

CARE NEEDS IN INDIA: BRIEF REPORT

Mapping Care Policies in India

Introduction

In India, as elsewhere around the globe, women bear most of the national care burden in the form of unpaid work within their home--cooking, cleaning, caring for children, elderly, the disabled and the sick--or as underpaid work performed outside. Despite its essential and labour-intensive nature, this work of social reproduction or “life-making” is often not recognised as “work” at all, is unfairly valued and barely rewarded. Such work is socially imposed on women and is attributed to their natural (“feminine”) state of existence and thus, is deemed aspirational and fulfilling for women--no longer remaining a drudgery but “an act of love” whose performance is itself rewarding!¹

The time spent on different forms of unpaid direct and indirect care work in their domestic sphere takes away from the time that is available to women for paid work outside, giving rise to persistent labour market inequalities. Furthermore, paid work available to women in the labour market is often an extension of the caregiving role expected from them at home--such as teachers, nurses, domestic workers, secretaries--and thus, remains under-remunerated. Since domestic work is in general devalued and invisible, the wages of domestic workers also remain low alongside components of extra unpaid work which is asked of them beyond the verbal contract with their employers.² In India, even paid care workers employed by the government, such as Anganwadi and ASHA workers, do not enjoy the status of “workers” but are officially recognised as “volunteers” who are paid paltry sums as honorariums in exchange for volunteer work instead of wages for paid employment.

The primary reliance on the unpaid and under-paid labour of women for care provisions for the population puts both the care providers and receivers at a disadvantage, especially in the context of widespread poverty and inequality. India is a growing economy undergoing a demographic transition simultaneously, having a significant dependency ratio owing to a large child population and a rapidly growing elderly population. Using the transformative care policy approach, which emphasises the human rights, agency and well-being of paid and unpaid caregivers as well as the care receivers³, this report seeks to identify care policies⁴ and trends in the national and state context after reviewing the care needs of the population.

¹ Federici, 2012

² Das Gupta, 2020

³ ILO, 2018

⁴ The International Labour Organisation (2018) defines *care policies* as “public policies that allocate resources to recognizing, reducing and redistributing unpaid care in the form of money, services and time”.

To do this, we first look at data on child, elderly and disability populations and the care dependency ratio and the trends in these. Then we discuss the care policies currently in place to meet those needs which fall under the disparate categories of healthcare policies, education policies, labour policies, social security and social protection schemes, et cetera. We identify the range of existing policies, the nature of such policies, and the overall approach adopted by the government towards the care economy. Lastly, the issue of paid domestic work and recognition of domestic workers as care workers and their access to workers' rights and entitlements is taken up under the ILO 5R framework: Recognise, Redistribute, Reduce, Reward and Representation of care work and workers.

This report focuses primarily on two Indian states, namely, Kerala and the National Capital Territory of Delhi (Union Territory) for this purpose. While primarily relying on secondary research on policies and budget documents, the information collected was triangulated through semi-structured interviews with domestic workers' unions to present a more rounded understanding of the issues listed above, informed by experiences on the ground.

1. Overview of Care Needs

Demographic Context

India became the most populous country in the world in 2023, having surpassed China in population, as per the projections of the United Nations Population Fund (UNFPA).⁵ The last official census in India, 2011 Census, had put India's total population at 1,21,08,54,977 or 1.21 billion.⁶ As per the projections, the total population of India as on 1st March 2024 is estimated at 1,40,07,44,000 or 1.4 billion which will increase to 1.52 billion by 2036.⁷ In the same time period, India is expected to enter the next phase of demographic transition, requiring more elderly care alongside continuing levels of childcare.

At the current juncture in India, the population growth rate at 9 per cent is positive but falling, with a decline in both the total fertility rate (TFR) and crude birth rate (CBR) even as the crude death rate (CDR) has stabilised and life expectancy is rising. The national TFR is estimated at 1.94 for the time period 2021-25, just below the replacement level of 2.1. As a result, the median age in India is rising with the proportion of children (under 15 years) falling and the proportion of elderly population (60 years and above) rising. In 2021, the median age of the population in India was estimated at 28.3 years which is expected to increase to 34.5 years by 2036.

Both the states under consideration here--Kerala and Delhi--are amongst the best performing states in India in terms of most development indicators including the human development index (per capita income, literacy rate, life expectancy), infant mortality rate, the official poverty rate and sustainable development goals score (see Table 1). Both states follow the national trend across demographic indicators but are at a more advanced stage of demographic transition compared to the rest of the country. The TFR has stabilised in both states at a level much below the replacement rate (1.53 in Delhi and 1.79 in Kerala) and the dependency ratio is on the rise. The median age is higher in both states than the national average on account of a higher proportion of elderly population in Kerala and higher population of people in the working age in Delhi. While Kerala has one of the best sex ratios in the country, Delhi's ratio is more imbalanced compared to the national average

⁵ State of World Population (SOWP) report, '8 Billion Lives, Infinite Possibilities', released on April 19, 2023. UNFPA. <https://www.unfpa.org/sites/default/files/swop23/SWOP2023-ENGLISH-230329-web.pdf>

⁶ Census of India, 2011

⁷ Population Projections for India and States 2011-2036, Report of the Technical Group on Population Projections, July 2020, National Commission on Population, Ministry of Health and Family Welfare.

Since the 2021 Census exercise has been delayed indefinitely (initially due to the coronavirus pandemic), India has been using population projections released by the Census Office in July 2020 for years 2012-2036 as the official estimates of India's current population. As per UNFPA (2023), however, India's population in 2024 is estimated to be slightly higher at 1.44 billion. (World Population Dashboard, United Nations Population Fund <https://www.unfpa.org/data/world-population-dashboard>)

which could be because of a higher male-dominant migration into the state in search of employment as also revealed by the very high population growth rate (18.3 per cent) compared to India (9 per cent) and Kerala (4 per cent).

Table 1: Key Development Indicators for India, Delhi and Kerala

Estimate	India	Delhi	Kerala
Total population (1st March 2011)	1,21,08,55,000	1,67,88,000	3,34,06,000
Total population (1st March 2021)*	1,36,30,06,000	2,05,71,000	3,54,89,000
Total population (1st March 2024)*	1,40,07,44,000	2,17,52,000	3,59,20,000
Total population (1st March 2036)*	1,52,22,88,000	2,65,91,000	3,69,49,000
Gross Domestic Product (in INR lakh) at current prices (2021-22)#	2,34,71,01,200~	9,04,64,204	9,32,46,996
Per Capita Net Domestic Product (in INR) at current prices (2021-22)~	1,48,524	3,89,529	2,33,855
Human Development Index (2017-18)\$	0.672	0.839	0.775
Sustainable Development Goals Score (2020)#	66	68	75
Total Fertility Rate (2021-25)*	1.94	1.53	1.79
Sex ratio (2021)*	945	876	1082
Life expectancy in years for males (2021-25)*	69.4	73.5	73.5
Life expectancy in years for females (2021-25)*	72.7	77.0	79.2
Literacy Rate in % (7 years and above) (2011)#	72.3	86.2	94.0
Population growth rate in % (2021-25)*	9.0	18.3	4.0
Infant Mortality Rate (per 1000 live births) (2020)#	28	12	6
Poverty Rate in % (Tendulkar Method) (2011-12)#	21.9	9.9	7.1
Median age (in years) (2021)*	28.3	30.0	35.1
Median age (in years) (2036)*	34.5	35.1	39.6

Sources:

1. *Census of India, 2011*
2. **Population Projections Report 2011-2036, MHPW*
3. *~Handbook of Statistics on Indian Economy 2022-23, Reserve Bank of India*
4. *#Handbook of Statistics on Indian States 2022-23, Reserve Bank of India*
5. *\$Gendering Human Development, National Statistical Office (2021), Ministry of Statistics and Programme Implementation. According to the report, Delhi ranks 1 and Kerala ranks 4 in terms of HDI scores amongst Indian states in 2017-18.*

Care Needs of the Population

As per projections for 2021, approximately 26 per cent of the Indian population is under the age of 15 years and 10 per cent is aged 60 years and above, which amounts to 488 million people requiring care constituting 350 million children and 138 million elderly. By 2036, India will have 306 million children (20 percent) and 227 million elderly (15 percent) or a whopping 533 million persons in need of care. Considering the child and elderly population alone, the care dependency ratio⁸ in India at present stands at 59.6 per cent, which will decline marginally to 58.9 per cent by 2036. Although the overall care dependency ratio is falling, the sheer number of the dependents in the Indian population is staggeringly high which necessitates a focused approach to care provisioning in India with an emphasis on providing higher levels of elderly care in the coming future as not only will the population grow, we will see a shift in the composition of the demography (see Table 2 for more details). While the care dependency ratio of Delhi will rise from 48 to 53 per cent in the same time period, Kerala will record a much steeper rise, that is, from 65 to 76 per cent!

In addition to this, there are approximately 27 million persons with disability in India, as per the 2011 Census--a figure bound to have increased sharply in the last decade and half. During 2001-2011, there was an increase in both the absolute number of disabled persons and the share of disabled persons in the total population from 2.13 percent to 2.21 percent; that is, the percentage decadal change in the disabled population (22.4 percent) was much higher than that for the total population (17.7 percent).⁹ Approximately 8.3 per cent (207.8 lakh) households in India have a disabled member. Amongst the disabled, 36 per cent were categorised as workers whereas the remaining 64 per cent were non-workers.

Moreover, even amongst the working age group (15 to 59 years), not everyone is engaged in gainful employment. In 2021, there were 875 million people in the working age bracket, constituting 64 per cent of the total population. As per the Periodic Labour Force Survey (PLFS) 2021-22, the overall workforce participation rate (WPR) in India was just 56.3 per cent.¹⁰ Even amongst those employed, 93 per cent of the Indian workforce was engaged in precarious informal employment, both in the unorganised and organised sector.¹¹ The largest categories of employment amongst workers of all ages in India as per PLFS 2021-22 were self-employment (56 per cent), casual labour (23 per cent) and regular wage/salaried employees (21 per cent). Even amongst the “regular wage/salaried employees” in the non-agricultural sector, 70 per cent had no written job contracts, 54 per cent were

⁸ Care Dependency Ratio is defined by ILO (2018) as the number of “dependents” divided by the number of people aged between 15 years and 54 years (healthy life expectancy at 60 years minus 6 years of age). “Dependents” is defined as children aged 0-14 years plus persons at or above the healthy life expectancy age (60 years).

⁹ Annual Report 2023-24, Department of Empowerment of Persons with Disabilities (Divyangjan), Ministry of Social Justice and Empowerment, Government of India

¹⁰ PLFS Annual Report 2021-22, Government of India

¹¹ Murthy, 2019

not eligible for paid leave and 52 per cent were not eligible for any social security benefits. Thus, the vast majority of the Indian workforce is characterised by a high degree of informality/precarity with little to no access to social security provisions and is concentrated in low-paying, low-productivity sectors.

Table 2: Care Needs of the Population

Estimate	2021			2036		
	India	Delhi	Kerala	India	Delhi	Kerala
Children under 6	13,75,83,000 (10.1%)	17,82,000 (8.7%)	27,90,000 (7.9%)	11,67,84,000 (7.7%)	17,57,000 (6.6%)	25,53,000 (6.9%)
Children under 15	34,99,90,000 (25.7%)	44,78,000 (21.8%)	72,47,000 (20.4%)	30,63,74,000 (20.1%)	49,10,000 (18.5%)	65,53,000 (17.7%)
Elderly population (60 years and above)	13,75,70,000 (10.1%)	19,04,000 (9.3%)	58,53,000 (16.5%)	22,74,38,000 (14.9%)	37,77,000 (14.2%)	84,18,000 (22.8%)
Elderly population (65 years and above)	9,30,26,000 (6.8%)	12,51,000 (6.1%)	40,29,000 (11.4%)	15,64,65,000 (10.3%)	25,61,000 (9.6%)	61,95,000 (16.8%)
People with disabilities requiring care or assistance (2011)**	2,68,14,994 (2.21%)	2,34,882 (1.40%)	7,61,843 (2.28%)	-	-	-
Working age population (15-59 years)	87,54,46,000 (64.2%)	1,41,89,000 (69.0%)	2,23,90,000 (63.1%)	98,84,76,000 (64.9%)	1,79,04,000 (67.3%)	2,19,77,000 (59.5%)
Population aged 15-54 years	81,83,02,000	1,33,18,000	2,02,54,000	90,66,20,000	1,64,36,000	1,96,51,000
Care dependency ratio	59.6	47.9	64.7	58.9	52.9	76.2
Young (0-14)	42.8	33.6	35.8	33.8	29.9	33.4
Old (60+)	16.8	14.3	28.9	25.1	23.0	42.8
Workforce Participation Rate (15-59 years)#	56.3	47.1	53.7	-	-	-
<i>Female WPR</i>	34.3	13.3	35.5	-	-	-
<i>Male WPR</i>	77.9	75.3	73.9	-	-	-

Sources:

1. *Population Projections Report 2011-2036, MHFW*
2. **Data from 2011 Census. No data on the disabled population in India is available after 2011 since no official census has been conducted since the last 2011 Census.
<https://www.thehindu.com/news/national/no-accurate-count-of-population-of-persons-with-disabilities-says-parliamentary-panel/article67128970.ece>
3. #Periodic Labour Force Survey Annual Report 2021-22, National Sample Survey Office, Ministry of Statistics and Programme Implementation, Government of India. Note: Workforce Participation Rate, here, is calculated according to the usual status (principal+subsidiary).

The overall WPR in India is driven down especially by the dismal WPRs observed for women at 34.3 per cent--one of the lowest across developing countries--implying that merely one in three women of the working age is working in India. This is substantially lower than the corresponding WPR for men which stood at 77.9 per cent in the same year. The single biggest constraint for women in participating in the workforce is the unequal sharing of unpaid care work between men and women and the lack of adequate support for caregiving in Indian society, in general.

Results of the NSS 68th Round (2011-12) revealed that among women aged 15 years or older, 60 per cent in rural areas and 64 per cent in urban areas were engaged in domestic duties (codes 92 and 93) in the usual principal status.¹² About 92 per cent of these women, in both rural and urban areas, reported that they were “required to spend most of their time in domestic duties” due to which they could not participate in the workforce. About 60 per cent rural women and 64 per cent urban women who were “required to spend most of their time in domestic duties” attributed having “no other member to carry out the domestic duties” as the primary reason. 16 per cent rural women and 14 per cent urban women cited “social and religious constraints” and about 9 per cent of rural and urban women reported “cannot afford hired help” as the reasons for why they were required to pursue domestic duties. The same is also reflected by the results of the first nationally representative Time Use Survey of India 2019 (see next section).

Thus, low female WPR in India can be considered the result of meagre state investment in care provisioning, as it is often observed that in countries where the state invests in a combination of care policies, the employment to population ratios of women tend to be higher compared to those countries where care investments are lower.¹³ Thus, it is imperative that India needs to invest in the care sector as a top priority, balancing the evolution of the care economy with the onset of the next phase of demographic transition. This is essential not only from the perspective of the large care dependent population of 350 million children, 138 million elderly and 27 million persons with disabilities, but also the financially dependent, unrecognised and unpaid/underpaid care providers, most of whom are women.

Percentage of population receiving public care services

There is no clear dataset reflecting the number of people or proportion of population availing public care services as such. Piecing together disparate data points on major schemes may help shed some light on it.

- List schemes and number of beneficiaries (refer to the next section)

¹² GoI, 2014b

¹³ ILO, 2018

Percentage of working population with care responsibilities (both direct and indirect care)

According to ILO (2018), people with care responsibilities are defined as those living in the same household with at least one child under the age of 15 and/or with an older person aged at 60 years or above). No direct data available. Data from TUS or Population Projections or NFHS might be useful here.

Percentage of working population requiring paid care services to meet the needs of family members (at home and in nursery homes/ pre-primary child care or education centres)

No direct data available on this.

Percentage of households hiring domestic workers/Percentage of households hiring migrant domestic workers

No reliable data available on this.

Although the Ministry of Labour & Employment (MoLE) had announced the first national All India Domestic Workers Survey in 2021, there has not been an update regarding the status of data collection and report preparation.¹⁴ The eSHRAM Portal launched by the MoLE in 2021, which acts as the National Database of Unorganised Workers including domestic workers, has recorded registrations of 28 million domestic and household workers as of July 2023, which is likely a gross underestimate.¹⁵

According to some estimates from 2014, the total number of domestic workers in India ranged between 4.2 million to 90 million--although estimates of 50 million domestic workers were generally considered to be more accurate at the time.¹⁶ Of the total, a vast majority (nearly 90 per cent) of domestic workers is constituted by girls and women.¹⁷

Time spent on care work (both direct and indirect)

- a. *Time spent on paid care work performed by domestic workers vs time spent on paid care work performed by other care workers*

No direct data available on this. Can try extracting some data from the TUS 2019 unit level data.

¹⁴ <https://labourbureau.gov.in/all-india-survey-on-domestic-workers>

¹⁵ <https://pib.gov.in/PressReleaseIframePage.aspx?PRID=1945512>

¹⁶ WIEGO Report on Domestic Workers' Laws and Legal Issues in India:

<https://www.wiego.org/sites/default/files/resources/files/Domestic-Workers-Laws-and-Legal-Issues-India.pdf>

¹⁷ National Domestic Workers' Movement: <https://ndwm.org/domestic-workers/>

b. Time spent on unpaid care work performed by domestic workers within their own households vs time spent on unpaid care work by the entire population

No direct data available on the time spent by domestic workers on unpaid care work within their own households. Can try extracting some data from the TUS 2019 unit level data.

According to the Time-Use Survey (2019) data, 93 per cent rural women and 89 per cent of urban women aged 15 years and above participated in unpaid care work (both direct and indirect), spending between 5 to 6 hours per person on average on any given day.¹⁸ Of this, a major portion of the time was spent on indirect care work (4.5-5 hours) especially in cooking, cleaning and washing clothes than on direct care work (under 1 hour) daily. The corresponding participation rates for men in care activities were 40 per cent in rural and 34 per cent in urban areas for an average of a little under 1 hour daily per person. Moreover, within the employed category, almost 96 per cent rural and 89 per cent urban women performed unpaid care work for around 4.5 hours per participant daily on top of spending around 6 hours in employment. This compared to merely 43 per cent rural and 35 per cent urban men who spent an average of 1.5 hours per participant in care work presents a very gender skewed picture.

¹⁸ Author's calculations using Time-Use Survey (2019) unit-level data.

2. Care Infrastructure

ILO (2018) defines care policies as “public policies that allocate resources to recognising, reducing and redistributing unpaid care in the form of money, services and time”.

India has a segmented social protection structure. (Duggirala and Kumar, 2021)

Contribution that the current caregiving makes to India's GDP: economic value of women's unpaid domestic and care work in India ranges between 15% - 17% of GDP.¹⁹ ILO estimates that increasing investments in the care services sector have the potential to generate 475 million jobs globally by 2030. For India specifically, direct public investment equivalent to 2% of GDP can potentially generate 11 million jobs, nearly 70% of which will go to women.²⁰

Quantitative Data

Public expenditure as percentage of GDP on:

- a. *Pre-primary education services:*
- b. *Maternity, disability, sickness, and employment injury benefits:*
- c. *Long-term care services and benefits:*
- d. *Social protection and benefits for caregivers and care workers:*
- e. *Social protection and benefits for domestic workers:*

Paid care work as a percentage of GDP:

Percentage of employed population working in the care sector (excluding nursing and medical practitioners):

Qualitative Data: Public Care Policies in India

¹⁹ Karmannya, March 2024

²⁰ Karmannya, March 2024. Also see: Greater investment in care services can create an additional 300 million jobs globally, many of which will be for women.

<https://www.thehindu.com/opinion/op-ed/getting-serious-about-supporting-the-care-economy/article65309362.ece>

In India, we can classify public care policies in three categories, namely, the direct public provisioning of care infrastructure and services, social security benefits for workers and social protection programmes for citizens.

I. Direct Public Provisioning of Care Services in India

provisioning

- In India, the Saksham Angandwadi and POSHAN 2.0, Mission Shakti's Samarthya sub-scheme, Atal Vayo Abhyuday Yojana, and the National Social Assistance Program are the major central government schemes for provision of care infrastructure and services. Overall, the total budget allocation of these schemes stood at about 0.73% of the total budget expenditure for the year 2023-24. At the state level, there are only a few states with dedicated schemes for the creation of childcare, elderly care and long-term care infrastructure.

Government care services (e.g. elderly home, childcare centres, long-term care services, etc.)

A. Childcare Services

1. Creche

a. National Creche Scheme for the Children of Working Mothers (2009-10)

- i. <https://www.thehindu.com/news/national/government-aims-to-set-up-17000-creches-across-the-country/article67666125.ece>
- ii. <https://wcd.gov.in/>
- iii. <https://www.thehindu.com/news/national/indias-cr%C3%A8che-scheme-and-the-laws-that-govern-childcare-facilities-explained/article67226156.ece>
- iv. <https://www.pib.gov.in/PressReleasePage.aspx?PRID=1796835>
- v. <https://pib.gov.in/Pressreleaseshare.aspx?PRID=1697421>
- vi. <https://labour.gov.in/whatsnew/regarding-creche-rules-be-framed-under-amendment-maternity-benefit-act1961>
- vii. <https://www.india.gov.in/national-creche-scheme-children-working-mothers>

b. Palna Scheme under Mission Shakti

- i. <https://pib.gov.in/PressReleaseIframePage.aspx?PRID=1989473>
- ii. <https://pib.gov.in/pressreleaseshare.aspx/?PRID=1883405>
- iii. <https://wcd.gov.in/>
- iv. <https://www.indiabudget.gov.in/doc/eb/sbe101.pdf>
- v. <https://timesofindia.indiatimes.com/india/from-25000-in-13-creches-for-poor-kids-d-own-to-just-3-9-thousand/articleshow/106602747.cms>
- vi. <https://www.thehindu.com/news/national/government-aims-to-set-up-17000-creches-across-the-country/article67666125.ece>

In India, subsidies and incentives for care services are typically offered through central or state government schemes. One such scheme is the Mission Shakti, an umbrella program for the safety, security, and empowerment of women. Palna, the country's flagship centrally sponsored scheme for care services provision, providing financial support for establishing creches at Anganwadi centres is

a part of the Samarthya component of Mission Shakti. As of December 2023, the Government of India is targeting to establish 17,000 new Anganwadi cum creches in 2024-25 under the Palna Scheme. Enhance quantum of public investment to establish childcare centers under Palna scheme: As noted above, the MWCD is targeting to establish 17,000 new Anganwadi cum creches under the Palna Scheme in 2024-25. Out of these nearly 5,000 have already been committed. Palna ghars within existing Anganwadi facilities.²¹

2. Day-care/Childcare centres

a. Day-care centres

- i. <https://www.india.gov.in/child-protection-welfare-schemes-ministry-women-child-development>
- ii. <https://pib.gov.in/Pressreleaseshare.aspx?PRID=1594223>

b. Saksham Anganwadi and Poshan 2.0

- i. <https://pib.gov.in/Pressreleaseshare.aspx?PRID=1808688>
- ii. <https://www.wcd.gov.in/pregnant-lactating-women-children/nutrition-mission-saksham-anganwadi-and-poshan-2-0>
- iii. <https://www.g20empower-india.org/en/home/mission-details/poshan>
- iv. <https://www.pib.gov.in/Pressreleaseshare.aspx?PRID=1784152>
- v. <https://wcd.delhi.gov.in/wcd/introduction-integrated-child-development-services>
- vi. <https://thewire.in/featured/government-planning-dismantle-icds-programme>

3. Early childhood learning centres/pre-primary education services

Government of India's primary mode of delivering pre-school education services is through 1.37 million Anganwadi centres under its Integrated Child Development Services (ICDS) scheme which is a centrally-sponsored and state-administered early childhood development programme encompassing six basic services including pre-school education, immunisation, health check-up and referral, food supplementation, growth monitoring and health and nutrition education.

GoI had adopted the National Early Childhood Care and Education (ECCE) Policy in 2013, addressing the importance of investing in early childhood development including early education.

ICDS was launched in 1974 for ECCE.

- a. Percentage of children aged 36-59 months attending an early childhood education programme in India is 49.2 per cent as per NFHS 2019-21.²²
- b. For ages 24-48 months, the pre-school attendance rate is 40.1 per cent at the national level and 41.2 per cent in Delhi and 54.4 per cent in Kerala.²³

²¹ Karmannya, March 2024

²² UNESCO (2018): UNESCO. 2018. UIS. Statistical Data (Montreal). Available at: <http://data.uis.unesco.org/>

²³ NFHS 2019-21 Report

Surveys have indicated high level of enrolment almost 8 out of 10 children 3-6-year-old are enrolled in some ECCE programme, there are wide variations across states (Uttar Pradesh with the lowest participation at 43.7 per cent and Karnataka with the highest participation percentage of 86.6 percent).

Of those enrolled nearly half of the children are enrolled in private sector, this being much higher in urban areas. Most children from the lowest wealth quintile (51 per cent) attend anganwadi centres while most children in the highest wealth quintile (62 per cent) attend private facilities.

In July 2020, the Ministry of Education released the new National Education Policy, where schooling begins with the inclusion of ECCE from age 3. The policy states "Universal provisioning of quality early childhood development, care, and education must thus be achieved as soon as possible, and no later than 2030, to ensure that all students entering Grade 1 are school ready."

The three years of ECCE and early primary grades (Classes 1 and 2) are proposed as a continuum of learning and referred to as the foundational stage of school. The NEP 2020 recommends four models for implementation of quality ECCE, these are anganwadi centres in communities; anganwadi centres located within school premises, pre-primary sections in schools and standalone pre-schools.

Since March 2020 anganwadi centres have been closed due to COVID-19. During this time anganwadi workers have reached out to parents, using social media platforms, made home visits and while distributing supplementary nutrition and shared resources like monthly calendar of activities, video of songs, stories and rhymes for parents to ensure continuity of learning through play.

A study on "The Right Start: Investing in early years of education" conducted by Save the Children, India which suggested the ways to improve the ICDS and Anganwadi centres with special focus on pre-school education. It has been highlighted through the study that ICDS programme lays more emphasis on nutrition, growth monitoring & immunization of children. However, the pre-school education component is neglected in ICDS. Samagra Shiksha will support the efforts of State Government in providing pre-school education in schools. Pre-school programme will be of upto 2 years duration, for children of the age group 4-6 years. As per UDISE 2015-16, there are 41.3 percent of government primary schools that have a co-located Anganwadi Centre. In case of

co-located Anganwadis where the children in the age group of 3-6 are accommodated, the children of 4-6 age group are considered as pre-school children. As per UDISE 2016-17, out of 12.36 lakh schools with primary sections, 2.94 lakh schools, accounting for 24%, have pre-primary sections. 1.36 crore children are enrolled in pre-primary sections (both the sections) of which only 0.36 crore are in Government schools.

early childhood learning centres/schools/montessorios

Pre-primary education services - day-care/early childhood learning centres

India: % gross enrolment in pre-primary education (age 3-6) is 62.8% (UNICEF India Sheet); % private enrolments in pre-primary education is 21.7%

B. Elderly Care Services

1. Elderly Care Centres
2. Rashtriya vayoshri yojana
3. Old-age Homes
4. Multigenerational Activity Centres
5. Home Care Services
 - a. in-house and outside

Stakeholders shared that the rapidly growing elderly population in India shows a distinct preference for home care services. (Karmannya, March 2024)

C. Care Services for Persons with Disability

- a. in-house and outside

<http://www.ccdisabilities.nic.in/resources/disability-india>

1. In India, the Department of Empowerment of Persons with Disability is the nodal agency for matters pertaining to disability and persons with disabilities. Expenditure of the department in 2021-22 was 1,009.45 crores.
2. National Trust for the Welfare of Persons with Autism, Cerebral palsy, mental Retardation and Multiple Disabilities Act, 1999

D. Other Schemes

1. Mid-Day Meal Scheme

II. Public Care in the form of Social Security Benefits for Workers

Care in the form of social security benefits due to workers. Through laws such as:

ESI Act, 1948 (including family)

- i. EPF Act, 1952
- ii. Gratuity Act, 1972
- iii. The Building and Other Construction Workers' Welfare Cess Act, 1996
- iv. The Unorganised Workers Social Security Act, 2008
- v. Maternity Benefit Act, 1961 (amendment in 2017 from 12 to 26 weeks)
- vi. Workmen's Compensation Act 1923 for injury and death benefits (now Employees' Compensation Act only name changed) is in Social Security Code,
- vii. for sickness Workplace policies such as Factories Act 1948, Tea plantation act, mines act, shops and establishment act, etc (which are all subsumed under the Code on Occupational Safety, Health and Working Conditions, 2022).

Important to note: These acts (except UWSSA, 2008) are applicable to only formally employed workers in the organised sector which constitutes around 7% of the Indian workforce. Leave out the rest 93%.

- b. Prevention of Sexual Harassment of Women at Workplace Act, 2013 (POSH Act)
- c. Family-friendly working arrangements: Creche facilities - legal obligation of employers to provide childcare in the workplace - yes in factories with more than 30 female workers.²⁴
- d. Leave policies: maternity, paternity, childcare leaves. Leave policies - No paternity leave in India yet.

No unemployment allowance in India yet.

III. Public Care in the form of Social Protection Programmes for Citizens

Social Protection Benefits related to care: Social protection systems support citizens as opposed to workers/employees. Supports the poor and vulnerable:

- a. disability, widow and old-age pensions.
- b. Pregnancy benefits

²⁴ According to UNICEF - family friendly policies in South Asia, India Information Sheet:
<https://www.unicef.org/rosa/media/15891/file/India.pdf>

- i. JSY (poor women (BPL) who deliver at a health facility, covers 41% pregnancies, one time payment between INR 1000-2000 depending on location),
- ii. PMMVY (all first time pregnant and lactating mothers except those receiving similar benefits, covers 2.5% of all pregnancies - 3 instalments amounting to 5,000 INR).
- iii. Aswasakiranam Scheme (scheme aimed at providing financial aid to caregivers in Kerala)

3. People in the Care Sector

India's 2.5 million Anganwadi Workers (AWWs), Auxiliary Nurse-Midwives (ANMs), and Accredited Social Health Activists (ASHAs),⁹ alongside domestic workers, whose number ranges between official estimates of 4.2 million to unofficial estimates of over 50 million,¹⁰ form the backbone of care services across the country. Even when care and domestic services are performed by these workers, it may be characterized by a high degree of informality, and low wages, especially among women workers.

India has three kinds of Community Health Workers : biggest community health volunteer networks

India has three cadres of CHWs. The first created is the Auxiliary Nurse-Midwife (ANM), who is based at a sub-center and visits villages in addition to providing care at the subcenter. The second is the Anganwadi Worker (AWW), who works solely in her village and focuses on provision of food supplements to young children, adolescent girls, and lactating women. The most recently created cadre is the Accredited Social Health Activist (ASHA), who also works solely in her village. ASHA workers focus on promotion of MCH, including immunizations and institutional-based deliveries, for which they receive a performance-related fee.

<https://chwcentral.org/indias-auxiliary-nurse-midwife-anganwadi-worker-accredited-social-health-activist-multipurpose-worker-and-lady-health-visitor-programs/>

4. The Situation of Domestic Workers

Begin with different kinds of domestic workers (in terms of work-arrangements):²⁵ Live-in, live-out, migrants, international migrants. For the purpose of this study, we focus only on internal migrants.

Whether domestic workers are recognised as care workers and have access to decent work and social protection. Domestic workers are yet to be recognised as “workers”, their recognition as care workers is even farther than that in terms of policy. The need for this came out as a result of engaging in advocacy meetings regarding care and domestic work, and we found ourselves having access to little or no data to support the assertion that domestic workers do care work.

National Platform for Domestic Workers

A. National Legislations/Policies Applicable to Domestic Workers

Also refer to WIEGO (2014) for this section.²⁶

²⁵ <https://ndwm.org/domestic-workers/>

²⁶ <https://www.wiego.org/sites/default/files/resources/files/Domestic-Workers-Laws-and-Legal-Issues-India.pdf>

Unorganised Workers' Social Security Act, 2008

National Policy for Domestic Workers (Draft)

Minimum Wage Schedules (State-wise)

B. Delhi-NCT - Barely Any Legislations for DWs

Domestic workers in Delhi face a multitude of challenges regarding their rights, working conditions, and social protections. The insights gathered from interviews with two significant unions, Gharelu Kamgaar Panchayat Sangathan (GKPS) and the National Domestic Workers' Movement (NDWM), provide a snapshot of the current landscape for domestic workers, highlighting issues of representation, labour rights, and social security.

GKPS was officially established in 2017, primarily focusing on the needs of domestic workers in East Delhi and the need for unionisation and currently has 2,300 registered union members. It encompasses a range of localities, including in East, North-west, South-west, North and Central Delhi. At present, GKPS has a presence in 4-5 of the 11 districts of Delhi-NCT.

NDWM has a longer history, originating in Chennai in 1984, and has expanded to represent about 20,000 domestic workers across India, with 2,800 members in Delhi. It covers South and North-West Delhi, including regions like Govindpuri and Mukherjee Nagar.

Worker Demographics and Conditions

Both GKPS and NDWM represent a mix of part-time and full-time domestic workers, with a significant proportion being migrant workers primarily from states such as Chhattisgarh, Odisha, and Jharkhand. The unions noted that part-time workers typically work 4-5 hours each day in multiple households, while full-time workers often exceed 8 hours per day. Migrant workers have mostly settled permanently in Delhi, but continue to face challenges such as housing evictions and lack of legal recognition as workers.

- GKPS: Member Demographics (composition of the members in terms of age, experience, and types of domestic work)
- Talk about various tasks domestic workers perform, such as elderly care, child care, cleaning, and cooking.

- The distinction between part-time and full-time workers and the specific challenges each group faces were not fully detailed.
- The precise working hours for both part-time and full-time domestic workers and how these hours impact their lives - social reproduction, commute, living conditions.

Economic Struggles and Wage Issues

Both interviews highlighted severe economic hardships faced by domestic workers. Wages remain extremely low, with part-time workers earning as little as ₹600 per month per household for those working in multiple households, while full-time workers earn between ₹8,000 and ₹10,000.

Workers often struggle to balance unpaid care work at home with their labour in employer households, leading to inadequate time for personal and family care.

- Lack of Policy Support: A more explicit discussion about the lack of policies protecting domestic workers, particularly in relation to minimum wage and social security, should come here.
- Mention the placement agencies and the distribution of salary/compensation

Rights and Representation

Neither union reported effective mechanisms for collective bargaining or representation in policy-making at the state or national level. GKPS expressed that domestic workers lack rights related to minimum wages, working conditions, and social security benefits. The absence of a State Domestic Workers Board in Delhi means there is no formal platform for addressing their grievances or advocating for improved conditions. NDWM shared similar concerns, emphasising the lack of recognition in labour laws. They reported that domestic workers are often not afforded the right to organise or strike, and the existing labour codes do not recognize their status as workers.

- The detailed description of challenges related to collective bargaining and interactions with RWAs (Residents Welfare Associations)

Social Security and Health Concerns

Both unions identified a lack of access to social security schemes and health protections. There are no comprehensive policies for health coverage, maternity benefits, or pensions specifically for domestic workers. Workers face numerous health issues, including respiratory problems from cleaning chemicals, often exacerbated by poor working conditions. [More on OSH related problems required here.](#)

NDWM reported that despite some schemes available for marginalised groups, very few domestic workers benefit from them, highlighting a gap in government support. **Talk about specific schemes here, if possible.**

Challenges with Abuse and Exploitation

Domestic workers are particularly vulnerable to abuse and exploitation at the hands of their employers. Both unions noted high incidences of harassment and violence, including sexual abuse and wage theft, often with no legal recourse. They highlighted the psychological impact of these experiences, as many workers are reluctant to report abuses due to fear of job loss or employer retaliation.

- **Specific cases of rescue operations conducted by unions for trapped or abused domestic workers - support to DWs who are part of the union. Community Support and Solidarity: how domestic workers support each other or the sense of community among them.**

The interviews reveal a dire need for improved recognition and rights for domestic workers in Delhi. Both GKPS and NDWM emphasise the importance of collective action and advocacy for policy change, social security, and better working conditions. Addressing the systemic issues faced by domestic workers is essential for ensuring their dignity and human rights are respected.

C. Kerala - Leading the Country but Not Completely There Yet

The Self-Employed Women's Association (SEWA) in Kerala has been instrumental in organising domestic workers since its inception in 1983. Initially focused on training and empowering women to work in domestic care services, the union has since expanded its efforts to advocate for the rights and welfare of domestic workers across the state. SEWA Kerala was officially registered as a trade union in 2008. The union represents a diverse group of domestic workers, including local and cross-border migrant workers, and operates across ten districts in Kerala.

Approximately 25% of all poor women in Kerala, as noted in a **study (citation required)** conducted with Kudumbshree, are engaged in domestic work. Kerala is amongst the first states to recognise domestic workers (DWs) in its scheduled minimum wages legislation .

Worker Demographics and Conditions

SEWA includes a variety of domestic worker categories such as cooks, cleaners, nannies, and car washers. The majority of live-in workers are migrants from states like Odisha, Tamil Nadu, and

Assam. Many of these women face challenging working conditions, often facilitated by agents who profit from placement fees, leading to a situation akin to bondage, especially for Tamil women. While Odia workers experience somewhat better conditions, they still face significant restrictions on their freedom.

The working hours and conditions vary widely according to the kind of work-arrangement the domestic worker is under. Live-in workers, who are mostly migrants, generally work long hours with minimal pay compared to their counterparts from Kerala. Daytime workers typically work 8-9 hours a day in a single household, while part-time workers may work 1-2 hours per household in 4-5 houses. Night-time workers are often engaged in elder care.

Domestic workers face significant challenges balancing their work responsibilities with unpaid care duties at home, leading to long commute times and additional burdens of household chores. Many spend 1-1.5 hours commuting to work, and the full day is consumed in paid caregiving.

Rights and Representation

SEWA is actively involved in policy dialogues, represented in the Social Security Board of Kerala. Although the central government tends to adopt a welfare-oriented perspective toward domestic workers, SEWA emphasises a workers' rights approach, campaigning for the ratification of C189 and advocating for a Domestic Workers' State Level Act.

Despite some recognition, the minimum wage for domestic workers remains inadequate, currently set at Rs. 275 for an 8-hour workday. SEWA aims to increase this to Rs. 600, aligning it more closely with wages in other sectors.

Social Security and Health Concerns

SEWA members have access to certain social security schemes under the Unorganised Workers' Social Security Act, 2008, including maternity benefits (up to Rs. 15,000 for two children), pension schemes for old-age security and limited health assistance for severe conditions. However, many crucial protections such as paid sick leave, provident funds, and comprehensive health benefits are lacking.

Social Security and Health Concerns

While Kerala has robust medical facilities, domestic workers often lack access to health benefits directly related to their work. The absence of labour inspection mechanisms leaves domestic workers vulnerable, as homes are not recognized as workplaces. Although the POSH Act exists, its

implementation in the informal sector is weak, making it difficult for domestic workers to navigate complaints and protections against harassment.

The Self-Employed Women's Association in Kerala plays a vital role in advocating for domestic workers' rights and welfare. However, there are significant challenges regarding wage recognition, social security, and working conditions that need urgent attention. Continued efforts to organise, advocate for policy change, and improve the conditions of domestic workers are essential for achieving justice and equity for this critical workforce.

Conclusion

recognise a care worker as a skilled worker and ensure dignity of labour

Appendix

IDWF - Affiliate Interview Questionnaire

Interviewees:

Interviewer:

Affiliate Name:

1. When did the union/co-operative form? How many domestic workers does the union represent?
2. Which all areas/localities does the union cover? (Geographic reach)
3. Does the union represent only part-time DWs or also full time DWs?
4. What is the approximate proportion of local and migrant DWs? Which states do migrant DWs primarily belong to?
5. Which all categories of domestic workers are included? Is there any noticeable difference in the kind of work performed by local and migrant workers?

Type of Work	Direct/Indirect care	Local/Migrant	No. of houses catered to	Frequency (daily, weekly, etc)	Working hours	Monthly Wages	Hourly Rates

6. What is the approximate time spent on the unpaid care work performed by domestic workers within their own households?

Representation in Policy-making with government/wage-setting with employers

7. Do domestic workers enjoy the right to freedom of association, collective bargaining, and the right to strike (legally)?
8. Are DWs represented in policy-making processes with the government through unions? What does the process look like?
9. Are there legislations and policies in place to regulate and reduce working hours for domestic workers?
10. Are domestic workers protected under the national/state legislations on a) minimum/ living wages and b) overtime compensation?
11. Are there policies or models for salary increase to account for accumulation of skills and experience of domestic workers?
12. Is there any labour inspection mechanism in place?
13. Is there a State Domestic Workers Board in your state? What are its functions?

Social Security Schemes for DW

14. Is there any registration process for DW to register as unorganised sector workers? (To help facilitate access to rights and benefits?)

15. Do DWs in your state have access to:
- a. Life and disability cover,
 - b. Health and maternity benefits
 - c. Old-age protection
 - d. Provident fund
 - e. Sickness and employment injury benefits
 - i. What kind of sickness/injuries do domestic workers have to face as part of their work, including long term illnesses/health problems?
 - ii. Is there any recognition of the link between their work and health problems in policy or otherwise?
 - iii. Assistance for workers who suffered employment accidents or occupational disease
 - f. Paid sick leave
 - g. Parental leave
 - h. Provision of breaks and safe spaces for breastfeeding
 - i. Housing
 - j. Mandatory pension schemes
 - k. Maintenance of children and elderly parents
 - l. Unemployment relief/ benefits
 - m. Education schemes for children
 - n. Skill up gradation of workers
16. Are DWs protected under workplace anti-harassment and anti-discrimination policies? HOW do DWs navigate abuse and exploitation from employers? Is their employers' residence recognised as their workplace?
17. Is onsite childcare, or childcare near the workplace available? How do DWs manage childcare?

Social Protection Schemes availed by DW

18. Is there any public pension specifically for caregivers and care workers?
19. Do DWs avail any cash transfer policies related to care, school-based meals or food vouchers?
20. Do DWs access any other form of social protections/benefits formulated particularly for caregivers?

Public Care Provisions availed by DW

21. Which all government schemes do domestic workers avail in your state?
- a. Saksham Aanganwadi Poshan 2.0
 - b. Palna ghar
 - c. Rashtriya vayoshri yojana
 - d. Creche/Day care facilities for children
 - e. Elderly care facilities
 - f. Pensions - old-age, widow, disability pensions
22. Are there any other state specific schemes or laws for DW?