Those Who Stayed:
Impact of COVID-19 on Informal Migrant Workers

Study by Martha Farrell Foundation - Domestic Workers’ Action Network
88% informal workers have not got their salaries in April, while 40.5% received full salaries in March.

Out of 78 smartphone users, only 2 knew the process of downloading the e-ration coupons. 61 have basic phones while 7 have no access to phones.

96 of 119 Aadhaar card holders were not able to access ration during the lockdown. Only a third of 146 workers went to schools serving cooked meals while the rest were scared of exposure and infection.

Out of 146 informal workers, 112 believed that demanding paid leaves or advances would result in job loss.

Only 35 out of 146 informal workers have Jan Dhan accounts, out of which only 11 could access the money (Rs 500 per month) transferred under PMJDY.

High cost and low availability of Shramik train tickets deterred migrant workers from returning home.

All 146 informal workers were in dire need of ration. Due to their migrant status, their ration cards were not valid in the states where they worked.

Informal workers, especially daily-wage earners and self-employed persons, couldn’t make their savings last beyond mid-April.
Participants were aware of health and hygiene practices (washing clothes, cleaning hands, covering faces) but they live in densely populated urban settlements, making it difficult to socially distance.

64% claim to have 24x7 running water in the community toilets while 36% don’t, further raising concerns on hygiene.

Despite government advisories forbidding landlords to demand rent, nearly 50% of the informal workers reported pressure to pay rent, especially in the first week of May.

Sporadic reports of domestic violence from our small sample of participants corroborates the spike in cases across the country.

69% of the informal workers use community toilets in their slums and 6% share soaps, raising the risk of infection.

With classes shifting online, informal workers without access to technology (hardware, internet) are worried about their children’s education.

Women informal workers have experienced an increase in unpaid domestic labour at home.

Migrant workers belonging to religious minorities report social stigma (labelled “Corona-spreaders”) and difficulty in accessing essential services and items.
The global spread of Coronavirus has affected the lives of millions around the world. To limit its impact, India implemented a phased lockdown starting 25 March, 2020. With the economy paralysed since then, both formal and informal sector workers have had to contend with harsh realities. The impact has been disproportionately felt by informal migrant workers who have found themselves preoccupied with questions of survival and health.

According to ILO (2019), India’s informal economy employs more than 90% of the country’s total workforce, and early 94% of total working women in India are engaged in informal work, with only 20% in urban centres. The brunt of an unplanned nationwide lockdown is being borne heavily by them, in the form of food shortages, health and safety concerns, job insecurity, due payments like rent and utilities, and fear of misinformation. Women employed as domestic workers, sanitation workers, sex workers, daily wage earners etc. are among the worst hit, for they are challenged not only with economic and social insecurities but also by a constant threat of violence.

Global estimates also suggest that domestic workers tend to earn lower wages and fewer benefits. Martha Farrell Foundation (MFF) has been working with domestic workers in Delhi and Haryana over the past 3 years, collectivising them by strengthening their capacities around the issue of sexual harassment at their workplace. The Foundation’s efforts to mainstream the issue sharpened the focus on strengthening redressal mechanisms and preventive measures, resulting in close collaborations with district-level authorities, unions and civil society organizations. MFF has since developed a support group of domestic workers in Gurgaon and Delhi, who have played an instrumental role in extending support to their community, in accessing the right information related to COVID-19, relief and ration providers, essential services like healthcare, legal and psycho-social support; and in creating awareness regarding application of e-ration coupons/cards.

With the help of this Domestic Workers’ Action Network, MFF has carried out a comprehensive assessment, with 146 informal/migrant workers living in Harijan Basti Gurgaon, Bapra colony and Loda basti in Samalkha, Khanpur and Andrews Ganj in Delhi and Kolkata. They have been living in these areas for 7 years or more.

**Out of the 146 participants,**

- **92** were women (domestic) workers
- **73** were originally from West Bengal, **22** from Bihar, **9** from Uttar Pradesh, **1** from Sikkim, **1** from Assam, **25** from Haryana, **7** from Orissa, **5** from Delhi, **3** from Jharkhand
- **26** were self-employed as drivers, rickshaw pullers, hawkers, sanitation workers and tailors (18%)
- **111** were paid workers including domestic workers, patient care workers and safai karamcharis (76%)
- **9** were currently out of work (6%) either because they lost jobs due to pregnancy or they are searching for jobs before the lockdown was announced
OBJECTIVES

The study attempts to understand the socio-economic, health and gender impact of the lockdown on migrant workers employed in informal work. The unaddressed anxieties and stress of job insecurity and the lack of food have forced workers to question their survival. The responses from migrant workers were analysed on the basis of the following objectives:

- To understand the economic impact of the crisis on informal workers
- To assess their accessibility to key resources
- To understand the degree to which informal migrant workers are able to engage in social distancing in their urban informal settlements
- To understand how pre-existing inequalities have deepened during the pandemic

The analysis took into account the responses by Central and state governments: introducing hot cooked meals for migrant informal workers in schools, setting up institutional quarantine centres with lodging and food facilities, increasing the portions of ration than usual, starting e-registration of ration cards (Haryana) for non-holders and providing e-coupons for Aadhar card holders (Delhi) to access ration.

These responses were mapped against informal workers’ awareness of the same. The challenges they faced in accessing the Public Distribution System (PDS) and other government-sponsored schemes like Jan Dhan Yojana, have been reflected in the study along with their awareness of precautionary measures to prevent the spread of COVID-19.
STUDY: AIM & APPROACH

METHODOLOGY

In response to requests for relief from informal workers in Delhi and Haryana, Domestic Workers’ Action Network with the help of MFF started maintaining a detailed database of the challenges and experiences of informal migrant workers during the lockdown, to understand the gravity of their current situation and to provide them immediate help.

Using telecommunication, the network branched out to villages and urban slums in other states, identifying newer pockets where no essential services had reached at all. Keeping the ethos of community-led participatory research in mind, the broad questions of the survey focused on the most common challenges faced by migrant workers who failed to return home before the lockdown. More specific follow-ups were then asked, over three rounds of telephonic conversation, to ascertain the impact of this lockdown on their mental and physical health, socio-economic wellbeing, gender roles at home and larger implications for women informal migrant workers, and the extent to which they are able to practice good hygiene.

In a way, the study broadens the definition of essential services to include access to technology and personal toilets for all, and a basic universal income for salaried informal workers. The data was tabulated and then analysed on the basis of the above objectives. The findings have been presented below under three broad categories of impact - on economy,
In anticipation of the lockdown, the Ministry of Labour and Employment on 23 March, 2020, sent out an advisory to formal sector employers not to lay off or cut wages of employees during the lockdown. However, the government did not make them legally enforceable nor did they demand compliance. More importantly, the government did not include salaried informal workers in these advisories.

Out of 146 workers, 111 were dependent on regular salaries including 92 women domestic workers. Although India accounts for more than 5 million domestic workers\(^3\), there is no coverage for them under existing labour laws, making them further susceptible to exploitation and a humanitarian crisis during an economic lockdown.

The economic impact of the lockdown has posed a series of challenges for informal workers in terms of paying rent, purchasing essentials and accessing health services. During the first phase of the lockdown, the March salary and savings provided a cushion, but come April, a majority of them stopped receiving advances or paid leaves, while some even lost their jobs.

**Status of salaries during lockdown**

- **In March**, 45 out of 111 workers (40.5%) received their full salary whereas 27 (24%) got nothing and 39 (35%) received only a partial salary i.e. for 15 days, 10 days or 21 days of work

- **In April**, the number reduced drastically to 5 (5%) of 111 workers receiving their salary or full advance, whereas 98 (88%) got no money at all and only 8 (7%) workers received a partial amount

- **26** self-employed workers who had some savings spent it on rent and food expenses, but that was steadily dwindling in April due to the nature of their daily wage-earning work which was now absent. Some were unable to open their shops because of the lockdown and had resorted to taking loans from their relatives or credit from local shops

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On 26 April, 2020, in an attempt to financially support workers, the central government announced it would provide 20 crores (200 million) women with Jan Dhan bank accounts (under PMJDY)\(^4\), with a sum of **Rs. 500/- each per month, for three months**. The Ministry of Finance further supported this by tweeting that Rs.9930 crores has been disbursed to 19.86 crore women Jan Dhan account holders under the Pradhan Mantri Garib Kalyan Yojana (PMJKY)\(^5\). However, despite a limited sample size, this data contradicts the government’s claim of covering maximum Jan Dhan beneficiaries.

- Out of **146** informal workers, only **30** have Jan Dhan Account, **99** have normal bank accounts, and **17** workers have no account at all.

- Out of **30** workers having Jan Dhan account, only **9** (30%) of them have received money, whereas **6** (20%) have not received money at all in their Jan Dhan accounts, and **15** (50%) don’t know whether they have received it either because they have not checked their accounts during the lockdown or because the bank refused to cooperate.

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\(^5\) [https://drive.google.com/file/d/1rQ21-0bQeaJEByjlUZdGYP_jNawRh-tu/view](https://drive.google.com/file/d/1rQ21-0bQeaJEByjlUZdGYP_jNawRh-tu/view)
The large scale loss of jobs and wage cuts coupled with rapidly dwindling savings have further resulted in a massive food crisis among informal migrant workers. Despite schemes announcing free ration, cooked meals, and other facilities like shelter support for migrants with meals, and transport to return to their home states, factors like availability of relevant documents (ration cards, Aadhaar cards) and smartphones (to file for e-coupons or book train tickets) have been overlooked.

As a consequence, a majority of informal workers who participated in the study failed to access these benefits. Even those who had Aadhaar cards did not receive relief as promised, due to gross deficiencies in the PDS disbursal mechanism. Communal tension in certain areas also made it difficult for religious minorities to approach ration distribution centres, despite having the identification documents necessary to demand said relief.

1. Access to ration and other resources

- Out of 146 workers 119 have Aadhar cards, 25 have both Aadhaar as well as ration cards whereas, 2 have no Identity documents.

- Out of 119 Aadhaar card holders, a majority of 96 workers have not received ration from any government sources. Instead, they procured ration from other sources like NGOs and individual donors.

- Of the 25 workers with both identification documents to access ration, 3 were unable to access the ration, 12 received from other resources and 10 didn’t received any kind of food relief.
“I am living alone with my three children. I am left with very less money therefore, to save it we have cut down our one-time meal and we adjust with tea and biscuits in one meal”
(Shafiya Bibi, Gurgaon)

“I went to the PDS centre for free rations and registered my name 4 times with my Aadhaar card but I received no response. When I went again to check they sent me back twice saying, they don’t have any rations right now.”
(Joysree, Gurgaon)

“Sometimes, we go to get cooked meals from the nearby schools, but the queue is so long that we have to wait for 4-5 hours under the sun”
(Gulista, Delhi)

“Schools are providing cooked meals to us but we don’t want to go and stand in a queue because there are so many people and we are afraid of catching infection, that’s why I need dry rations.”
(Maalti, Gurgaon)

“I am a rickshaw puller with a family of 4, we are Muslims that’s why nobody is helping us. Sometimes, when people from our community conduct donation drives, we get ration”
(Naseem, Gurgaon)

2. Access to technology

The central and state governments announced relief packages that were designed to be availed digitally (by filling online forms or applying for e-ration cards/coupons, or Google the information regarding hunger or domestic violence helplines). According to a study by Statista, around half of India’s 1.37-billion-strong population has access to the internet in 2020 but they often lack the infrastructure (eg. smartphones) or the digital literacy to utilise it. Nearly 30% of the population lacks basic literacy, and it is thrice that figure when it comes to digital literacy⁶.

Moreover, online access also depends on various other factors like: internet connectivity and bandwidth. According to another study by GSMA, there is also a persistent gender gap in this accessibility, especially in low- and middle-income countries, where 313 million fewer women use mobile internet than men, representing a gender gap of 23 percent7. Women often don’t own a personal device, as households share a single smartphone that is mostly used by the children or men.

The study reflected that:

- Out of 146 workers 78 have smartphones, 61 have normal phones and 7 have no access to phones.
- Out of 78 smartphone users, only 2 knew the process of downloading the e-ration coupons or ration forms and even those were not successful in accessing the ration.
- 76 workers don’t have the knowledge to access it.

![Pie chart showing distribution of phones among workers](chart.png)

“I tried registering online for e-coupons but the website got stuck and then the server was down.” (Krishna, Delhi)

“I tried registering myself on the ration booth on the basis of my Aadhar card but they asked me to wait for one week as the website is not working” (Mitali, Gurgaon)

The impracticability of social or physical distancing for people sharing limited spaces in informal settlements has created a challenge in preventing transmission of COVID-19. Informal migrant workers who participated in the study live in densely populated urban slums and colonies where a majority share community toilets and access water from common taps or tankers, which increases the risk of exposure and transmission. For households that can afford it, bottles of drinking water are purchased, which too involves going out during the lockdown. Access to soap and sanitisers, availability of 24x7 running water and stored water, presence of unisex toilets were studied in each of the study sites.

The study confirms:

- Out of 146 respondents, only 34 have personal toilets in their houses (23%)
- A majority of 101 (69%) share toilets with others in the community
- 11 (8%) workers openly defecate in the fields which also increases the risk of transmission. According to the WHO, there is some evidence that the SARS-CoV-2 (Coronavirus) may be present in faeces.
- Out of 34 Workers having toilets at home, 29 (85%) of them are using soaps in their washrooms, whereas 5 (15%) don’t use soaps to wash hands due to lack of money or awareness.
- Out of 34 personal toilet users, only 4 (12%) have access to running water throughout the day while 30 (88%) don’t (they have access to water once a day and they store it for future usage.)

IMPACT ON HEALTH AND HYGIENE

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Share community toilets</td>
<td>69.2</td>
</tr>
<tr>
<td>Have personal toilets</td>
<td>23.3</td>
</tr>
<tr>
<td>Defecate in open fields</td>
<td>7.5</td>
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Out of 101 workers using community (shared) toilets:

- 95 (94%) of them carry their own soaps and 6 (6%) do not either because they come back and wash their hands at home or they don’t have money to buy soaps.
- 65 (64%) claim to have 24x7 running water in the community toilets while 36 (36%) don’t, further raising concerns on hygiene.
- 69 (68%) of them carry their own water and 32 (32%) do not, in anticipation that they will get water in the toilets, or because they have very limited water stored at home.
- 31 (31%) workers reported having separate toilets for men and women whereas 70 (69%) denied it, which intensifies the risk more.

When it comes to drinking water:

- Out of 146 informal workers, 67 (46%) access their drinking water from the community tanks, hand pumps, taps.
- 48 (48%) of them purchase bottles while most informal workers from Gurgaon refill their bottles daily for Rs.30 from the nearby petrol pump as the water in their houses are muddy.
- Only 31 (21%) have access to in-house drinking water.
The above analysis reflects that informal migrant workers face challenges on the most basic level of survival, owing to the economic lockdown which has left them stranded with no income and little savings. Owing to this financial crisis, they are unable to fully comprehend the risks associated with COVID-19 infection. Even if they do, their socio-economic status bars them from safeguarding themselves as per health advisories advocating social distancing. Statements such as “Hunger will kill us before Coronavirus does” exemplifies that point.

An acute food crisis and shortage of healthcare services and potable water has been created across urban informal settlements (the study sites) by multiple factors. Absence of identification documents is one, with most migrant workers having invalid/no ration cards, or the absence of hand-holding/support in applying for e-coupons. Some others are afraid to go out to schools serving hot meals or approach ration distribution centres, due to the stigma of being labelled “Corona Spreaders”, mobs and police brutality, and for fear of exposure and infection.

In the disbursal of welfare packages like Jan Dhan and ration on the basis of Aadhaar cards too, huge blindspots were noted. An overwhelmingly large number of migrant informal workers in the study did not receive direct cash transfers or the rations as promised, despite having the documents and bank accounts in place. While most of the migrant workers were aware of these schemes, there was a considerable number of participants who lacked the knowledge of how to utilise their identification documents. All of this points to a lack of preparedness for the countrywide lockdown, an exclusionary response that did not take the most vulnerable populations into account. The present crisis, therefore, illustrates the importance of having a “One Nation, One Ration Card”.

Without access to money, food, medicines or water, informal workers are preoccupied with insecurities regarding their jobs, anxieties to pay rent and monthly installments, and eager to continue their children’s education. Women domestic workers, who are often the sole bread-winners in their households, reported that a Universal Basic Income for all would have made it easier for them to demand paid leaves or advances during the lockdown. The reality, however, is that they are hesitant to negotiate as it could put them out of work. They look forward to returning to work. Domestic pressure has increased for them, and there have been accounts of domestic violence, making home “not a safe space” for migrant women. Most psycho-social support helplines were propagated by the government via online channels, with complete disregard for women’s low digital literacy levels and limited access to phones. On the health front, living in densely populated settlements with no choice but to share rooms, toilets and hand pumps, has made it difficult for informal workers to practice social
CONCLUSION

distancing. Although they are aware of the basic hygiene practices like washing hands and wearing masks, without access to personal toiletries and running water, there remain huge gaps in safeguarding oneself from infection. This problem is further heightened because of the lockdown when all these resources are being shared by family members.

A comprehensive overview of the economic, health and gendered implications of the lockdown reveals the need for a more proactive and on-the-ground strategy to combat the crisis. Some other recommendations that the Domestic Workers’ Action Network offered were: doubling down on the doorstep delivery service of essential items, tankers transporting clean drinking water to colonies, direct money transfers in Jan Dhan account with a mechanism to monitor its implementation, sanitary and spacious quarantine shelters with food so that slum-dwellers can practice social distancing, free travel on Shramik trains for migrant workers wishing to return home, a stronger framework for landowners evicting tenants, and public information campaigns making sure that people know of the risks posed by Coronavirus and how to lower the risks.