1. Care Economy – Economy

The Union Budget 2026-27's proposal to train 1.5 lakh caregivers marks a significant shift toward professionalizing the Care Economy. However, the persistent classification of over 5 million frontline workers as "volunteers" highlights a deep-seated structural paradox in India's welfare system.

1. The National Skills Qualification Framework (NSQF) & The Care Mandate

The NSQF acts as the bridge between informal experience and formal employment.

Competency over Degrees- It shifts the focus from traditional degrees to demonstrable skills, allowing frontline workers to gain levels of proficiency from Level 1 to 10.

Recognition of Prior Learning (RPL)- This is the most critical tool for the 3.5 million ASHAs and Anganwadi's. It allows their years of "on-the-job" experience to be formally certified, providing them a path to move into the geriatric and allied care roles proposed in the 2026 Budget.

Mobility- The framework ensures that a caregiver isn't stuck in one role. They can achieve horizontal mobility (moving across sectors like health to education) and vertical mobility (moving from a basic caregiver to a senior care supervisor).

2. The Care Economy- India's "Purple" Pillar

The "Purple Economy" refers to an economic system that prioritizes caregiving and sustainability.

The "Volunteer" Paradox- India's success in maternal and child health (reducing MMR and IMR) rests on the shoulders of "volunteers." By labelling them honorary, the state bypasses the Minimum Wages Act, creating a "fiscal cushion" at the cost of labour justice.

Invisible GDP- As per the Replacement Cost Method (RCM), if we paid a market rate for the cooking, cleaning, and eldercare Indian women do for free, the GDP would be nearly 20% higher.

The Care Penalty- Even when care work is paid (nursing, teaching), it often carries a "wage penalty" because society perceives these roles as natural extensions of womanhood rather than technical skills requiring compensation.

3. Comparative Snapshot- ASHA vs. Anganwadi

Feature	ASHA Workers (Health)	Anganwadi Workers (Nutrition/ECCE)
Institutional Link	National Health Mission (NHM)	Integrated Child Development Services (ICDS)
Core Philosophy	Activists- They motivate and facilitate.	Providers- They deliver food and education.
Financial Nature	Primarily Incentive-based (pay per task).	Fixed Honorarium (monthly amount).
Workplace	Mobile; largely door-to-door.	Fixed-site; based at the Anganwadi Centre.

4. Decoding the Female Labour Force Participation (FLFPR) Trends

Recent data suggests a "feminization" of the rural economy, which is a double-edged sword.

The Rural Surge- The rise in FLFPR to 35.1% is largely driven by rural women. However, much of this is "Unpaid Family Labour" in agriculture, where women are working harder but not necessarily earning their own independent income.

The Urban Stagnation- At 25.5%, urban participation remains low. The primary reason is the "Childcare Wall"—the lack of affordable, safe, and professional creches in cities forces high-potential women to drop out of the workforce.

Double Burden- The 2024 Time Use Survey proves the disparity—women spend nearly double the time men do on care, leaving them with "Time Poverty" that prevents skill acquisition.

5. Legal & Constitutional Safeguards- The "Parent Law"

The Constitution provides the "moral and legal anchor" for reform-

Article 39(d)- Mandates "Equal Pay for Equal Work." Frontline workers argue that if they perform the same health screenings as regular staff, their compensation should be comparable.
Article 42- Specifically, mandates "Maternity Relief." Denying this to Anganwadi workers on the grounds of "honorary status" is increasingly being challenged in courts as a violation of this Article.
Code on Social Security (2020)- This is a futuristic law. Once fully implemented, it will allow the government to create a Social Security Fund specifically for "unorganized" care workers and domestic help.

6. The Global "5R" Roadmap for India

To professionalize the care economy, India should adopt the ILO's 5R Framework-
Recognize- Use the Time Use Survey results to include care work in "Satellite National Accounts."
Reduce- Invest in "labour-saving" infrastructure (water-to-tap, clean cooking fuel) to reduce the time spent on basic domestic chores.
Redistribute- Promote Gender-Neutral Parental Leave to encourage men to share the domestic load.
Reward- Transition "Honorariums" to a National Floor Minimum Wage.
Represent- Grant care workers the right to Collective Bargaining and formal union representation.

7. Way Forward- Building the "Hard" Infrastructure of Care

From "Volunteer" to "Professional"- The 2026 Budget's focus on NSQF must include Bridge Courses for current workers. Experience must be converted into Professional Credits.
Creche-as-Infrastructure- Every industrial cluster and urban ward should have a Palna (Creche) centre. This should be treated as "Core Infrastructure," similar to roads or digital connectivity.
Geriatric Readiness- With the elderly population set to reach 319 million by 2050, the care economy isn't just a social necessity; it is a massive economic opportunity for job creation in nursing, physiotherapy, and elderly-tech.

Conclusion

True Viksit Bharat 2047 cannot be achieved if the "backbone" of the system remains underpaid and invisible. Professionalizing the care economy—by recognizing the 3.5 million frontline workers as formal employees and valuing unpaid domestic work—is the only way to unlock the full economic potential of India's women.
Source- https-//www.thehindu.com/opinion/op-ed/the-need-to-recognise-volunteer-care-work/article70719886.ece