

SUMMARY OF FINDINGS

ANITA Project: Addressing the challenges and limitations of social protection policies for domestic workers in Peru.

Aim:

- Examine the working conditions and access to health care of domestic workers and propose recommendations to improve their access to social protection for a more inclusive and sustainable recovery from the COVID-19 pandemic.



1. Project ANITA:

Job insecurity, especially for women, has been exacerbated by the COVID-19 pandemic. In Peru, domestic workers carry out their work in informal and discriminatory conditions, facing low wages and lack of access to basic labour rights such as social protection and access to health services.

In this context, the Center of Excellence in Chronic Non-Communicable Diseases CRONICAS proposes the development of the ANITA project, to investigate working conditions and access to

medical care for domestic workers in the regions of Lima, La Libertad and Piura in Peru, with financial support from the International Development Research Centre (IDRC) of Canada.

The ANITA project aims to examine the working conditions and access to health care of domestic workers and to identify obstacles to accessing social protection policies for domestic workers in Peru. It also includes the co-design of suggestions to improve health and social protection services.

2. Phases of the ANITA project:

The ANITA project is developed through four strategic phases:



PHASE 1

Secondary data from national surveys in Peru were analyzed, covering the period before and during the COVID-19 pandemic.



PHASE 2

The ANITA survey was implemented in the three intervention regions: Lima, La Libertad and Piura, in order to collect direct and current data.



PHASE 3

In-depth interviews were conducted to delve deeper into the main findings obtained in Phase 2, seeking to better understand the realities and challenges faced by domestic workers.



PHASE 4

Two deliberative dialogues were held with the participation of various social actors and stakeholders to co-design specific recommendations aimed at improving access to social protection for domestic workers in the country.

3. Main findings by phases:

3.1. Findings PHASE 1.

In PHASE 1 of the ANITA project, key data from national surveys such as the ENAHO (National Household Survey) and the ENDES (Family Demographic and Health Survey) were reviewed and analyzed. This analysis included a total of 4,215 domestic workers surveyed by ENAHO and 9,116 domestic workers surveyed by ENDES.

Data on working and health conditions were compared in three periods: before the pandemic (2018-2019), during the pandemic (2020) and at the beginning of the recovery (2021-2022). The table shows some relevant findings from 2018 to 2022:



THEMATIC GROUP	INDICATOR	DATA 2022 (ENAHO/ENDES)
Characteristics of the population surveyed	<ul style="list-style-type: none"> • Education • Migration • Poverty • Composition from home 	<ul style="list-style-type: none"> • They did not complete basic school education: 42% • Migrated since birth: 40% • Has indigenous mother tongue: 16% • Live in poverty: 16% • They live with 4 or more members: 53% • They have children under 5 years old: 17% • Lives with a partner: 39%
Conditions labor	<ul style="list-style-type: none"> • Informality • Impact of the pandemic 	<ul style="list-style-type: none"> • Without contract: 95% • Job loss (2020): 42% • Reduction of average hours worked by 43.4% to 40.9%, considering the period between 2018 and 2021
Conditions health	<ul style="list-style-type: none"> • Conditions chronicles • Access to medical care • Violence • Psychological or physical 	<ul style="list-style-type: none"> • Suffer from some chronic condition: 57% • Seek medical attention: 52% • They prefer to self-medicate • EsSalud paid by the person who employs: 7.5% • Reports psychological violence in the last year: 16% • Reports physical violence in the last year: 10%
Protection social	<ul style="list-style-type: none"> • Gratifications • System of pensions (ONP/AFP) • EsSalud/SIS 	<ul style="list-style-type: none"> • In Lima, 26% of domestic workers who work receive at least 1 bonus, while in the jungle only 3% receive this benefit • Nationally, only 10% receive 2 bonuses per year • Affiliated to a pension system: 15% • Affiliated with EsSalud: 19% • EsSalud paid by the employer: 8% • Has comprehensive health insurance (SIS): 64% • No insurance: 16%



3.2. Findings PHASE 2.

In PHASE 2 of the ANITA project, a survey was applied to address the information gaps in government surveys. This survey was called the ANITA survey. The survey collected accurate information on domestic workers in the three regions where the ANITA project intervenes (Lima, La Libertad and Piura). The survey was applied to 456 domestic workers. The following table summarizes the most relevant findings:



THEMATIC GROUP	INDICATOR	ANITA 2024 SURVEY DATA
Features of the workers from home surveyed	<ul style="list-style-type: none"> • Home composition • Self-identification • Education 	<ul style="list-style-type: none"> • They are heads of household: 50% • They do not have a partner: 60% • Afro-Peruvians: 10% • Andean: 17% • Mixed race: 51% • Does not have completed secondary education: 42%
Conditions labor	<ul style="list-style-type: none"> • Modality of Job • Informality 	<ul style="list-style-type: none"> • Works in only 1 house: 75% • Works in more than 1 house: 25% <ul style="list-style-type: none"> • Childcare: 40% • Elderly care: 12% • Know law 31047: 15% • Written contract (without registration in MTPE): 10% • Employer does not offer a contract: 61%
Conditions health	<ul style="list-style-type: none"> • Symptoms depressive and obesity • Diseases occupational • Accidents labor 	<ul style="list-style-type: none"> • Presents depressive symptoms: 36% • Obesity: 46% Report illness: <ul style="list-style-type: none"> • Hbones and joints: 17.3% • Hypertension: 9% • Asthma/respiratory disease: 5.9% • Reports work accident: 14% (falls: 42%; cuts: 21%; burns: 19%) • Received medical attention after suffering a work accident: 40%

<p>Protection</p> <p>Social</p>	<ul style="list-style-type: none"> • Liquidation/ Time CTS • Gratification • Vacation • System of pensions ONP/AFP • EsSalud/SIS 	<ul style="list-style-type: none"> • You have NOT received your Compensation for of Service (CTS) in the last year: 95% • Has NOT received any bonus in the last year: 71% • No vacation benefits: 38% • Took paid vacation last year: 16% • Vacations agreed upon, but not paid: 6% • Did NOT take vacation due to refusal of the person you employ: 10% • Affiliated to a pension system: 9% Reasons for NOT being affiliated: <ul style="list-style-type: none"> • Employer does not offer or does not agree: 17% • Need for immediate income: 14% • Employed in several households or part-time: 10% • Report having SIS: 72% • Access to health services (EsSalud/SIS): 17% Reasons for NOT joining Essalud: <ul style="list-style-type: none"> o Prefer a different insurance: 39% o Employer does not want/does not offer: 17% o Employed in several homes or part-time partial: 8%
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3.3. Findings PHASE 3.

In PHASE 3 of the ANITA project, 30 in-depth interviews were conducted with domestic workers, leaders of trade union organizations and their employers in the regions of Lima, La Libertad and Piura.

Interviews were conducted with some domestic workers who had a formal contract registered with the Ministry of Labor and Employment Promotion (MTPE), as well as with some employers, to learn more about this process.

Interviews report that domestic workers face major challenges, which prevent them from accessing benefits such as health insurance, retirement pensions and compensation for work performed. The following table lists some quotes:



THEMATIC GROUP/SUBTOPICS	REFERENCE
<p>Barriers to formalization</p>	<ul style="list-style-type: none"> • According to leaders of domestic workers, the main barrier to formalization is the resistance of the people who employ them to formalize employment, refusing to sign employment contracts and evading work responsibilities (e.g. compensation for length of service). <p>On the other hand, the employers interviewed mentioned the following as the main barriers to formalization:</p> <ul style="list-style-type: none"> • Little information or lack of knowledge about the process. • Cumbersome and complex process. • You don't know how to formalize when the work is by day/hour. • Economic inability to cover the minimum living wage for low-income families, but who need the service and compensate with good treatment. • Lack of perceived need. • It could affect the existing feeling of familiarity between domestic workers and their employers.
<p>Labor inspection</p>	<ul style="list-style-type: none"> • <i>"I recently took a migrant colleague from Venezuela to file a complaint. We went to SUNAFIL and they told us 'I'm going to put you through to an advisor who will support you in everything.' So they filed a complaint against the employer and the fine goes to the public treasury, not to the domestic worker. Therefore, they told her 'look, I've already done my job, I don't have anything else to do' and the colleague is helpless because they haven't collected any of the benefits that the lady owes her." (Leader of domestic workers).</i>

<p>Incentives for people employers</p>	<ul style="list-style-type: none"> • <i>"To ensure compliance with Law 31047 and the formalization of domestic workers, our workers' organization proposed to Congress <an article of law> that generates incentives, for example, that employers who employ their workers receive "Each year a refund of any tax paid" (Household workers leader).</i> • Along the same lines, some employers interviewed highlighted the importance of tax benefits (such as discounts on annual income tax returns) for people who employ them who register their employment contract on the Ministry of Labor and Promotion of Employment platform, in order to reward the formalization and respect of labor rights of domestic workers.
<p>Health conditions</p> <ul style="list-style-type: none"> • Attention seeking • Mental health 	<ul style="list-style-type: none"> • Leaders of organizations believe that domestic workers rarely seek medical attention, for fear of discounts or dismissals, and when they do, they are already in advanced stages. They report a lack of facilities from employers who question appointment times and time to seek care. • Most patients tend to seek care at SIS or Solidarity Hospitals instead of EsSalud due to proximity and ease of access. Those who do seek care at EsSalud report excessive waiting times for appointments (approximately three months). • According to leaders of organizations, on a psychological level, stress, abuse and discrimination are major concerns. Lack of maternal rest is a significant problem.
	<ul style="list-style-type: none"> • According to leaders of organizations, social security and pension are the main rights to which they do not have access. • Domestic workers report fear of discounts or layoffs if they request health leave, they perceive that <i>"Employers believe that domestic workers do not have the right to get sick"</i> (Leader of domestic workers).



3.4. Findings of the PHASE 4.

In PHASE 4, deliberative dialogues were held. These were meetings in which the findings of the three previous phases were analyzed and recommendations were co-designed to implement Law 31047.

Law 31047 promotes labor formalization. Formalization ensures that domestic workers receive a fair salary, access to medical benefits, health insurance and retirement pension. Implementing this law is essential to protect labor rights.

The first deliberative dialogue was attended by domestic workers, leaders of organizations

and unions, activists and academics, along with members of the "Abriendo Puertas" program of the International Labor Organization and the "Valora" project of CAREPerú.

Likewise, the second deliberative dialogue brought together people with decision-making roles from public institutions, members of the multi-sectoral panel on paid domestic work of the Ministry of Labor and Employment Promotion, and the research team of the ANITA project.

Recommendations were collected regarding working conditions, social protection and access to health services for domestic workers in the country.



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- National Federation of Domestic Workers of Peru (FENTTRAHOP)
- National Federation of Domestic Workers of Peru (FENTRAHOGARP)
- Institute for the Promotion and Training of Domestic Workers (IPROFOTH)
- Lima Region Domestic Workers Union (SINTTRAHOL)

- National Union of Domestic Workers of Peru (SINTRAHOGARP)

In regions:

- Trujillo Domestic Workers Union (SINTTRHADT)
- Union of Domestic Workers of the La Libertad region
- Union of Domestic Workers of Piura (SINTTRAHODP)

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- For more information about the project, visit: <https://cronicas-upch.pe/proyectos-en-ejecucion/> You can also write to the following emails: janeth.tenorio.m@upch.pe chronicles.proyecto.anita@upch.pe

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