

Impact of the Second Wave and Lockdown on SEWA's informal sector women : A Short Summary

This above mentioned exploration was a quick study that aimed to understand the impact the second wave of the pandemic and the consequent 2021 lockdown brought about on SEWA members of the informal economy; with reference to their livelihoods, savings and income, their experience with the COVID - testing and vaccination and other facets of their life which has been affected by the pandemic.

Methodology

The sample for the study was 300 and the data collection happened between 17th - 21st May. The questionnaire for the study was conducted through phone calls by SEWA Bharat's team of 8 grassroots researchers.

Majority of the respondents in the study were from Delhi (55%); followed by Uttarakhand (23%), Bihar (8%), Jharkhand (5%) and Rajasthan (4%). Data collected from the states was not disaggregated into "rural" and "urban"; however, since more than half of the sample is based out of Delhi, there is a clear urban-bias in the sample. The trades of the women included agricultural workers, domestic workers, street vendors and shop-owners amongst others. Most respondents were around 40 years old.

Points to Note

A significant chunk of the respondents were reluctant to answer some questions. This was observed across states while conducting the questionnaire and brought to notice by the grassroots researchers as well as state representatives of SEWA in some cases. The specific inquiries that were not received well by respondents were about their income and loan :

- What was your total (monthly) household income before April 2021? What is your (monthly) household income at this point?
- Have you taken a loan to sustain your family? If yes, where have you taken a loan from?

Key Insights

- At the time of the study, 100% of the respondents affirmed the presence of a lockdown in their area.
- Around 95% of the respondents reported not having expected the second COVID-19 wave and the subsequent lockdown and not being prepared for it at all.
- Majority of the respondents had lost their work post-lockdown with a very negligible percentage of workers continuing work from home. From those who answered this question, only 14% of the respondents were able to continue working.

Income, Savings, Loan:

- Most of the workers (who responded to this question) have lost their work and source of income completely and are facing immense difficulty in running their households, as either their savings are either exhausted or on the verge of being exhausted. Due to this, not only have they been forced to cut down on expenditure required for even basic survival needs, they are also having to burrow into their savings. While 84% said they're using their savings, 77% of the respondents also stated that their savings are almost over and over 76% reported a change in their diet.
- Majority of the respondents (More than 80%) claimed that they did not face difficulty in accessing their savings. One of the reasons behind this could be that the respondents have divided the amount of their savings between their homes and the bank. This would have enabled them to access their savings despite the restrictions on movement due to the lockdown.
- Over 55% of the respondents affirmed having taken a loan to manage household expenses. Most of the respondents had taken the loan from family and friends and a few had taken loans from SEWA.

Family Members in other states:

Majority of the respondents (72%) said that they do not have any family members stuck in another city. Out of the 25% that did have a member in another city, almost all were in touch with that family member. This could be because the majority of the respondents (55%) were from the metropolitan city of Delhi itself.

Access to Food and Nutrition, Water and Electricity:

- Over 76% reported a change in their diet and over 78% affirmed that they have a rations card. The respondents that reported not having a ration card bought their food from the general market while a majority of those who had ration cards were able to acquire food through PDS.
- Over 88% affirmed having a regular supply of water.
- Over 94% affirmed having a regular supply of electricity.

Access to Health Services:

- When asked about the approximate distance of the nearest healthcare facility from their homes, around 68% of the respondents said it is situated at about 0-5kms from their homes; followed by over 16% with 5-10kms and 5% with 10-15kms. A very small percentage of respondents reported a distance of 15-20 kms and 20+ kms. Around 4% claimed to not know about this.

- When asked about the last time they had been to a healthcare facility, around 35% of the respondents said “a month ago”, followed by over 23% with “2-4 months ago”, over 10% with “4-6 months ago” and over 11% with “6 months+”. Over 23% said that they “did not know/remember”.
- When asked if the healthcare facility is still open, over 57% said “yes” and 7% said “no”. The remaining (over 32%) claimed to “not know”
- When asked if a member of their immediate family was struggling with a long term illness, 67% said “no”. The remaining had family members struggling with diseases such as diabetes, high blood pressure etc
- When asked if they have health insurance, a majority of the respondents (over 74%) said “no”.

COVID-19 :

- When asked if the respondent or anyone in their family had to get checked for COVID, over 77% said “no”. Out of the 18% who said “yes”, the majority said they faced no difficulties in getting tested. All of those who got tested affirmed the presence of physical distancing at the testing centres and almost all got the testing done free of cost.
- When asked if the respondent or anyone in their family had tested positive for COVID, over 95% said “no”. The remaining who replied “yes” recovered from the virus by quarantining at home.
- When asked if they have been vaccinated, a majority of respondents (over 69%) said “no”. However, when asked if anyone in their family had been vaccinated, over 51% said “yes” and most of them took the vaccine from government centres and hospitals for free. A possible reason for this could be the average age of the respondents in the study; which was around 37 years. Owing to the acute shortage of COVID-19 vaccines in the country, it was difficult for individuals in the 18-45 age bracket to get vaccinated.
- Majority of the respondents didn't have to travel very far to get the vaccine (considering most of the respondents were from Delhi) but still over 12% had to travel more than 5-10km.

Relief Efforts:

- Over 75% of the respondents reported not having received any relief kits from sewa. The ones who did, have received ration kits. Here, it is also necessary to point out that SEWA

had carried out massive COVID aid work in 9 states and 21 districts; not only distributing rations kits (rice, wheat, flour, pulses, cooking oil, sugar, salt and spices) and health kits (masks, soaps, immunity booster, sanitiser, oximeter, thermometer, Zinc, Vitamin-C, Paracetamol) but also providing tele-consulting services (for both COVID and non-COVID consultations) through which access to doctors was enabled. Overall, the COVID aid work done by SEWA provided at least 103 women with income security. The information that 75% of the respondents did not receive relief material is very important so that follow-up can be done to ascertain the reason behind the gap for this particular group of respondents.

- When asked if they had gotten any relief materials from other organisations, a majority (over 93%) said “no”.
- When asked if they know about any helpline numbers, a majority of over 76% said “no”.

Stress and Ability to cope :

To ascertain this, the following four questions were asked from the respondents using an abridged version of the perceived stress scale:

- In the last month, how often have you felt that you were unable to control the important things in your life?
- In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?
- In the last month, how often have you felt confident about your ability to handle your personal problems?
- In the last month, how often have you felt that things were going your way?

The responses were graded on a scale of 0-4 with options ranging from “never” to “very often”. Most responses for all these questions fell somewhere in the middle; with “sometimes” being the most commonly chosen option for this response - indicating a moderate level of stress and distress. This is a positive finding implying the absence of severe stress or distress. However, one of the reasons behind this could also be the common tendency in people to choose a neutral response when offered a response format with middle response options in the scale; especially when questions are subjective or abstract. The findings should be interpreted keeping this in mind.

Advocacy Recommendations:

Keeping in mind that informal sector workers (especially women) bear the disproportionate social and economic brunt of a crisis whether natural or man-made, both state institutions as well as civil society organisations should make concentrated efforts (short-term and long-term) to help them cope with the loss and distress caused by these crises.

Short-Term Recommendations:

In the short-term, the devastating consequences of the first wave and the second wave should be taken into account by the State and measures should be taken to protect informal sector workers from further loss of life and livelihood which would be triggered by an inevitable third wave. To achieve this, vaccination for informal sector workers should be prioritised as a first step. Acute shortage of vaccines coupled with inequality in access further exacerbated by a registration portal that does not take into account the digital divide that exists in India has made it difficult for informal sector workers to get vaccinated. Additionally, vaccine hesitancy amongst informal sector communities should not be seen as an ingrained characteristic of the community but as a combination of legitimate fears and as yet another consequence of inequality in access and the digital divide; in this case leading to lack of correct messaging and information. As has been observed in SEWA's recent inquiry into vaccine hesitancy amongst informal sector workers, *"The cost of vaccination seems to be high for many; ignoring the apprehensions of these citizens will jeopardize the country's drive towards universal immunization"*.

To rectify this, active initiative should be taken by civil society organisations and the State to tackle misinformation through accessible mediums of messaging; for example : distributing pamphlets. Another successful form of reaching a wider range of people is organising tele-consultation services, as has been done by SEWA during the second wave lockdown. Despite certain challenges such as non-availability of phones, bad network etc, the tele-consultation model is cost-effective and provides easy access to medical professionals and has the potential to reassure communities against vaccine misinformation on a much larger scale.

Apart from tackling misinformation, holding employers and contractors accountable for the vaccination of hired workers (where possible) and more importantly, holding the State accountable for mass vaccination drives has to be made an essential part of the advocacy agenda of civil society organisations. The mass vaccination drives should be organised even in the remotest of areas to truly achieve universal immunization.

Long-Term Recommendations:

Additionally, efforts should be made to make informal sector communities better prepared for similar catastrophes like the current pandemic, if they are to happen in the future. The most important step would be to increase investment and expand the reach of health-care infrastructure to minimize mortality. Additionally, to aid survival, providing financial and digital literacy as is done by SEWA credit cooperatives in Bihar and Delhi to encourage and assist people to save money is crucial. Financial and digital literacy would prove helpful in normalising the use of digital banking services in situations where going to the bank is not possible. Another important aspect of this is setting up a larger network of digital banking services especially in regions where there are multiple barriers to accessing a bank. A successful example of this is SEWA Bharat's Customer Service Point (CSP) model that is well established in rural Uttarakhand which has local women employed as banking agents. The CSP model in this region has been an incredible source of respite for informal sector communities during the lockdown.

Apart from this, consistent advocacy is essential for targeted central and state government schemes that provide support against loss of income and livelihoods and targeted distribution of relief materials; especially at the peak of a crisis.