further 25 per

cent reporting some primary education. All the workers interviewed originated from outside of Delhi, with the largest single group (59 per cent) hailing from West Bengal, followed by Jharkhand (7 per cent) and Madhya Pradesh (7 per cent). Twenty-six per cent of workers had relocated to Delhi between 2006 and 2010, while a further 22 per cent had moved there more recently, between 2016 and 2019.

Household: Most workers (68 per cent) were married and living with their spouses. Forty-three per cent reported having between three and seven dependents, and 47 per cent were caring for at least one child under the age of six.

Working arrangements: Most (74 per cent) domestic workers were employed in live-out, multiple-employer type arrangements, which conforms with the ILO (2017) findings, and almost none had written contracts. The majority (70 per cent) reported working more than 40 hours per week and only 3 per cent reported having been hired through an agency.

Major Work-Related Risks

India's Unorganized Workers Social Security Act (2008) identifies domestic workers as wage workers under Section 2(n), enabling them to avail various social security schemes run by the central and state governments and to register under the Unorganized Sector Social Security Board (USSSB).

In May 2012, a draft National Policy for Domestic Workers was circulated, but has not progressed beyond a revision and resubmission to incorporate features of ILO Convention 189 (on domestic work) and ILO Recommendation 204 (on the transition from informality to formality). The Wage Code (2019) – one of the four proposed labour codes that will replace

India's complex labour legislation – was passed by the Lok Sabha in 2019. It does not specify which groups of unorganized sector workers are to be included in its ambit. The same concern applies to the other three proposed labour codes,¹ including the proposed Social Security Code, which would allow registered unorganized-sector workers to be eligible for social security schemes under a social security fund that would be set up for this purpose.

Ultimately this means that, at present, domestic workers are excluded from protective labour legislation in India. This general situation holds true for Delhi, where domestic workers are not covered under the Minimum Wage Notification, and so are not technically recognized as workers in the state's schedule of employment. Moreover, the state has not implemented the provisions of the Unorganized Workers Social Security Act

(2008), meaning that domestic workers have not been registered with the USSSB. This is despite a 2017 Supreme Court directive that ordered the state to ensure that registration takes place. While states such as Maharashtra and Tamil Nadu have welfare boards for domestic workers, this is not the case in Delhi (Babu & Bhandari, 2020).

This leaves large numbers of workers unprotected from the following major work-related risks to income security:

Low remuneration: In 2019, Delhi's minimum wage was raised to INR14,842 (USD199) per month.² In this study, the typical domestic worker earned INR2,333 per week, amounting to INR9,332 per month (USD125), which falls well below the state minimum wage. Over 20 per cent of workers reported earning less than INR142 (USD1.90) per day, which is lower than the national

¹ The four proposed labour codes are the Wage Code, the Occupational Safety, Health & Working Conditions Code, the Industrial Relations Code and the Social Security Code. While the Wage Code was passed in 2019, the other three codes were still under consideration at the time of writing.

² Domestic workers are not included within this minimum wage notification, but it is a useful comparator.



In this study, the typical domestic worker earned INR 9,332 (USD125) a month, which falls well below the state minimum wage of INR14,842 (USD199) that does not include domestic workers.

Photo by Ravi Choudhary.

daily minimum wage of INR176 per day proposed under Wage Code (2019). These earnings are also lower than the wages most domestic workers felt were needed for basic survival, with over 50 per cent stating that they considered between INR14,000 (USD187) and INR19,000 (USD254) per month as a basic minimum for survival in Delhi. It should be noted that part-time domestic workers are paid at piece rate and there are differentials depending on the main tasks performed. Cooking and caring for children and the elderly is considered skilled labour and commands better remuneration than *chutak kaam* (household work).

Lack of leave provisions: Paid long leaves do not exist for part-time workers. Domestic workers are expected to find replacements for shorter-term leaves that are taken. Most workers will drop out of their jobs before the birth of a child and look for a new job when ready. Due to union pressure, some domestic workers have managed to negotiate one day off per week.

Migrant status: Almost 70 per cent of the domestic workers interviewed

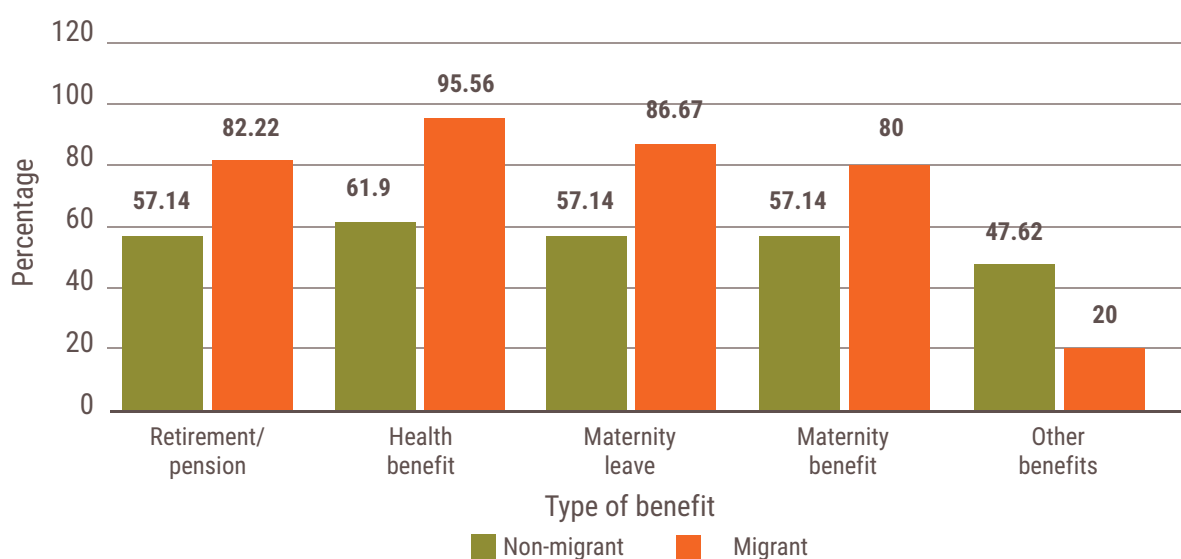
for this study were inter-state migrant workers. These workers were significantly less likely to have access to pensions, health and maternity benefits than non-migrants, although they were more likely to have access to “other benefits” (see Figure 1 below). However, the number of workers reporting access to other benefits (mainly food rations through the Public Distribution System) was small, and this may impact the robustness of this finding. Migrant workers often encounter problems in applying for benefits because the necessary documentation is kept in their home villages and is inaccessible to them.

Stigmatization and discrimination:

The master-servant model is still strongly rooted in Indian society and is particularly strong in relation to domestic work. Domestic workers are frequently accused of theft, and this may lead to violence from employers and/or the police.

Sexual harassment: Sexual harassment is a common experience for domestic workers. Although they are included within the remit of the Sexual Harassment of Women at the Workplace

Percentage of Domestic Workers Without Access to Social Protection



Act (2013), few know of its provisions. The stigma of being a victim of sexual harassment, the possible repercussions of disclosing the incident, and long and tedious justice mechanisms lead to under-reporting of such incidents. This is exacerbated by the fact that the local committees through which women may report sexual harassment are non-functional in Delhi. In many cases, women stop working in these households but do not reveal the incident.

Occupational safety and health: Injury and ill health related to work was the most frequent reason given for skipping work by the domestic workers who participated in the survey. Fifty per cent of the workers who had reported a serious illness or injury in the past 12 months said that this was an illness or injury contracted while on duty. Fifty-six per cent had had to miss work as a result of this illness or injury, with 40 per cent reporting having to miss between 1 and 5 days of work, 23 per cent reporting having to miss 1 to 2 weeks of work, and 37 per cent reporting missing more than 2 weeks of work. Seventy-three per cent of these workers were not paid during this time.

Lack of bargaining power: Only one worker in the sample reported having a written contract with their employer, which means that their work status is highly insecure, and they have little power to change this. This is exacerbated by the fact that wage rates are set by the neighborhood, leaving little space for individual workers to bargain for higher wages. Although organizations of domestic workers are gaining strength in the city, which would support collective action and voice, it is challenging to organize domestic workers, particularly those who live and work in the gated communities across the city.

Access to Social Protection and Social Services

Health care: Access to health care is important for domestic workers, 64 per cent of whom had visited a health care facility in the previous 12 months.³ In Delhi, there are three main schemes to help workers access health care. These are:

- Ayushman Bharat Yojana, which is a central scheme aiming to provide cashless secondary and tertiary level care for up to INR500,000 (USD6,500) per family per year to the poor. This incorporates the former Rashtriya Swasthya Bima Yojana (RSBY) health insurance which specifically includes domestic workers as a designated group, meaning that this group of workers automatically benefits from Ayushman Bharat Yojana.
- Delhi Arogya Nidhi, which is a state-level scheme providing financial assistance of up to INR150,000 (USD2,000) to patients whose annual family income is less than INR100,000, are in possession of a National Food Security Card and have been resident in Delhi for at least three years.
- Aam Aadmi Mohalla Clinics, which are set up by the Government of Delhi to provide free basic medical care in poor and underserved communities, have drawn widespread praise.

Despite the existence of these schemes, the vast majority (97 per cent) of workers interviewed reported not having a benefit to help them pay for health care, over 40 per cent reported having to take out a loan to finance a health-care visit, and 26 per cent reported delaying a health-care visit due to the

³ Eighty per cent of these visits were for the workers themselves, and 17 per cent for children who were ill.

cost. **On average, the latest health-care visit for a domestic worker in Delhi cost the equivalent of three-quarters of a week's average earnings.**

This may be the case for several reasons. Ayushman Bharat Yojana is a secondary and tertiary-level benefit, which means it would not cover workers seeking primary health care. The Delhi Arogya Nidhi has relatively complex access requirements that are likely to put up barriers to access. Considering the levels of income reported in this survey, some domestic workers would qualify through the means test, although consideration would have to be given to whether earnings from other household members would take the family over the means-test threshold. Domestic workers may also be excluded due to migrant status and inability to access the Food Security Card. Finally, the Mohalla clinics do not extend beyond the city of Delhi, which would exclude workers based in Faridabad and Gurgaon. Moreover, they have in the past opened only in the morning, meaning domestic workers have been unable to access them regularly due to work commitments. Taking cognizance of this, the state has recently extended the opening times (7am to 7pm) of 40 of the clinics with the highest footfalls but this has yet to be extended to all Mohalla clinics.

While most workers did not have long travel times to health facilities, a considerable minority (over 30 per cent) had to travel for an hour or more to access care. Based on average hourly earnings and the time spent seeking health care, the average opportunity cost for these workers was INR418 – or 18 per cent of typical weekly incomes – for their last health-care visit.

Maternity and child care: The majority of domestic workers interviewed did not have access to either maternity leave

(88 per cent) or a maternity benefit (83 per cent). Two central schemes exist to provide maternity benefits: the Pradhan Mantri Matritva Vandana Yojana (PMMVY) for the first child only and the Janani Suraksha Yojana for institutional delivery (no restriction on number of births). Both schemes are applicable for poor women and not specific to the nature of women's paid work. However, the PMMVY does not include single mothers (fathers' documents are required) and the form is lengthy (32 pages) and requires numerous documents. This acts as a significant barrier to access.

Access to child-care services is also limited. The main forms of child care available to the study participants were family care (30 per cent reported relying on a family member for care). A further 30 per cent reported leaving their children without care while they were at work, while 23 per cent reported taking a child to work. Only 3 per cent of interviewees reported that they had access to child-care facilities, which are commonly subsidized creches run by NGOs. On average, weekly child-care costs among this group of women were just under INR500 (USD6.70) or the equivalent of one-fifth of a week's average wages.

Other benefits: Delhi has a state-level pension scheme – the Old Age Assistance Scheme for those older than 60 who have resided in Delhi for a minimum of five years. This is a means-tested benefit for those with an annual family income of less than INR100,000 (USD1,334). Considering the levels of income reported in this survey, some domestic workers would qualify through the means test, although consideration would have to be given to whether earnings from other household members would take the family over the means-test

threshold. Only 7 per cent of the workers interviewed were above the qualifying age of 60, and only two workers in the sample reported having access to a pension. Eighty-four per cent said they would not have access to a pension and a further 12 per cent reported that they were unsure of whether they would have access to a pension.

Almost 20 per cent of workers reported having access to a food ration benefit through the public distribution system (PDS). However, a much larger number of workers (70 per cent) reported having no access to any other benefits.

COVID-19 and Social Protection Responses

Informal workers in Delhi were hit hard by the lockdown restrictions imposed on the nation in March 2020. With no means of earning incomes, many were unable to continue paying rent or obtaining food. Exacerbated by a lack of public transport, this “triggered a humanitarian crisis never witnessed before in modern India, as men, women and children started walking hundreds of miles back to their villages” (Majithia et al., 2020). Domestic workers in Delhi were not spared in this disaster. It has been estimated that 80 to 90 per cent of domestic workers in Delhi have lost their jobs (Babu & Bhandari, 2020). A survey conducted by the Institute of Social Studies Trust (ISST) found that 54 per cent of domestic workers in Delhi were unable to collect their salaries in March 2020 due to mobility restrictions, with a further 14 per cent not collecting wages due to fear of contracting the virus, and over 10 per cent having their wages withheld by employers (Ghosh & Bilkhu, 2020). Fifty per cent of domestic workers reported having to pay inflated prices for food, and 80 per cent reported facing severe to moderate economic crises.

The crisis facing domestic workers has been exacerbated by the fact that domestic workers in Delhi are not registered under the USSSB. This has resulted in their exclusion from emergency cash grants, which have been extended to registered groups of unorganized sector workers, such as construction workers (Babu & Bhandari, 2020). Additional food rations through the PDS were also announced by the Delhi government. However, this excluded many migrant workers whose identity documents are kept in their home villages. Consequently, the state government issued an emergency 5kg ration that could be accessed through e-coupons for those without the required identity documents. This has helped some migrant domestic workers to access the emergency food rations, but domestic worker organizations have pointed out that a lack of smartphones, data services, a long process for the filing of the e-coupons, and the need to print the e-coupon have acted as major barriers to access (Ghosh & Bilkhu, 2020).

Organizing and Action for Social Protection

There are several unions and groups organizing domestic workers in Delhi. Many of these organizations are active members of the National Platform for Domestic Workers (NPDW) and are involved in worker outreach and education, supporting victims of abuse, networking with other domestic groups and unions in the states and, at the national level, advocating for legislation for domestic workers, ratification of ILO Convention 189 and decent work conditions for domestic workers.

In recent years, there has been a rise in the recruitment of domestic workers through app-based platforms such as “Mydidi.in” and “Helpers Near Me”. Some

of these platforms have approached organizations of domestic workers to recruit and train members and, in some cases, to design a worker-friendly mode (Elizabeth Khumallambam, interview, October 2019). To date, however, the reach of such platforms remains limited and the bulk of organizing work continues to be done through face-to-face work. This may, however, change due to the impact of COVID-19.

In Gurgaon, approximately 30km to the south of Delhi, Gharelu Kamgar Sanghatan (GKS) has adopted innovative organizing strategies. Finding it difficult to gain access to domestic workers while they work in the gated communities that are common in the area, the organization has started to reach out to domestic workers in their places of residence. In this way, GKS has managed to organize more workers – many of whom are migrants – and has become more aware of their poor living conditions. A practical intervention by GKS has been to issue its members with wage cards.⁴ These cards provide recommended wages for different types of domestic work and can be used to negotiate with employers for fairer wages.

SEWA Bharat issues identity cards to its members, which are now recognized by the government. These cards can be used to access key government documents such as a voter's card and Aadhar card, social security schemes such as Ayushman Bharat, and banking facilities. Access to social protection benefits is also facilitated through the SEWA *Shakti Kendras* (SSKs), which are

one-stop-shop information desks located in all SEWA field offices. They provide support in linking SEWA members to social security schemes and providing support in accessing the necessary documentation. In 2015/16, a total of 69,000 workers visited their local *Shakti Kendras* in Delhi, and nearly 67 per cent of those people received benefits as a result.⁵ SEWA is also involved in building a cadre of trained community-based flag bearers (*Agewaans*). The *Agewaans* work towards strengthening the community through better implementation of programmes, schemes and provision of information, and form the link between SEWA and workers on the ground.

Equally crucial is the work done by these organizations to reach employers, to work towards collective agreements to improve working conditions across compounds and neighbourhoods. Residential Welfare Associations (RWAs) are communities of homeowners with the right to issue circulars and control movement in gated communities. RWAs provide an important bargaining space between employers and domestic workers. For example, in the COVID-19 context, domestic worker organizations are producing a set of standard operating procedures aimed at RWAs in relation to domestic work. SEWA has also reached out to employers through the media and the dissemination of information. SEWA Delhi, for example, started a "My Fair Home"⁶ campaign, putting up information kiosks outside residential areas to inform employers about domestic worker rights (Aditi Yajnik, interview, February 2020)

⁴ An example of the GKS wage card can be found here: <https://idwfed.org/en/affiliates/asia-pacific/india-gharelu-kaamgar-sangathan-gks/gks-wage-card-in-english-2018.pdf/view>

⁵ For more details on SEWA's Shakti Kendras in Gujarat state see Devenish, A & Alfars, L. 2019. Bridges to Better Lives: SEWA's Community Health Workers: WIEGO Workers' Lives No. 7: <https://www.wiego.org/publications/bridges-better-lives-sewas-community-health-workers>

⁶ See IDWF's My Fair Home Campaign resources: <https://idwfed.org/myfairhome>

Recommendations for Policy and Practice

The research presented in this brief shows that much work remains to be done to ensure that the rights of domestic workers to social protection are realized. This section provides a set of recommendations for policy makers, trade unions and organizations of domestic workers to further the extension of social protection to this vulnerable group.

Recommendations to the Delhi state government:

- Domestic work must be recognized within the Delhi schedule of employment. This should be accompanied by a minimum wage notification for the sector.
- In line with the recommendations put forward by the ISST (2020), there is a great need to fast track the registration of domestic workers
- Documentation requirements for the accessing of social protection should be simplified to facilitate better access.
- The lengthening of Mohalla Clinic opening times should be extended to all clinics in the city. The Mohalla Clinics are to be commended for providing free health care to Delhi's citizens. However, it is also clear that the limited opening times restrict access for the working poor. Extended hours would also help in reducing issues of wage cuts owing to leaves taken for seeking medical treatment by the domestic worker.
- Child-care support through community-based creches should be

under the USSSB, as per the Supreme Court directive of 2017. This must be complemented with the setting up of a task force to consider the longer term social protection needs of this group of vulnerable workers, which must take into account migrant status.⁷

⁷ Steps are being taken to better include migrant workers into the PDS, through the "One Nation, One Card" initiative: <https://www.deccanherald.com/national/all-you-need-to-know-about-the-one-nation-one-card-scheme-868618.html>



Domestic workers in Delhi are not registered under the social security authority. This has resulted in their exclusion from emergency cash grants, which have been extended to registered groups of unorganized sector workers, such as construction workers. Photo by IDWF.

considered a key measure to support the livelihoods of domestic workers. There are many good examples within India of how to build and sustain such creches (e.g. [mobile creches](#)).

- Effective implementation of local committees to combat sexual harassment. Utilizing funds from the Nirbhaya Fund⁸ in ensuring proper functioning of these committees could be explored.
- COVID-19 relief measures should be extended to all domestic workers under the provisions of the Disaster Management Act (2005).

Recommendations for organizations of domestic workers:

- While COVID-19 is a disaster for domestic workers, it also presents an opportunity. As Majithia et al. (2020) point out, it is likely that the value of the labour of domestic workers is now better understood by employers

who had to make do without their work in the lockdown. This moment can be used to ensure better pay and working conditions.

- Organizations of domestic workers must educate their members about the USSSB, and the Supreme Court Directive of 2017, and encourage them to register. This will help speed up the registration process.
- Education and raising awareness about the social protection benefits available to domestic workers should also be a focus. A large number of domestic workers are unaware that they may have access to social protection benefits. This should include raising employers' awareness about the benefits their employees may access.
- Domestic worker groups and unions must apply pressure to improve the functioning of the local committees.

⁸ The Nirbhaya Fund supports initiatives by the government and NGOs working towards protecting the dignity and ensuring safety of women in India.



On average, the latest health-care visit for a domestic worker in Delhi cost the equivalent of three-quarters of a week's average earnings. Photo by Paula Bronstein/Getty Images Reportage.

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Interviews:

1. Interview with Elizabeth Khumallambam, Project Coordinator, GKS.
2. Interview with Aditi Yajnik, SEWA Bharat.

* This brief was compiled by Laura Alfers, based on qualitative research conducted by the Institute of Social Studies Trust, and survey data produced by the Self-Employed Women's Association (SEWA), Gharelu Kamgaar Sanghathan (GKS), Nirmala Niketan, Sahiri Mahila Kaamgar Union (SMKU) and the Domestic Workers Forum (DWF) in collaboration with the IDWF and WIEGO. The survey data was analyzed by Siviwe Mhlana and Michael Rogan. This policy brief was made possible through the support of the Open Society Foundation's Women's Rights Programme.

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ABOUT IDWF

The International Domestic Workers Federation is a membership based global federation of domestic workers. It consists of 76 affiliates in 59 countries representing over 560,000 domestic workers worldwide. Its objective is to protect and advance domestic/household workers' rights everywhere through building a strong, democratic and united global organization. It is affiliated to WIEGO and IUF. Visit www.idwfed.org

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