THE IMPACT OF COVID-19 ON DOMESTIC WORKERS IN AFRICA
RESEARCH QUESTIONS

- What was the impact of lockdown measures on domestic workers’ working conditions?
- What kinds of State support did domestic workers receive during the lockdown period?
- What alternative sources of sustenance did domestic workers turn to in the absence of State support?
- How have domestic workers navigated the ongoing occupational health and safety hazards of intimate work during the COVID-19 pandemic?
- How can the experience of domestic workers during the first waves of the pandemic shape State policy and union responses towards a post-pandemic recovery?
METHODOLOGY

- Survey design: IDWF and affiliated researchers
- Enumerators: trained domestic workers surveyed 3,419 peers in 14 African countries
- Data collection: Google forms
- Data analysis: IDWF affiliated researchers
Key demographic characteristics

- 65% live in urban areas
- 24% of national migrants and 6% of international migrants
- 87% of women
- 85% are the main breadwinner of their household
- For 94%, domestic work is their main source of income
HIGH INFORMALITY RATES

Written contract
- Yes: 81%
- No: 17%
- I don't know: 1%
- Unknown: 1%

Social security
- Yes: 69%
- No: 23%
- I don't know: 6%
- Unknown: 2%
EMPLOYMENT SITUATION DURING THE CRISIS

- Stayed home but continued to draw a salary: 6%
- Continued working normally: 47%
- Hours and wages were reduced during the lockdown period: 18%
- Suspended or laid off: 29%
CONSEQUENCES OF INFORMALITY

- Nearly half of surveyed domestic workers experienced a reduction in income, suspension of work or layoffs.

- Layoffs were most common in countries which applied strict lockdown measures such as South Africa, Senegal and Kenya.

- 85 percent of domestic workers who were laid off, received no severance pay.

- It took workers up to six months to secure new employment.

- Reduction in income had a dramatic impact on the household.

- Rising food and fuel prices, amidst widespread price speculation.
Only 30% of domestic workers contributed to social insurance and many social insurance schemes exclude unemployment.

While many African governments did introduce income-support measures, these were highly targeted and overlooked the “missing middle”.

Over half of respondents did not even apply to government support schemes, the main reason being that domestic workers were not included.

Consequently, only 17% of domestic workers received some form of state support.
“There were no specific measures for domestic workers. If workers received benefits such as sanitation kits or a waiver of utility fees, it was because they happened to be in a household that was included in the program, not because they were a domestic worker.”
<table>
<thead>
<tr>
<th>Country</th>
<th>Cancellation of water or electricity bills</th>
<th>Emergency financial aid</th>
<th>Food basket or food vouchers</th>
<th>Unemployment benefit</th>
<th>Support for rent</th>
<th>Nothing</th>
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</thead>
<tbody>
<tr>
<td>Burkina-Faso</td>
<td>13.70%</td>
<td>3.40%</td>
<td>2.60%</td>
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<td>7.70%</td>
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<td>2.40%</td>
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<td>South Africa</td>
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<td>95.50%</td>
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How did you survive?

- 35% I used my personal savings
- 34% I turned to the rotating savings group/stokvel/xitique
- 13% I had to move back to my parents or a relative's house
- 11% I borrowed money from friends or relatives
- 4% I started selling home made products (food, masks, clothes…)
- 3% I contracted a debt / loan

67% said they received support from their union
“During COVID 19, we were locked in, no visiting families, so it was impossible to borrow food from your family because of hunger. From this period of COVID-19, I learned that even your immediate family could not support you when you have a problem because everybody was just looking after themselves.”
Although 75% have now returned to work, 58 percent said that they felt either unsafe or very unsafe due to the lack of personal protective equipment, safe transportation and the intimate nature of domestic work.

53% do not have access to paid sick days, which increases the risk of infection and undermines domestic workers’ ability to take care of themselves and their families.

Given the stressful nature of domestic work, many workers have preexisting conditions including high blood pressure, respiratory diseases and diabetes.

The risk of succumbing to COVID-19 is further exacerbated by the deterioration of health care services and access to medication.
Pre-existing health conditions:

- High blood pressure: 20%
- Bone or joint conditions: 15%
- Respiratory: 10%
- Diabetes: 6%
- Mental health issues: 5%
- Overweight: 2%
IRREGULARITIES AT THE WORKPLACE

- 75%: I had to work more than usual
- 19%: I had to take care or work with someone who got COVID-19
- 6%: I was forced to stay at my employer's house during the lockdown
THE ROLE OF UNIONS
RECOMMENDATIONS FOR THE STATE

- Awareness-raising campaigns regarding occupational health and safety standards, workers’ rights and employer responsibilities.
- Distribution of personal protective equipment at key access points such as bus and taxi ranks.
- The introduction of price controls.
- The expansion of emergency income-support measures to domestic workers.
- The extension of contributory social insurance to domestic workers.
- The introduction of a contributory unemployment benefit, where absent.
- The ratification of Convention 189 and 190, adoption of complementary national legislation and implementation of an appropriate enforcement framework.
- Improved access to medical assistance and safe public transportation.
RECOMMENDATIONS FOR UNIONS

- Awareness-raising campaigns on occupational health and safety.
- Recruitment drives to expand membership and strengthen union dues collection.
- Consolidation of unions’ emergency welfare fund.
- Expansion of the union training program to include “know your rights”, leadership development, and income-generating workshops.
- Campaign to pressure states to ratify Convention 189 and 190.
- Adopt complementary legislative reforms including the effective expansion of social protection to domestic workers.