

India's Policy Response to COVID-19 and the Gendered Impact on Urban Informal Workers in Delhi NCR

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Introductory Brief



A Policy Landscaping by The Quantum Hub and ICRW Asia

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List of Abbreviations

AAMC	Aam Aadmi Mohalla Clinics
ANB	Atmanirbhar Bharat
ARHC	Affordable Rental Housing Complex
BOCW	Building and Other Construction Workers
BPL	Below Poverty Line
CMIE	Centre for Monitoring Indian Economy
DBT	Direct Benefit Transfer
DDA	Delhi Development Authority
DDMA	Delhi Disaster Management Authority
DHRTF	Delhi Housing Rights Task Force
DUSIB	Delhi Urban Shelter Improvement Board
EPW	Economic and Political Weekly
FRHS	Foundation for Reproductive Health Services
GNIDA	Greater Noida Industrial Development Authority
ICMR	Indian Council of Medical Research
ISST	Institute of Social Studies Trust
IWWAGE	Initiative for What Works to Advance Women and Girls in the Economy
KII	Key Informant Interviews
MHA	Ministry of Home Affairs
MLE	Ministry of Labour & Employment
MoF	Ministry of Finance
MoHFW	Ministry of Health & Family Welfare
MoHUA	Ministry of Housing and Urban Affairs
MWCD	Ministry of Women and Child Development



NALSA	National Legal Services Authority
NASVI	National Association of Street Vendors in India
NCT	National Capital Territory
NCW	National Commission for Women
NDMC	New Delhi Municipal Council
NFHS	National Family Health Survey
NFSA	National Food Security Act
PDS	Public Distribution System
PIB	Press Information Bureau
PLFS	Periodic Labour Force Survey
PMAY-U	Pradhan Mantri Awas Yojana - Urban
PMGKY	Pradhan Mantri Garib Kalyan Yojana
PMGKAY	Pradhan Mantri Garib Kalyan Anna Yojana
PMJAY	Pradhan Mantri Jan Arogya Yojana
PMJDY	Pradhan Mantri Jan Dhan Yojana
PMSVANidhi	PM Street Vendor's AtmaNirbhar Nidhi
PRIA	Participatory Research in Asia
PWDVA	Protection of Women from Domestic Violence Act
RBI	Reserve Bank of India
RMNCAH+N	Reproductive, Maternal, New-born, Child, Adolescent Health Plus Nutrition
SEWA	Self-Employed Women's Association
SRHR	Sexual and Reproductive Health and Rights
SWAN	Stranded Workers Action Network
UN	United Nations
UNDP	United Nations Development Programme
VAW	Violence against women

Introduction

“Risk of falling deeper into poverty”

A year into the pandemic, the devastating impacts have disrupted social and economic infrastructure and have further marginalized millions of people. In many ways, the epicentre of the pandemic was felt among the urban informal workers in the country, particularly women. Already existing at the edge of precarity with respect to livelihood, social security, and shelter - all of which lay on the spectrum of informality - the humanitarian crisis brought about by the pandemic further widened the fault lines of their pre-existing social and economic vulnerabilities. As the government urged people to stay at home and the economic cogwheels of the country came to a grinding halt, India witnessed one of the worst recessions since independence, with the economy shrinking by a historic 7.3% in the first year of COVID. Overnight, urban informal workers across the country lost their jobs and incomes. As a result of the loss in livelihood and income, it is estimated that about 400 million people, working in the informal economy in India, were at the “risk of falling deeper into poverty”.¹ During this period, the number of people living below the minimum wage threshold of Rs 375 per day² had increased by 230 million.³



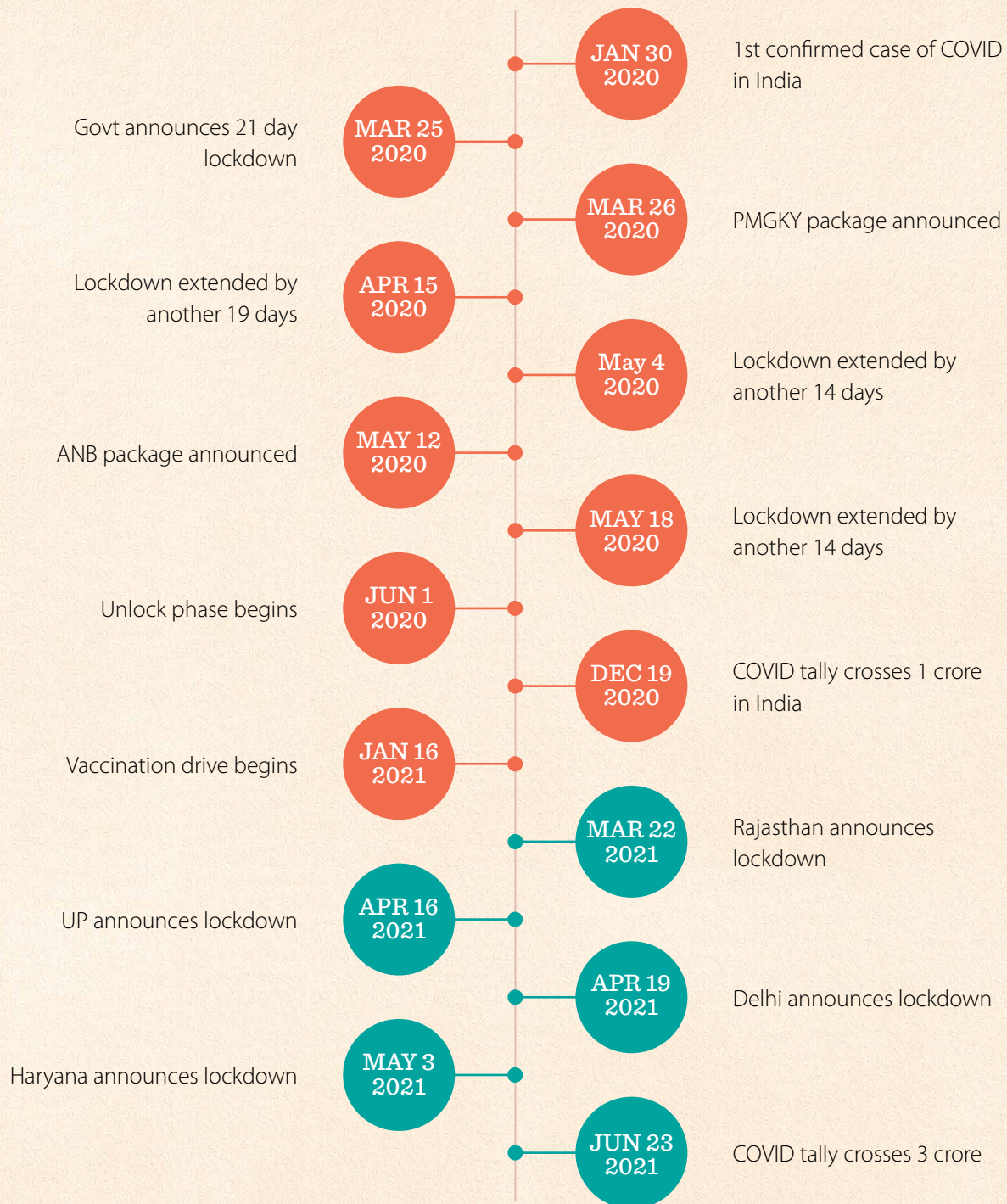
In addition, with the rise in COVID infections, urban informal settlements with their tightly spaced living conditions and poor sanitation were at the heightened risk of becoming a tinderbox for infection, thus making it unviable for large groups of migrant workers to stay in the cities. To arrest the spread of infection, the government placed heavy restrictions on mobility, including border restrictions introduced across state lines and the suspension of public transport. As a result, thousands of migrant informal workers were left with no choice but to walk hundreds of kilometres to reach their hometowns, away from the cities where they were unable to afford food and rent.

1 ILO (2020). ILO Monitor: COVID-19 and the world of work. Second edition: Updated estimates and analysis

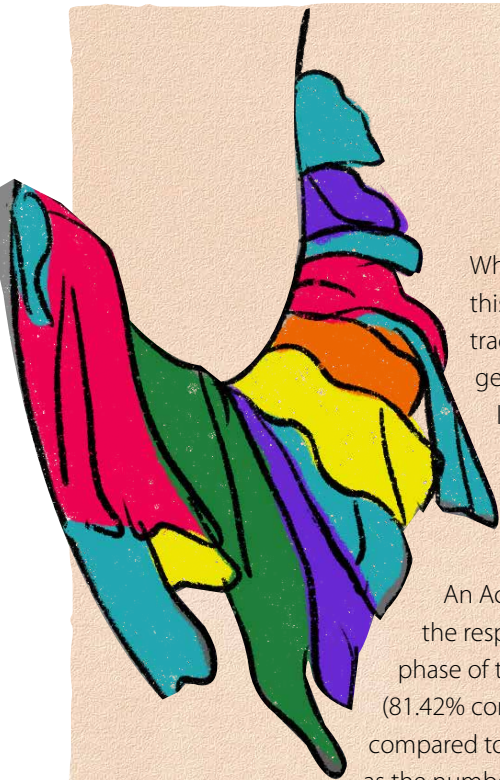
2 As recommended by the Anoop Satpathy committee

3 Azim Premji University. (2021). State of Working India 2021: One year of Covid-19, Centre for Sustainable Employment, Azim Premji University.

1st Wave



2nd Wave



While the impact of the pandemic was universal, several studies have observed that this was felt more harshly among women who were caught at the intersection of traditional gender norms, COVID-19 induced socio-economic challenges, and the general precarity associated with the informal sector. Not only were the total job losses higher among women (especially urban women), they also experienced an increased burden of care work during this period (Singh, 2021). Reports have also observed that violence against women and girls, particularly domestic violence, intensified during the lockdowns, leading to a 'Shadow Pandemic'.⁴

An ActionAid study noted that among the surveyed informal workers, around 89% of the respondents were working pre-lockdown, but this fell to 8% by the end of the third phase of the lockdown.⁵ The worst unemployment rates were observed among migrants (81.42% compared to 70.82% among non-migrants), and workers in urban areas (77.51% compared to 58.36% in rural). According to the same study, women were the worst affected as the number of unemployed female working population (among the surveyed informal workers) increased from 3.42% pre-lockdown to 79.23% post-lockdown (compared to 4.81% and 75.07% for males respectively). In a survey conducted by the Institute of Social Studies Trust, 64% of women workers in the informal sector in Delhi stated that they had experienced job loss and 18% had witnessed a fall in income during the post-lockdown phase (2021).

There was also a marked difference in the focus of the policy response between the two waves. Whereas the 1st wave saw a nation-wide lockdown - marked by border closures, heavy restrictions on mobility and a stop on all economic activities considered non-essential - the stress on healthcare itself was relatively lower as the number of infections were comparatively fewer. However, the 2nd wave was majorly a public health crisis with the high rate of infections and deaths putting a heavy toll on the healthcare infrastructure in the country. The 2nd wave also witnessed more regional lockdowns which were phased out, and the country was not subjected to a complete stop on economic activities.

4 The UN Women coined the term 'Shadow Pandemic' as, globally, reports of domestic violence began to rise during lockdowns "as many of the factors that trigger or perpetuate violence against women and girls are compounded by preventive confinement measures", wrote the UN Women Regional Director for the Americas and Caribbean.

5 ActionAid India (2020). Workers in the time of COVID-19 | Round I of the National Study on Informal Workers.

National Capital Region

When tracing the progress of policies for informal workers, it is evident that the crisis began long before COVID-19 hit the country. Informal workers have been shouldering the burden of economic vulnerability and health crises for a long time. Within this ambit, women informal workers have largely been excluded from social protection schemes. The heightened challenges that women informal workers have been facing during the pandemic are thus an extension of the precarious state they have been in prior to the crisis. As a result, despite these relief measures, migrant households had to reportedly cope by cutting down on their food intake, selling assets, borrowing money (Bhosle et al, 2021), or returning to their villages where they had some socio-economic support.

To bridge these gaps, in many parts of the country, women rallied together to drive India's COVID-19 response. From producing masks and other protective items to coordinating essential food supplies through setting up community kitchens and centres for food grain and vegetable distribution, women SHGs played a critical role in cushioning the impact of the crisis. In Delhi, several SHGs were trained by the local government to produce face masks and other protective equipment⁶ (Roy, 2020). Civil society organizations (CSOs) also rallied to support those in need. A 2020 research paper by Participatory Research in Asia mapped 130 CSOs to better understand interventions on ground. The recommendations emerging from this paper laid emphasis on the need to lay a focus on gender issues, pointing out the need to tap into informal networks and include women from disadvantaged communities in the design and dissemination of COVID-19 awareness campaigns.

There have been several gaps in existing data and research around the subject of women informal workers in the Delhi National Capital Region (NCR). This report aims to fill that gap, bridging the distance between research on pre-pandemic vulnerabilities, and institutional policy responses through the course of COVID-19. In the absence of clear policy safeguards, the report also delves into informal channels and actors that organized during the pandemic.⁷



Key

	Delhi NCT
	Haryana
	Rajasthan
	Uttar Pradesh

⁶ Roy, S. (July 20, 2020). Delhi: Rakhis to masks, self-help groups being trained to tide over the crisis. Times of India

⁷ By Ankit2 - Own work, CC BY-SA 4.0, <https://commons.wikimedia.org/w/index.php?curid=70589664>

Methodology

Our approach for this study has been two-pronged: one, to assess the gendered impact of the pandemic-induced lockdowns on urban informal workers in Delhi NCR; and two, to assess the overall effectiveness of the various state and non-state responses for relief and recovery. In doing so, we have also looked at the urban governance structures put in place for COVID management as well as to deliver on the policy response, along with mapping the efforts of CSOs to bring in stop-gap measures, from March 2020 to August 2021. Our study has focussed on five thematic areas of concern, namely food security, economic well-being, access to healthcare (SRH), access to shelter and protection against gender-based violence.

We started by undertaking a mapping exercise of the policies related to the five themes announced by the Centre and the state governments of Delhi, Uttar Pradesh, Haryana, and Rajasthan (involved in the administration of the districts in NCR). For analysis of these schemes, we have primarily relied on media reports and surveys carried out by think-tanks and research institutions.⁸ We followed this with Key Informant Interviews (KIIs) with experts who were either leading research or working on ground (state and non-state actors) during the pandemic.

The observations and findings on the policy responses were further assessed using a framework developed specifically for this study (adapted from a report by the National Collaborating Centre on Public Policy, Canada), which evaluates the schemes across the following metrics - Effectiveness, Unintended Effects, Equity, Cost, Feasibility, Acceptability and Presence of Informal / Alternative Mechanisms.⁹ However, given the limited scope of this study, we had to choose two to three schemes, under each theme, for a detailed analysis.

Owing to the lack of data (specifically, gender-disaggregated data) from the government on the beneficiaries of the policy responses, the authors had to rely on media reports and available literature to assess the impact of the schemes. Reports based on surveys to assess the coverage of welfare schemes during this period were particularly helpful. However, given that most of these surveys were conducted telephonically, we acknowledge its limitations in terms of the exclusion of those without mobile phones or the financial means to recharge their phones during this period. We have also observed the lack of robust data from regions outside of Delhi National Capital Territory (NCT) and relevant to NCR, which has proven to be a challenge in assessing the policy responses by the governments of Haryana, Uttar Pradesh, and Rajasthan. Furthermore, at the time of writing the report, there was limited research available on the 2nd wave of the pandemic.

⁸ institutions such as Azim Premji University's Centre for Sustainable Employment, Institute of Social Studies Trust (ISST), Women in Informal Employment: Globalizing and Organizing (WIEGO), Indo Global Social Service Society (IGSSS) among others

⁹ Expansion of this framework included in Annexure.



Thematic Briefs



Urban
Governance
Structures



Economic
Well
Being



Food
Security



Housing
and Shelter



Sexual and
Reproductive
Health and
Rights



Redressal
of Gender
Based
Violence

Way Forward

While each thematic brief includes a set of recommendations, our analysis also directed us towards some ways forward from this point, which are as follows:

Leveraging the study for further research

Using this study as a sounding board on the gendered outcomes of the policy responses at the central and state levels, there's definite scope in doing a deeper dive to evaluate the policy design of these responses and the overall impact to bring out evidence-based recommendations for policymakers on what works and what does not. This is also likely to prove beneficial in planning for future waves of the pandemic, if the need arises.


Identifying and legitimizing the role of CSOs in public crisis response

The study, in identifying the strengths and gaps in urban governance structures during the pandemic, has also outlined the role played by CSOs in extending some of the government's services. Alternatively, CSOs have also proven to be a vital resource during this pandemic in replacing public services where none existed. The study can therefore be used to identify the roles that CSOs can play in responding to a public crisis, which can then be factored into the scheme design itself. At the same time, it needs to be ensured that the government does not abrogate its responsibility for last mile delivery.

Making available gender-disaggregated data

In the absence of robust and usable data shared by the government on the beneficiaries of the pandemic's relief and recovery measures, several research institutes have attempted to assess this through large surveys. However, the scope of these surveys has been limited. Also, most surveys are focused on centre-led schemes, and there's little evidence available on the impact of the schemes introduced at the state-level. There is scope for more research to understand identify the coverage of such schemes, and better understand the markers of exclusion.





Longer-term study to assess the impact of new directives meant to benefit the migrant worker population

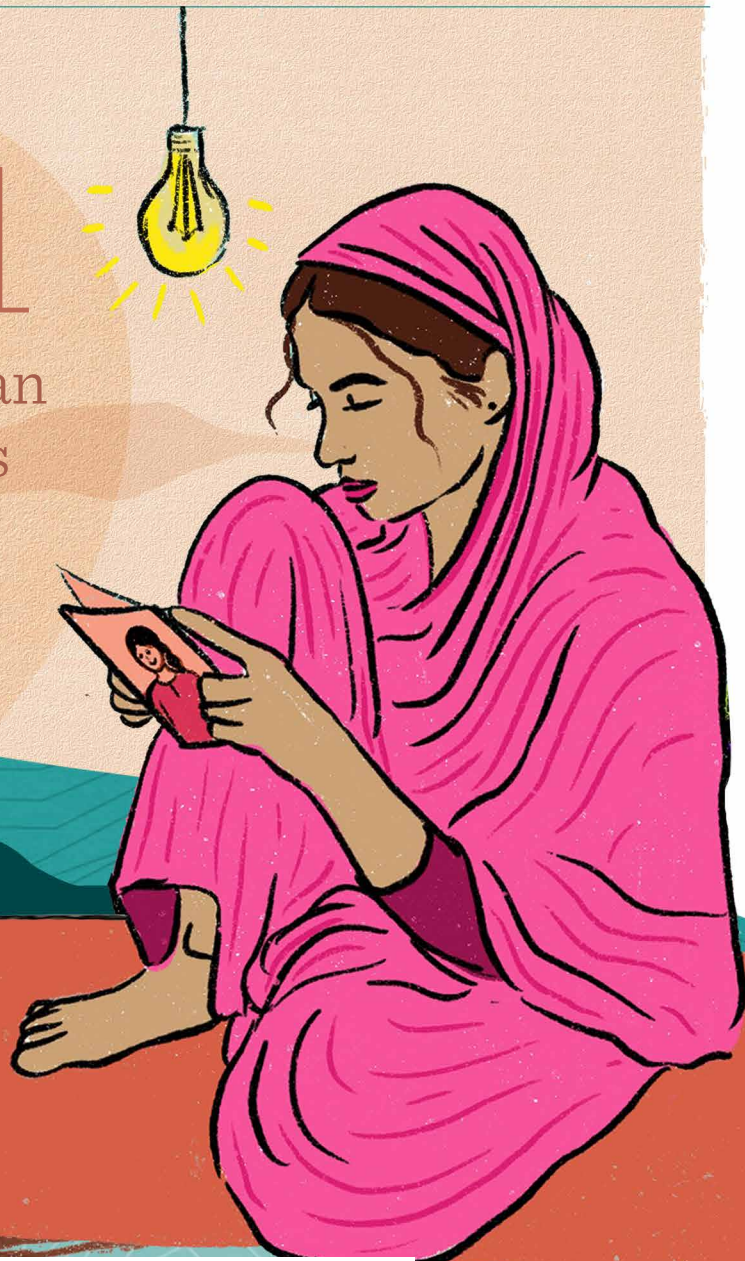
Over the last few months, various Ministries have introduced several new measures meant to benefit the migrant worker population in the long-term such as the One Nation, One Ration Card scheme, the national database for unorganized workers, the two surveys launched by Ministry of Labour and Employment, namely the All India Survey on Migrant Workers and the All India Quarterly Establishment Based Employment Survey (AQEES), and the Affordable Rental Housing Complexes scheme. Before the country collectively moves on from the discourse of migrant welfare to economic recovery, which is likely to commence once the COVID infection numbers stabilize, the need for a longer-term study to assess the effectiveness of these schemes, from a gender lens, should be put in place to ensure that when the country builds back, it does not leave the vulnerable migrant and urban informal workers behind.



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Thematic Brief **1** Pandemic and the Urban Governance Structures



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Pandemic and Urban Governance Structures

The report published by Center for Policy Research on urban governance during the pandemic¹ looked at the jurisdictional coverage of various actors in the ecosystem in certain regions in the country, including Delhi, pointing out the need for resilient infrastructures and greater authority for local governance. It also highlighted the disproportionate impact on vulnerable populations like street vendors and migrant workers, delineating the need for special provisions addressing current and future challenges. The pandemic changed the contours of service delivery across the country, with structures rearranging themselves for an unprecedented crisis response.

This section details a few key actors that played a role in the deployment of the Delhi NCR's COVID-19 responses.

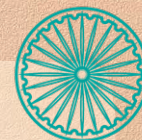
¹ Dasgupta, S., et al. (2021) *Re FORM: Lessons for Urban Governance futures from the Pandemic*. CPR Research Report. New Delhi: Centre for Policy Research.



A. State Actors

Central Government

Apart from the drafting of policies and making budgetary allocations through the Finance Ministry at the Central level, inter-Ministry convergence was also a key area of work during the crisis. For example, the Parliamentary Committee on Health And Family Welfare highlighted Central Government level convergence among the Ministries of Health, Women and Child Development, Education, Rural Development, Panchayati Raj and others for food distribution. This was reportedly done in addition to the existing Public Distribution System (PDS) channels under the ambit of the Ministry of Consumer Affairs, Food and Public Distribution. The same report also raised concerns about the lack of data on the urban poor under the National Food Security Act (NFSA), recommending a National Database of vulnerable sections of society so that in similar crises, their needs can be addressed.



State Governments

In June 2020, there were reports of the Ministry of Home Affairs favouring a unified COVID-19 strategy for the Delhi NCR, and a similar nudge from the Supreme Court to initiate a consistent policy for the region. There was, thus, an institutional recognition of a need to maintain inter-state cooperation during this time. Even prior to these nudges, however, the state governments of Haryana, Delhi and Uttar Pradesh began coordination around migrant workers' journeys home.² State governments were also key to the disbursement of facilities for residents more generally, with numerous committees set up in each of the states under different thematic areas, and district collectors taking charge of pandemic response at the state governance level.³ An important avenue for deployment of services for women was that of Anganwadis, with the Delhi Government reporting that there was a 46% increase in enrolment of women in Anganwadi centres during the pandemic, with a priority on "additional relief, ration, health supplies, raising awareness on vaccine and other issues related to COVID-19," as per state government officials.⁴ Similarly, in the Sonapat district in Haryana (part of the NCR), Anganwadis continued arranging for items like take home rations, routine immunizations, and even ambulances and hospital admittances.⁵ Delhi Government schools were similarly turned into temporary shelters during the first lockdown, providing food and shelter in 569 schools, as per the reports.⁶



2 Goswami, S., Khandelwal P., Dhankhar, L. & Mishra, A. (2020) *States unite to see off migrants*. Hindustan Times

3 Farooqui, MH. & Malhotra, S. (2020) *Role of the District Collector (District Magistrate or Deputy Commissioner) in the COVID-19 Response*. Center for Policy Research.

4 Goswami, S & Iftikhar, F. (6 June, 2021). *46% more children, women enrol in Delhi's anganwadis amid second lockdown*. Hindustan Times.

5 Kumar, K. & Roy, S. (4 May 2021) *Residents, RWAs pool resources to overcome shortage of beds, medicines, O2*. Hindustan Times.

6 Chand, S. & Mishra, AKN. (2020). *Delhi schools become temporary homes*. Times of India.

Urban Local Bodies (ULBs)

ULBs provided the third level of governance, coordinating with state governments to deploy services for residents. The Central Ministry of Health & Family Welfare issued guidelines to ULBs, highlighting the focus areas for their work.⁷ While in certain states ULBs provided services like door-to-door food delivery, there were also instances during the pandemic, where existing tensions between levels of governance worsened. In Delhi, for instance, there emerged reports of a clash between the state government and municipal bodies over payment of salaries, which were dealt with judicially.⁸



Judiciary

During the successive waves of the pandemic, the Judiciary (at every level) proved to be a key player in the urban governance structure, providing instructions to both central and state governments, and responding to the petitions and pleas from citizens across the country on issues ranging from oxygen availability⁹ to PDS distribution¹⁰ to rent payments.¹¹ Still, there has been much debate about what more could have been done, particularly for migrant workers, through judicial orders¹² (*Maqbool et. al*, 2020).



Police

During this time, the police became a port of call for many, with Delhi Police PCR vans reportedly turning into delivery centres for women who were en-route to hospitals in the city. Many women turned to the police when ambulance services were inundated and 997 pregnant women were taken to hospitals by the Delhi Police, with police staff providing necessary support and medical assistance despite being untrained in this regard.¹³ The Delhi Police reportedly also delivered five million food packets to homeless people in the city by April 2020. In still other cases, the police continued its patrol, despite large numbers of their own being infected with COVID-19 during the second wave. The Gurugram police, similarly, was involved in last mile delivery of services during the second wave, even delivering medicines to patients at home. Despite this, however, according to stakeholders in the NGO space, many migrant workers remained fearful of approaching the police across the country, for fear of being turned away in non-medical instances.¹⁴ A survey conducted by the Association for Advocacy and Legal Initiative corroborated this dichotomy in responses, suggesting that while sometimes police personnel were unhelpful, in other instances, they intervened by providing transport, speaking to the abusers.¹⁵



7 Guidelines issued on 16.05.2020. Available at: <https://www.mohfw.gov.in/pdf/PreparednessandresponsetoCOVID19inUrbansettlements.pdf>

8 Oral observations recorded in a PTI report.

9 WP(C) No. 3031/2020, Supreme Court of India

10 Delhi Rozi Roti Adhikar Abhiyan v. Union of India & Ors., Delhi High Court

11 W.P.(C) 8956/2020, Delhi High Court

13 ANI (2021). 9 women who gave birth in PCR vans during lockdown to be honoured on Women's Day. ANI News

14 Source: KII with expert

15 Kapoor (2021) references the AALI_Rapid Survey_VAW Factsheet, which makes use of this survey data. Available at: <https://www.facebook.com/384350311621679/posts/3038324946224189/?d=n>.

Indian Military



In Delhi, during the second wave, the state government also requested that the Army be deployed, even as the existing institutional machinery struggled to keep up with the health requirements of patients across the city.¹⁶ The Indian military stepped into the fray not just in Delhi, but also across the country.¹⁷

Elected Representatives

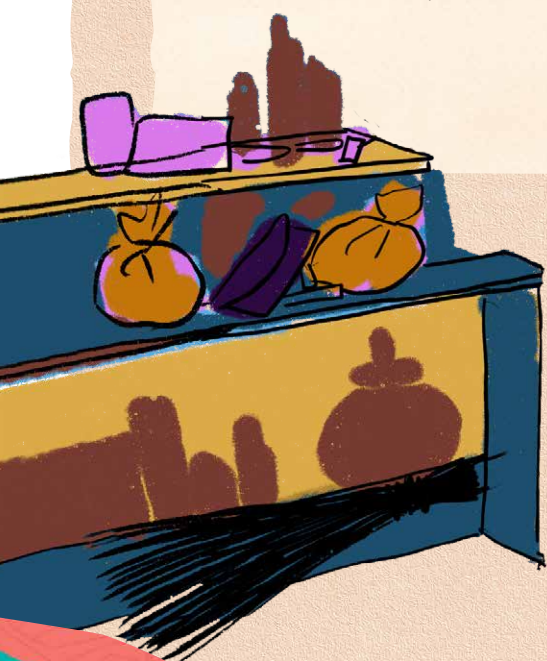


At various levels, elected representatives took on the mantle of arranging the essentials. In the first wave, Delhi government MLAs used social media to arrange for donations of food supplies and other essentials.¹⁸ In the second wave too, MPs took on this work in their personal capacities, activating their networks and capillary channels. There were also reported instances of elected representatives being accused of hoarding medicines.¹⁹

Healthcare Workers (HCWs)



Across the pandemic waves, existing frontline institutional workers like ASHA workers remained the backbone of institutional health responses, despite their institutional status being “voluntary.” However, multiple protests about salaries brought their plight to the fore.²⁰ In some states in the NCR, like Delhi, further initiatives were taken in June 2021 — such as the one to train young people to take on non-medical roles like ward attendants and cleaners in hospitals during a potential third wave. In many instances, pro-bono telemedicine services were set up through state government orders.



- 16 BBC (3 May 2021) *India Covid pandemic: Delhi calls for army help amid crisis*. British Broadcasting Corporation.
- 17 Siddiqui, H. (2021) *Global aid, Indian Armed Forces help in fighting COVID -19*. Financial Express
- 18 Kalkaji MLA Atishi Singh's Instagram featured ways in which individuals could help. See here: https://www.instagram.com/p/B-MvQ4hJ_uX/?utm_medium=copy_link
- 19 India Today (22 April 2021) *Gautam Gambhir on sticky wicket after offering free Fabiflu amid shortage of Covid drugs*. India Today Web Desk.
- 20 Ghosh, Somrita (29 March 2021). *One year of COVID-19 outbreak: How Delhi's female healthcare workers overcame obstacles to control pandemic situation*. The New Indian Express

B. Non-State Actors



Civil Society Organizations

While not strictly being a part of the urban governance mechanism, civil society played a critical role in the overall management of the crisis. Civil Society Organizations (CSOs) that responded to the Covid crisis response during this time ranged from NGOs to workers' associations to community-based organizations, to even citizen led collectives. Invest India published a list of some initiatives started by entities ranging from NGOs to corporate entities. The Parliamentary Standing Committee report referenced earlier in this section also highlighted the role of CSOs around awareness generation and distribution of food commodities. Apart from this, however, CSOs also helped migrant workers navigate services such as online registrations for rations and for Shramik trains.²¹ A learning from these interventions was that the digital divide plagued the implementation of many policy measures (both central and state) for lower income communities.

Residents Welfare Associations (RWAs)

In many cases, RWAs jumped into the thick of things, but reports both commended their role in pandemic firefighting²² as well as criticised controversial orders such as those related to domestic workers and the number of homes they could work in.²³ In Gurugram, RWAs even joined hands with residents during the second wave, pooling resources to mitigate the crisis.²⁴ Typically, in India, RWAs are voluntary organizations that fall under the ambit of the Societies Registration Act, 1860. While the National Centre for Disease Control also released an advisory for RWAs during this time, there was no specific focus on domestic workers, apart from a cursory note to ensure that they had access to soap and frequent handwashing.



Other Political Actors

Unelected political actors, like the Opposition BJP in Delhi, also undertook to provision of supplies to those in need during the first 1st wave. During the 2nd wave, youth wings of political parties, including the Indian Youth Congress and the BJP Yuva Morcha, were deployed on the ground, reaching out to assist millions impacted by the health crisis.²⁵



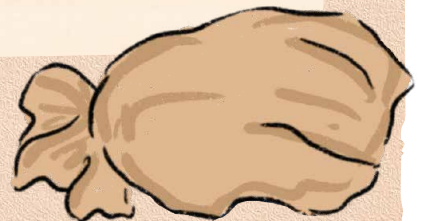
21 Source: KII with expert.

22 Dey, A. (2021). *Resident bodies help govt implement Covid measures as cases surge*. Hindustan Times

23 Sirur, S. (2020) *The 'dictatorial republic' of RWAs — the other big problem Covid created for India*. The Print.

24 Kumar, K. & Roy, S. (4 May 2021) *Residents, RWAs pool resources to overcome shortage of beds, medicines, O2*. Hindustan Times.

25 Chatterji, S. & Arora, M. (2021). *Political parties lend a helping hand amid Covid-19 crisis*. Hindustan Times.

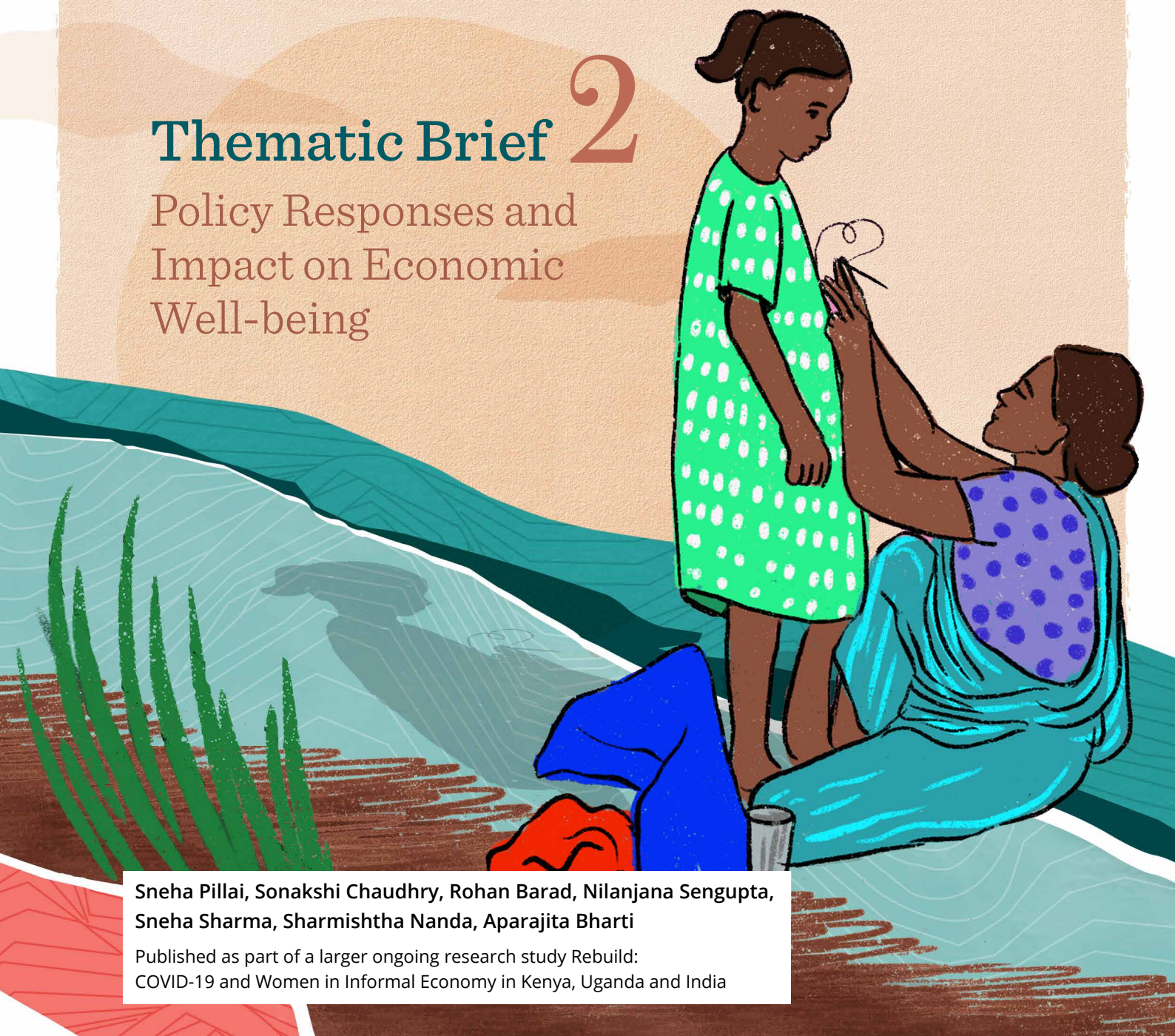


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Study by The Quantum Hub and ICRW

Thematic Brief 2

Policy Responses and
Impact on Economic
Well-being



Sneha Pillai, Sonakshi Chaudhry, Rohan Barad, Nilanjana Sengupta,
Sneha Sharma, Sharmishtha Nanda, Aparajita Bharti

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The pandemic-induced lockdown had a severe impact on the employment rate in the country, with most studies indicating that urban women were the worst affected. A report by the Centre for Monitoring Indian Economy (CMIE) noted that while urban women were the most affected during the 1st wave, accounting for 39% of the total job loss, the impact on employment was more on urban men in the 2nd wave. Though the focus on social security measures for ensuring the economic well-being of migrant workers was more during the 1st wave, as per the KILs, several experts alluded that the monetary needs were much higher in the 2nd wave. However, much of the government's as well as CSOs' resources were allocated towards addressing the immediate health concerns due to the high numbers of infection, especially in Delhi NCR. Since the onset of the pandemic, the household bank deposits to GDP ratio have been declining while the debt to GDP ratio has been increasing, confirming a deep financial impact of the pandemic.¹ Different studies have also commented on the low savings and financial insecurity among informal workers having led to accrued indebtedness during this period.²

For casual workers requiring ICU hospitalization, the annual wage fell short for 90% of workers and for hospital isolation, the costs were unaffordable for 48% of workers. Among self-employed workers, about 66% and 27% workers' annual wages could not meet ICU hospitalization and home isolation respectively.³

Multiple factors added to the economic vulnerability of urban informal workers since the onset of the pandemic leading to food insecurity, poor access to safe living and healthcare. Due to this broad ranging impact, access to liquid cash was the need of the hour for millions of urban informal workers.⁴

This section, therefore, squarely focusses on economic well-being in terms of access to cash either through employment or as welfare transfers from the government.



1 Dayal, Y. (2021, June 23). Preliminary Estimates of Household Financial Savings for Q3: 2020-21 and Household Debt-GDP Ratio at end-December 2020. Reserve Bank of India - press releases.

2 Gokhroo, S. (2021). *India's Informal Workers Under the Lockdown: A Snapshot*. Social and Political Research Foundation.

3 Selvaraj, S., Kumar, P., Bharali, I., Hasan, H., Mao, W., Ogbuaji, O., & Hussain, S. (2021). *Costs and Affordability of COVID-19 Testing and Treatment in India*.

4 This was also observed by the Standing Committee on Labour in their report 'Impact of COVID-19 on rising unemployment and loss of jobs/livelihoods in organised and unorganised sectors' published in August 2021.

Policy Response

A day after the country went into nationwide lockdown in March 2020, the Finance Minister announced the Pradhan Mantri Garib Kalyan Yojana, that included several measures to help the “poorest of the poor” fight against the impact of the pandemic and the lockdowns.⁵ Under this package, the measures that were most critical to the informal workers included the Pradhan Mantri Garib Kalyan Anna Yojana (covered in detail in the next chapter), cash transfers of Rs. 500/- for 20 crore women Jan Dhan card holders for three months, and cash transfers under the Building and Other Construction Workers (BOCW) Welfare Fund. Various measures under this package have been extended over the 1st and the 2nd waves. On May 12th, the Prime Minister announced the Atmanirbhar Bharat Package (ABP) of Rs. 20 lakh crores, which included the PMGKY package of Rs 1.7 lakh crores as well.

Several states also announced schemes of their own, primarily with the objective to address the needs of the vulnerable groups who had been excluded from the above-mentioned Union schemes. These included the financial assistance announced to auto drivers in Delhi, financial assistance for unorganized labourers in Haryana, the Mukhya Mantri Corona Sahayta Yojana in Rajasthan, financial assistance to daily wage workers who lost their jobs during the pandemic in Uttar Pradesh among others. Furthermore, for households who lost their primary breadwinners, states announced financial assistance measures such as the Mukhya Mantri Covid-19 Pariwar Aarthik Sahayata Yojana in Delhi and Mukhya Mantri Corona Sahayta Yojana in Rajasthan.

Apart from the schemes announced during this period, the Courts and relevant Ministries also issued various directives, keeping in mind the tough living experiences of the urban poor during this period. This included the circular issued by the Ministry of Home Affairs in March 2020, asking employers to continue paying their workers, even if their establishments were shut due to the lockdown.



⁵ Press statement on the announcement can be found here.

Analysing the Policy Response

This section presents a brief analysis of the two key DBT schemes under PMGKY which were accessed by urban informal workers – Jan Dhan and BOCW. It also examines the impact of other policy responses in addressing the gaps in the implementation of the mentioned schemes.

Policy Response	Effectiveness	Unintended Effects	Equitable Access	Cost	Feasibility (Institutional Capacity)	Acceptance	Informal/ Alternative Mechanisms
PMGKY – Jan Dhan	0	+	-	-	-	-	0
PMGKY – BOCW	0	+	-	0*	-	-	0

(Key: '-': Negative impact or outcome, '0': Neutral impact or outcome; '+': Positive impact or outcome; 0*: impact varied across states)

Effectiveness

The Jan Dhan and BOCW cash transfers were two key schemes accessed by urban informal workers to help them tide over the economic crisis, especially during the 1st wave. However, as several experts pointed out during the KIIs, given that these were pre-existing schemes, their effectiveness depended on the efficacy of these schemes pre-pandemic, both in terms of beneficiary identification as well as welfare delivery.

A survey of 10,161 women migrant workers across 12 states⁶ noted that out of all the respondents who reported having a PMJDY account, around one-fifth had not received benefits under the PMGKY scheme⁷. Another survey noted that only 32% of those who had Jan Dhan accounts had received all three transfers as of October-November 2020.⁸ Even among those who did receive the cash transfers, nearly half of them did not try to withdraw cash (primarily owing to long distance from banks, lockdown rules and health concerns) or were unsuccessful when they tried (about 6%).⁹ Regarding BOCW, as per data shared by the Ministry of Labour,¹⁰ 33 states/UTs had initiated cash transfers during the 1st wave while only 7 (which did not include Haryana and Rajasthan) did so during the 2nd wave¹¹ and until July 2021, only 7,413 crores of the total cess funds of 31,000 crore has been disbursed. However, it is also to be noted that several states had incurred expenses on tendering and distribution of household items using the BOCW cess funds until the MLE issued an order mandating assistance through DBT alone.

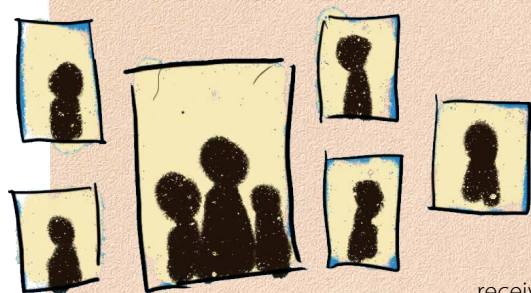


6 The survey does not include data from Delhi NCT and Haryana.
7 Guha-Khasnobis, B. & Chandna, S. (2021). *Socio-Economic Impact of COVID-19 on Women Migrant Workers*, UNDP.
8 Rahul Lahoti, Rosa Abraham, Surbhi Kesar, Paaritosh Nath and Amit Basole. (2020). *Compilation of Findings: Covid-19 Livelihood Survey*, Azim Premji University

9 Rahul Lahoti, Rosa Abraham, Surbhi Kesar, Paaritosh Nath and Amit Basole. (2020). *Compilation of Findings: Covid-19 Livelihood Survey*, Azim Premji University

10 This data was shared in response to a Rajya Sabha question during the 2021 Budget Session.

11 BOCW transfers varied from state to state. Data on the same can be found in Annexure



KIIs with experts revealed a similar situation in the Delhi NCR region, with an expert claiming that the scheme had “patchy coverage”. Among the population having Jan Dhan accounts and registered on BOCW database, there were still people who were excluded from receiving the transfers owing to various reasons. However, on the positive side, the monthly transfers under Jan Dhan and BOCW did bring some relief to those poor women, construction workers and their households who received the funds, especially during the 1st wave.¹²

On the effectiveness of the MHA circular, during the KIIs several experts posited that the government had misplaced the onus of ensuring the economic well-being of the workers on employers, who were just as impacted owing to the shutdowns of their units. The circular betrays an underlying assumption of the employers being economically well-off than the workers, and therefore should bear the responsibility to support them. However, as an economist observed during the KII, most of these employers themselves have limited cash reserves. Instead of expecting them to support the workers at a time when they themselves have limited revenue, the government should have focussed on fiscal side measures.

Unintended effects

One of the shortcomings of the Jan Dhan DBT transfers during the pandemic, as pointed out in several studies and also in the KIIs with experts, was the restriction of eligible beneficiaries to PMJDY account holders. SBI noted that since April 1st, 2020 around 3 crore PMJDY accounts had been opened, leading to a 60% increase in new accounts during the pandemic (October 2020). With respect to BOCW, as issues regarding coverage were picked up by the media, the MLE sent out an order for registering all “left-out BOC workers” under a Mission Mode Project, also requesting the creation of a ‘migration certificate’ to enable migrant construction workers access benefits from any state. As of 1st April, 2020 the MLE also launched the All India Survey on Migrant Workers, for collecting data on the impact of the pandemic on migrant workers.¹³ While the extent of the impact of these guidelines are yet to be seen, migration certificates have started to be issued,¹⁴ and this has brought visibility of migrant workers on a government database.

Equitable access

In the absence of a working database of informal workers,¹⁵ it is impossible to get an insight on those excluded from these schemes and the markers of their exclusion. However, it is evident that those who were vulnerable pre-pandemic, with poor financial and digital inclusion, were the ones who were the most affected.¹⁶

¹² Source: KII with an expert

¹³ Standing Committee On Labour (2021), *Social Security And Welfare Measures For Inter-State Migrant Workers*, Lok Sabha Secretariat

¹⁴ Source: KII with an expert

¹⁵ Several studies have noted that PMJDY, launched in 2014, excludes roughly about half of the poor women in the country (Pande et al, 2020; Somanchi, 2020), whereas about 2 crore of the estimated 5.5 crore workers engaged in the construction sector remain unregistered on the BOCW database which would make them ineligible for the cash transfers (Jha, 2020)

¹⁶ Source: KIIs with experts

With respect to BOCW, the MLE has claimed¹⁷ that a total of 1.83 crore and 1.23 crore BOCW workers have received cash transfers during the 1st and 2nd waves respectively. These numbers are significantly lower than the PLFS data 2018-19 estimate of about 5.5 crore workers in the construction sector¹⁸ as well as the 3.5 crore registered workers declared by the government when the PMGKY package was announced,¹⁹ or even the 2.57 crore 'live' registered workers,²⁰ i.e. workers whose registrations have been renewed and are eligible for benefits from the cess fund.²¹ Furthermore, if the number of people engaged in related jobs are also considered, that would add another 45 million workers; thereby about 94% of labourers can be estimated to be excluded from the benefits.²² Access is likely to improve with the guidelines stated under Mission Mode Project for self-registration of BOCW workers, but the true impact of this on-ground remains to be documented.

Cost

The ANB package, taken together with the PMGKY measures and decisions taken by RBI, including credit easing decisions, announced over three phases, was to the tune of Rs 29.87 lakh crore. However, as several experts pointed out, a significant part of these measures were existing schemes and included budgets allocated prior to the pandemic. When the phase 1 of the package (amounting to Rs 21 lakh crore i.e. 10.3% of the GDP) was announced in mid-May, it was noted that the direct fiscal stimulus was less than 1.1% of the GDP.²³

While the DBT through Jan Dhan was fixed at Rs 1,500 for poor women across the country, for BOCW, it was left to the states to decide the amount of transfers, with Delhi offering the highest at Rs 5,000 per worker during the 1st wave of the pandemic. As several studies have pointed out, these amounts were found to be insufficient to meet the requirements of the vulnerable households given the intensity of economic loss borne by them.²⁴

Institutional capacity

An analysis of institutions from both formal actors such as the central government institutions i.e. Ministries of labour, finance, judiciary, banking institutions, employers as well as informal actors including CSOs, fundraising organisations, cyber cafes, religious communities was conducted. While the use of pre-existing schemes and DBT channels at a time of emergency can have many positives, it also meant that the high rates of exclusion that existed in PMJDY and BOCW databases were carried forward during the crisis. A study to understand the challenges faced by citizens in accessing their DBT entitlements under PMGKY found that the highest incidence of exclusion in DBT schemes occurs during the back-end processing stage. Issues with Aadhaar linkage, spelling errors in the documents, blocked accounts were some of the main reasons for the unsuccessful crediting of beneficiary accounts. The study also found that about 55% of the total DBT-related complaints from March-June 2020 were due to these reasons.²⁵

17 Ministry of Labour submitted this data in response to a Lok Sabha question during the Monsoon Session in 2021 -

18 Rahul Lahoti, Rosa Abraham, Surbhi Kesar, Paaritosh Nath and Amit Basole. (2020). Compilation of Findings: Covid-19 Livelihood Survey, Azim Premji University

19 The press release on this announcement can be accessed here

20 Data sourced from the order passed by the Ministry of Labour to all states on the Mission Mode Project.

21 Detailed breakup of estimated, registered and live workers in Annexure

22 Priyadarshi, P. et al. (2020). *Voices of the Invisible Citizens: A Rapid Assessment on the Impact of COVID-19 Lockdown on Internal Migrant Workers*. Jan Sahas

23 Iyer P.V. (2020, 20 May). Explained: Breaking down Centre's Atmanirbhar package. Indian Express.

24 Priyadarshi, P. et al. (2020). *Voices of the Invisible Citizens: A Rapid Assessment on the Impact of COVID-19 Lockdown on Internal Migrant Workers*. Jan Sahas.

25 Seth, A., Gupta, A., & Johri, M. (2021). *Delivery of social welfare entitlements in India: unpacking exclusion, grievance redress, and the role of civil society organisations*, Azim Premji University.

Acceptance

Several studies have pointed out that the cash transfers made under PMGKY did bring some relief to the vulnerable population during the peak of the lockdown period in 2020. However, the quantum of the transfers was found to be insufficient to meet the basic requirements of the household during this period. A survey found that women migrant workers required Rs.10,039 per month to acquire the necessities for their household,²⁶ which the Jan Dhan transfers of Rs 500 and BOCW transfers ranging from Rs. 1,000 to Rs. 5,000 across different states did not adequately address. Another study found that between March and October 2020, an average household in the bottom 10% lost Rs. 15,700.²⁷ Most of these transfers were also limited to the 1st wave of the pandemic. Thus, there was a call for not just addressing the exclusion errors in the welfare delivery, but also to increase the size of the cash transfers under PMGKY.

Informal/ alternative mechanisms

Several CSOs such as SWAN and Jan Sahas initiated their own cash transfer mechanisms during this period. A total of Rs. 33 lakh was crowdsourced and distributed among 1,258 workers' groups or their families, comprising 7,050 people by SWAN.²⁸ However, 6% required an additional cash transfer due to the continued lack of external aid. Jan Sahas enabled direct cash transfers to 25,520 migrant workers in 145 districts of 19 states. According to a national survey of informal workers, only 4.5% of workers had received cash assistance from NGOs and 10.73% workers claimed to have received government transfers. Around 78% of the respondents claimed to have received no assistance.

Overall, there was a noticeable difference in the targeting mechanisms followed by non-state actors and the government. Whereas CSOs were more concerned with being quick in their delivery, even if that meant marginal inclusion errors, the government actors were concerned with staying in the neat lines of jurisdiction with respect to beneficiary identification and verification, even if that meant a much slower processing of the welfare delivery.²⁹




26 Guha-Khasnobis, B. & Chandna, S. (2021). *Socio-Economic Impact of COVID-19 on Women Migrant Workers*, UNDP

27 Rahul Lahoti, Rosa Abraham, Surbhi Kesar, Paaritosh Nath and Amit Basole. (2020). *Compilation of Findings: Covid-19 Livelihood Survey*, Azim Premji University

28 Stranded Workers Action Network. (2021). *No Country for Workers: The COVID-19 Second Wave, Local Lockdowns and Migrant Worker Distress in India*

29 Source: KII with an expert



In conclusion, while the Central government was quick in its response to extend cash transfers to the vulnerable population using existing DBT channels, the overall impact of these responses were insufficient primarily due to two key factors – one, the pre-existing gaps in the coverage of these schemes leading to an exclusion of large numbers among the vulnerable; and two, the economic distress caused by the lockdown was too severe and the transfers inadequate. In addition, most of these measures were only extended during the 1st wave, even though the needs were reportedly much higher in the second.

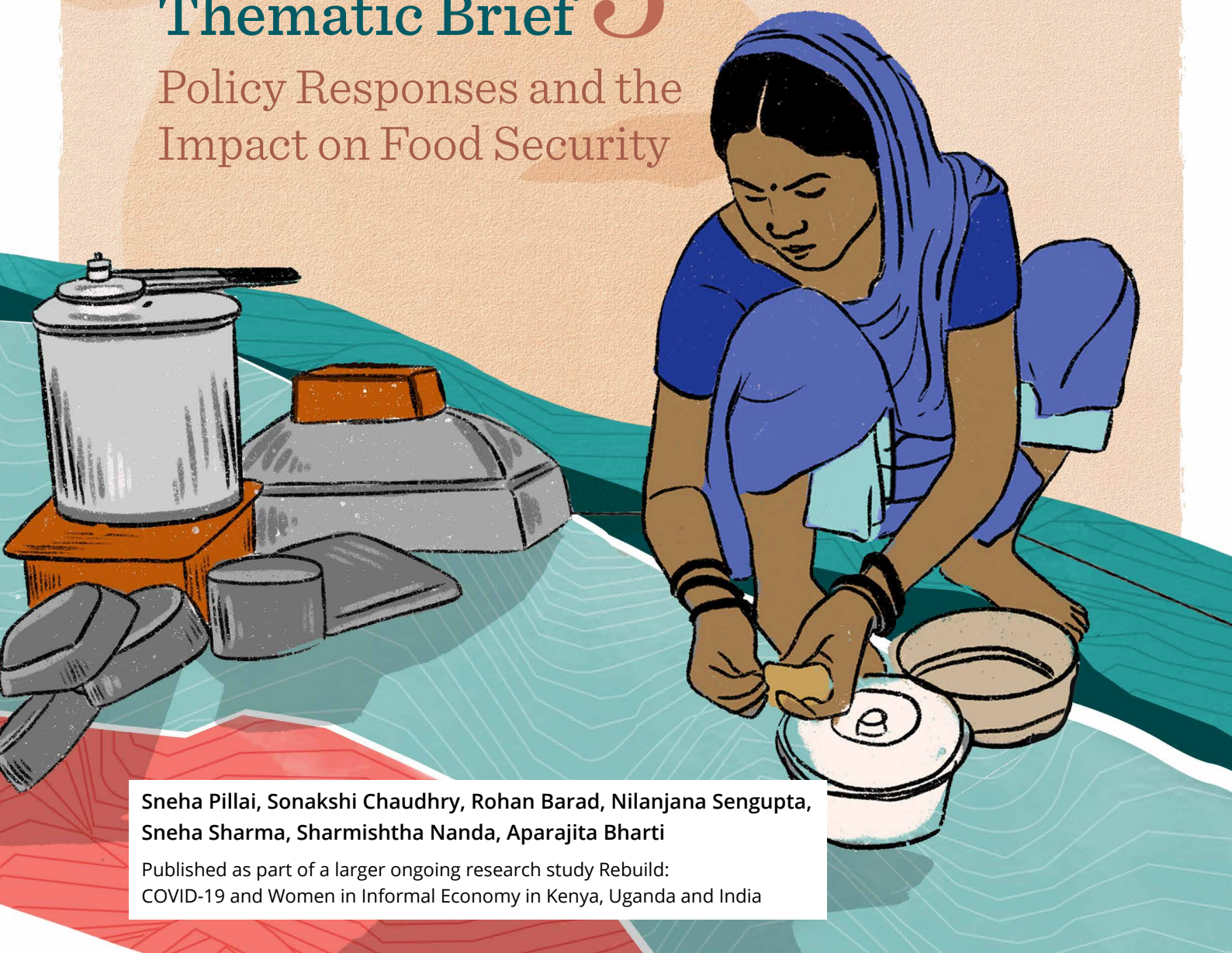
Recommendations

- a. More fiscal side measures as opposed to credit-linked schemes, especially for vulnerable groups such as street vendors.
- b. For better coverage of DBT schemes, the Tamil Nadu government model of distributing cash at PDS centres could be explored.
- c. Increase the size of cash transfers to adequately meet the needs of vulnerable households.
- d. Implementing pilot runs of urban employment guarantee schemes, with jobs specifically meant for women, at the earliest in the worst affected districts.
- e. Expediting the registration of construction workers, including women, on the BOCW database with the help of CSOs and real estate developers.

India's Policy Response to COVID-19 and the Gendered Impact on Urban Informal Workers in Delhi NCR

Study by The Quantum Hub and ICRW

Thematic Brief 3 Policy Responses and the Impact on Food Security



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Food Security

The lockdown and subsequent labour exodus disrupted the supply chain of essential commodities, with grain markets being closed and oil and rice mills operating at limited strength in many cities.¹ This also impacted the transport of goods to wholesalers and retailers. In June 2020, the food supply situation was further complicated by a cyclone in eastern India. At this time, the Delhi government submitted in court that it had deposited money with the Food Corporation of India for release of grains, rice and other essentials, but noted that there was a “glitch in the supply chain” as ration had to be diverted by the FCI to meet the needs of states impacted by the cyclone.²

The impact was also seen in access to rations owing to loss of income, and curtailed supply chains leading to a spike in food inflation.³ Researchers have also commented on the relationship between food insecurity and poor mental health of women. A researcher, who was also helping with the Hunger Helpline Centre in Delhi NCT, mentioned during a KII that there was palpable sense of increased mental stress among women calling the helpline as they felt larger sense of responsibility for ensuring enough food for everyone in the household. Furthermore, various studies have also noted that gender norms often play a role in the distribution of food within a household, with women often eating the least, last and which gets significantly worse during times of economic hardships and other public crises.^{4,5} This also has a severe impact on their health and nutrition.

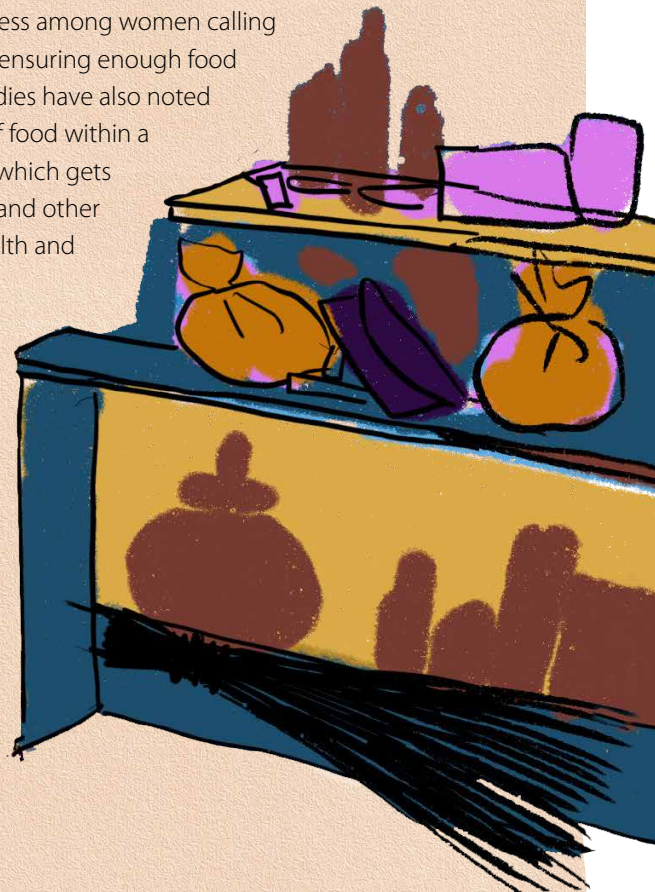
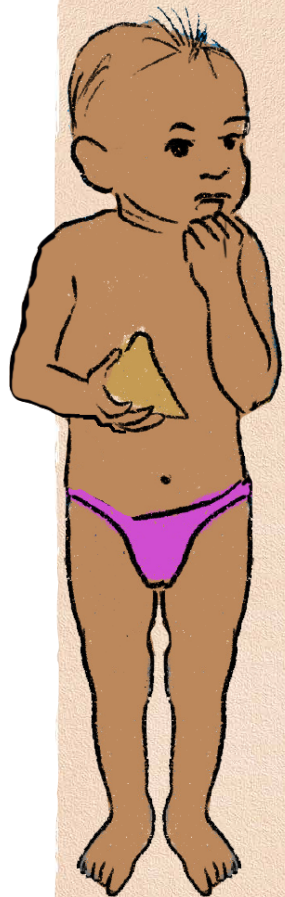
1 IANS (2020). *Coronavirus: Labourers' exodus throws supply chain, production out of gear*. Business Standard.

2 Delhi High Court. (June 11, 2020). *Delhi Rozi-Roti Adhikar Abhiyan vs Union Of India And Ors*

3 Gokhroo, S. (2021). *India's Informal Workers Under the Lockdown: A Snapshot*. Social and Political Research Foundation

4 Srivastava, A. (5 March, 2021). Opinion: Why Women Eat Last And Least? NDTV.

5 Oxfam. (2020). *The hunger virus: How COVID-19 is fuelling hunger in a hungry world*



Policy Response

Against this backdrop, the Prime Minister Garib Kalyan Anna Yojana (PMGKAY) has been one of the key welfare measures by the Central government to help the poor mitigate food insecurity. As of 14 July 2021, a parliamentary reply recorded that nearly 400.703 lakh tons (against an allocated 600.814 lakh tons) of food grains were distributed across the country under the scheme over the 2020-2021 and 2021-2022 period. State governments also aimed at alleviating food insecurity with several add-on schemes, including cooked food for those in need.

The Delhi government floated the Mukhya Mantri Corona Sahayta Yojana in April 2020, which bolstered Central efforts under PMGKAY, by providing an additional kit of essentials to PDS-covered families. However, through an ongoing writ petition at the time, they were instructed in June 2020 to *“ensure that food grains are distributed to the poor, needy and marginalized non-PDS residents from the PDS, as well as other distribution centers stated to be set-up by them”*⁶. Subsequently, over the next few months, the Delhi government also provided dry rations against e-coupons⁷ (PTI, 2021). Other state measures in the NCR included Rajasthan’s Indira Rasoi Yojana providing subsidized cooked meals to the needy, community kitchens set up by the Uttar Pradesh government providing 12 lakh food packets a day, and Distress Ration Tokens introduced by the Haryana government for those without ration cards. After the 2nd wave, food security was also impacted by the loss of lives and breadwinners, and income support schemes discussed in the previous section aimed to address this gap.

To sum up, the Centre’s response to addressing food security issues during the pandemic was limited to the distribution of dry ration such as wheat/rice and pulses through the PDS channels, whereas several states led initiatives supplemented this by providing other essential food items through food packets or the delivery of hot cooked meals through community kitchens and shelter homes for the poor and vulnerable.



⁶ Quoted from the Order issued by the Delhi High Court on the Delhi Rozi-Roti Adhikar Abhiyan vs Union Of India And Ors’ case

⁷ Oral observations recorded in a PTI report

Analysing Policy Responses

To study the overall impact of the policy responses to address risks of food insecurity, we have looked at two schemes - Pradhan Mantri Garib Kalyan Anna Yojana (Centre) and Delhi's E-coupon scheme for non-PDS beneficiaries.

Policy Response	Effectiveness	Unintended Effects	Equitable Access	Cost	Feasibility (Institutional Capacity)	Acceptance	Informal/ Alternative Mechanisms
PMGKY	-	+	-	+	+	-	+
E-coupon (Delhi)	0*	-	-	0*	+	+	+

('-' : Negative impact or outcome, '0' : Neutral impact or outcome; '+' : Positive impact or outcome; 0* : impact varied across the 1st and 2nd wave)

Effectiveness

Overall, reports have observed that PMGKAY had the highest coverage among all social welfare measures.^{8,9} However, as only ration card holders were recognized as eligible beneficiaries of the scheme, several reports documented significant instances of exclusion, specifically among the urban informal workers.

A survey reported that 52% and 79% of informal workers had received free ration in the 1st and 2nd waves respectively.¹⁰ To bridge the gap resulting from mis-calculation of beneficiaries,¹¹ the government announced the distribution of about 8 lakh MT food grains to be provided to about 8 crore migrant labourers under the ANB initiative, but three months later, it was reported by the Ministry of Consumer Affairs, Food and Public Distribution that a mere 33% of the 8 lakh tonnes of food grain (wheat and rice) had reached the beneficiaries.¹² Recognizing the exclusion in coverage, several state governments also introduced measures to target non-PDS beneficiaries and migrant workers, such as the Delhi government's 'E-coupon scheme for non-PDS beneficiaries' and Haryana's Distress Ration Tokens.



8 Rahul Lahoti, Rosa Abraham, Surbhi Kesar, Paaritosh Nath and Amit Basole. (2020). Compilation of Findings: Covid-19 Livelihood Survey, Azim Premji University

9 Dalberg (2021). *Impact of Covid-19 on women in low-income households in India*

10 ActionAid (2020). *Workers in the time of Covid-19: Round 1 of the National Study of Informal Workers*

11 An IndiaSpend report posits that the use of Census 2011 data by the government to calculate the number of state-wise beneficiaries under PDS would exclude over 100 million eligible people (2020). Further, migrant workers who were away from their state of domicile were also excluded.

12 State-wise data on distribution of foodgrains under PMGKAY and ANB in Annexure.

In Delhi, the E-coupon scheme has been an adequate food security net for the urban informal workers especially during the 1st wave, with about 69.6 lakh persons having been provided free dry rations. Under the ANB package, Delhi has supplied free dry rations to 4.5 lakh beneficiaries.¹³ However, during the 2nd wave, the Delhi government put an arbitrary cap of 20 lakh non-PDS beneficiaries and was subsequently reminded by the Delhi High Court that it would be prudent to go about “*appropriately revising the number of non-PDS beneficiaries under the scheme in question*”.¹⁴ During this period, a helpline run by SWAN, noted that between 25th May and 11th June, over half of the distress calls, on average, were from people who had less than a day's ration left.¹⁵

Unintended Effects

As reports about the exclusion of migrant workers from PDS channels grew and Right to Food campaign activists took to the courts to petition for distribution of free ration to migrant workers, SC ordered the Centre to set up a national portal for registration of unorganized sector workers by July 31, 2021 (2021). This is likely to increase the access for migrants and other unorganized workers to other social security welfare schemes as per their eligibility. With respect to the Delhi E-coupon scheme, since the state government required eligible beneficiaries to register online for the tokens, many sections of the urban informal workers were forced to pay at internet cafes and other middlemen, either in cash or by sharing a part of their ration.¹⁶



Equitable Access

Various surveys have found that PMGKAY was one of the more accessible among all the social security measures introduced in the country since March 2020. A Dalberg study noted that of the surveyed households 90% were receiving free ration in May 2020, with states steadily improving access every week.¹⁷ The same survey also found that about 70% of women depended on PDS for food and nutrition during the crisis than on any other channel. However, another survey noted an urban-rural discrepancy in access, with 91% of households receiving free grains in rural areas as compared to only 67% in urban areas.¹⁸

The poor coverage in urban areas could be attributed to two factors - exclusion of non-PDS card holders; and the potential exclusion of migrant workers as the scheme's eligibility criteria is rooted in domicile and not place of work. A study by SWAN, based on the conversations with around 8000 migrant workers and their families, noted that 62% of the workers did not have access to ration cards in either their home states or in their current locations and 82% of the workers had two or fewer days' worth of ration (2021).¹⁹ A study conducted between March and May 2020 among non-migrant workers in Delhi's informal

13 As mentioned in the Economic Survey of Delhi 2020-21

14 Delhi High Court. (June 25, 2021). *Delhi Rozi-Roti Adhikar Abhiyan vs Union Of India And Ors*

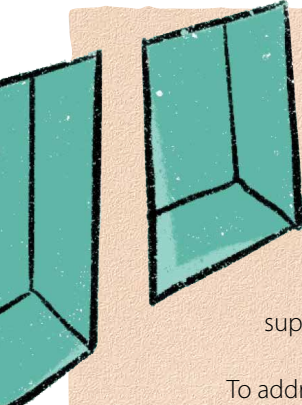
15 Data shared exclusively with The Quantum Hub for this study. Relevant charts enclosed in Annexure.

16 Source: KII with an expert

17 Dalberg (2021). *Impact of Covid-19 on women in low-income households in India*

18 Rahul Lahoti, Rosa Abraham, Surbhi Kesar, Paaritosh Nath and Amit Basole. (2020). *Compilation of Findings: Covid-19 Livelihood Survey*, Azim Premji University

19 Source: KII with an expert. The charges ranged from Rs 100 to Rs 150 or a cut from the ration the beneficiaries would receive through the e-coupons.



settlements found that 34% of the respondents accessed the 500 food assistance centres set up by the Delhi government and 46% received government assistance, primarily in the form of food.²⁰ Reportedly, during the 2nd lockdown, Anganwadis in Delhi NCT saw a 46% increase in enrolment by women and children, primarily as a means to access dry ration and other nutritional supplements being distributed through the ICDS program.²¹

To address the issue concerning domicile status in PDS, the Union government requested states and UTs to expedite their work on implementing the One Nation One Ration Card scheme (ONORC) which allows a PDS card holder to access ration from any state, irrespective of their domicile. ONORC has seen varying impact in different states with reports citing various factors which have hindered its rollout.²² According to reports, Delhi is among the best performing states,²³ with over 56,000 cardholders benefiting from the scheme in July and August, followed by Haryana.²⁴

Cost

In March 2020, the PMGKAY scheme was announced as a part of the larger Pradhan Mantri Garib Kalyan Yojana, with a total allocation of Rs 1.70 lakh crore and as the scheme was extended in 2021, an additional Rs 93,868 crores were allocated exclusively for PMGKAY. While there have been some gaps in the delivery of this scheme, the total budgetary allocation does not appear to have been a contributing factor.

For the Delhi government's E-coupon scheme, information on the total budget outlay of this scheme has been difficult to source. However, as mentioned earlier, under this scheme, the Delhi government was able to supply dry ration to nearly 70 lakh beneficiaries. During the 2nd wave, however, the state government has been challenged in the Delhi High Court for putting an arbitrary limit of 20 lakh beneficiaries under the scheme in 2021.

Institutional Capacity

An analysis of institutions from both formal actors such as Ministry of Consumer Affairs, Food and Public Distribution, state government- CM's office, Director of Education (for distribution of ration), judiciary, elected representatives, police, anganwadi workers, schools as well as informal actors including CSOs, fundraising organisations, religious communities, volunteers (political/apolitical), vigilante groups, cyber cafes, citizen-led initiatives was done.

20 Lee, K., Sahai, H., Baylis, P., & Greenstone, M. (2020). *Job loss and behavioral change: the unprecedented effects of the India lockdown in Delhi*. University of Chicago, Becker Friedman Institute for Economics.

21 Goswami, S & Iftikhar, F. (6 June, 2021). *46% more children, women enrol in Delhi's anganwadis amid second lockdown*. Hindustan Times.

22 Sinha, D. (2021). *SC Order Towards Making 'Food For All' A Reality*. Outlook India.

Sirur, S. (2020) *The 'dictatorial republic' of RWAs — the other big problem Covid created for India*. The Print

23 Dash, D. (29 Aug, 2021). *With 29,000 transactions, Delhi tops in ration offtake by migrants from other states/UTs*. Times of India

24 Mishra, A. (7 Sep, 2021). *Over 56,000 get ration under OONORC scheme in Delhi*. Times of India

As a system that has been in existence for several years, the PDS centres have integrated well with the local ecosystem, which have ensured high levels of accessibility.²⁵ Several studies observed that a majority of the population was able to access free rations during the lockdown and the institutional mechanisms for delivery of rations appear to have been functioning well, with few recorded instances of irregularity in the Delhi NCR. The gaps in the implementation of PMGKAY were primarily due to errors in targeting and gaps in policy design as documented by studies. Overall, the institutional structures put in place for the implementation, per se, seem to have performed relatively well.

The distribution of ration under the Delhi E-coupon scheme was implemented through approximately 550²⁶ 'Designated Distribution Centres', and the persons in charge for the distribution were the staff of Directorate of Education, Municipal Corporations and other government departments.²⁷ Schools were also included as DDCs and teachers were roped in to help with the ration distribution. This mode of delivery was found to be effective in reaching out to a large number of beneficiaries, especially during the 1st wave.

Acceptance

Considering the significant rates of exclusion under PMGKAY, Right to Food campaign activists have been campaigning for the universalization of PDS during the pandemic, with the understanding that only those in dire need of free rations would stand in queues for the same. Notwithstanding these exclusions, even among those who received the ration through PMGKAY, i.e. 42% of households who had received at least some free rations and 29% who had received the full 10 kg quota reported that their consumption was still below pre-pandemic levels as of November 2020.²⁸

Relevant Informal / Alternative Mechanism

Efforts to address food security, especially among the urban poor and migrant workers was a wide-spread endeavour by several CSOs; many of which also worked in close coordination with local government bodies. A study on the response of CSOs during COVID-19 noted that 73% of the CSOs conducted immediate relief measures following the lockdown by distributing food, water and dry rations and 64 % of CSOs had started helpline facilities.²⁹ During phase 1 of the lockdown, the Centre had submitted to the SC that 30.11 lakh people had been fed by NGOs with 13 states outperforming state-led measures for ensuring food security. Citizen-led initiatives were also common during both the waves, with individuals helping deliver food to quarantined households, elderly and the disabled among others. Gurudwaras also played a critical role in serving COVID patients in Delhi

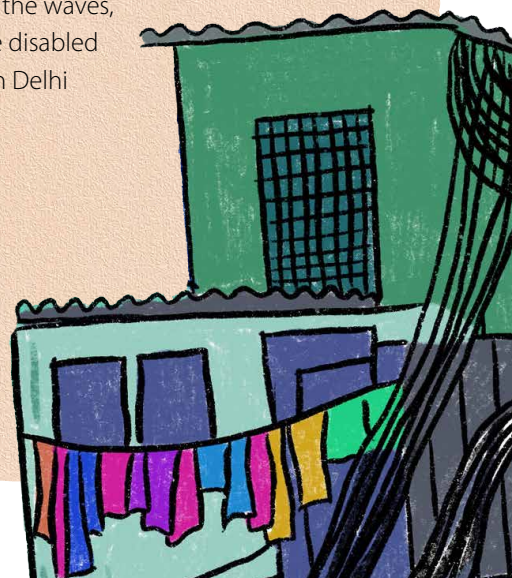
25 Detailed breakup of the number of PDS centres per district and the number of AAY and PHH card beneficiaries included in Annexure.

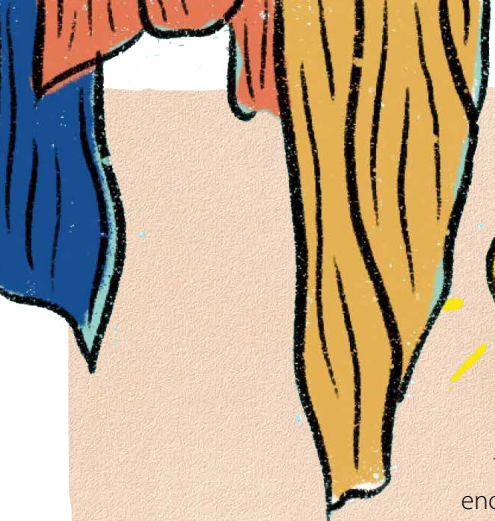
26 Source for the number of DDCs is a media article from LiveMint

27 Guidelines for the e-coupon scheme by the Government of Delhi

28 Rahul Lahoti, Rosa Abraham, Surbhi Kesar, Paaritosh Nath and Amit Basole. (2020). Compilation of Findings: Covid-19 Livelihood Survey, Azim Premji University

29 Participatory Research in Asia. (2020). *Response of Indian Civil Society towards COVID-19*





NCR with cooked food during the pandemic. During the 2nd wave, especially in the NCR, their efforts were primarily directed towards finding hospital beds, oxygen cylinders and other such immediate healthcare needs as unlike the 1st wave, the number of infections in the 2nd wave were much higher. Also, with volunteers themselves falling sick and losing family members to COVID, it was difficult to find enough on-ground capacity for doorstep delivery of ration and food.³⁰

Among all the relief and recovery measures announced since March 2020, food security measures have been found to be most impactful for the urban poor. Even though it has left a sizable population of informal workers, particularly migrants out of its ambit, the directives issued by the Supreme Court is likely to bring about positive, long-term change in addressing their food insecurity. One of the largest criticisms against the food security measures have been the disregard for universalization of PDS during a public crisis and the need for rethinking what counts as essential items to meet a household's nutritional needs.

Recommendations

- a. Universalizing access to PDS during lockdowns and for a month after the lockdowns are lifted.
- b. Providing either cash or including other essential items such as cooking fuel, oil, salt and spices in the ration kit.
- c. Running campaigns to increase enrolment of young or expecting mothers in Anganwadi centres.
- d. Facilitating ties between public schools and CSOs for the distribution of cooked food on a wide scale.
- e. Expediting the implementation of the One Nation One Ration Card scheme.
- f. Setting up registration booths or kiosks outside the Designated Distribution Centres for registrations of the E-coupon schemes to overcome the digital divide, both in terms of access and literacy. The Delhi government could consider giving priority to schools and Anganwadi centres as they are more accessible to women.

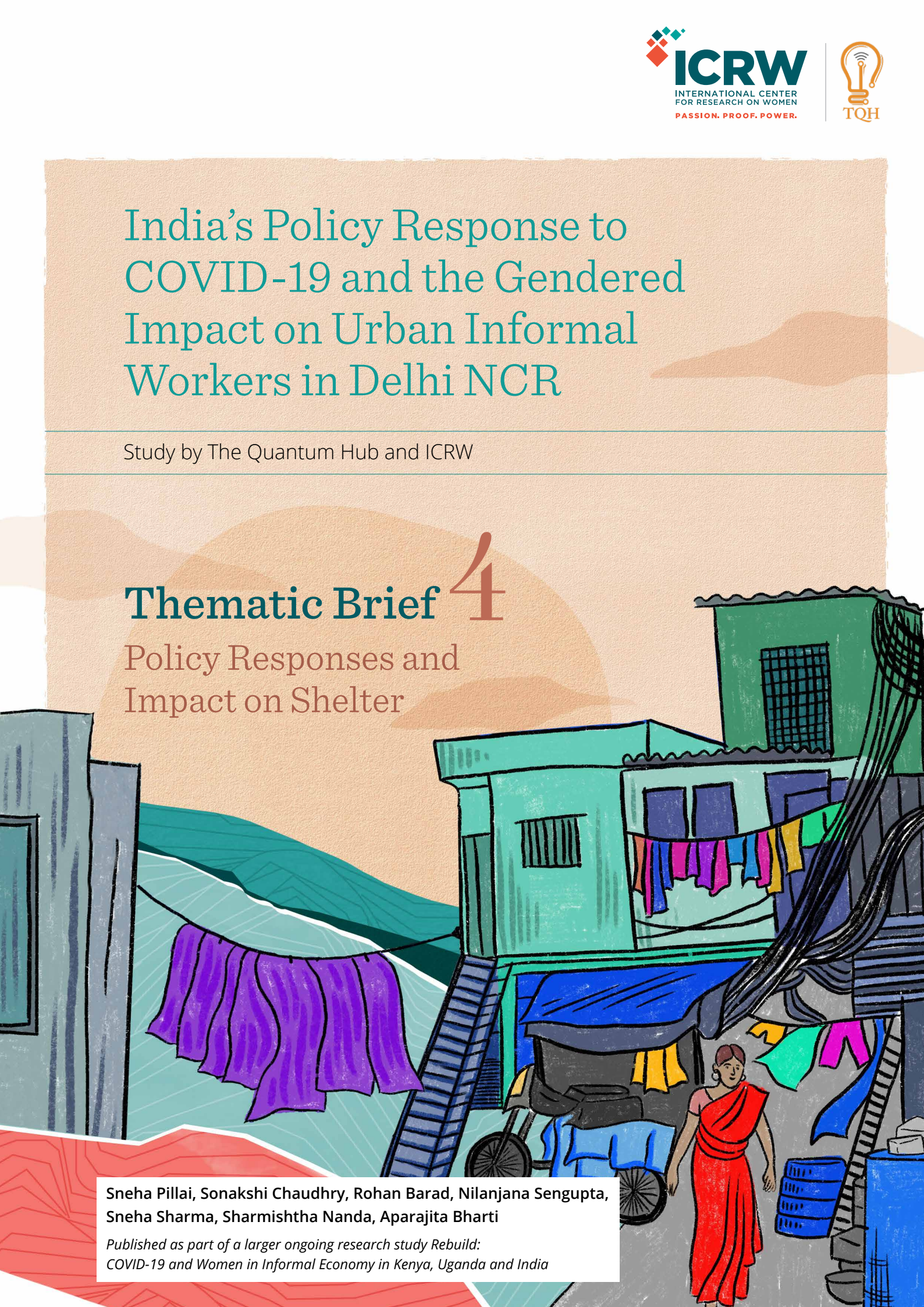
30 Source: KII with an expert

India's Policy Response to COVID-19 and the Gendered Impact on Urban Informal Workers in Delhi NCR

Study by The Quantum Hub and ICRW

Thematic Brief 4

Policy Responses and
Impact on Shelter



Sneha Pillai, Sonakshi Chaudhry, Rohan Barad, Nilanjana Sengupta,
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*Published as part of a larger ongoing research study Rebuild:
COVID-19 and Women in Informal Economy in Kenya, Uganda and India*

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Publication Rights

The learnings documented in this publication were collated as part of a three-country research study undertaken by ICRW Asia, REBUILD: COVID-19 & Women in the Informal Economy in Kenya, Uganda & India, with the support of the Bill & Melinda Gates Foundation and the International Development Research Centre. The facts and information in this report may be reproduced/quoted/cited only for non-commercial use and with appropriate attribution.

An illustration on the left side of the page depicts a cramped, informal living space. A wooden ladder leans against a wall, with a pink cloth hanging from it. Below the ladder, several pots and a green plastic jug are visible. A purple cloth is draped over a surface in the foreground. The background shows a window with a grid pattern and a glimpse of the outdoors.

Shelter

In the underbelly of India's metro cities, urban informal workers have always had poor access to safe and affordable shelter. With COVID infections rising in the cities, informal workers struggled to make rents due to loss of income, ensuing the trigger of a large scale reverse migration. According to an expert during a KII, newspapers would not have been flooded with images of returning migrants if they had an option of safe and dignified housing in the cities they were helping build. It also showed how little the policymakers understood and accounted for the intersectional realities of informal work, migration, poverty, and insecure housing for millions of these workers.

It was suggested that close to 60 million migrants moved back to their states, shocking the economic system of the country with low labour availability.¹ Despite directives² from the government to landlords not to ask for rent for the period of lockdown, there were many cases of violation as the landlords also depend on rents as their sole source of income in several cases.³ Some of the employed women workers also had to quit and leave with their family to native places, as men lost their jobs.⁴ This may be indicative of the inability of the family to sustain on a single income or the value assigned to women's work.

1 Mishra, A. (7 Sep, 2021). *Over 56,000 get ration under OONORC scheme in Delhi*. Times of India

2 Directives from various Secretaries in the Ministry of Labour, Home Affairs etc. During the first wave

3 Source: KII with an expert

4 Abdul Azeez E P, Dandub Palzor Negi, Asha Rani & Senthil Kumar A P. (2021). *The impact of COVID-19 on migrant women workers in India*, Eurasian Geography and Economics.

Policy Response

Despite the scale of this crisis, the immediate policy response to address the need for safe shelter was limited to temporary shelters (in schools, community halls and other civil society-run shelters under the State/UT Initiatives of Shelter PMAY (URBAN)⁵ provided by states. As it became clear that the workers were intent on leaving the cities behind, the government began to arrange special trains such as the Shramik Express and other forms of transport for the workers.⁶ Later, towards the end of July 2020, the government launched a sub scheme of PMAY-U - Affordable Rental Housing Complexes (ARHCs) - under the Rs 20 crore relief package, Atmanirbhar Bharat Abhiyaan, for addressing the rental housing needs of urban migrants/poor. This scheme, however, continues to be under development.

Four days after India went into a country-wide lockdown, MHA issued a circular⁷ directing the state governments to accommodate migrant workers in nearby shelters/camps and provide them with basic amenities like food, clean drinking water, and medicines in the shelter homes. Later in response to a writ petition,⁸ the Supreme Court had noted that this had led to the setting up of over 21,000 relief camps housing around 6,60,291 workers. The circular also directed landlords to not demand rent for one month and threatened action under the Disaster Management Act, 2005 against those evicting labourers from rented accommodations.

The biggest challenge in the management of this crisis was the lack of robust data on internal migration, since most of these migrant workers were unregistered and therefore invisible on government databases. In response, the Delhi Disaster Management Authority (DDMA) started collecting and registering information on migrant workers; it had registered over 6.5 lakh⁹ persons by July 2020. However, over a year later, the pace of registrations was sluggish across various states. Eventually, in June 2021, the Supreme Court directed¹⁰ all states to expedite registrations of unorganized workers on a National Database for the Unorganized Workers (NDUW) under the Ministry of Labour and Employment, to ensure migrant workers have access to different welfare schemes of the Central and the State governments.

5 As mentioned on the PMAY-U dashboard under state initiatives during covid

6 Oral observations recorded in a PTI report.

7 The circular refers to order no. 40-3/2020-DM-I (A) by the Ministry of Home Affairs

8 Supreme Court record of proceeding on Alakh Alok Srivastava Vs Union of India

9 As reported in the writ order of the Supreme Court: SUO MOTU WRIT PETITION (CIVIL) No(s).6/2020

10 As recorded in the writ petition in the Bandhua Mukti Morcha Vs Union of India and Ors.



In June 2020, the Union Cabinet gave its approval for developing AHRCs, the only Centre-led policy measure, to ensure housing and shelter needs for the urban poor.¹¹ The Commerce Minister said that over 70,000 government-funded houses were available to be let out to the migrants as of July 10, 2020.¹² The PMAY-U scheme also had a number of other migrant-focused initiatives in different states.

As part of state-led efforts, all states in NCR set up shelter homes, depending on whether the states were seeing inward or outward movement, mostly with help from CSOs. For instance, Haryana's 'Shelter for Migrants during lockdown period'¹³ provided cooked food and other necessities at night shelters for migrants travelling back home, the Delhi NCT saw more initiatives directed towards providing shelter to stranded workers and homeless population, and Uttar Pradesh worked on providing temporary quarantine shelters with medical screening for the migrants returning home.¹⁴ In Delhi NCT, as of 26th August 2021, the Delhi Urban Shelter Improvement Board¹⁵ (DUSIB) was running 209 shelters (including temporary shelters and isolation centres) with the capacity to accommodate 17,851 individuals.

Analysing Policy Responses

To analyse the impact of insecure housing, shelter policies and its need, we mainly look at the Affordable Rental Housing Complexes (ARHC) as a sub scheme under PMAY-U and Shelter Homes in Delhi NCR.

Policy Response	Effectiveness	Unintended effects	Equitable access	Cost	Feasibility (institutional capacity)	Acceptance	Informal/ alternative mechanisms
DUSIB Shelters	-	0	-	+	-	-	+
ARHC	-	+	-	-	-	-	-

(Key: '-': Negative impact or outcome; '0': Neutral impact or outcome; '+': Positive impact or outcome)

11 Dutta, A. (2020). Cabinet approves rental housing scheme for migrants, govt to spend Rs 600 crore. Hindustan Times.

12 Sharma, S. (July 10, 2020). Housing relief for migrant workers; thousands of PMAY houses ready to move-in: Piyush Goyal. Financial Express.

13 As mentioned on the PMAY-U website under Shelter for Migrants during lockdown period

14 Ahmad, F. (April 1, 2020). Over 3,000 Shelter Homes with Screening Facilities Set Up for Migrant Workers in UP: Chief Secy. News18.

15 As per the DUSIB night shelters tracker

Effectiveness

The ARHCs aim to benefit 2.95 lakh individuals.¹⁶ The scheme is to be implemented through two models: first, utilizing existing government-funded vacant houses to convert into ARHCs through public-private partnerships or by public agencies ; second, the construction, operation and maintenance of ARHCs by public/ private entities on their own vacant land. Under the first model , the ARHC portal states that Delhi possesses 29,112 available houses, Rajasthan 4,884 houses, and Haryana and Uttar Pradesh 2,545 and 5,232 government-funded houses¹⁷ respectively. However, the portal, as of August 2021, did not reflect any data against the number of houses already allotted in NCR states, which might indicate that the scheme is yet to be operational in NCR. A Standing Committee report¹⁸ noted that 22 states had signed the Memorandum of Agreement to implement the scheme.

KIs with experts also pointed to the fact that the ARHC was envisioned more as a long-term measure. A statement reflected in the report by the Parliament Standing Committee on Labour mentions “...it is apparent that ARHC complexes may not be provided to the migrant labourers immediately. However, once the scheme is implemented in right earnest and spirit, the migrant labour would be provided with the much-needed housing facility at their workplace.”

Several KIs with experts highlighted the ineffectiveness of Delhi shelter homes for migrants as the 209 DUSIB night shelters were already housing a large number of homeless and daily wage workers, whose numbers far exceeded the capacity. Furthermore, as per the dashboard, the total capacity of these shelter homes has been revised from 17,851 to 7,142 individuals, perhaps to keep social distancing norms in check.

The KIs also highlighted the overlap of roles between the centre and state agencies like DDA and DUSIB in providing shelter. It became challenging for beneficiaries due to differential requirements of documentation that caused a policy paralysis in many situations.

Unintended Effects

The pandemic made governments and agencies realise the insecurities among migrant informal workers and their access to housing. Various studies analysed long-term affordable plans for migrant workers and stated that the ARHC scheme should hold consultations with low-income groups and informal workers to understand their ability to pay. It also suggested having international standards of ‘adequacy’ in all housing complexes among other recommendations.¹⁹ As housing for migrants emerged as a key topic for discourse, Kerala’s Migrant Workers’ Hostel was highlighted as a model and is now gradually being picked up in other states as well.²⁰ Within the NCR, Greater Noida under the Gautam Budh Nagar district of UP has also announced plans to build a Shramik Hostel and a permanent night shelter.²¹



16 As quoted by Ministry of Housing & Urban Affairs press release dated September 16, 2020

17 Data as mentioned on ARHC portal by Ministry of Housing and Urban Affairs

18 Sixteenth report by the Standing Committee on Labour

19 Housing and Land Rights Network (2020) *In Search of Home: A Study on Migrant Workers' Access to Housing and Land*

20 Peter, B., Sanghvi, S. & Narendran, V. (2020) *Inclusion of Interstate Migrant Workers in Kerala and Lessons for India*. Ind. J. Labour Econ.

21 Sinha, M. (August 23, 2021). Gr Noida to set up hostel for migrant workers & permanent night shelter. Times of India.

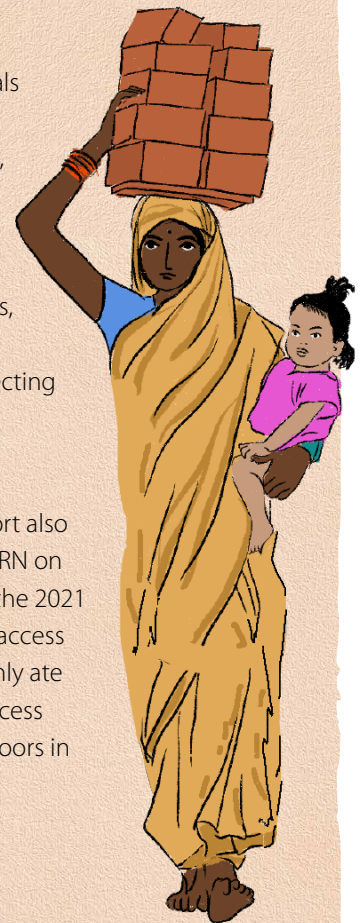
Equitable Access

One of the main criticisms against the ARHC policy design was the lack of distinct categorization of migrant workers as a separate priority group for housing. Instead, they were broadly covered under the economically weaker section (EWS) and low-income group (LIG) segment. Similarly, the scheme states a preference for those from SC, ST, other backward castes (OBC), working women and widows, differently abled and minority backgrounds, but it does not have explicit provisions to ensure such targeting.²²

While the report by the Standing Committee on Labour did not recommend the creation of a separate category, it did make a suggestion to MoHUA to accord priority to migrant workers and labourers under the scheme. Whether it would lead to tangible outcomes for the migrant population remains to be studied and documented. A recent study also noted that the vulnerable informal sector workers, especially migrants, are likely to “remain excluded,” not benefiting from the ARHC scheme, since it adopted a “profit-oriented model” more likely to cater to salaried and formal workers.²³

A study of migrant workers who had returned to their villages from Delhi NCT during the lockdown found that despite directives from the Central government and repeated appeals from the Government of Delhi not to harass tenants and to postpone rent collection for a month, almost 16% of the study participants said they were harassed by landlords for rent, while about 12% of the respondents cited a direct loss of housing, including evictions by homeowners, as one of the main reasons for leaving Delhi during the lockdown.²⁴ The CSO also documented at least 22 incidents of forced evictions and home demolitions, affecting 13,500 individuals across India, by both Central and State government authorities, between March and June 2020. In Delhi, the Supreme Court had ordered²⁵ eviction of residents of *jhuggi jhopris* (informal settlements) adjacent to railway tracks in the state, affecting over 48,000 shelters.

A report by Delhi Housing Rights Task Force (DHRTF) notes that less than one-tenth of all shelters were reserved for vulnerable groups like women, children, and families.²⁶ The report also noted discrimination against transgender persons at these shelters. A recent survey by HLRN on homelessness during the 2nd wave noted that homeless women suffered greatly during the 2021 lockdown in Delhi. Almost all women interviewed by HLRN lived outdoors and could not access free meals provided in shelters. The survey found that the majority of the women (63%) only ate one meal a day during the lockdown and 7% of them could not eat daily due to lack of access to shelters. The study also notes receiving reports of women compelled to give birth outdoors in parks and pavements, without any medical assistance.²⁷



22 Mukta Naik, Swastik Harish and Shweta Damle. (2021). *Workers' Housing Needs and the Affordable Rental Housing Complexes (ARHC) Scheme*. India Housing Report, Working People's Charter and the Centre for Policy Research.

23 Mukta Naik, Swastik Harish and Shweta Damle. (2021). *Workers' Housing Needs and the Affordable Rental Housing Complexes (ARHC) Scheme*. India Housing Report, Working People's Charter and the Centre for Policy Research.

24 Housing and Land Rights Network (2020) *In Search of Home: A Study on Migrant Workers' Access to Housing and Land*, Housing and Land Rights Network.

25 M.C. Mehta vs Union Of India on 31 August, 2020- Supreme Court Daily orders

26 Delhi Housing Rights Task Force. (2020). *COVID-19 and the Right to Housing in Delhi*. Centre for Policy Research.

27 Housing and Land Rights Network (2020) *In Search of Home: A Study on Migrant Workers' Access to Housing and Land*, Housing and Land Rights Network.

Cost

In July 2020, the ARHC scheme for migrant workers under the PMAY-U was announced with an estimated amount of Rs. 600 crore as a total outlay of the scheme till the Mission period of PMAY-U i.e., March 2022, to benefit a total of 2.95 lakh beneficiaries as stated by the press release by Government of India. With no costing framework for the two models of development under the ARHC scheme, the allocation of budget for conversion of existing houses and construction of new houses is unclear. However, for a total of 2.95 lakh houses (75,000 existing housing complexes and construction of 40,000 single/double bedrooms and 1,80,000 dormitory beds), the budget comes to Rs 20,340 per house approximately. As per the data available on the dashboard,²⁸ 25 states have issued RFPs for developing ARHCs under the first model, of which Faridabad in Haryana is the only district under NCR wherein the RFP outlines a total of 2,545 houses for ARHCs. For construction and management of night shelters, the Delhi government had allocated Rs 2,850 lakhs; a 68% increase from the budget allocated for the previous year (Rs 1,700 lakhs).

Institutional Capacity

An analysis of institutions from both formal actors such as MoHUA, DDA, GNIDA, NDMC, DUSIB, DDMA, State police, political representatives as well as informal actors including CSOs, community groups, labour activists, housing rights campaigns and volunteer groups was done.

The success of ARHC, even as a long-term measure, would largely depend on the institutional capacity of the state governments to deliver on the objectives of the scheme. According to the ARHC dashboard, Haryana, Uttar Pradesh and Rajasthan have signed Memorandum of Agreements to implement the scheme, but Delhi has shied away from the same. A media article reportedly quoting a ministry official cites the high cost of repairing the old vacant houses in Delhi, mostly built under UPA's Jawaharlal Nehru National Urban Renewal Mission as a deterrent. As each flat would require Rs 1 to 2 lakhs worth of work, the state government stayed away from joining this initiative.²⁹ While it's too early to comment on the status of each state's institutional capacity to take on the scheme, given the pace at which states have been working on this, it can be safely concluded that currently this does not seem to be high on priority for any of the NCR state governments.

With respect to the DUSIB-run shelter homes, for years there have been reports about the poor conditions under which the night shelters are run, The shelters are run by different agencies contracted by DUSIB and during the pandemic the agencies too complained of delayed payments,³⁰ with caretakers themselves objecting to irregular payments.³¹

28 RFP orders as per the ARHC website

29 Sharma, S. (July 10, 2020). Housing relief for migrant workers; thousands of PMAY houses ready to move-in: Piyush Goyal. Financial Express.

30 Krishnan, R. (23 December, 2020). Thin blankets & no masks — How Delhi night shelters are coping in a freezing Covid winter. The Print.

31 Bhandari, H. (August 22, 2020). No salary for months, caretakers of night shelters a worried lot. The Hindu.



Acceptability

The implementation of long-term schemes like ARHC needs consultations with informal workers to get a sense of their ability to pay and afford housing, along with proper framework for successful implementation of the scheme. There were also concerns about the quality of existing vacant government housing stock, which were found to be substandard. It was also noted that most of these housing projects are located far from the areas of work for urban informal workers.³²

With respect to the Delhi shelter homes, the Delhi Police had highlighted issues of quality of food, shelter spaces and other inadequate facilities in night shelters.³³ Similarly, the report by DHRTF notes that many of these shelters did not have adequate facilities, especially for water and sanitation, with residents complaining of dismal living conditions.³⁴ The report also noted discrimination against transgender persons at these shelters. However, some of these shelter homes also doubled up as Hunger Relief Centres for hot meals and many of the urban poor did benefit from the same, even though it meant standing in long queues for hours.³⁵ There is also a need for effective vaccination drives for the hundreds living in shelters and informal housing. So far, there are no guidelines or mechanisms in place for vaccination proof needed to access these shelters. It leaves many of these shelter households vulnerable to infection from the virus.

Relevant Informal / Alternative Mechanism

Apart from providing food and access to healthcare services, several CSOs also pitched in to provide shelter to stranded migrant workers and other segments of the urban informal poor who had been evicted owing to their inability to pay rent. According to a status report filed by the Ministry of Home Affairs to the Supreme Court in April 2020, in the midst of the migrant exodus, NGOs were running a total number of 3,909 active relief camps and shelters for migrant workers (while State governments were running 22,567). However, when it came to food camps for migrant workers, NGOs had far exceeded the efforts of the State governments, with a total of 9,473 camps being run by NGOs as opposed to 7,848 operated by the government.³⁶ Most of these shelters run by non-state actors were primarily temporary shelters and there are no accounts of permanent hostels or housing options being made available for the urban poor.

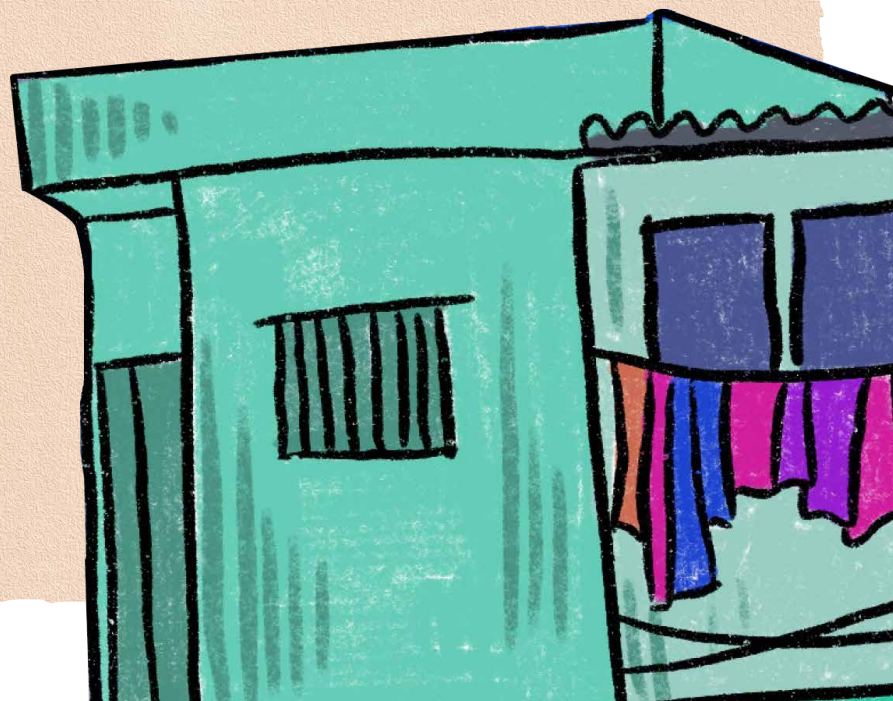
32 Mukta Naik, Swastik Harish and Shweta Damle. (2021). *Workers' Housing Needs and the Affordable Rental Housing Complexes (ARHC) Scheme*. India Housing Report, Working People's Charter and the Centre for Policy Research

33 Barman, S. (2020). Delhi Police report on migrant camps: Fans not working, bad food. The Indian Express.

34 Delhi Housing Rights Task Force. (2020). *COVID-19 and the Right to Housing in Delhi*. Centre for Policy Research.

35 Source: KII with expert

36 Indo-Asian News Service. (April 7, 2020). Nearly 85 Lakh Provided Food, Over 6 lakh Given Shelter: Center to SC. The New Indian Express.





Overall, with ARHC being more of a long-term measure, which has progressed at a sluggish pace, and the media reports and anecdotal evidence suggesting a poor response to the shelter homes set up at state-level, it's unlikely that these measures have been effective in providing adequate relief to the shelter needs of urban informal workers. In addition, while the directives by SC and MHA have been appreciated, it did not adopt relevant mechanisms to ensure that these directives were carried through effectively.



Recommendations

a. Implementation of ARHC scheme in consultation with informal workers to set an affordable rent limit.

b. Develop SOPs for states on ARHC for successful implementation. Also, use data on informal workers to ensure adequate housing capacity.

Clear mention of housing for migrants in the ARHC framework, along with provisions for ensuring adequate housing for single women, disabled people and widowed women to ensure housing for all.

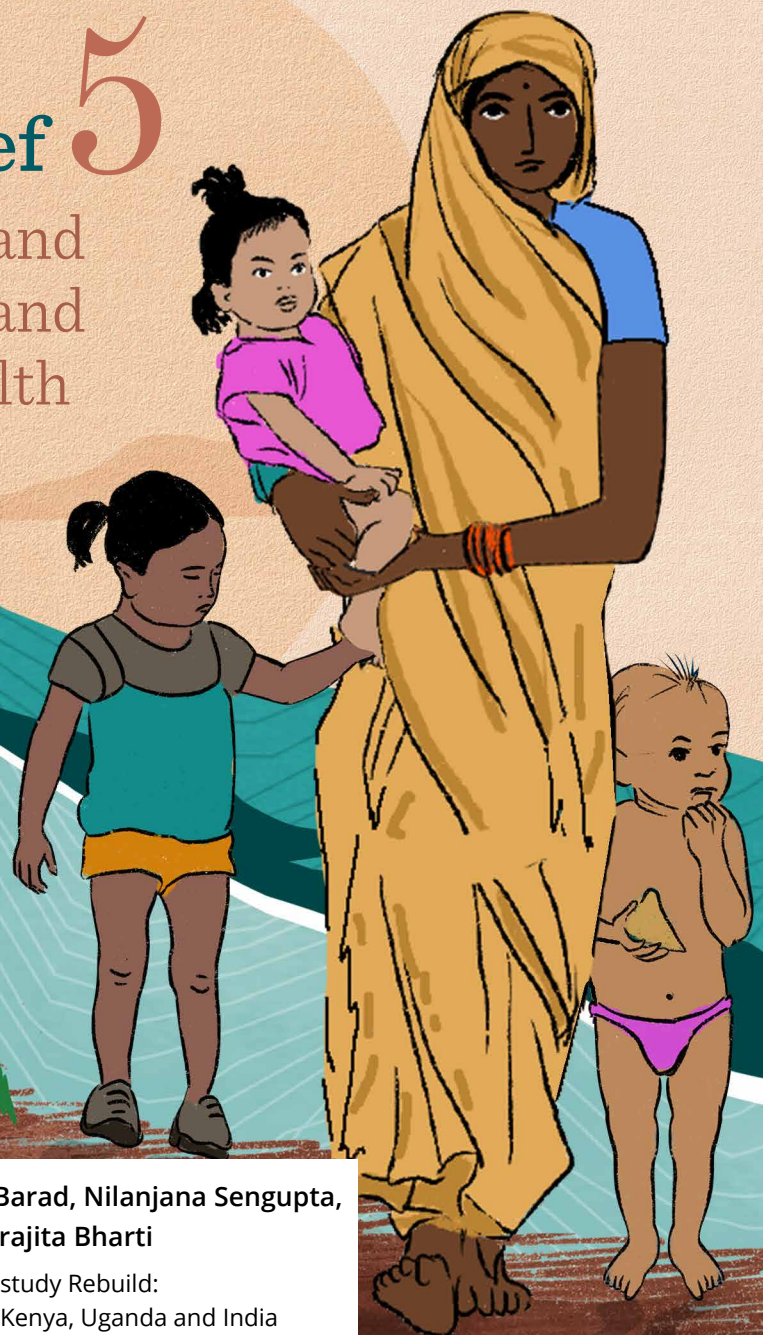
c. States should set up migrant hostels and night shelters with adequate housing conditions to ensure both temporary and long term shelter for informal workers.

India's Policy Response to COVID-19 and the Gendered Impact on Urban Informal Workers in Delhi NCR

Study by The Quantum Hub and ICRW

Thematic Brief 5

Policy Responses and
Impact on Sexual and
Reproductive Health



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Sneha Sharma, Sharmishtha Nanda, Aparajita Bharti

Published as part of a larger ongoing research study Rebuild:
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Sexual and Reproductive Health Services (SRH)

With the immediate impact of the pandemic on the healthcare sector, medical centres across the country were burdened by the need to respond to the emergency health contours, resulting in tremendous pressure on hospitals. An oxygen crisis, particularly in NCR, created a greater chasm between the Centre and certain states like Delhi; with the country's judiciary stepping in at both the High Court and Supreme Court levels to mediate.^{1,2} In the face of rising COVID-19 fatalities, the discussion around Sexual and Reproductive Health and Rights (SRHR) receded into the background.

In both waves, issues such as disrupted supply of over the counter (OTC) medicines, restricted footfall at chemists and general stores, fear of COVID-19, and limited access to non-COVID-19 healthcare further impacted SRH services across the country, with reports of a dip in institutional deliveries even in urban centres like Delhi emerging during this time.³ Not only were OTCs difficult to find within India but the country also limited the export of 26 pharmaceutical ingredients and medicines during this time. One among these was progesterone, which is used in contraceptive pills and IUDs.



1 Dash, D. (29 Aug, 2021). *With 29,000 transactions, Delhi tops in ration offtake by migrants from other states/UTs*. Times of India.

2 Vaidyanathan (23 April, 2021). *People dying due to lack of oxygen, why can't TN govt take over Vedanta's unit to produce it?* Supreme Court. Economic Times

3 Singh, P. (26 Feb, 2021). *Delhi: Why surge in births at home is a worry*. Times of India

Somanchi, A. (2020). *Covid-19 relief: Are women Jan Dhan accounts the right choice for cash transfers*, Ideas for India.

For pregnant women, the pandemic had its own challenges. While several conversations in the public domain centred around COVID-19 vaccines for pregnant women but routine antenatal care and postnatal care seemingly took a backseat. ICMR released guidelines around the care of pregnant women, emphasizing that routine processes should be reduced but check ups be maintained for certain periods during gestation and in cases of emergency.⁴ The guidelines also recommended that women who had delayed an appointment by more than three weeks were to be contacted by healthcare providers. Adequate nutrition is critical to pregnancy care and iron supplements are an essential component. While there are stories from certain states suggesting that Anganwadi workers were able to support women with these needs, experts also suggest that the coverage of these practices was patchy.⁵

In terms of access to abortion procedures, despite it being legal in certain circumstances under Indian law,⁶ there is still a great deal of information asymmetry among service providers ranging from health centre functionaries to compounders and chemists. During the lockdown, it is expected that women would have been impacted deeply by the lack of access to safe abortion services. Research from the Guttmacher Institute⁷ also suggests that in Lower- and Middle-Income Countries (LMICs), this was likely to lead to rise in unsafe abortions. Both the waves of pandemic have shown similar impact on health services, with essential SRH services being disrupted, along with this second wave also saw a rise in reported cases of women impacted by COVID-19.⁸

Policy Response

In April 2020, MOHFW released a note⁹ identifying 'essential' services during the pandemic that included reproductive, maternal, new-born, and child health. This was followed up by a second, detailed note¹⁰ on the Reproductive, Maternal, New-born, Child, Adolescent Health services during & post COVID-19 pandemic. While these two notes provided comprehensive guidelines including regarding telemedicine, there was an ambiguity in its deployment, particularly with medical abortion drugs (a combi-pack of Mifepristone and Misoprostol). The guidelines did not either make room for or explicitly prohibit the prescription of these drugs.¹¹



4 Ministry of Health & Family Welfare, Government of India (2021) *Provision of Reproductive, Maternal, New-born, Child, Adolescent Health Plus Nutrition (RMNCAH+N) services during & post COVID-19 pandemic*.

5 Source: KII with expert

6 The Act has been amended as of 2021, with the latest details available here.

7 Guttmacher Institute (July 2020) *Unintended Pregnancy and Abortion Worldwide*

8 Pandharipande, N. (12 June, 2021). *Overburdened ASHA workers, lack of access to contraceptives: How COVID-19 impacted family planning services across India*. Firstpost.

9 "Enabling Delivery of Essential Health Services during the COVID 19 Outbreak."

10 "Provision of Reproductive, Maternal, New-born, Child, Adolescent Health Plus Nutrition (RMNCAH+N) services during and Post COVID-19 pandemic"

11 Jain, D; Diwan, A; Kartik, K; and Saraf J. (2021) *Legal Barriers To Abortion Access During The Covid-19 Pandemic In India*, Centre for Justice, Law and Society (CJLS) Jindal Global Law School

During the 2nd wave in April 2021, the National Commission for Women (NCW) also started a helpline for pregnant women, which received 648 calls in its first 20 days. Most importantly, however, primary health care centres remained dedicated to COVID-19 care, and in the hierarchy of health needs, sexual and reproductive health remained low. Women informal workers were marginalized and neglected owing to still further limited access (both digital as well as physical) than those with greater advantages.¹²

Analysing Policy Responses

To study the overall impact of responses addressing risks of health insecurity, we have looked at four policy announcements and schemes. The first two are the MoHFW advisories on "Enabling Delivery of Essential Health Services during the COVID-19 Outbreak" and "Provision of RMNCAH+N services during & post COVID-19 pandemic," that have been clubbed together for the purposes of an outcome analysis. The remaining two are the central Ayushman Bharat-PMJAY Scheme (functional in the other states in the NCR, apart from Delhi), and the Delhi Government's Aam Aadmi Mohalla Clinics (AAMCs).

Policy Response	Effectiveness	Unintended effects	Equitable access	Cost	Feasibility (institutional capacity)	Acceptance	Informal/ alternative mechanisms
MoHFW Advisories referencing SRHR	-	0	-	-	0	0	+
AB-PMJAY	-	-	+	+	0*	0	+
AAMC	-	-	+	+	+	-	+

(Key: '-': Negative impact or outcome, '0': Neutral impact or outcome; '+': Positive impact or outcome; 0*: impact varied across states)

Effectiveness

Despite the MoHFW advisories on ensuring essential services like reproductive, maternal, new-born, and child health, service delivery in these areas remained minimal, as they were relegated in the COVID crisis. Certain initiatives were resumed when lockdowns were partially lifted. For instance, the UP government put out guidelines for door-to-door distribution of condoms and birth control pills towards the end of May 2020.



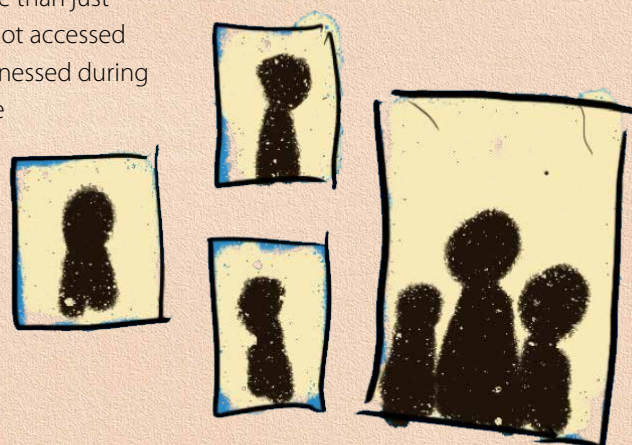
12 Source: KII with expert *reflective of mixed reporting on the subject, in this case

For AB-PMJAY, the Economic Survey of India 2020-2021 highlights that the states that implemented the scheme saw improved family planning indicators. Yet the states that did not adopt the scheme actually showed a much higher improvement in delivery care indicators i.e. **institutional births, institutional births in public facility, and home births**.¹³ Additionally, despite its deployment across the country, the scheme is not being implemented in Delhi, a major urban hub in India. Interestingly, there have also been announcements of supplementary schemes in other states ; Haryana, for instance, announced a COVID-19 healthcare insurance scheme for BPL patients “who are not covered under Ayushman Bharat Scheme,” which calls into question the targeting mechanism of AB-PMJAY.¹⁴ Government data also suggests that as of July 2021, the number of authorized hospital admissions under the AB-PMJAY scheme was at 290,815. Rajasthan also rolled out the Chiranjeevi Yojana, another state health insurance scheme.

As mentioned previously, Delhi is not yet implementing the centrally sponsored AB-PMJAY scheme despite reports of a 2020 announcement of an intent to do so by the Deputy CM Sh. Manish Sisodia.¹⁵ The Delhi Government’s Health Department runs Aam Aadmi Mohalla Clinics, which make reference to “antenatal and postnatal care of pregnant women.” While the scheme received praise for its community focus, the scheme’s implementation saw some critique during the pandemic, with its coverage and efficacy being questioned.¹⁶ In June 2021, the Mohalla clinics came under fire from the Delhi High Court.¹⁷ A bench of justices Vipin Sanghi and Rekha Palli suggested that it was “a waste of resources,” if the clinics were not being used. This came in response to the government’s submission that the clinics could not handle “serious patients,” because they are small, single entry and exit facilities meant for community services. There has also reportedly been a lack of antenatal services despite the scheme outline.¹⁸

Unintended Consequences

Under the AB-PMJAY, an RTI response revealed that private healthcare admissions greatly outnumbered public ones.¹⁹ In certain states like Kerala, with robust public hospitals this was not the case, but in others like Haryana and Uttar Pradesh, this can be indicative of more than just consumer preferences. If public healthcare infrastructure is not accessed then the incentive to strengthen it declines. As has been witnessed during the pandemic, public hospitals and community centres have been crucial in the fight against the coronavirus and ensuring a supply of uninterrupted services is vital.



13 Ministry of Finance, Government of India (2021b) *JAY Ho: Ayushman Bharat's Jan Arogya Yojana (JAY) and Health Outcomes*, Economic Survey of India 2020-2021, Chapter 9

14 The notification for the Haryana State COVID Support Programme can be found here.

15 Upadhyay, M. (23 Mar, 2020). *Delhi government to implement Ayushman Bharat Yojana, says Manish Sisodia*. LiveMint

16 Kumar, N. (5 Oct, 2020). *Mohalla clinics relegated in Delhi's battle against Covid-19 pandemic*. Business Standard

17 Upadhyay, M. (23 Mar, 2020). *Delhi government to implement Ayushman Bharat Yojana, says Manish Sisodia*. LiveMint

18 Tiwari, S. (7 Feb, 2020). *Aam Aadmi Mohalla Clinics: What Has Worked, What Hasn't*. IndiaSpend

19 Kumar, V. (6 Jun, 2021). *Most of Ayushman Bharat spend goes to private healthcare, reveals RTI*. The New Indian Express

Equitable Access

Considering the MoHFW advisories, access to elective clinical family planning services as well as contraceptives remained an issue for women across the country during the pandemic. According to a 2020 policy brief by Foundation for Reproductive Health Services (FRHS) India, projections estimate that between 24.55 and 27.18 million couples were not able to access contraception during 2020.²⁰ A study by the Population Foundation of India further revealed that in certain states (including UP and Rajasthan), young people reported a lack of access to sanitary pads, among other reproductive health products and services.²¹ In these cases, while there was access to supplies at district level, lack of public transport access for frontline workers hampered supply at block and village levels.

With respect to health insurance coverage, in June 2020, the National Health Authority announced that AB-PMJAY scheme benefits would be extended to migrant workers. Around 45 days after the announcement, government data suggested that 14.6 lakh migrant workers had availed benefits under the scheme.²² Women also accounted for 45% of the total authorized hospital admissions under the scheme between April 2020 and June 2021.²³ In a PIB press release²⁴ from July 2021, it was stated that beneficiaries under the AB-PMJAY scheme 'automatically' include certain marginalised groups like manual scavenger families and those who are destitute. Additionally, domestic workers, street vendors, home-based workers, and construction workers are also among the groups specified in the urban occupation-based criteria. As per an RTI filing, the private healthcare admissions greatly outnumbered public ones. While this does indicate a need to revamp public healthcare facilities, it also sheds light on the fact that the scheme has made private healthcare accessible for many who would not otherwise be able to avail it.

Delhi's AAMCs have been lauded for the access provided to beneficiaries. An article published in EPW found that accessibility for the scheme was impacted by proximity as 90% of AAMCs were closer to respondents' homes than other healthcare facilities and this helped over 57% choose to make the shift to AAMCs.²⁵



Cost

In the Union Budget 2021-2022, under Section B of Statement 13, i.e., the Gender Budget, the MoHFW made a gender budgetary allocation of Rs. 110 crore to 'contraception,' lower than the previous year's initial estimate of Rs. 120 crore.²⁶ Given the rise in reports of hampered access to contraceptives and other sexual and reproductive health products, this figure can perhaps be re-assessed to ensure greater coverage for family planning across the country.

20 FRHS (2020). *Impact of COVID 19 on India's Family Planning Program*. Policy Brief

21 Population Foundation of India Policy Brief (2020) *The Impact Of Covid-19 On Women*

22 Sridhar, G. N. (23 Jul, 2020). *Over 14.6 lakh migrant workers received free healthcare under Ayushman Bharat*. The Hindu Business Line

23 PTI, 2021

24 The release can be accessed here.

25 Sethi, A; Sharma P; Agrawal T; and Bhattacharya S (2020) *Delhi's Mohalla Clinics Hold the Potential to Significantly Improve Access to Quality Healthcare*, Economic and Political Weekly, Vol. 55, Issue No. 40

26 Ministry of Finance, Government of India (2021a). *Expenditure Budget 2020-21*.

The total allocation of the AB-PMJAY scheme in 2021-2022 is Rs. 6400 crore, unchanged from its initial allocation of the same amount in the year prior.²⁷ Of this, the gender budget 2021-2022 reflects an allocation of Rs. 1920 crore, indicating that 30% of the funds have been earmarked for women.

The Delhi Government announced a budgetary outlay of Rs 365 crore for Mohalla clinics in 2020. In 2021, a further allocation of the newly announced 'Mahila Mohalla Clinics' for women was made to the tune of Rs. 704 crore. Recognizing the stigma around women's health, the Deputy Chief Minister also mentioned that women tend to neglect their ailments and the services of gynaecologists and diagnostic tests across the city would help address these issues.²⁸

Institutional Capacity

An analysis of institutions from both formal actors such as MoHFW, state health departments, PHCs, hospitals, ASHA workers, Anganwadi workers, judiciary as well as informal actors including CSOs, volunteers, chemists, general stores, vigilante groups, unelected political actors was done.

According to a February 2021 Labour Committee report, some of the issues faced by the AB-PMJAY scheme include an insufficient database owing to the reliance of SECC 2011 information for determining eligible beneficiaries, issues of portability in states where the scheme was not being implemented, awareness among beneficiaries, as well as a lack of good hospitals in some states.²⁹ The insufficient database also further corroborates the issue of targeting discussed under the "effectiveness" bucket.

Despite this, however, the scheme has been designed for portability among states that are implementing it, which was also highlighted in the report. This feature thus allows beneficiaries who migrate to other parts of the country for work to avail of benefits in that location. For this portability to be fully leveraged, the scheme will need to be implemented in every state across the country.

The Delhi Government's Outcome Budget in March 2021 reflected that against a target of 750, only 496 AAMCs have been established, with an indicator of 80% 'on track' reflected. With the Delhi government allocating nearly 13% of its budget to healthcare and the push for Mahila Mohalla Clinics, the institutional set-up for the implementation of sexual and reproductive healthcare for women seems to be underway.

Acceptability

Overall, organisations working in this space emphasised that while the advisories were necessary, they were only the first step in countering the larger problem of access to sexual and reproductive healthcare and services. A four state study examining migrant workers' experiences in the pandemic

27 Ministry of Finance, Government of India (2021a). *Expenditure Budget 2020-21*.

28 Saxena, A. (10 Mar, 2021). *New initiative: Mahila mohalla clinics across Delhi*. Indian Express

29 Standing Committee On Labour (2021), *Social Security And Welfare Measures For Inter-State Migrant Workers*, Lok Sabha Secretariat

commissioned by the National Human Rights Commission covering both Haryana and Delhi revealed that both these states saw relatively higher rates of accessibility to health services in their sample compared to counterparts in Maharashtra and Gujarat (John, Thomas, Jacob, & Jacob, 2020). The study further highlighted that migrant women labourers had a “higher prevalence of nutritional deficiencies and poor access to reproductive health services” compared to local labourers.

The NHRC study also pointed out that inter-state migrant women workers often need public health centres to access contraceptive services. As mentioned previously, the AB-PMJAY scheme also provides a pillar for Health and Wellness Centres (HWCs). With over 70,000 such centres operational, and over 54% of them being women, there is also an emphasis on RMNCHA+N and four out of 12 of the packages under these focus on areas related to women's health (PIB, 21 March 2021). With the gender equitable footfall that these centres seem to have garnered, there does seem to be a greater adoption of these HWCs as an option in states other than Delhi. There is, however, criticism around the fact that the scheme's cost-sharing pattern between states and the centre further reduces the funding available to local healthcare facilities by depleting state governments' resources (Nandan, 2021).

Delhi meanwhile runs the AAMC scheme, seemingly in lieu of the fact that there are no HCWs under the AB-PMJAY scheme. As mentioned earlier, there has also been visibly greater criticism of the AAMC scheme during the pandemic, however, this could also be owing to the heightened stress on Delhi's healthcare system during the pandemic's second wave.

Informal/Alternative Mechanisms

Efforts to address women's health, especially SRHR, were undertaken by several CSOs across the country. A KII with a stakeholder working in the wider NCR region revealed that while their organization aided those who needed abortions, they faced several instances where vigilante groups and government functionaries stopped women who stepped out for the procedure. In these instances, their team members had to either speak to these people, or send ambulances to fetch women from their homes, which were often very far from the healthcare centres.³⁰ Another expert revealed that their organization helped connect women who were denied services in a different part of the country with service providers that would be able to help.³¹



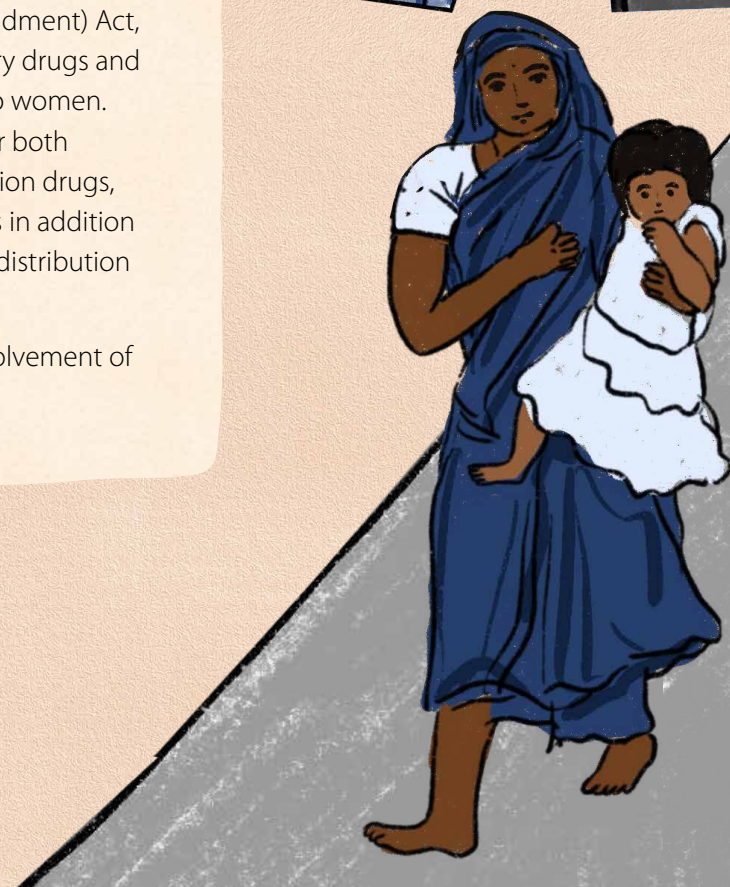
30 Source: KII with expert

31 Source: KII with expert

With COVID-19 majorly impacting the healthcare facilities, women's sexual and reproductive health was side-lined in public discourse. Policy responses around SRHR remained largely ineffective, with family planning and access to reproductive health products in particular becoming an issue during this time. The lack of scheme-based focus on women's health during this time meant that there was less institutional access and the system relied on already overburdened ASHA workers to disseminate healthcare for women on ground.

Recommendations

- a. Awareness campaigns for chemists and medical providers around India's latest Medical Termination of Pregnancy (Amendment) Act, 2021, to ensure that the necessary drugs and procedures are made available to women. Ensuring steady supply chains for both contraceptive and medical abortion drugs, and utilizing other local channels in addition to ASHA workers to ensure their distribution during periods of lockdowns.
- b. Capacity building for greater involvement of ULBs in public healthcare.



India's Policy Response to COVID-19 and the Gendered Impact on Urban Informal Workers in Delhi NCR

Study by The Quantum Hub and ICRW

Thematic Brief 6 Policy Responses and Impact on Gender-Based Violence



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In India, even prior to the pandemic, NFHS-4 data¹ suggested that around 33% of ever-married women experienced physical, sexual and/or emotional violence in their lives. While this estimate is for 2015-16, COVID-19-induced lockdowns increased incidences of gender-based violence (GBV), precipitating the “shadow pandemic.”² The National Commission for Women (NCW) recorded a 79% increase in complaints of domestic violence, from 2,960 complaints in 2019 to 5,297 in 2020. Even a year after the lockdown, reports suggested that the numbers continued in the same trend.³

According to a key informant, while there was a greater focus in the media on gender-based violence during the initial lockdown phase, their organization's experience suggested that the 2nd wave was worse for women in terms of the nature of reported abuse. They also suggested that the financial burden of the pandemic seemed to have manifested by the time the 2nd wave rolled around, worsening the degree of abuse suffered by women.⁴ News reports quoted prominent women's rights organizations, which cited lack of earning capacity among women informal workers leading to increased vulnerability to domestic abuse. This was further corroborated by the experience of the Sukoon Centre⁵ in Gurugram, which reportedly received a 32% increase in complaints in 2021. The month of April 2021 saw the highest reporting of violence in the Gurugram centre -a threefold increase over the previous year.⁶

Another issue that did not receive the same coverage was that of gendered violence at the workplace, which is a unique dilemma for women engaging in informal work. A 2020 report by Human Rights Watch regarding the implementation of the Prevention of Sexual Harassment at the Workplace Act 2013, points out that while this covers women in the informal sector, it does not take into account their unique circumstances. The report highlights that many informal workers' homes can be their workplaces — and in such cases, domestic violence is workplace sexual harassment. This connection, it argues, has not been brought out in the law. Moreover, during the pandemic there was the added precarity of work for certain groups of women, like domestic workers, construction workers etc. This placed them at greater risk of workplace violence, at a time when the loss of a job was a prospect more daunting than ever before.



1 International Institute for Population Sciences (IIPS) and ICF. (2017). *National Family Health Survey (NFHS-4), 2015-16: India*. Mumbai: IIPS.

2 “Shadow Pandemic”- Since the outbreak of COVID-19, emerging data and reports from those on the front lines, have shown that all types of violence against women and girls, particularly domestic violence, has intensified.- <https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19>

3 PTI March, 2021

4 Source: KII with expert

5 These are run by Haryana State Health Systems Resource Centre in 12 districts of Haryana: Panchkula, Hisar, Faridabad*, Gurugram*, Ambala, Yamunanagar, Panipat*, Karnal*, Rewari*, Rohtak*, Jind* and Kaithal *NCR regions

6 Pant, S. (2021). *Gurugram sees 32% increase in domestic violence complaints*, Times of India.

Policy Responses

Addressing a seminar on 9 April, 2020, the MWCD Minister confirmed that One Stop Centres (OSC) were functional despite lockdowns. She highlighted that links to the police, NALSA,⁷ and medical authorities were maintained during this time.⁸ Soon after, the NCW launched a WhatsApp helpline for women to message for help in the face of violence at home.⁹

With the spike in the reporting of domestic violence and in response to a petition filed by NGO All India Council of Human Rights, Liberties and Social Justice (AICHLS) in April 2020, the MWCD submitted that they had issued an office order in March 2020, calling for a rapid response mechanism. They further noted that directions had been issued to District Collectors/District Magistrates to provide essential services for victims of domestic violence.¹⁰ The subsequent report filed by the MWCD and NCW in compliance with the order laid focus on two specific efforts — the integration of multiple services with the OSC scheme and the WhatsApp helpline launched by NCW. An emphasis was also laid on the need for focused advertisements to apprise women of the fact that help was available. The submission also stressed on the workshops held with the functionaries associated with the Women's helpline, OSC, and shelter homes. The Delhi government, in the same order, confirmed that they had issued Standard Operating Procedures to functionaries of the women's helpline, OSC, and Protection Officers under the Protection of Women from Domestic Violence Act (PWDVA) 2005, in this regard.

The NCW also launched its own campaign, as did several other states.¹¹ For instance, Uttar Pradesh launched an advertisement with the slogan “Suppress Corona, not your voice,”¹² while Odisha put out a “Phone-Up” program to increase reporting.¹³ The Delhi government issued an internal circular in October 2020, asking for immediate promotion of the state's options for women in distress.¹⁴ These policy responses were aimed at shedding light on the GBV epidemic, however, as a stakeholder suggested, it is important to probe whether these measures reached all kinds of women across the country. Relating their experience, the expert opined that the women who were calling the helplines were just the tip of the iceberg, many others sadly remained outside the ambit of institutional responses.¹⁵

7 The National Legal Services Authority (NALSA) has been constituted under the Legal Services Authorities Act, 1987 to provide free Legal Services to the weaker sections of the society and to organize Lok Adalats for amicable settlement of disputes

8 PTI

9 Chandra, J. (2020) *NCW launches domestic violence helpline*. The Hindu.

10 AICHRLSJ v. Union of India & Ors. [W.P.(C) 2973/2020 & CM APPL.10318/2020] order dated 18.04.2020

11 Press Information Bureau (22 September 2020) *Increase in Domestic Violence against Women*

12 Bose, R. (2020) *UP Police Deserves All Praise for Domestic Violence Hotline for Women During COVID-19*, News18

13 Details available at Odisha Police website: https://www.odishapolice.gov.in/sites/default/files/PDF/Phone-Up%20Programme%20to%20break%20the%20cycle%20of%20domestic%20Violence%20during%20COVID-19%20lockdown._0.pdf

14 Office Order No.F.59 (31)/DWCD/RGO/Publicity/20-21/

15 Source: Kill with expert



Analyzing Policy Responses

While many State governments have their own setups (like the aforementioned Sukoon centres) in addition to centrally run initiatives, some of these have been slowly integrated into the central schemes, such as Uttar Pradesh's Asha Jyoti program that has been clubbed with the central One Stop Sakhi centres.¹⁶ To study the overall impact of the policy responses to address issues of GBV, therefore, we have looked at three Central government initiatives – the helpline introduced by the National Commission for Women, and the existing Swadhar Greh and OSC schemes.

Policy Response	Effectiveness	Unintended effects	Equitable access	Cost	Feasibility (institutional capacity)	Acceptance	Informal/ alternative mechanisms
National Commission for Women Helpline	+	0	-	0 (unclear)	+	+	+
One Stop Centre	0	-	0	-	-	-	+
Swadhar Greh	0	-	-	-	0	0	+

(Key: '-': Negative impact or outcome; '0': Neutral impact or outcome; '+': Positive impact or outcome; '0*': impact varied across states)

Effectiveness

As mentioned previously, the NCW saw a marked increase in complaints of domestic violence during the pandemic. It is to be noted, however, that in addition to the existing helpline, there was a supplementary channel by way of the WhatsApp helpline. It is unclear whether this channel facilitated better reporting from a survivor's perspective, but the NCW has seen fit to introduce a new 24x7 helpline to reach more women in need, indicating that perhaps women did feel comfortable reaching out through the NCW channels.

During the pandemic, apart from the Central government assurances that OSC and other services for women impacted by violence were functional, not much data around their working was publicly available. The KII revealed that even though these services were working, strict lockdowns impeded women's access to them, with many women saying that they feared being stopped by vigilante groups. Prior to the pandemic, a 2019 rapid assessment by Initiative for What Works to Advance Women and Girls in the Economy (IWWAGE), commissioned by the MWCD, revealed that caller experience for the 181 helpline¹⁷ was relatively lower in Uttar Pradesh, while Rajasthan was better ranked on this scale.¹⁸

¹⁶ Chandra, J. (2019) *Is 'compromise' the route that one stop centres should choose?* The Hindu

¹⁷ As per the 2017 guidelines of the OSC scheme, the 181 helpline is being integrated with One Stop Centres

¹⁸ IWWAGE (2019) *Rapid Assessment of the Universalization of the 181 Helpline and One Stop Centres*

In Uttar Pradesh, however, the integration between OSCs and the helpline was highlighted as aiding their overall infrastructure and the data aggregation. This was further corroborated by a news report where journalists visited the NCR region of Ghaziabad,¹⁹ where this system was working well with high rates of reporting and resolution of cases.²⁰ In this regard, an expert pointed out that the analysis of reported rates of Violence against Women (VAW) to any organization or body needs nuanced understanding of the complete situation. Their NGO's infoline, for instance, received a higher number of calls from tier-1 cities, particularly Delhi, given their area of work. In our interaction, the expert suggested that a higher rate of cases reporting may not always mean that incidences of VAW were greater in these states. Instead, it could mean that either awareness, or help-seeking behaviour, or even digital/mobile phone access is greater among women in certain regions. They further pointed out the lack of access to shelter in such cases, where women from many states reportedly called in saying that they had nowhere to go.²¹

Meant to provide protection to women in "difficult circumstances," the Swadhar Greh Scheme for longer-term shelter homes has come under fire due to reports of sexual abuse as well as living conditions of the centres between 2017-2019.²² Interestingly, the NCW audit of Swadhar Grehs across the country noted a lack of adherence to scheme guidelines reporting lack of access to legal aid and vocational training, unhygienic living conditions and ill treatment of residents.²³ Despite these conditions, police officers and other service providers like legal aid officers redirect women in distress to these Grehs for long term shelter.²⁴



Unintended Effects

Another critical issue for women locked in during the pandemic was that they were not always able to make calls. This would put them at greater risk of violence if their call to report violence was overheard, or their messages read.²⁵ That being said, the NCW's WhatsApp number option did address this to some extent, given that women could potentially reach out and delete chats immediately after an SOS has been sent. However, this would be applicable only to a limited number of women with smart phones, missing out many in need. Lack of access to digital platforms meant that several women continued to remain vulnerable to violence.

The Swadhar Greh Scheme, however, faces its own challenges. Under existing guidelines for the scheme, male children cannot stay in the homes beyond the age of 12. This can potentially create a situation where mothers of young boys will not be able to access these homes for fear of being separated from their children. Moreover, the guidelines suggest that for women impacted by domestic violence, the duration of their stay is limited to one year, but for "all other categories," the time limit is presently three years. This arbitrary distinction does not explain why women survivors of domestic violence would need less transitional shelter than other women "in difficult circumstances" as listed under the scheme.

¹⁹ This district falls under Uttar Pradesh

²⁰ Chandra, J. (2019) *Is 'compromise' the route that one stop centres should choose?* The Hindu

²¹ Source: KII with expert

²² Kapoor, P. (2018). *When shelter homes turn into horror homes*. Times of India.

²³ PII, 27 September, 2021

²⁴ Source: KII with expert

²⁵ Source: KII with expert

Draft proposed guidelines on the MWCD website²⁶ seem to suggest that the second caveat is under reconsideration. It is important to note that given that the Swadhar Greh Scheme provides longer-term transitional shelter to women and is tied to the OSC scheme, its functioning must also be in line with the larger conversation around survivors' needs.

The OSC Scheme, on the other hand, suffers from a problem of implementation rather than of design. Owing to its focus on emergency services, temporary shelter is allowed for up to five days in an OSC, with provisions for women to be "moved to Swadhar Greh or Short Stay Homes."²⁷ With the Swadhar Greh scheme suffering from design flaws, the implementation of OSC also faces challenges.

Equitable Access

While the NCW's helpline has seen a high rate of reporting, access is limited to women with WhatsApp on a smartphone. According to 2020 data from the GSMA, in India, while 63% of adult women own a mobile phone, only 14% have a smartphone.²⁸ Given the difficulty in making calls with abusers at home and the glaring digital divide, an expert suggested that the pandemic's impact on women without access to these mediums was immense. Another factor that influences whether women are subjected to domestic abuse was financial independence and status in the family; the precarity of jobs during Covid-19 lead to their increased vulnerability to domestic abuse which they were unable to report.²⁹

During the pandemic, women impacted by GBV often told NGO workers that the nearest OSC or Swadhar Greh was very far from their home and they could not access it owing to lockdown restrictions.³⁰ In states with large populations like UP, where only 13 Swadhar Greh are functional as per government data, this could have posed a major problem. Meanwhile, in 2021, the Centre has also announced OSCs at Indian Missions across nine countries.³¹ The aim is to help Indian women suffering violence abroad. This move could likely further benefit women who access the NCW's NRI Cell facility and is laudable in that regard. However, the needs of women in existing Swadhar Grehs within the country must also be considered on priority.

Cost

The total assigned financial assistance to the NCW under the 2021-2022 Budget stands at INR 27 crore,³² higher from the previous year's revised estimate of INR 21.88 crore. Even for the previous financial year, however, the detailed breakdown on the NCW website does not reflect the specific amount assigned to the helpline.³³

26 Draft guidelines available at: <https://wcd.nic.in/sites/default/files/DRAFT%20GUIDELINES%20OF%20SWADHAR%20GREH%20SCHEME.pdf>

27 The latter is no longer functional under the WCD, since the Swadhar Greh Scheme subsumed the SSH scheme

28 GSMA (2020) *The Mobile Gender Gap Report 2020*, GSM Association.

29 KII with expert

30 Source: KII with expert

31 Dasgupta, S. (2021) *To help women facing violence abroad, govt will set up aid centres at missions in 9 countries*. The Print

32 This entire amount is reflected in the Gender Budget as well, indicating that the entire outlay is meant for activities related to women

33 NCW Budget allocation available at: <http://ncw.nic.in/sites/default/files/Detail%20of%20Budget%20allocation%20for%20the%20year%202020.pdf>





A 2021 Oxfam report examines the budgetary allocations for services around VAW, highlighting that while budgetary allocations for OSCs have increased between 2018-2021, the allocations for Swadhar Greh have steadily declined in the same period.³⁴ Moreover, the report highlights that while the OSC scheme sees a utilization above 66%, the Swadhar Greh Scheme has a dismal 26% utilization rate. Further, according to Oxfam's estimates, around 1015 additional OSCs would be required,³⁵ if the standards from the National Health Policy of 2017 were to be adapted. Similarly, according to Swadhar Greh Scheme's own guidelines, there needs to be "one Swadhar Greh of 30 beds for 40 lakh population." As per Oxfam's calculations in accordance with these guidelines, there need to be around 796 Swadhar Grehs in the country. At present, there exist only 361, which is less than half of the requirement.³⁶

In terms of budgetary outlay for 2021, OSCs and Swadhar Greh have been clubbed together under the 'Sambal' component of Mission Shakti, at a total outlay of INR 587 crore.³⁷ A parliamentary reply on OSCs also revealed that no funds had been released to Delhi between 2017-2019 under the scheme.³⁸

Institutional Capacity

This includes an analysis of institutions from both formal actors such as MWCD, NCW, state government-run shelters (eg. Haryana Sukoon), police, judiciary (including Mahila Adalats), legal services authorities, Protection Officers under PWDVA, 2005, hospitals as well as informal actors including CSOs, non-state shelter homes.

The NCW, in addition to the WhatsApp number advertised in 2020, recently instituted a 24x7 helpline to provide support for "complaints and counselling." It aims to help women connect with essential services such as police, hospitals etc.³⁹ This expansion of the program in line with the growing need of survivors is a welcome step.

In terms of numbers, a parliamentary reply from March 2021 confirms that there are 700 operational OSCs across the country. Of these, Delhi has 11, Haryana has 22, Rajasthan has 33, while UP has 75. According to Oxfam's estimates (2021), however, around 1015 additional OSCs would be required, if the standards from the National Health Policy of 2017 were to be adopted. The previously mentioned IWWAGE assessment revealed that in Uttar Pradesh, the 181-helpline infrastructure met its mandate in terms of employees and was integrated with the OSC setup. This integration has been lauded by the Parliamentary Committee on Home Affairs.

34 Oxfam India (2021) *Towards Violence-Free Lives for Women: Tracking of Union Budgets (2018-21) for Violence Services*

35 148 in urban areas and 867 in rural areas.

36 Oxfam India (2021) *Towards Violence-Free Lives for Women: Tracking of Union Budgets (2018-21) for Violence Services*

37 MWCD Reply to Unstarred Question No. 4040. Available at: <http://164.100.24.220/loksabhaquestions/annex/175/AU4040.pdf>

38 MWCD Reply to Unstarred Question No. 4035. Available at: <http://164.100.24.220/loksabhaquestions/annex/175/AU4035.pdf>

39 Press Information Bureau (27 July 2021) *Union WCD Minister, Smt Smriti Irani Launches 24/7 Helpline for Women Affected by Violence*

Swadhar Grehs in the country have dropped from 551 in 2016-17 to 361 in 2021-2022, as per a Lok Sabha reply from July 2021.⁴⁰ The number of homes in Delhi is merely 2, while in Uttar Pradesh the total is 13, and 9 in Rajasthan. Haryana, meanwhile, has no Swadhar Greh.⁴¹ The lack of homes in Haryana could perhaps be attributed to the presence of the Sukoon Centres mentioned previously. In Uttar Pradesh, the number of beneficiaries under the scheme dropped from 2741 in 2017-18 to 299 in 2020-2021, after the number of homes under the scheme decreased.⁴² The Uttar Pradesh government also reportedly wrote to the Centre in 2019, asking for clarity in the rules of admission to these homes.⁴³ The scheme has been riddled with implementation issues since it was subsumed in the WCD's Short Stay Home scheme in 2015. A parliamentary reply clarifies the future vision for the Swadhar Greh scheme, suggesting that the Ministry has clubbed this and a few other schemes under 'Mission Shakti' with a new component of integrated protection and rehabilitation homes called 'Shakti Sadans' with new and improved features.⁴⁴ Given the current status of the scheme, it is unclear at this point whether this merger will result in better performance.

Acceptability

There has been a high level of reporting to the NCW under its helpline, and as mentioned previously, the Commission has started a 24x7 helpline as well. According to an expert stakeholder, whose NGO provides free legal aid in Delhi, the NCW helpline has not eliminated the need for robust allied structures like shelter homes or first responders like police and emergency medical services for survivors of GBV. It has, however, provided another reporting avenue that helps give voice to the magnitude of an issue that often goes unreported and unrecognised.

Delhi's data also mentions that the number of cases from 1.04.2015 to 30.06.2020, were among the lowest at 588. However, NCRB data on reported crimes against women over a three-year period between 2017, 2018 and 2019 were in the range of 13,076-13,395. The discrepancy between the reported data seems to suggest that OSCs may not be the first choice for women in Delhi. There are similar discrepancies in

40 MWCD Reply to Un-Starred Question No. 3046 in Lok Sabha. Available at: <http://loksabhaph.nic.in/Questions/QResult15.aspx?qref=27500&lsno=17>

41 MWCD Reply to Un-Starred Question No. 714 in Lok Sabha. Available at: <http://164.100.24.220/loksabhaquestions/annex/176/AU714.pdf>

42 Press Information Bureau (11 February 2021) *Allocation of Funds to Swadhar Greh*

43 Hindustan Times (2019) UP wants clarity in admission rules in women's shelter homes

44 MWCD Reply to Un-Starred Question No. 714 in Lok Sabha. Available at: <http://164.100.24.220/loksabhaquestions/annex/176/AU714.pdf>



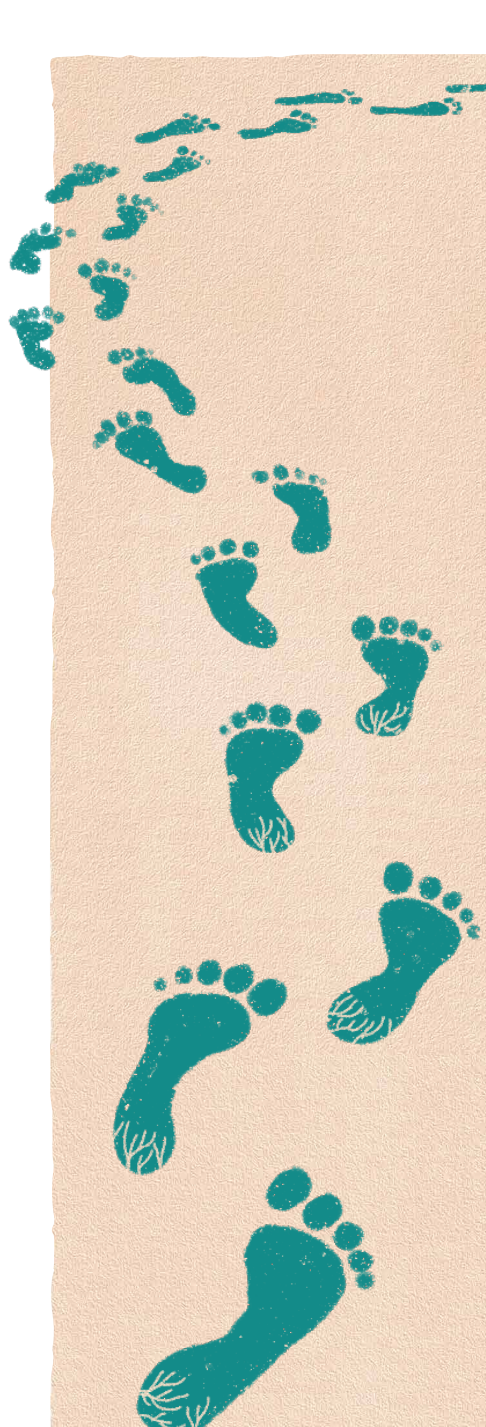
the OSC and NCRB data for Rajasthan, while relatively, Haryana and UP have a narrower gap for the same periods. Despite these variations between states, what does emerge is that while there is institutional capacity for this scheme, it does not seem to be accessed by women in need. While this could indicate a range of issues from lack of awareness to lack of trust, it is unclear from the available evidence which of these is applicable.

According to the Swadhar Greh Scheme's own guidelines, there needs to be "one Swadhar Greh of 30 beds for 40 Lakh Population." As per Oxfam's calculations, there need to be around 796 Swadhar Grehs in the country. At present, there are only 361, or less than half. Similarly, an analysis from the Centre for Budget and Governance Accountability (CBGA) has pointed out the need for improved capacity and coverage norms, particularly given the pandemic and increased reports of VAW (Rajagopalan & Acharya, 2021). There has therefore been an acknowledgement and acceptance of the fact that both these emergency and transitional services are needed for survivors of GBV, but with improved implementation to ensure that more women have access to these institutions.

Informal/Alternative Mechanisms

There have been several NGOs running shelter homes and helplines, providing legal aid and mental health counselling to survivors of violence even prior to the pandemic, whose work did not stop during this time. As per the Delhi government order on promoting options for women in distress, there are 12 NGO-run shelter homes in the city, in addition to 3 government ones. Another interesting, potentially replicable model that came up during this time was that of Tamil Nadu, where Anganwadis worked in tandem with the police and OSCs to assist women with domestic violence complaints.⁴⁵

45 Press Information Bureau (22 May 2020) *Anganwadi Workers To Receive Complaints Against Domestic Violence*



For women impacted by GBV, the issues were more complex than service delivery of various helplines and schemes. There was an increased reporting through multiple channels like the NCW's helpline but the actual addressing of women's needs through on-ground measures remains unclear. Lockdown restrictions at multiple points hampered women's ability to access institutional structures such as Swadhar shelter homes and emergency services such as OSCs. There is, therefore, a need to rethink women's ability to access 'safety' during a health crisis from a policy implementation perspective.

Recommendations

- a.** Revising and implementing subsequent Swadhar Greh scheme guidelines to ensure that seamless coordination with OSCs is maintained.

Providing clear SOPs to community- level interventions like Anganwadis to assist local police departments in following up with survivors of domestic violence.
- b.** Creating facilities to record data anonymously about women's experiences in reporting violence to improve services and mechanisms for redressal.
- c.** Improving implementation of the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 in the informal sector through awareness drives and robust data collection through Local Committees mandated under the law at the district level.