Building informal workers capacity to manage the Pandemic and Economic Slow-down

As we enter into the 3rd week of the lock-down, the no of positive cases of Covid-19 in India as well as the challenges and issues of informal workers are increasing at an exponential rate.

The govt of India is taking several measures to curtail the spread of the virus as well as to address the issues and challenges of the informal workers. However, with such a large population and over 93% of workforce in informal sector, it is a humongous task.

SEWA continues its efforts to connect to as many members as possible to hear their day-to-day challenges, offer them moral support, and wherever possible, appeal the local, state as well as national govt to find a solution to these challenges.

Issues and Challenges faced by informal workers due to the Covid-19 Pandemic

“We have become prisoners in our homes... I have a harvested cotton crop... that I can’t sell... a standing castor crop... that I can harvest... And a mounting debt... that I can’t repay... this Corona seems more like a livelihood threat than health threat - for poor informal sector women workers like me” ...says Jamuben Ahir, a small farmer from Patan district of Gujarat

Above quotations describe the issues and challenges faced by just a few of SEWA’s over 1.9 million members – the poor self-employed women workers from the informal sector. The livelihood of most of these workers are hardly hit in some way or other.

As India enters into the second phase of the national lock-down, several of the initial issues and challenges faced by the informal workers in the rural as well as urban areas, newer and more serious issues and challenges have now started surfacing. On these lines, some of the examples of current challenges faced by SEWA’s members from various trades in the informal sector in the urban and rural areas are as below:

- As we enter into the fourth week of the lock-down, most of the workers from the informal economy are facing severe cash crunch. While the govt is providing wheat, rice and sugar, women need cash to purchase other household grocery and also to pay the rent and utility charges. Govt has also initiated cash transfers in informal workers bank-accounts... however due to increasing Covid-19 positive cases in rural areas, the local authorities have intensified lock-down enforcement – not allowing anyone to visit banks / ATM for withdrawing cash. This is creating a cash-crunch issue in the informal sector households.
“For poor agricultural laborers... it’s like walking on a double-sided sword... on one hand there is danger of infection and other hand fear of starvation... Farmers will be able to sell their harvest when the market opens... but what will we do... No one thinks about Agricultural Laborers... don’t we have right to live... All we need is work to sustain ourselves” ...says Kailashben, an agricultural laborer from Arvalli district of Gujarat.

- This issue is further compounded by the fact that small farmers who have access to irrigation, need to start sowing millet, but do not have cash to pay the laborers. In such circumstances, small farmers have to sow the field personally... making the process painstakingly slow as only 1 person is allowed to work in the field at a time. If the same situation continues, farmers would not be able to manage the farm activities on time, which could affect their productivity. Generally, millet is grown by farmer for the annual household consumption. If this crop is affected, the farmers will be pushed into starker poverty.

- Large farmers sell their cotton / castor immediately after harvesting in January / February, due to this there is a dip in the price. Since the small farmers have lesser volume, they tend to stock up their cotton and sell it in March when the prices start increasing. They use this income to cultivate millet in their fields in March. However, due to lock-down these farmers are unable to sell it and hence experiencing severe cash crunch.

- Although the govt has allowed ginners to start operations, the ginners do not have laborers (generally migrants) or cash-supply to start operations. Additionally, given that the next steps in the value chain – i.e. the spinners are not allowed to start operations yet... therefore, the ginner have space / cash constraint and hence cannot purchase from small farmers or start operations.

- The Govt run PDS shops operate only for a 2-hour window on first-come-first-serve basis and distribute ration to only 25 – 30 people per day. Enforcement is stricter for men and they are barely allowed to come out of homes. Therefore, women staying on outskirts of the villages have to walk several kms to reach the PDS shops and this too within the short 2-hour window. Several SEWA members had to que up in front of PDS store for 4 – 5 days before they got their share of ration.

- The govt has relaxed the lock-down for small farmers to transport and sell their produce in the towns / cities, however, the APMC in larger cities have been completely sealed and make-shift APMC’s have been established in surrounding towns. However, these new APMC’s are also open for a 2-hour window, which also coincides with 2-hour lock-down local relaxation windows in the villages. Therefore, it is very difficult for vegetable farmers from villages to transport and sell their produce in the APMC’s and return back in time. This has impacted their livelihoods bringing down their income by almost 50 – 70%

- Due to loss of income, livelihood and unavailability of cash, many poor families have been forced to cut-down on their regular medications for chronic diseases like Diabetes, blood pressure, Heart ailments etc. without consulting the doctors. Due to this there is a sudden aggravation in their ailments. At the same time, most of the local hospitals are reluctant to admit / treat other ailments
to prevent spread of Covid-19 infection. This is leading to deterioration / aggravation of ailments of several poor workers.

“We get wheat, rice and sugar from PDS shops... but without work, how do we purchase other ingredients... how do we get nutrition” ...says Anjanaben, a waste-recycler from Ahmedabad city.

• Construction workers from Ahmedabad (Gujarat), Indore (Madhya Pradesh) and several other states like UP, Kerala, Rajasthan and Bihar haven’t got any work since last 2 weeks now... most of them have moved back to their villages – since the transportation was completely shut down, most of these workers walked back to their villages (almost 300 – 1000 kms)

“I have 3 small children whom we left with my in-laws in the village in Rajasthan and me and my husband came to Ahmedabad to earn a living. My husband works as a construction worker and I work as casual labor peeling garlic - my husband used to earn 400 Rs per days and I used to earn 150 Rs per day... due to this lock-down, we are not earning anything... therefore we decided to come back to our village... we feel that either corona or starvation would trouble us... either ways... its better to be with one’s family... there was no transportation... so we walked for 5 days to reach our village...”

• Urban wholesale vegetable markets have been sealed and shifted to towns about 40 kms away from Ahmedabad city. Street vendors from urban areas are forced to wake up at 2 AM in the night and que-up in front of these markets in neighboring towns to access their stock of vegetable. Also, throughout the day, they are not allowed to stand at a place and vend but have to continuously keep moving. This is severely affecting the health of the workers... especially considering the fact that they have reduced their food intake to manage the cash-crisis.

• Member-owned and managed social enterprises like Kamala, SEWA Trade Facilitation Center, RUDI and Van Laxmi Ecotourism center have received several orders for making meals and dry snacks for distribution to poor, masks for distribution in communities etc. in the urban areas. However, depending on the spread of the infection, the local authorities change the lock-down rules on day-to-day basis and hence they are unable to deliver the orders in time.

• The domestic workers in several states have been asked by their employers to either stay in their gated communities or stop coming to work. Most of the domestic workers are women, who also have their own household responsibilities. Therefore, they couldn’t accept the offer and hence have lost their livelihoods.

• To avoid spread of virus, most of the waste recyclers are not allowed to go for door-to-door waste collection – thus loosing their daily livelihood since past 2 weeks. If the lock-down situation gets extended further, these workers might also lose their livelihoods permanently.
• Garments do not fall under essential services and hence the entire home-based industry related to garment value chain is completely shut-down. Even those women who are own-account workers, are unable to work on producing their stock due to unavailability of raw material.

• The instances of increased domestic violence and mental / psychological ailments have increased due to the lock-down. More details about the same are mentioned in the accompanying note.

“My daughter was suffering from food-poisoning, but she was scared that if she goes to a doctor, they will take her for corona test and lock her in hospital... I contacted SEWA sister in my district and she shared the voice message and poster about Corona... which helped cleared our doubts... so we immediately took my daughter to the local PHC, where they treated her diarrhea which was due to food poisoning. We are really thankful to SEWA for clarifying our doubts” ...says Sheeluben, casual laborer from Mehsana district.

• Most patients with Covid symptoms are isolated for 2 – 3 weeks depending on the symptoms. There are also myths about the painful Covid test and symptoms. Due to this, there is a general panic amongst the rural workers; especially amongst the children. Due to this fear and panic, they are not ready to visit doctors even in case of any other health related issue, till it aggravates.

These issues and challenges faced by the women workers from the informal economy across 18 states in Gujarat are just the tip of the iceberg. Hearing stories and interactions with the members makes us believe that this is just the beginning of the worst.

As the issues and challenges of the informal workers have evolved / changed over the past two weeks, SEWA has also evolved its relief and rehabilitation activities as below:

**Pandemic Prevention and Management**

As we near the end of the 21-day lock-down phase, most of the informal workers are readying themselves to resume their livelihood activities – with double enthusiasm and rigor – hoping to compensate for their loss of income by putting in extra hard-work and working hours. To ensure that in this zeal to get back to normalcy, our members do not overlook the dangers of the infection, that is still looming over our heads and thus do not endanger themselves and their families, SEWA has intensified its Pandemic prevention and management campaign. Additionally, the campaign also tries to address the other health – especially mental health related issues that have started cropping up. Some of the activities undertaken in this campaign are as below:

• In the very first couple of days of the pandemic, SEWA converted the messages from WHO, UNICEF and Govt of India’s health dept into colloquial voice-based messages and started sending it out to informal worker to spread awareness about the pandemic. These messages covered topics like symptoms of Covid-19, myths, precautions to be taken etc. As the workers prepare to resume their livelihood activities post lock-down, SEWA has started re-circulating these messages with increased frequency to remind its members to continue the precautions post the lock-down.
Namaste!! If you have symptoms of coronavirus like cough, cold, fever, sore throat, difficulty in breathing, or diarrhoea, stay at home and contact a doctor or ASHA worker, or call the helpline number 104 or 011-23978046.

To reduce the risk of coronavirus infection: Wash hands regularly with soap and water. Maintain at least 3 feet distance between yourself and anyone who is coughing or sneezing. Avoid touching eyes, nose, and mouth unnecessarily. If you are coughing or sneezing, cover your mouth with a handkerchief or your elbow. Avoid going out of the house, unless required. Avoid large community meetings and events.

SEWA Sangathan Zindabad !!

- Conducting drawing, story-telling, song-writing and slogan contests for children to increase awareness about Covid-19. **Children of SEWA members have produced over 5000 creative posters describing the Covid-19 crisis and spreading awareness regarding the same.** To incentivize children, SEWA has started distributing e-books and stationary voucher (which can be redeemed post the lock-down) to the children submitting entries to the contest.

- Conduct mask-making contest for informal sector women workers to increase awareness about Covid-19 prevention. **SEWA’s members have produced over 500,000 masks – working from their homes and distributed the same within families, communities, govt authorities and local hospitals.**

- Create educational posters about the pandemic symptoms and preventions as well as Myths and fact and circulating them through web-based apps like whatsapp and Kaizala as well as through social media. The posters and voice messages have also been shared with the local authorities as well as ASHA workers to increase its spread. SEWA has also requested local authorities to post print-outs of these posters at local PDS shops where rural workers are regularly visiting.
With panic and fear about pandemic increasing in the villages, people have stopped approaching health-care facilities for other ailments. This is leading to aggravation in common ailments in rural areas. Therefore, SEWA has also started working on creating voice-based messages regarding prevention and management of other common ailments.

SEWA is also working on establishing tele-medicine platform, to facilitate easy, affordable and reliable access to health-care advisory for informal workers.

SEWA’s current actions for livelihood stabilization of informal workers

With the lock-down being strictly enforced nation-wide, the most important and common challenge faced by most of SEWA’s members as well as their economic enterprises is the severe cash-crunch. While the govt has initiated cash-transfer into the informal workers accounts, the process is slow owing to the administrative road-blocks. In such situation, SEWA started focusing on livelihood stabilization activities so as to prevent its members from slipping into debt and poverty. Some of these livelihood stabilization activities include:

- Several small farmer members of SEWA with support from the SEWA’s district association and local authorities, have set-up food-camps along the highways passing through their villages for feeding these workers walking back to their villages. More and more such acts of humanity are being seen – especially coming from poor rural workers across the country – again proving that the poor do not need charity. The local authorities have appreciated the kind gesture of SEWA and also trained SEWA’s members in contact-less distribution and distributing meals while maintaining social distancing.

- Since the small farmers growing vegetables are not willing to travel to Ahmedabad for selling their vegetable out of fear and panic, SEWA has established a value-supply chain for small farmers growing vegetables – wherein small farmers aggregate their produce at village level, which is then transported by SEWA to city. These vegetables are then sold in the urban areas through the RUDI and Kamala Kiosks as well as by SEWA’s urban street vendors – thereby ensuring income security to both small farmers as well as street vendors.

- To ensure sustainable operation for its member-owned social enterprise RUDI and Kamala, SEWA has established RUDI-Kamala kiosks and contact-less delivery in urban gated housing communities, where local residents can order grocery, dry snacks and bakery products through WhatsApp and pay through mobile wallets.
• In the rural areas, about 500 women trained making nutritious food have started making dry snacks, which are healthy and nutritious. These nutritious snacks are distributed in the villages with support of local authorities through kiosks set-up near the PDS shops. Thus, to the rural children and their households get nutritive snacks and the women find meaningful livelihoods.

• SEWA has made a list of various govt schemes and subsidies and also facilitates linking the members in distress to suitable govt scheme and subsidies.

• SEWA has also submitted an appeal to the state and central govt to include other essentials like spices, onions, potatoes, oil etc. in the PDS kit, involve SEWA and other NGO’s in ration distribution to effectively and efficiently ensure distribution while reduce burden on the local authorities and enable local procurement under PDS – to ensure direct market for poor famers and sufficient supply in PDS stores.

• For over 65000 salt-pan workers in the Little Rann of Kutch, who urgently needed to weld a certain tool to their tractors for strengthening their salt-pans, SEWA appealed to the local govt and facilitated opening a few welding shops. This helped the salt-pan workers to strengthen their salt-pans in time – thereby preventing a loss of INR 20,000 – 30,000 per salt-pan workers.

• For the cotton farmers, SEWA has appealed to the state govt to allow the operations for the spinners in the cotton value chain, so that the Ginners can get rid their existing stock and start purchasing from the small farmers.

• In urban areas of Ahmedabad city, Ahmedabad Municipal Corporation (AMC) has started E-rickshaws service- wherein street-vendors load their vegetables on the e-rickshaw and vend in the city. Citizens (from gated housing communities) inform AMC about their needs and AMC in turn plans a route and informs the vendors about the requirement in particular area and the street vendor goes there to sell their vegetables and fruits. SEWA appealed the Local authorities to link up our members to this service and as a result, over 200 of SEWA’s members have been connected with this initiative at present and AMC has promised to connect more to the service over the coming weeks.

• SEWA is also working on setting up a war-room to collect structured qualitative as well as quantitative data about the economic losses faced by the informal workers. This data will be helpful to SEWA, govt as well as various stake holders – as they will have to start framing policies / programs for stabilizing the informal workers livelihood post Covid-19 pandemic. Additionally, through this data collection activity, SEWA is also trying to identify which digital financial platform (e-wallet) is most common in the rural areas. Based on this data, SEWA will try to facilitate more and more of its members to start using such digital wallets – thereby easing their cash-flow issues to a certain extent.

• SEWA’s training unit, SEWA Manager ni School (SMS) has started innovatively converting various training modules of SEWA’s on-going programs into interactive e-modules and video-based modules, wherein the SMS team creates the PPT and e-modules and the grass-root master-trainers lend their voice to the modules. This not only leads to bringing a sense of involvement amongst grass-root master trainers but also creates a sense of ownership. Additionally, members also feel easy to understand the trainings as the dialect, tone and pronunciations are similar to their own. These interactive e-modules and video modules will now be used by SMS to conduct online training of trainers.
• SMS is also further exploring various platforms which can be used by the master trainers to in-turn impart these trainings to the grass-root trainers virtually.

In addition to these actions taken by SEWA for addressing the current challenges faced by its members, SEWA is also working on implementing several long-term actions for the economic rehabilitation of its members. Some of these actions are as below:

Long-Term Actions Planned

To ensure economic rehabilitation, sustained livelihoods, and psychosocial wellness of members and their communities, not only during this crisis but also beyond, SEWA will work on the following long-term initiatives:

1. Restructure supply chains of SEWA associated enterprises: Due to the COVID-19 pandemic, SEWA associated enterprises are facing challenges in their operations from altered market conditions and changing customer demands. SEWA will review and streamline existing systems, processes, supply chains, communication channels and technology for these enterprises in order to position them to meet evolving customer needs. The focus would be to ensure minimal disruptions to the supply chain in future, make the processes more efficient, and introduce additional technology where necessary.

2. Rebuilding livelihoods for informal sector workers: SEWA believes that work is a healer. Therefore, to restore livelihoods of its members and better prepare them to gain full employment post the economic slowdown, SEWA will focus on vocational and technical training, skill upgradation, and building of new skills for members across different occupations. SEWA will also train members on financial inclusion, use of digital wallets, and leveraging technology in day-to-day work.

3. Creation of Livelihood Recovery Fund: One of the biggest challenges for informal sector workers is cash flow. Hence, SEWA plans to establish an integrated financing framework for rural communities. The innovative financing mechanism will be a fund that aims to provide immediate support in the event of a calamity by helping farmers recover and stabilize, additionally facilitating them to engage in long term mitigation by receiving the knowledge, technology and resources to cope with the increased risk posed by climate change. Such a fund could be a blend grant, equity, patient capital, soft loan with a longer-term moratorium, insurance etc. This intervention is designed to provide women-led rural enterprises impacted by climate shocks or disasters with cash flow support, prevent debt trap with money lenders or other informal credit sources, and allow women to hedge risks.

4. Children Engagement Program: SEWA will launch a series of initiatives aimed at meaningfully engaging and educating children during the lockdown and in the immediate aftermath. The goal is to design learning activities for children that are fun and interactive, and could supplement their school curriculum. The initiatives will range from awareness on coronavirus, biodiversity education, food and nutrition, and building vocational skills among children through posters, story and creative-writing contests, awareness creating songs, mini games etc.

5. Preventive health, mental health and wellness: SEWA has already launched two wellness centers that provide comprehensive primary care coverage to members. The centers specifically focus on reducing the incidence and managing non-communicable diseases (diabetes, hypertension, hypercholesterolemia, thyroid disorders) by promoting healthy lifestyle practices. SEWA intends to
scale these wellness centers (one center for a cluster of 5-7 villages) across the country to ensure that communities have access to preventive and holistic medicine.

Additionally, SEWA will establish Community Learning Business Resource Centers (CLBRCs) as unique, holistic, community-based enterprises that use information and communication technology (ICT) to design and implement pioneering services for innovation and empowerment — especially for illiterate people and youth. The CLBRCs apply business principles and technological applications to operate as financially independent entities, respond to community demands — from SEWA members and others — with fee-based trainings and services that generate income, especially for young people, and link communities to resources. SEWA proposes to replicate this CLBRC model across all 18 states in India. Each CLBRC will house a preventive, curative, and mental health and wellness center staffed with a cadre of health workers trained by SEWA. The health workers will promote wellness in the community, effectively identify emerging mental health issues, provide basic counseling, and share relevant educational material where needed.

6. **Prepare Action Plan on Digital and Financial Inclusion:** SEWA will study the feasibility and prepare an action plan for adopting digital payment systems and digital wallets/Unified Payment Interface (UPI) for transactions. SEWA will evaluate different systems/wallets, requirements, existing telecommunication and internet infrastructure, challenges to adoption, and best practices in implementation.

7. **SEWA bazaar:** While SEWA is a family of membership-based organization – several members produce / offer services under their own brands or unbranded – there are several SEWA members who are still not members of any cooperatives or social enterprises. They work as self-employed / entrepreneurs in their own individual capacities. These tiny and micro-entrepreneurs are unable to access newer markets or withstand changes in the economy. Therefore, to broaden their market access by deploying technology, SEWA is planning to launch SEWA members’ own Digital Social Enterprise – the SEWA Bazaar.

Such an enterprise will provide these tiny and micro entrepreneurs access to a broader market, within and outside SEWA. It will enable building a common/collective identity and brand in the market, thereby eliminating internal competition amongst the members and providing everyone with an equal opportunity to grow. Many products required by the customers shall be made available at one place, online or in a shop, thereby increasing the customer base and outreach.

Also, in addition to providing a broader market access to the tiny and microentrepreneurs, this digital social enterprise will also throw-up several modern tech-savvy employment opportunities like logistics and management, bar coding, packaging, quality control, photo-shooting, cataloguing, inventory management, warehousing etc.