

Domestic Workers in India

*Beyond Regulatory Frameworks:
Reducing Barriers to Social Protection*

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01/

Access to Social Protection



Manju Chauhan has been working in Delhi's Madanpur Khadar neighbourhood for almost 15 years. Now that she is 51 years old, she sees herself continuing to work as a domestic worker to help support her family. She is not sure at what age she will stop. After cooking and cleaning 8 hours a day she brings in INR 4,000 each month. Most of her family's INR 8,000 monthly income goes towards purchasing basic groceries, travel costs, and repaying the INR 50,000 debt undertaken to construct their house. Ration from the local Public Distribution System (PDS) distributor provides her family with some support. Access to pensions, financial inclusion, and insurance schemes could help her family achieve some financial stability. However she says, "We never get correct or enough information about government schemes, so we are never able to apply. To apply, I would also need to take time off work, which I cannot expect."

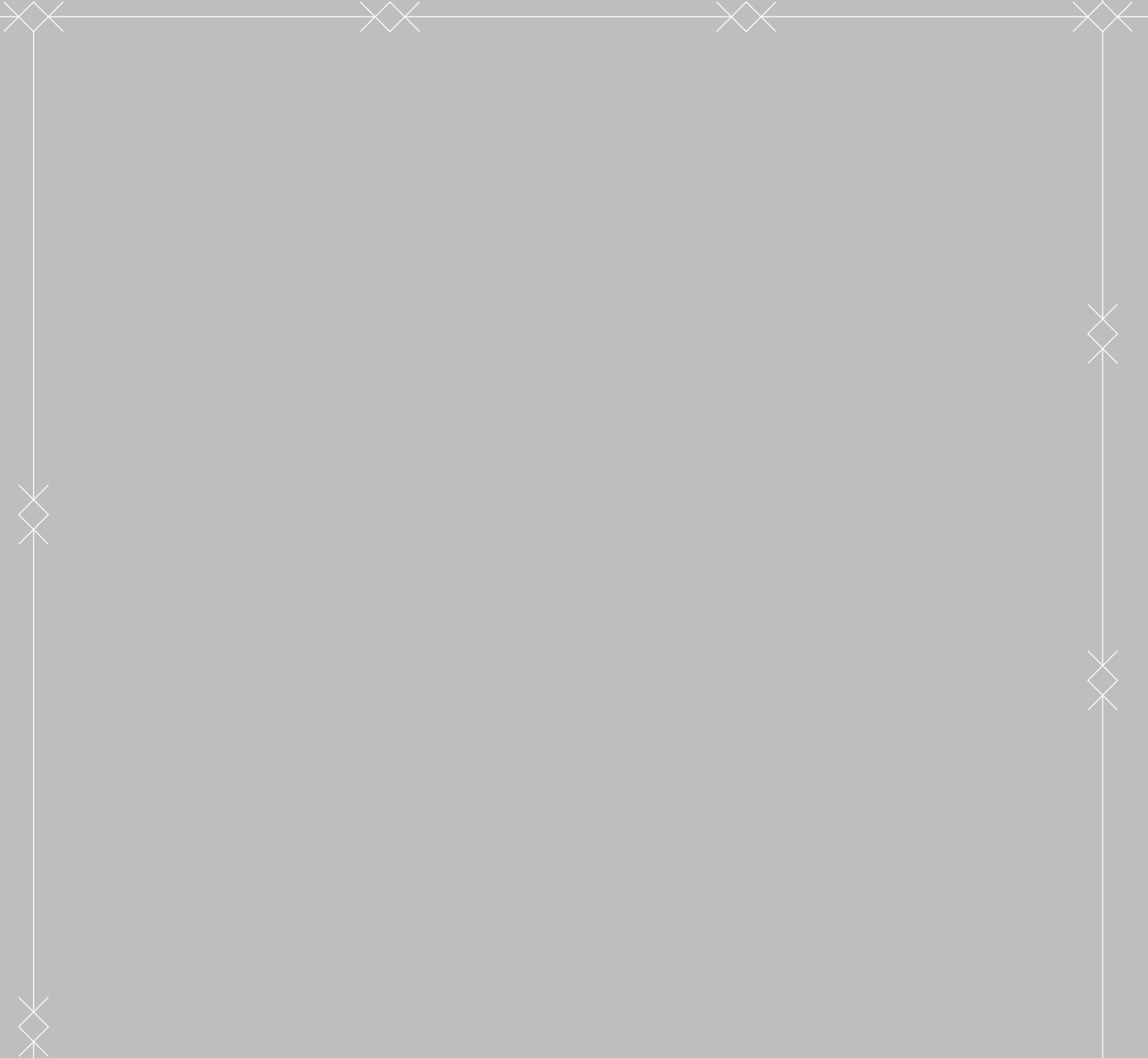
The lack of labour regulations in the sector also impacts the workers' access to government welfare programmes and entitlements. In addition to this, a lack of awareness, documentation issues, the complexity of application procedures, insufficient allocation of funds, and lack of transparency and support also pose serious challenges.

The last report in this series looked at the social security provisions and regulatory framework to support domestic workers in India. Such sector-specific welfare programmes provide great opportunities to target unique groups of informal workers and address industry-specific needs. They also extend protection to workers who receive little to no benefits. However, the provisions of the Code on Social Security are yet to become a reality for most informal workers, who are not already part of industries like construction, mining, and manufacturing, where functioning welfare boards and cess funds are in place. It is yet to be seen how the patchwork of state and central programmes for them will come together under e-Shram.

Domestic workers need to be connected to the Public Distribution System (PDS), healthcare, insurance, and pension schemes. A significant proportion of domestic workers also come from migrant and women-headed households. Barriers like lack of awareness, limited documentation and information asymmetry can weaken domestic workers' access to welfare, and therefore, addressing such barriers is key. Central and State-level schemes for BPL, marginalised and economically disadvantaged families can be a reliable route to ensure financial stability, smooth periods of unemployment and prevent debt caused by catastrophic expenses like healthcare.



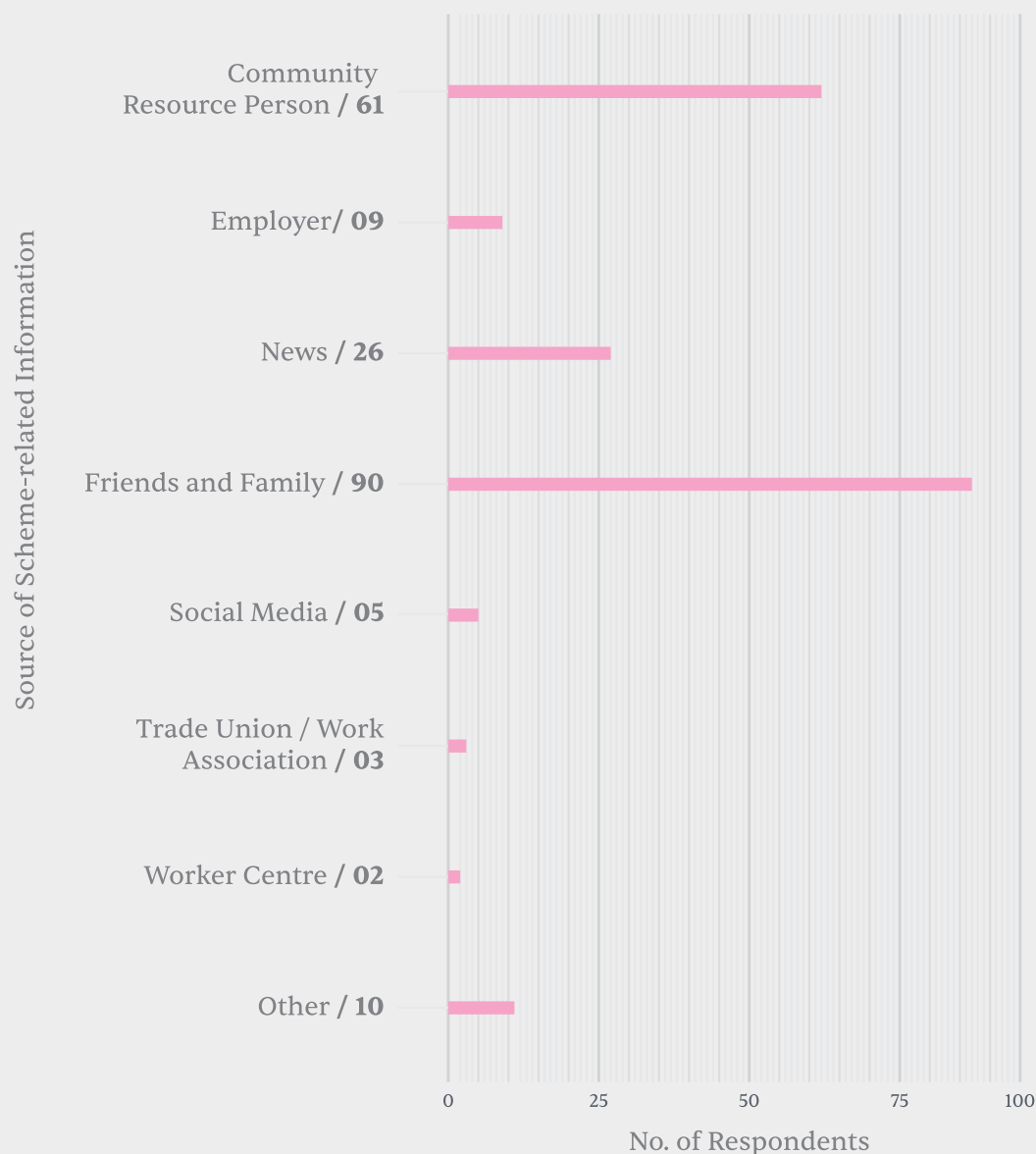
02/ Learning About Welfare



Most domestic workers we surveyed learned about welfare programmes and entitlements from people based in their communities. 67.16% (90 out of 134) learned about schemes from friends and family members, and 45.52% (61 out of 134) rely on community resource persons. Television and print news media followed these sources, reaching 19.40% (26 out of 134) of respondents. Only 3.73% (5 out of 134) had utilised social media for this purpose, and 6.72% (9 out of 134) heard about schemes from their employers.

However, the information learned through friends and family can often be incomplete and unactionable. Ranjana Waghmare, 54, from Pune, says, “I don’t have detailed information. Whatever we talk about among friends, is something we discuss conversationally. Neither of us knows the application process to move forward.” There is a need to make scheme information much more accessible and available through trusted sources that people encounter regularly, such as community resource people, employers, news channels, and newspapers.

Where Do You Learn About Government Schemes?





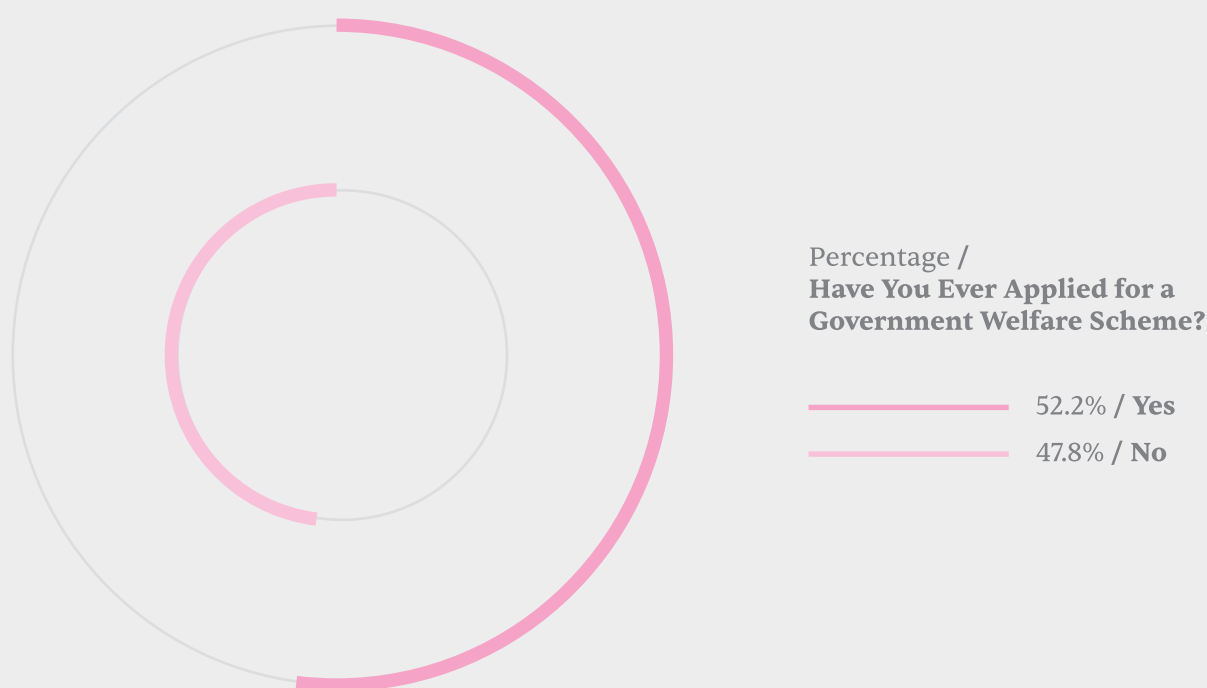
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Access to Basic Social Protection



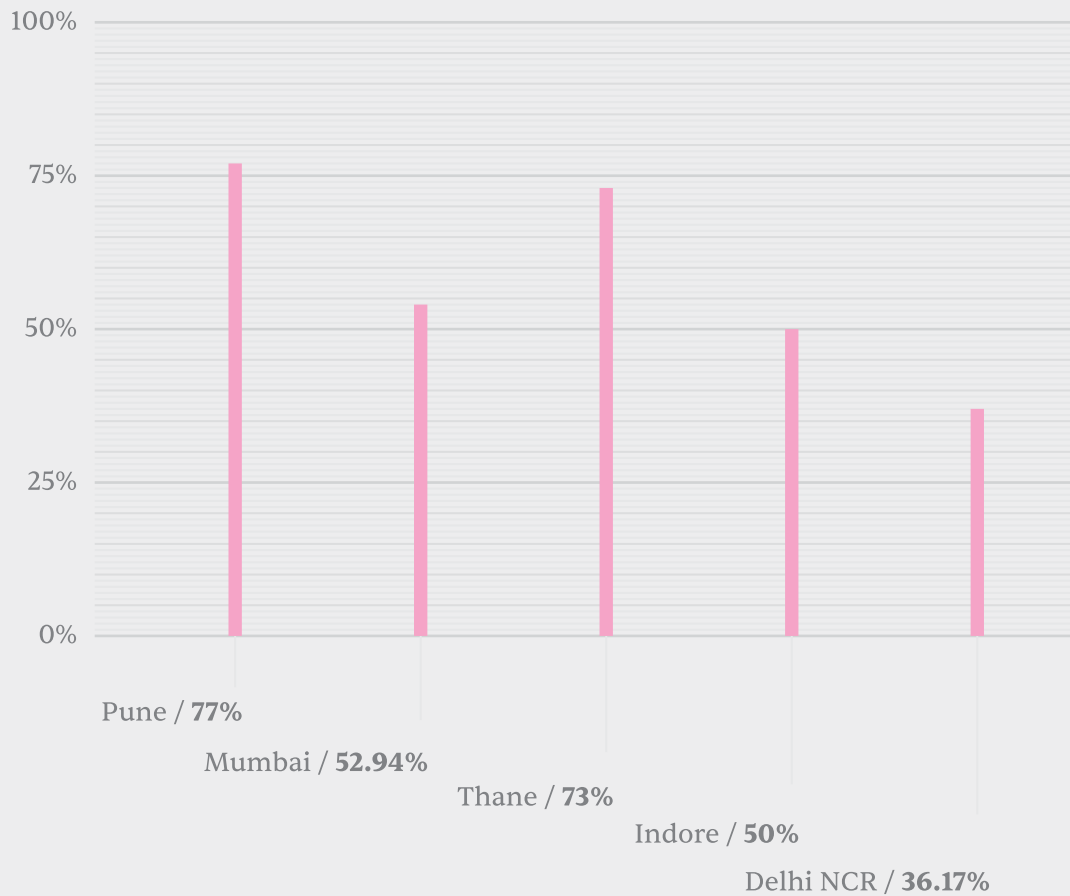
While respondents had some level of awareness of welfare schemes, nearly half had never applied for any social welfare scheme themselves. For most, not understanding the application window, benefits provided, and tedious application processes were the biggest barriers. Nilofar, from Mumbai, told us, “I rarely find out when a new scheme opens for applications, or when that window will close. More than that, I should know what benefits a scheme will give me.” For many others, such as Rekha Malakar (Indore), 40, the time required to receive your scheme benefits can be taxing. She summarises her experience, “*Fayda to hota hai lekin daud bhaag kafi karni padti hai* (Schemes are beneficial but the process can be tedious.)”

Have You Ever Applied for a Government Welfare Scheme?



There were wide city-wise variations in respondents’ behaviour regarding scheme applications. This ranged from 77% (14 out of 18) of respondents from Pune having previously applied for schemes, to less than half (17 out of 47) from the Delhi NCR region having done so.

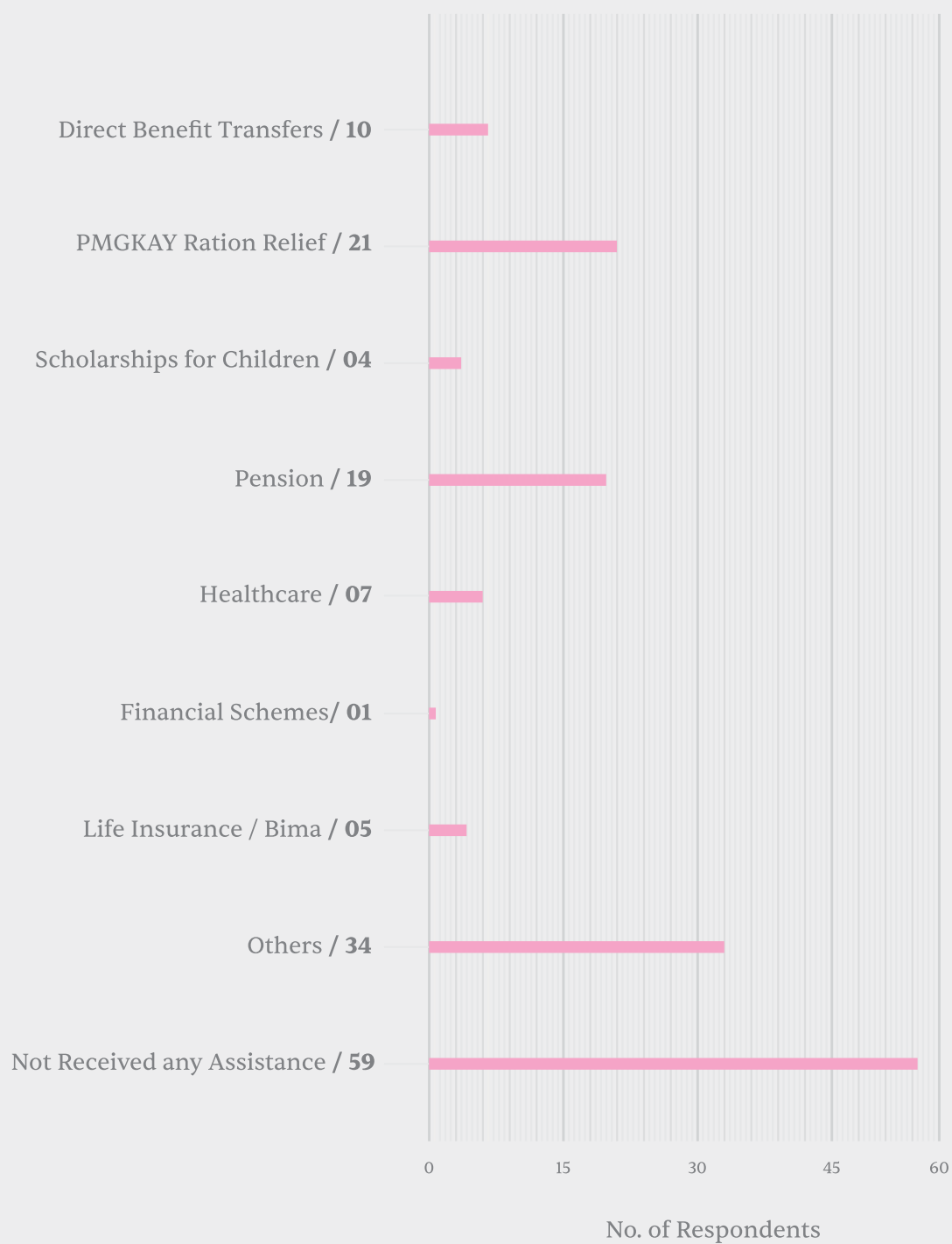
Percentage Who Attempted Applying for Schemes



About 44% of respondents reported they had not received any support from the government (59 out of 134). A small percentage who never applied but accessed welfare nonetheless reported that their households had received schemes such as ration, and COVID relief that were provided to them through outreach and identification by local departments.

In-person outreach and identification efforts are most likely to increase domestic workers' access to schemes, given that they prefer learning about them in person through friends, family, and resource persons. 49% of survey respondents who registered for e-Shram also did so with assistance from NGO workers, Haqdarshaks, other agents, and CSCs. Mangala Shinnur (Pune), 33, is interested in applying for schemes but is worried about spending too much time behind the process and losing wages. She says, "I really need someone to guide me through the process. For one thing, I'll start understanding what actually needs to be done sooner. Hopefully, this will mean I will need to miss fewer days of work."

What Kind of Assistance Have You Received From the Government?



Despite being a group that **faced high levels of unemployment and financial difficulties** during the pandemic, only 15.67% of survey respondents received ration relief through the Pradhan Mantri Garib Kalyan Anna Yojana. Respondents showed high levels of awareness about old age and widow pensions, and 14.18% had enrolled in one of these types of pension schemes. However, they were less aware of contribution-based pension schemes like Atal Pension Yojana and Pradhan Mantri Shram Man Dhan Yojana which are beneficial for retirement savings.

Only 3.73% were enrolled in affordable insurance schemes. Schemes such as Pradhan Mantri Jeevan Jyoti Bima and Pradhan Mantri Suraksha Bima Yojana can cover domestic workers with low annual premiums that are automatically deducted from their linked bank accounts. Only one to three had enrolled in gender-based welfare schemes like Pradhan Mantri Ujjwala Yojana, Sukanya Samridhi Yojana, and Laadli Laxmi Yojana. A 2020 **SEWA study** also found that the few respondents who had received government assistance were those enrolled to receive Ujjwala gas subsidies and widow pensions. Domestic workers need to be made aware of a wider set of social security schemes and assisted with their applications to reduce both the confusion and time burden they experience.

Many respondents showed interest in applying for scholarships for themselves and their children. However, to apply for one, you need to begin by having the right documentation. Under 3% of households had received an educational scholarship. Sanjana (Indore), 19, took up domestic work to support her family in the short term. She needs the scholarship to continue her education. She talks about her plans, “I completed 12th standard a year ago and studied Physics, Chemistry, and Biology. I’m a science student. I plan to enrol in a pharma or paramedic course so I can learn skills to improve my family’s condition. This year I was unable to join college. I first need a caste certificate to apply for minority scholarships.”

Even when citizens take the effort to enrol by themselves, they often face barriers that are difficult to overcome because of the lack of transparency. Rajesh* (Delhi), 42, applied for his father’s old age pension two years ago, but benefits are yet to materialise. He approached the offices of both MLAs who overlooked Vikaspuri during this period. He recalls, “The previous MLA told me he would get it done before leaving office. Now an election year has passed and someone new is in office. They tell me “number aayega tab.” Rashtriya’s father’s pension being processed depends on the funds allocated for the district. He adds, “Only 400-500 people can be benefitted via an MLA. But my father’s turn has not come yet. *Hum to vahin ke vahin hain. Bolte hain mujhe, ‘Hai hi nahin abhi. Jab aayega tab de denge’* (We’re stuck in the same spot in the line. They tell me, ‘We’ll process it once we have the means’).”

Citizens are often unaware of such geographic quotas and allocations. Being on the receiving end of repeated rejections without transparency can be a frustrating experience. Sangita Sasane (Pune), 34, applied for PM Svanidhi in October of 2021, “I have not received the assistance I need, and I don’t even know what happened to the application. When I followed up, they didn’t share any information about the timeline I could expect, they just told me I will get it.”

*name changed to protect privacy



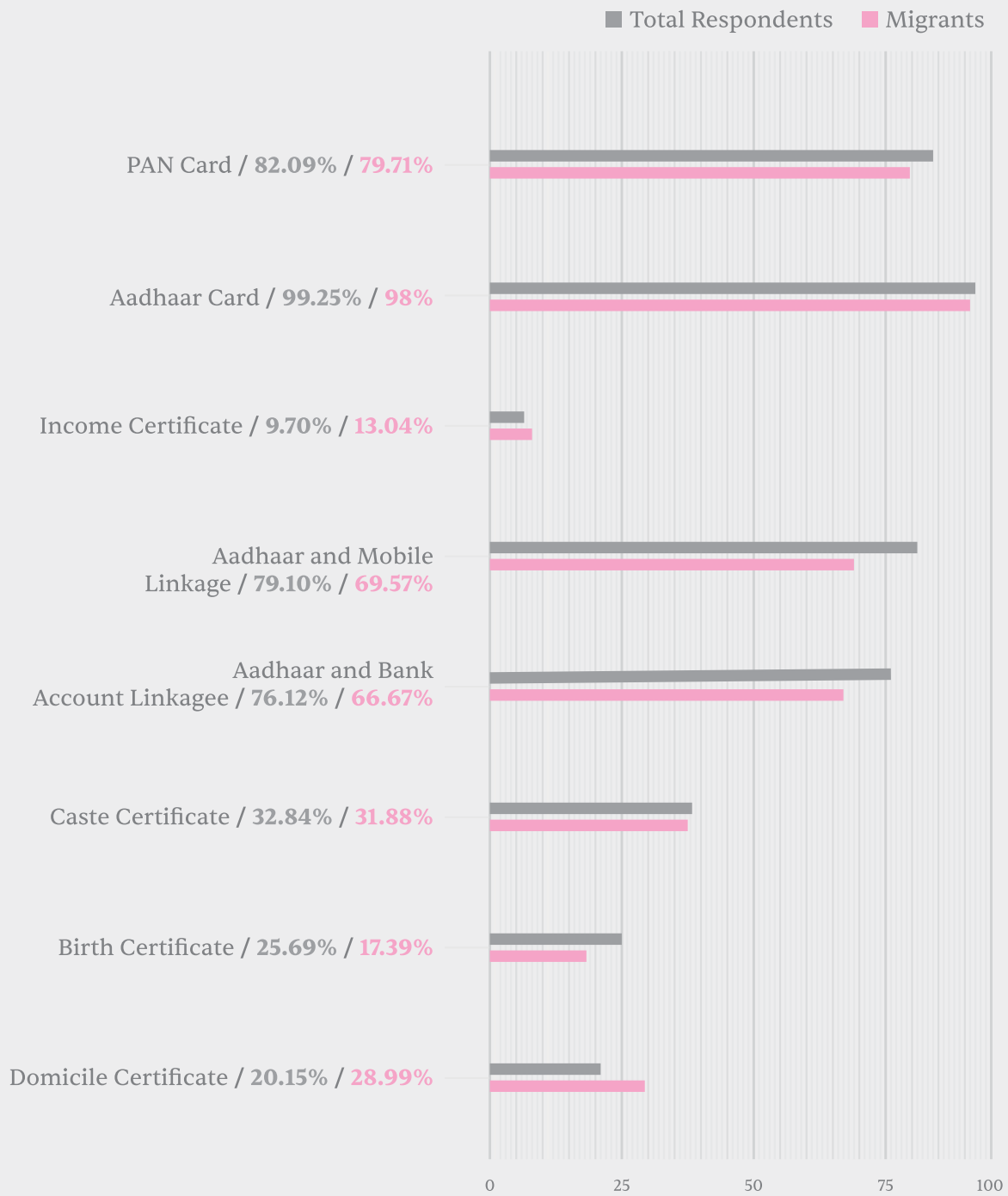
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Documentation Challenges



Correct documentation is essential for both successful enrollment and regular delivery of schemes. Key identity documents like Aadhaar cards, Aadhaar linkages, caste and income certificates are necessary for many applications and authentication on delivery of benefits.

Do You Have the Documents Needed to Access Welfare Schemes?



Overall, **99.25%** of the respondents had an Aadhaar card. Ownership of Aadhaar cards was at 100% in all cities except Mumbai. Employers requiring identification cards may also be a factor for high Aadhaar card ownership among domestic workers. However, around 20% had not linked their Aadhaar cards with their mobile numbers, and 24% hadn't linked their bank accounts. Both of these can serve as points of exclusion in scheme delivery and enrollment. Migrant domestic workers lagged further behind in Aadhaar linkages.

Fewer respondents had income, caste or domicile certificates made. Having access to these can help them access a broader range of social security programmes. Migrant domestic workers pursued domicile and income certificates at higher rates, which may point to the higher burden of evidence placed on them while enrolling in social security programmes.



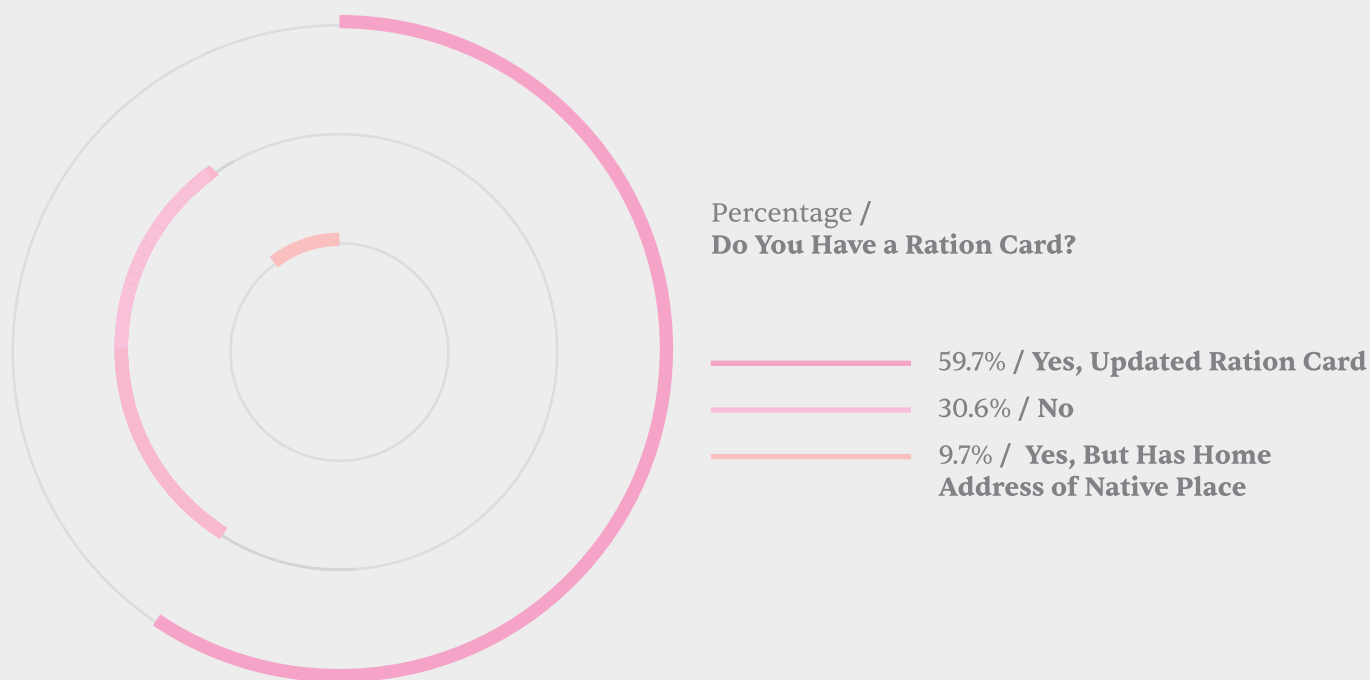
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Access to Ration: A Case in Point



The Public Distribution System provides crucial support for domestic worker households. We asked respondents about the status of their ration cards, and whether they were facing any challenges with delivery. While a large section of beneficiaries faced limited challenges in accessing the Public Distribution System, migrant workers faced more exclusions.

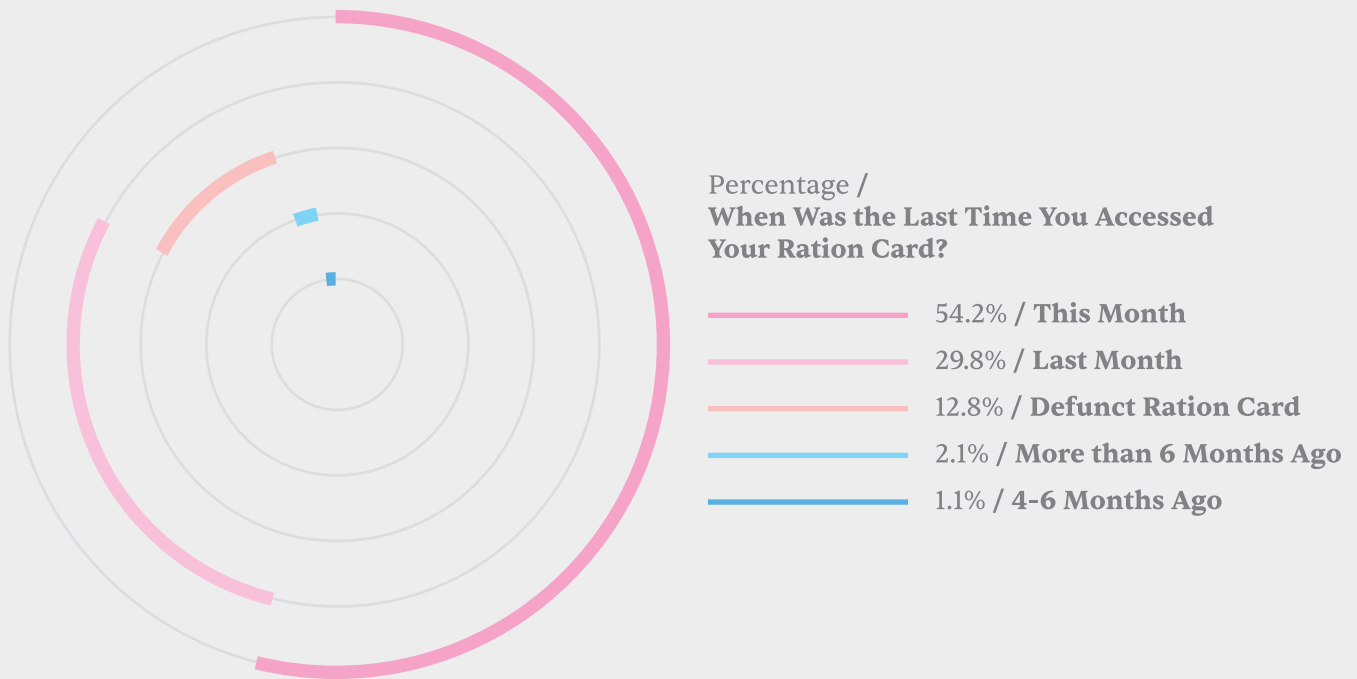
Do You Have a Ration Card?



A majority had ration cards, with 60% of respondents' ration cards having their current residence address. 30% did not have ration cards, some of whom were facing challenges in getting one made. Pushpa, a domestic worker from Delhi, has applied for a ration card five times now. Her negative experience has forced her to give up, "Ab daud bhag to kam hogi (At least I can stop running around for this)." Her family lives in rental homes and they have had to change houses often. While they pay for the electricity, the electricity bill is never given to them nor is it issued in their name. She says, "The tenants here never get bill copies from the homeowners. And they ask for this when you apply for a ration card. I don't know how to get around this."

Rekha has been working in Indore for about 4 years. She found that her family members' names were removed from her village's voting and PDS beneficiary lists. Despite being eligible earlier, she is unable to collect ration for her family. 54% of domestic worker households without a ration card were also migrant households. This was higher in Delhi, where 62% of migrants we surveyed had no ration cards.

When Was the Last Time You Accessed Your Ration Card?



Among the respondents who had a ration card, 85% had collected ration recently with little to no difficulty. However, 15% were unable to collect ration, pointing to challenges in receiving ration under the One Nation One Ration (ONOR) scheme. Most of these respondents were migrants and said they were unable to collect their ration because the address on their card was not local, and updates to family members' details pending.

Trupti used to work in Mumbai before the 2020 lockdown. She found new work in Pune, but her ration has stopped since her move. She believes it is her fault, “I haven’t yet updated my address that’s why I can’t get ration from the local shop.” However, ONOR does not require a separate or new ration card. It hinges on Aadhaar-based and biometric authentication. Trupti and many others, for whom ration portability is not a reality, need to be supported with these updates to their ration cards. It is also important that they are educated about their rights under ONOR. At times, migrants are denied ration so that the dealer can continue to service their regular customers. The current system of allocation and procurement allows for **limited flexibility** in responding to migration patterns and shifts. This is another reason why migrants may face refusals despite having the required documentation to facilitate the transaction.

Getting updates to the ration card can also be a gruelling process plagued with a lack of transparency, leaving cardholders feeling frustrated and helpless. Gurmeet Kaur (Delhi), 43, stopped receiving ration after her husband’s death. She has tried updating the card to reflect herself as the new family head. However, this has been pending for four years. So, not only has her family’s income reduced, but her costs for monthly groceries have also increased. Lata Bai’s efforts have also reached an impasse. The 48-year-old from Indore has stopped receiving ration ever since the dealer at her local PDS shop incorrectly changed her household’s income. She has been unable to prove their actual income to be able to rewrite the information associated with her ration card. In cases like these, community resource persons, NGOs, and Haqdarshaks can intervene to provide support with grievance redressal processes to resume the delivery of their benefits.

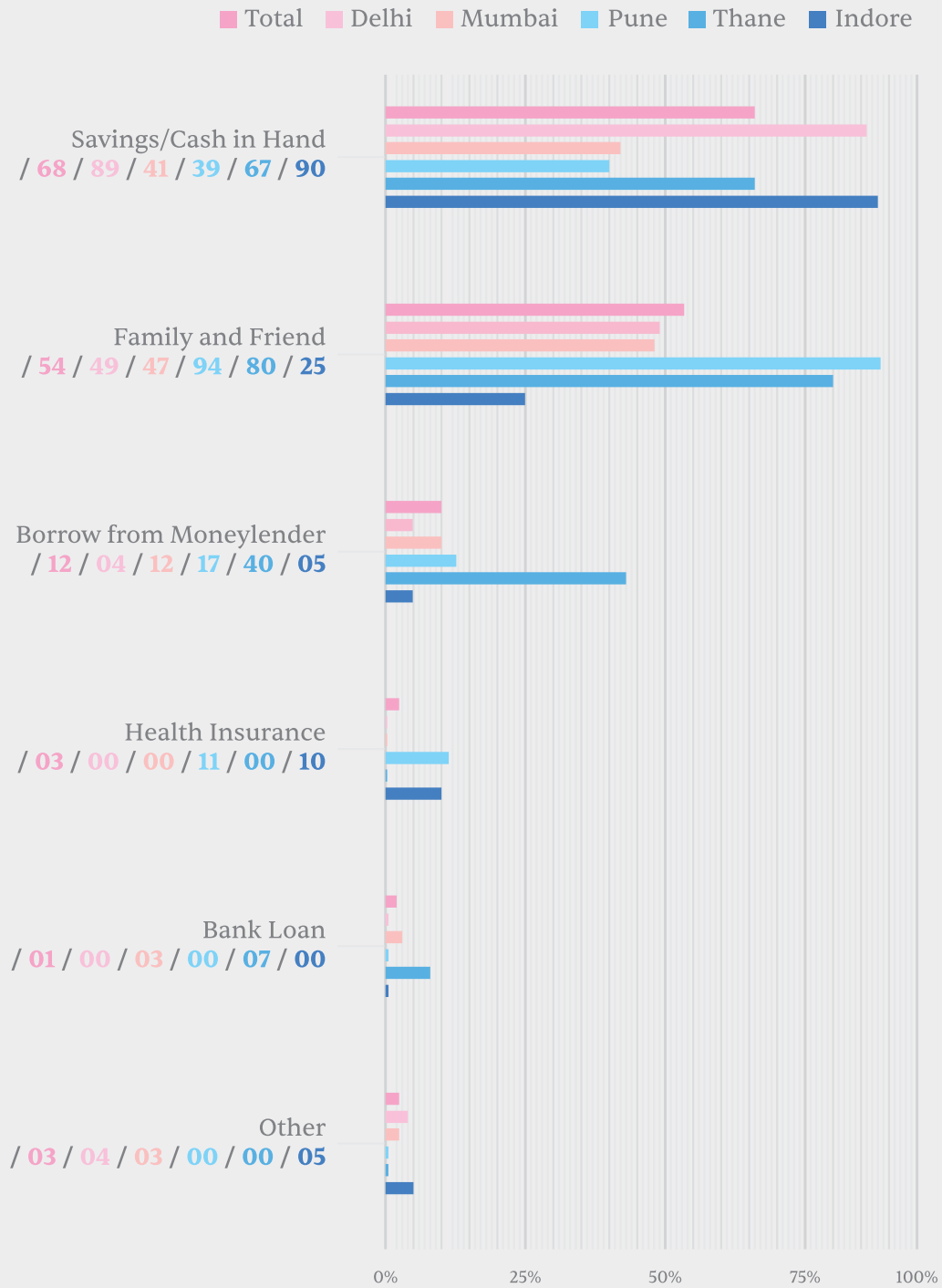


06/ Accessing Healthcare



Domestic workers we surveyed had low levels of access to private or government-funded health insurance. The majority pay out of their own pockets and visit government clinics to access low-cost medication. However, in emergencies and for serious conditions, most prefer to visit private hospitals. Out-of-pocket expenditures on medicines and treatment account for **55% of healthcare spending** in India. These costs place a significant burden on low-income households often **pushing them into severe poverty**. Healthcare costs were also the leading reason for borrowing money among the workers we surveyed. At the time of the survey, 22% of respondents reported that a family member had a condition in need of medical attention. 36% of women-headed households reported the same. Women-headed households also reported higher levels of indebtedness. 56% were in debt, a majority of whom had borrowed for healthcare-related expenses. Another group of these women were widows who had lost their spouse to a fatal medical condition and were saddled with debt due to hospitalisation fees.

How Would You Pay for an Unforeseen Medical Expense?

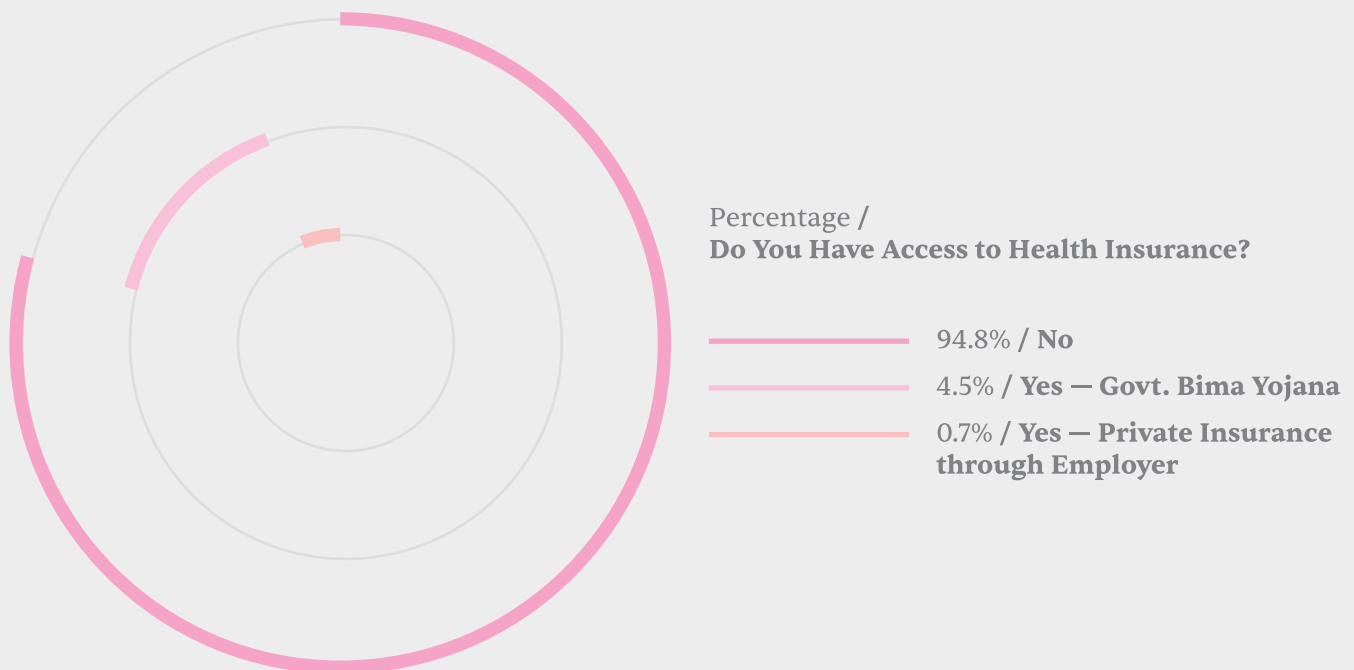


Over two-third of respondents first turned towards their savings. Many defined 'savings' as in-hand assets and money they were left with from their most recent paycheck. People then turned to friends and families, mostly intending to borrow short-term. 54% said they would prefer to borrow from such community-based sources. However, in the absence of community ties or the case of larger expenses, people borrowed from informal moneylenders. 48% also tried to limit their healthcare visits to mohalla clinics and government hospitals for low-cost treatment and medications. However, this option meant dealing with long waiting periods, taking time off work, and compromising on the standard of care. So, it was not considered ideal.

Reliance on savings seemed more common in Delhi and Indore at 90%, compared to Maharashtra cities where only 49% reported the same. In contrast, Maharashtra cities saw more reliance on borrowing from family and friends, especially Pune 94.44% and Thane 80%. Cost of living, cultural factors, and community ties within informal worker neighbourhoods may influence this.

Only 5.22% of respondents had access to health insurance, including both government programmes and private offerings. 12.69% were not aware of health insurance. Inversely, respondents aware of health insurance overwhelmingly agreed that having health insurance is important and helpful in managing healthcare costs.

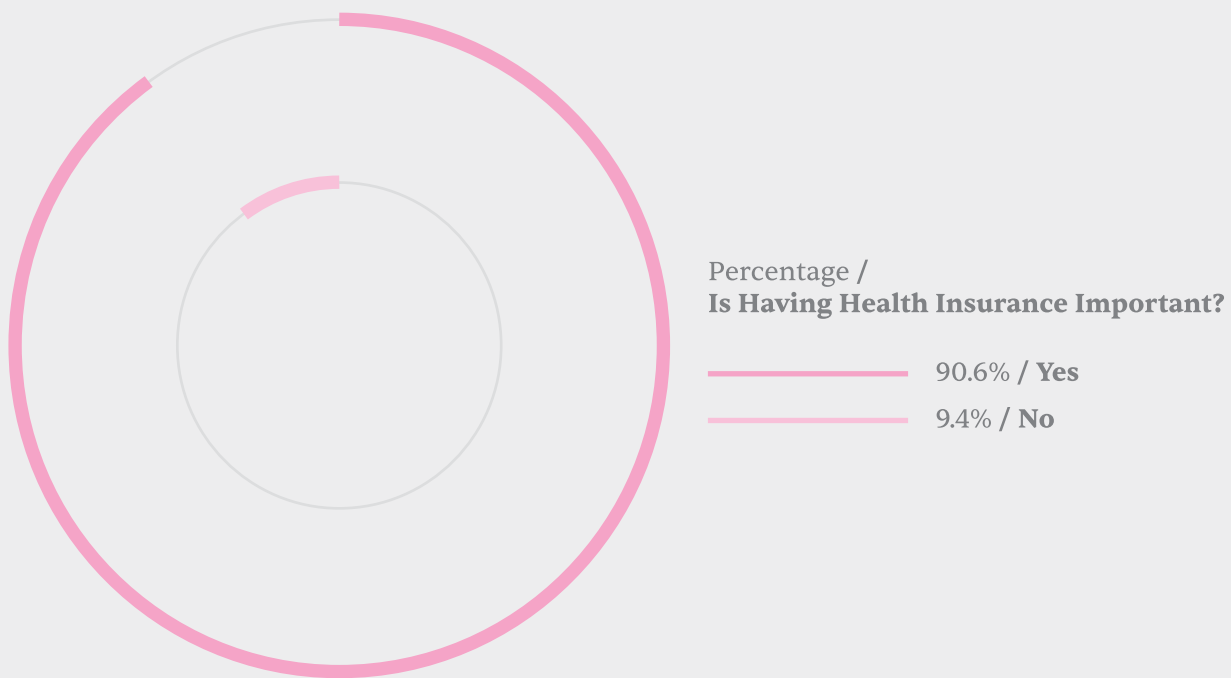
Do You Have Access to Health Insurance?



For her husband’s treatment, Sandhya recently had to borrow INR 40,000 from a local *sahukar* who she had become more reliant on since the pandemic. “For almost everything, I borrow money from the *sahukar*, especially for medical expenses. Insurance could be a big help.” Despite the fact that the majority of respondents agreed that health insurance is important, only 3% used it, and they were all from Indore and Pune.

Shivani (Delhi), 26, has asked her husband to get health insurance numerous times, but he has not done it yet. She feels, “It has become very expensive to get treatment. Health insurance is a must in difficult times.” Usha (Pune), 48, feels the same and told us about a treatment her son recently needed, “I have realised that if I had health insurance, I wouldn’t have spent INR 10,000. It would have been much cheaper or even free.”

Is Having Health Insurance Important?



The coronavirus pandemic increased awareness about health insurance, but it did not increase access to it. Suvarna (Thane), 42, wanted to purchase health insurance for herself and her family, “I feel that I should get health insurance even though my family has been ok so far, but it is difficult to pay the monthly instalments the companies are asking for.” Domestic workers need more low-cost health insurance options that suit their fluctuating incomes. NITI Aayog’s report [India’s Missing Middle](#) also recommended the introduction of a low-cost contributory health insurance scheme for India’s uninsured informal workforce. It suggests an annual premium of INR 4,000 to 6,000 per family, and extending coverage to outpatient treatment and medication.

Only 4 of the 7 domestic workers who were covered by health insurance had actually utilised it. Some reasons that health insurance is underutilised may be the limited coverage of outpatient treatments, reliance on hospital workers for claims processing, and the lack of awareness of empanelled hospitals and treatments covered. Workers’ experiences of utilising health insurance provided by government-funded programmes can also vary according to the knowledge of administrative and frontline workers at the empanelled hospitals.

Raj Rani (Delhi), 37, feels insurance can be helpful, but her family had a negative experience relying on it. Her father-in-law was admitted to a government hospital for cardiac issues. “Once his treatment was done the hospital staff told us that the scheme had stopped and demanded we pay for the treatment.” However, Rashtriya Swasthya Bima Yojana beneficiaries were still eligible for cashless treatment in states offering the new Pradhan Mantri Suraksha Bima Yojana. Since empanelled hospitals are patients’ primary point of contact, it is important that administrative staff are informed and trained when changes are made to any social security programme’s terms. Having a dedicated resource person who can support eligible beneficiaries with enrolment, questions, and claims processing could also ensure a smoother experience.

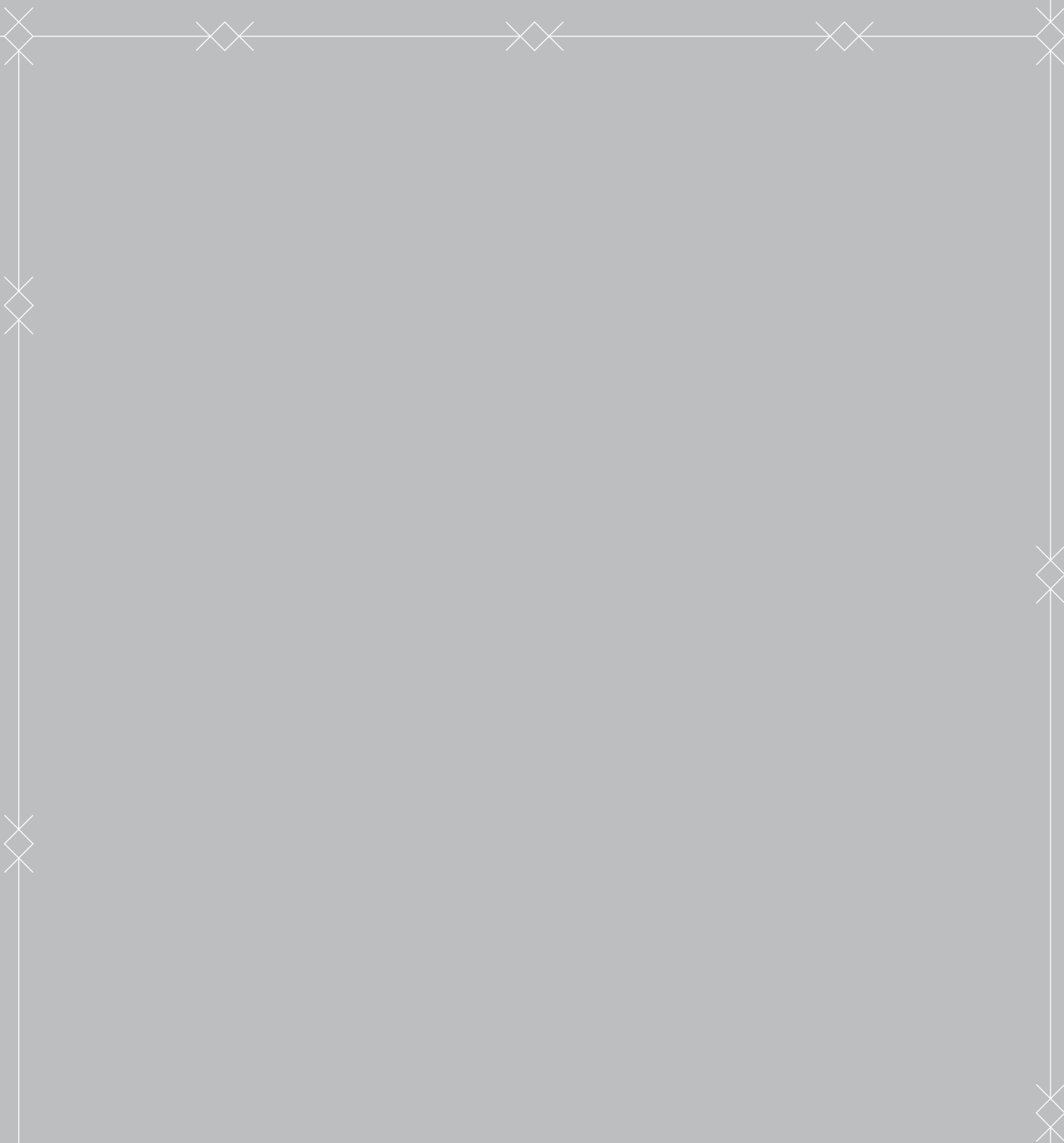
Most employers do not provide or even consider providing health insurance for domestic workers employed in their households. Shreedevi (Pune) 35, was the only one to receive healthcare coverage through a workplace arrangement. She told us, “When the pandemic started, my employer got us insured too. Five months later when our bhaiya was COVID-positive, my husband (who is the driver here) also tested positive. Because of insurance, both of them got treated in a good hospital, which we could never have afforded.” There are currently no regulations mandating employers to provide domestic workers with health insurance. Even when not covering the entire cost, employer contributions could help significantly bring down the cost of premiums for domestic workers. Plans to connect employers’ details (such as their Aadhaar) with domestic workers’ welfare board accounts have been suggested earlier to formalise the relationship. This could also be utilised as a mechanism to facilitate payments towards health insurance premiums and other benefits, for workers who are not eligible for state-funded insurance programmes.

Health insurance is a great way to make quality healthcare accessible, and also to provide informal workers with financial security. **Domestic workers are already aware of some of the benefits of health insurance, it is time to make it more accessible.**



07/


Recommendations



Till the Code on Social Security comes into effect and schemes targeting informal workers are implemented, domestic workers' access to the general social security net needs to be improved. It is important to take steps to reduce the barriers they currently face.

1. Provide information about schemes in an easy-to-understand format through channels utilised more often by workers.
2. Domestic workers prefer getting information in-person since it improves trust and allows them to ask questions and seek support. Create more opportunities for workers to meet with well-informed community resource persons through camps and other outreach events.
 - Domestic workers tend to have more information on gender-based schemes targeting women and children. Ensure outreach materials include a wider variety of schemes.
3. Temporary office hours can also be created in neighbourhoods where domestic workers live. They can stay operational till a good proportion of eligible residents are connected with schemes.
 - Local departments can partner with NGOs, workers' associations, trade unions, and service providers for such interventions.
 - Such community resource persons can also become partners for the grievance redressal process, keeping a check on the lack of transparency frustrating citizens' efforts to troubleshoot challenges in the delivery of welfare.
 - Having access to avenues of support within their communities will also reduce the time and travel costs, as well as the risk to their continued employment.
4. Domestic workers are interested in health insurance plans, but find them too expensive. They also find the claims process for government-funded programmes cumbersome and unreliable.
 - Eligible domestic workers should be connected with Ayushman Bharat's PM-JAY and other state-based schemes to reduce hospitalisation costs. Administrative staff at empanelled hospitals should be provided refresher trainings, as and when needed, to reduce exclusions and ensure cashless treatment.
 - Health insurance plans with lower premiums for uninsured informal workers can be designed with mechanisms for employer contributions. These programmes should cover outpatient costs since that forms the bulk of healthcare expenses for most families.





Many domestic workers hope to start their own businesses but leaving domestic work is not a choice available to them. In the next report, we will talk about the role MSME loans and skilling programmes can play in helping them break through.

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