DOMESTIC WORKERS AND SOCIAL PROTECTION IN MADHYA PRADESH (INDORE)

This fact sheet provides results from a survey completed in Madhya Pradesh (Indore) in 2019 with 101 domestic workers.

POLICY CONTEXT

Madhya Pradesh (MP) is a mainly agrarian state and it is one of the poorest states of India. The state is behind most of the southern states in India in terms of recognizing domestic workers as ‘workers’ or in instituting laws on social protection and security for the domestic workers.

The Central Government’s Unorganized Sector Workers Social Security Act 2008 directs the respective states to formulate schemes and policies for the welfare of unorganized sector workers and to set up boards for the purpose of monitoring and implementation of various schemes so formed. MP has passed a scheme for the welfare of unorganized sector workers, but the board does not have representation from civil society, and neither does it have the mandate to implement or monitor welfare schemes which should cover health, accident, general insurance, maternity benefits and old age pension.

RESPONSES TO COVID-19

As was the case across India, domestic workers in the state have experienced widespread loss of employment and food insecurity. In response to the restrictive health measures put in place in 2020, relief was made available through an additional month’s food ration through the PDS. Besides this there has been no specific relief measures aimed at supporting domestic workers.

LONGER-TERM RISKS TO INCOME SECURITY

RS 5000 (USD $67.15) / month

TYPICAL DOMESTIC WORKER WAGE

Domestic workers are not included in the MP state government’s labour regulations: NO minimum wage notification for this group of workers

MOST

work missed due to illness or accident in the last 12 months

46% due to an injury/illness resulting from their work

47% missed work as a result

51% of domestic workers surveyed considered Rs.6000 (US $82) to Rs.11000 (US $150) the minimum monthly income necessary to survive

37% reported not having anyone else to look after their children whilst they worked

Occupational safety and health

MOST

work missed due to illness or accident in the last 12 months

46% due to an injury/illness resulting from their work

47% missed work as a result

81% received no payment for time off

Care responsibilities

37% reported not having anyone else to look after their children whilst they worked
The state government must register domestic workers as a recognized sector with the labour department. This is the first step to ensuring that domestic workers receive targeted relief in response to the Covid-19 crisis.

### ACCESS TO SOCIAL PROTECTION

<table>
<thead>
<tr>
<th>Access to healthcare</th>
<th>Access to paid maternity leave</th>
<th>Access to old age pension</th>
<th>Other benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>96% no healthcare benefit</td>
<td>96% no paid maternity leave</td>
<td>15% have access</td>
<td>46% reported access to a food security ration</td>
</tr>
</tbody>
</table>

### COST OF HEALTHCARE ACCESS

- **RS 1,250 (USD17)**
  - typical weekly salary
- **RS 500 (USD6.85)**
  - typical direct cost of one healthcare visit
- **Greatest cost**
  - Transport
- **46%**
  - delayed a healthcare visit
  - medication too expensive
  - consultation too expensive
- **Second highest cost**
  - Application fees
- **64%**
  - had to take out a loan to finance healthcare needs

### RECOMMENDATIONS

- Domestic workers should have their own welfare board under the labour department, with registration accessible at the level of local government, and allowing for the allocation of unique identifiers for both domestic workers and employers.
- In the longer term, the state government must consider the implementation of a household tax which would finance social security for domestic workers. This would simplify the collection of contributions from employers.
- Further research is needed on the economic contribution of domestic workers through their participation in the care economy. This research would bolster the case for the household tax.

### Typical Weekly Salary

- **RS 1,250 (USD17)**
  - Healthcare costs half of weekly salary
- **RS 500 (USD6.85)**
  - Typical direct cost of one healthcare visit
- **RS 66 (US $0.90)**
  - Application fees for accessing benefits
- **RS 291 (US $4)**
  - Second highest cost for accessing benefits

### Healthcare Costs

- **46%**
  - reported access to a food security ration
- **96%**
  - reported access to a health care benefit

### Economic Contribution

- **RS 1,250 (USD17)**
  - Typical weekly salary
- **RS 500 (USD6.85)**
  - Typical direct cost of one healthcare visit
- **RS 66 (US $0.90)**
  - Application fees for accessing benefits
- **RS 291 (US $4)**
  - Second highest cost for accessing benefits