



# **RAPID ASSESSMENT STUDY**

**POST RESCUE OPERATIONS**

**Rapid Assessment Study (RAS)  
of the situation of the families of  
minor victims of Commercial  
Sexual Exploitation and  
Trafficking during COVID-19  
induced lockdown**

**Post Rescue Operations  
Prerana, Mumbai**

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# Abbreviations

- **PRO** – Post Rescue Operations
- **CSE&T** – Commercial Sexual Exploitation and Trafficking
- **ESGT** – Ending Second Generational Trafficking
- **CiL** – COVID19 induced Lockdown
- **CCI** – Child Care Institution
- **CWC** – Child Welfare Committee
- **CNCP** – Child in Need of Care and Protection
- **JJA** – Juvenile Justice (Care and Protection of Children) Act 2015
- **PDS** – Public Distribution System



# ABOUT THE STUDY

## ABOUT THE STUDY

### INTRODUCTION TO PRERANA

Prerana is a civil society organization that started working in the Red-Light Areas (RLAs) of Mumbai in 1986 first, intending to eliminate second-generation trafficking ('ESGT') i.e. trafficking of the children of the sex-trafficked prostituted women into the sex trade, its allied activities or exploitative labor. To achieve this, Prerana evolved several path-breaking interventions, piloted them, evolved a success story out of each intervention, and disseminated them widely to facilitate their mainstreaming. Prerana expanded the scope of its intervention to address the issues of the prostituted women of the RLAs, especially to fight violence against them, and to protect their legal and human rights. It also started addressing other child rights issues, gradually including working with children rescued from commercial sexual exploitation through its project PRO (Post Rescue Operations) and later through project Sentinel, and with children rescued from begging through its project 'Sanmaan' (The Honour), as well as with children sexually maltreated through its initiative, 'Aarambh' (The Beginning).

### POST RESCUE OPERATIONS

Over the past few years, Prerana has been working closely and consistently with minor girls rescued from CSE&T. Prerana coined the term 'Post Rescue Operations (PRO)' to represent a domain in the anti-trafficking interventions and nurtured this field with observations, analyses, and ground-level experiences. PRO involves a series of positive interventions, provisions, and measures to help the rescued victim in her journey, starting immediately after the rescue to the point of economic rehabilitation and social reintegration. PRO also covers the physical and mental recovery of the victim from the traumatic experience of being trafficked and sexually exploited. The project also closely works with the legal case post the rescue to offer assistance to the victim throughout the process including trial, seeking compensation, and regular follow-ups with the child protection authorities on their rehabilitation. Post Rescue Operations require a strong presence on the field, where referrals are made after the rescue of minor victims of CSE&T.

### COVID-19 Imposed LOCKDOWN (CiL)

On 11th March 2020, the World Health Organisation (WHO) declared COVID-19 as a global pandemic<sup>1</sup>. COVID-19, which is an abbreviation of the name Corona Virus Disease 2019, is a serious viral infection caused by a newly transitioned (hence called 'novel') virus. The disease is spread through direct contact with the droplets of an infected person's respiratory fluids. As per the UN-WHO, "Those with cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness"<sup>2</sup>. As of now, there is no vaccine for

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<sup>1</sup> The Merriam-Webster dictionary defines a Pandemic as "an outbreak of a disease that occurs over a wide geographic area and affects an exceptionally high proportion of the population"

<sup>2</sup> [https://www.who.int/health-topics/coronavirus#tab=tab\\_1](https://www.who.int/health-topics/coronavirus#tab=tab_1)

preventing the disease, neither are there any known definitive curative treatments. However, there are efforts across the globe to develop a vaccine for the novel coronavirus. The knowledge about the virus and the disease has just started accumulating from all over the world. The death count and the speed of the spread have sent a wave of scare across the globe.

Learning from past experiences and historical records especially of the pandemic of the flu of 1918, as also advised by the experts as one of the tested-out approaches, is to stop the viral spread through various measures that centered around disinfection and social distancing. These include quarantining the infected person, following social essentially physical distancing to minimize contact, virtual stoppage of public life, and forcibly confining individuals to their homes through the measure of the lockdown of public life.

On 24<sup>th</sup> March, with the rapid spread of the disease across the globe and in India, the Prime Minister of India declared a nationwide lockdown, with about 4 hours' notice to the citizens. Besides curbing the spread of the infection, the national lockdown was imposed as a temporary measure to buy time and breathing space to find definitive preventive methods particularly a vaccine and to evolve and mainstream a remedial medical regime to curb morbidity and mortality among the infected persons. The lockdown prohibited all public movements including transportation, economic activities, social gatherings, and closed all markets, eating places, workplaces, schools, and colleges. This was initiated as an immediate and short-term strategy until the antiviral vaccines and a regime of treatment was evolved.

The closure of the manufacturing, construction, transportation, and a large range of service industries hit the skilled and unskilled daily wage earners, along with the workers from the informal sector and the self-employed workers from lower socio-economic groups. As markets closed down, agriculture also suffered a great loss and the wage earners dependent on the farm sector suffered a very serious blow with complete stoppage of work. It has been observed in the past that with any disruption in public life, public movement affects first and foremost, the earnings of the small and marginal wage earners. Almost all the victims that the project works with belong to families whose primary earners are daily wage workers. Subsequently, the families of the victims are one of the worst-hit without sustainable means of support from any end.

**This is a Rapid Assessment Study (RAS) of the situation of the families of minor victims of Commercial Sexual Exploitation and Trafficking.**

### **OBJECTIVES OF THE RAS**

- To understand the impact of CiL on the residential/accommodation, health, and livelihood of the families of the victims of commercial sexual exploitation and trafficking.
- To examine the nature of support systems, and social provisioning available for these families, and their accessibility of the same.
- To study the nature of awareness and information on COVID-19, and the sources thereof among the families of the victims of CSE&T.

- To identify and document the relief services availed by them and the source of relief providers.
- To acquire a better understanding of the intervention plan of Post Rescue Operation (PRO), thereby strengthening it in a manner that meets the emerging needs and challenges, during, and post CiL.

## RESEARCH DESIGN

The study uses the social survey method with a quota sample, composed of the family members of the minor victims of CSE&T, who are in contact with Prerana. The study is exploratory and does not aim at testing any pre-articulated hypotheses.

The quota of respondents is as follows:

Total number of families aimed at reaching out	35
Total number of respondents interviewed	30
Number of families who could not be reached	05

**Primary Data:** Primary data were collected from families (adults/parents) of victims of CSE&T.

**Secondary Data:** Desk review of media coverage (newspapers, internet, and news items on TV channels), circulars issued by the governments.

**Respondents:** 30 families of victims of CSE&T, residing across different states though primarily in Maharashtra, who are in contact with Prerana.

### Techniques of Data Collection:

- A one-on-one structured interview with an Interview Schedule (IS) on the phone
- Field Observations (learnings from pre-CiL)

### Tools of Data Collection:

Interview Schedule (IS) for structured interviews

**Duration of Data Collection:** 28<sup>th</sup> April 2020 – 8<sup>th</sup> May 2020

### Data Processing and Interpretation:

Quantitative data were processed by simple mathematical techniques and percentages. Qualitative data was processed logically.

## LIMITATIONS OF THE RAS

1. As the interviews were conducted over the phone, there is a possibility that the respondents were not able to completely open up about certain circumstances/situations.
2. For the families whose children are still residing at Child Care Institutions (CCI), the respondents were unable to speak of their vulnerabilities openly. They were presumably reluctant, as they thought it might impact the outcome of the restoration of their child.
3. In some instances where the respondent was a mother, the husband would interrupt the call, whenever discussions related to finances would surface. In such a situation, the environment was not conducive to continue the interview especially questions where there was expressed discomfort.
4. Some families were extremely concerned about the lack of access to basic resources due to the CiL, making it challenging to engage them in an in-depth dialogue with the staff members.
5. Responses have been gathered against a common set of questions structured or otherwise. The responses have not been verified for their accuracy except by cross-checking and reaffirming, which were required during the phone interviews. The responses, thus, are not necessarily verified facts.

## PROFILE OF RESPONDENTS:

The respondents mostly consisted of the family members of the victims, covered under Prerana's Post Rescue Operations project, and the victim themselves, in some cases where they have been socially reintegrated. The minor victims were rescued from Commercial Sexual Exploitation and Trafficking (CSE&T) and referred to Prerana. From the total respondents, some of the respondents' children were restored to their families/homes whereas some were residing in Child Care Institutions (CCI). All the minor victims of CSE&T) whose families have been interviewed were linked with Prerana through Child Welfare Committee (CWC) Orders. Prerana provides immediate and long-term rehabilitative assistance to the minor victims.

Mothers of victims	18
Fathers of victims	04
Beneficiary Victims themselves (all above the age of 14 years)	03
Others (Step-Father, Step-Mother, Biological Sister, Guardians)	05

<b>Total</b>	30
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*Table: Relationship between the Respondents contacted and Beneficiaries*

No. of respondents covered	30
Total no. of family members of the respondents	150
Total no. of children in the respondents' families	74
Children living in CCIs in Mumbai and adjoining districts	17
Average Size of the family	5

*Table: Family Structure*





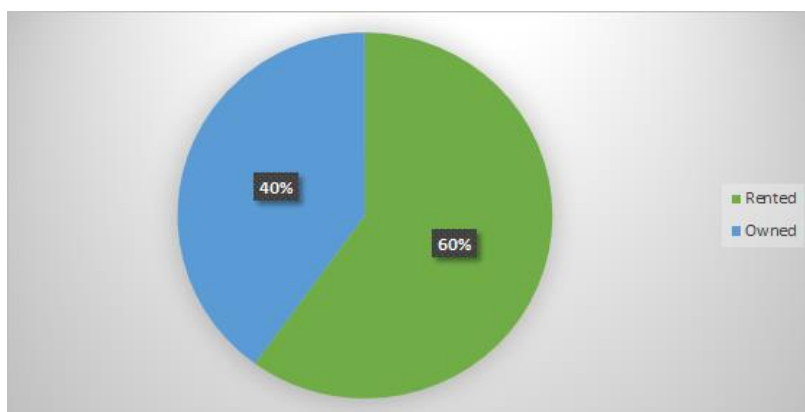
**TENURIAL STATUS OF THE  
RESPONDENT'S RESIDENCE**



# FINDINGS

## 1. TENURIAL STATUS OF THE RESPONDENT'S RESIDENCE

### A. NATURE OF ACCOMMODATION OF RESPONDENT



*Fig 1 (A) – Nature of Accommodation*

The above chart represents that out of the 30 respondents, 12 (40%) respondents reside in houses that they own, and 18 (60%) respondents reside in rented accommodation.

Out of these 18 respondents who shared that they reside in rented accommodation -

- 14 (78%) respondents were unable to pay their rent during the lockdown. The major reasons shared by the respondents for not being able to pay the rent were loss of jobs, and exhaustion of their savings to purchase essential food supplies. The majority of the respondents had requested their landlords for an extension in the rent payment and had been granted the same. In 2 cases, the landlords lived far away, and due to the lack of transport during the lockdown, they could not come down to collect the rent, and hence, agreed to provide an extension in the payment of rent.
- 4 (22%) respondents were able to pay their rent out of which 2 respondents had taken a loan to pay the rent.

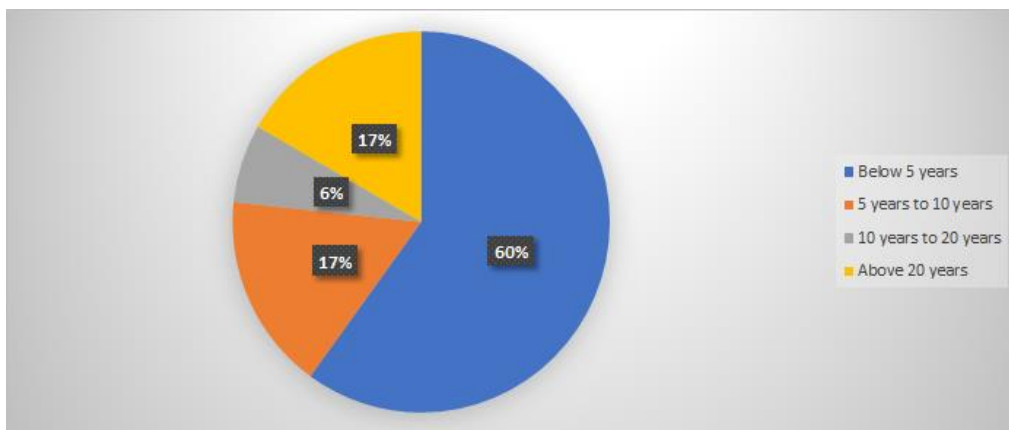
Rent Amount (per month)	No. of Respondents
Up to 5000	8
5001 – 10000	7
10,001 – 20,000	2

20,001 and above	1
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**Table: Rent paid by the respondent**

The above table shows that out of the above mentioned 18 (78%) respondents who reside in rented accommodation, 8 (44%) reported that they pay less than Rs. 5,000/- as rent. 7 (39%) respondents shared that they pay between Rs 5001 and 10000 as the rental for their residence. 3 (17%) respondents said they pay above Rs 10,000/- as rent for their accommodation. They also shared their worries about being unable to pay rent for over three months and were concerned about having to pay a large amount after the lockdown, due to the accumulation of the outstanding amount along with the interest. One of the respondents mentioned that, while they had not specifically ‘borrowed’ money during the lockdown, they had also been unable to pay rent for several months. Meanwhile, another respondent shared that they had taken borrowed money to pay the rent. The respondents were afraid of their landlord asking them to vacate the premises due to the non-payment of rent.

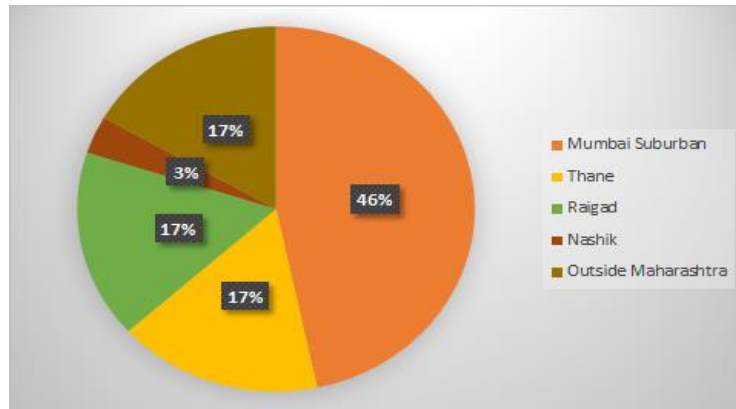
**B. PERIOD OF STAY AT CURRENT RESIDENCE**



**Fig 1(B) – Stay at current residence**

The above figure represents that as per the data collected in May, out of 30 respondents, 18 (60%) of the respondents have been residing in their current residence for less than 5 years. 5 (17%) respondents have been residing in their current residence between 5 to 10 years, 2 (6%) respondents between 10 to 20 years, and 5 (17%) respondents for more than 20 years.

### C. LOCATION OF THE RESPONDENTS:

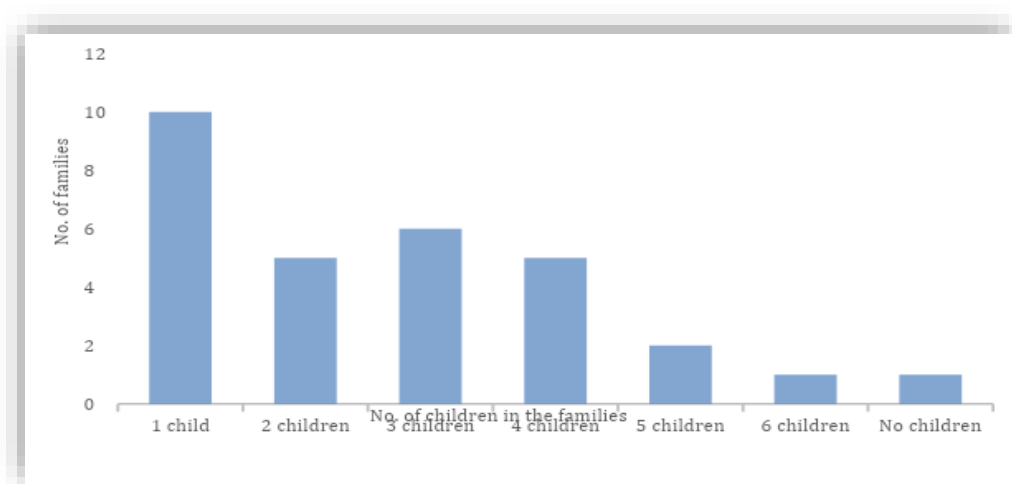


**Fig 1 (C) – Location of the Respondents**

The above chart shows that out of the 30 respondents,

- 14 (46%) respondents reside in the Mumbai Suburban district. The respondents are residing in localities of Malad, Dahisar, Kurla, Govandi, Mankhurd, Chembur, Kandivali, and Jogeshwari within the district.
- 5 (17%) respondents reside in the Thane District. The respondents reside in different parts of Thane, Kalyan, and Ulhasnagar.
- 5 (17%) respondents reside in the Raigad District which includes areas like Panvel, Neral, Kamothe, and Kalamboli.
- 1 (3%) respondent resides in Nashik.
- 5 (17%) respondents reside outside Maharashtra in other states including Rajasthan, Gujarat, Uttar Pradesh, and West Bengal.

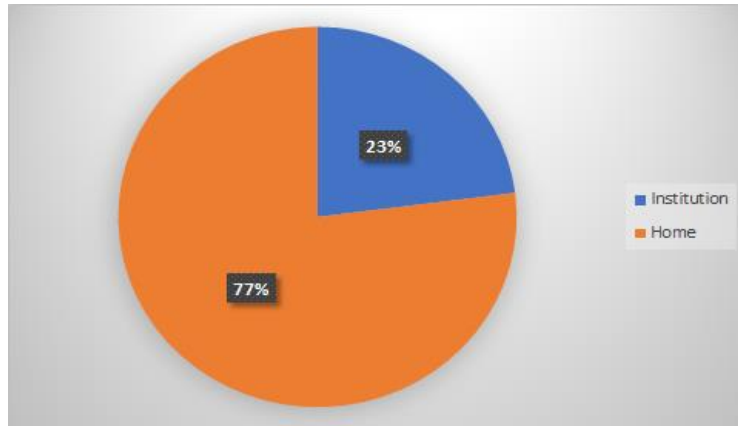
### D. CHILDREN IN CHILD CARE INSTITUTIONS (CCIs)



**Figure 1 (D-1) – No. of children in Respondent’s family**

The above figure represents the total number of children distributed across the families of 30 respondents. 10 (33%) respondents shared that they have just one child in the family, 5 (17%)

said they have 2 children, 6 (20%) said that there are 3 children in their families while 5 (17%) reported that they have 4 children in their family and 2 (7%) said that they have 5 children in the family. There was 1 (3%) respondent each that shared having 6 children in the family and another who shared having no children.

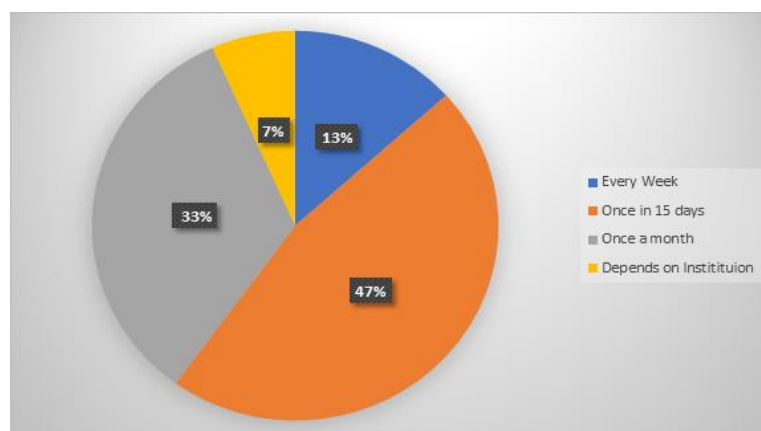


**Fig 1 (D-2) – Location of the children during CiL**

The above figure represents the current location of the 74 children belonging to the family of 30 respondents:

- 17 (23%) of the children are currently residing in Child Care Institutions (CCIs).
- 57 (77%) of the children are residing with their families.

The children residing in CCIs had been enrolled in the CCIs much before the lockdown for their Care and Protection. During this period, the children and families have been observed to be concerned and worried about the health and wellbeing of each other. Therefore, it becomes all the more important for them to stay connected. Upon asking about the frequency of their interaction with their children residing in the CCIs, the following responses were documented/recorded:



**Fig 1(D-3) Interaction of children residing in CCIs with their families**

The above figure represents the frequency of interaction between the children residing in Child Care Institutions and their families. Out of 17 children residing at Child Care Institutions, 15 (88%) children were in touch with their family telephonically while 2 (12%) children had not been able to communicate with their family during the lockdown, till the time this survey was conducted.

Out of the 15 children who were able to interact with their families:

- 2 (13%) of the children interact with their families once in 7 days.
- 7 (47%) of the children interact with their families once in 15 days.
- 5 (33%) of the children interact with their families once in 30 days.
- 1 (7%) of the children interact with their families depending on the institution.

It has been observed from the team's interactions with the CCI staff, and the families, that these conversations generally take place through an official phone – either mobile phone or a local landline connection at the CCI. Some of the CCIs have been facing infrastructural challenges on procuring a mobile handset, and an official connection and, securing the relevant permissions associated with the same.



**STATUS OF LIVELIHOOD**

## 2. LIVELIHOOD

### A. SOURCE OF LIVELIHOOD

Total number of earning members out of 30 respondents' families - 44

Source of Livelihood	No. of Earning Members in family
Farming	02
Daily Wage	26
Enterprise	02
Employment in the Formal Sector	14

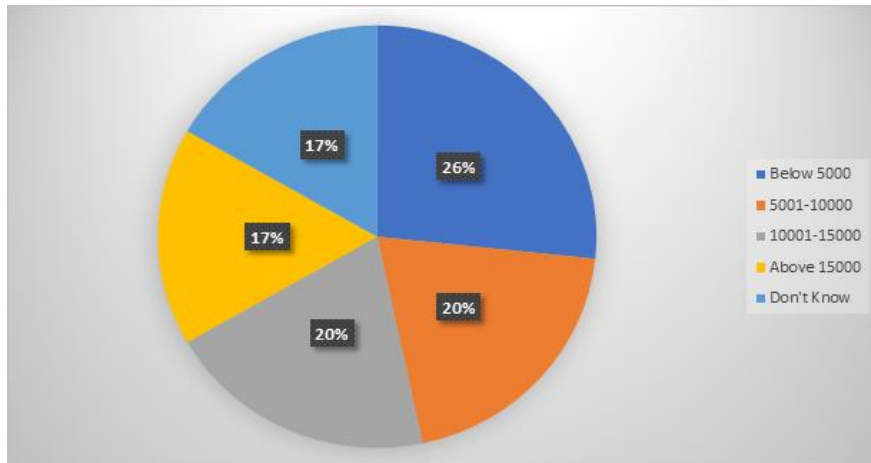
*Table: Source of Livelihood*

The above numbers represent the sources of livelihood before lockdown for the 44 earning members. The above data shows that 26 (59%) earning members were daily wage-earners. The occupation of these 26 earning members comprised of being a construction worker, domestic helper, fish seller, singer in a local restaurant, cleaner at railway stations, truck driver, selling and repairing of phone batteries at railway stations, working at a dance bar, and unloading cargo truck. Further, 14 earning members (32%) were engaged in occupations providing steady monthly income such as being a cashier at a shop, waiter at a restaurant, packaging medicine at a factory, assistant at shop and pharmacy, nurse, Bombay Municipal Cooperation worker, engineer. 2 were engaged in their enterprise and had their shops and 2 were engaged in farming.

Out of 30 respondents, more than half i.e., 16 respondents (53%) shared that there is only 1 earning member in their family. Further, 11 out of 30 respondents (37%) shared that there are 2 earning members in their family. 2 out of 30 respondents (7%) shared that there are 3 earning members in their family. And 1 out of 30 respondents informed that there is no earning member in the family.

*Please note - The dependency of the families on the earnings from the sex trade was not discussed openly during this interview.*

## B. INCOME RANGE

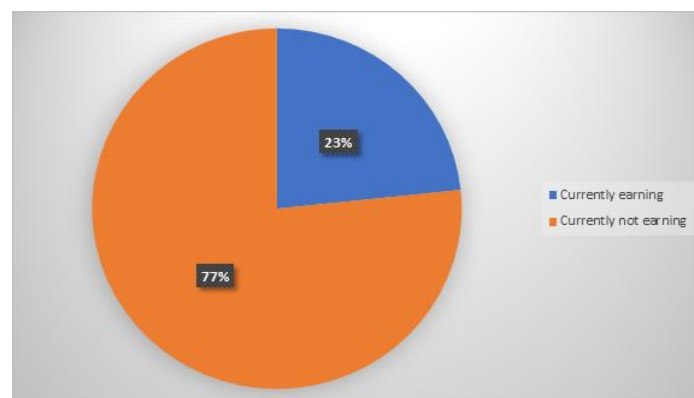


*Fig 2(B): Monthly income of respondents' families*

The range of income reflects the economic situation of the respondents. In some families, there were sole earning members and, in some families, there are 2-3 earning members. It was noted that the average size of the family was 5 members. The respondents were asked about their income amount before the lockdown. As per the responses given by the respondents, it was found that –

- 8 (26%) of the respondent's family members had an income below Rs. 5,000 per month,
- 6 (20%) of the respondent's family members had an income between Rs 5,000-10,000.
- 11 (37%) of the respondent's family members had an income above Rs.10,000
- 5 (17%) of the respondent's family members were not aware of the income of their families.

## C. CURRENT EARNING STATUS



*Fig 2 (C) Current earning status of respondent's family*


The CiL has hit the livelihood of vulnerable and marginalized sections of the population in an unanticipated manner. Out of 30 respondents, 23 (77%) respondents informed that the earning members of their family were not earning at the time of the interview. It is a cause for concern since most of the earning members of the families are daily wage earners, serving as domestic



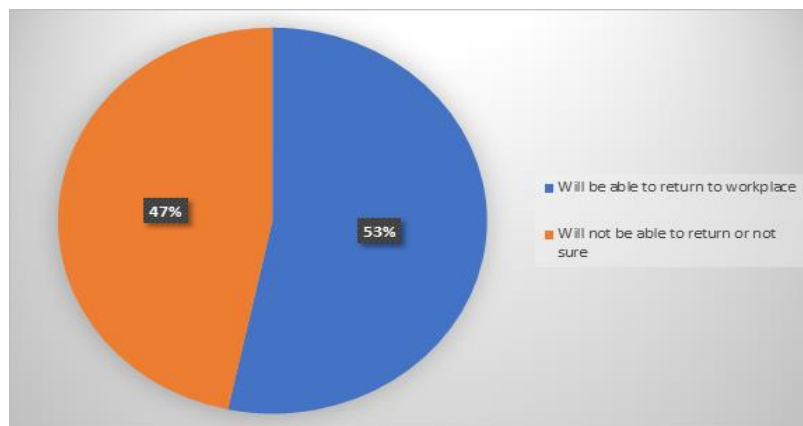
help, or doing odd jobs. The remaining 7 (23%) respondents shared that members of their family were earning at the time of the interview. These earning members are not necessarily doing the jobs that they had before the CiL. One of the respondents shared that to sustain themselves during the lockdown, they have been pushed into taking new jobs during CiL like gutter cleaners, hospital assistants, etc.

Rahima (name changed) is a family member of one of the children who we work with. She has 9 family members who live with her, including the child. Her husband used to earn Rs. 7000/- per month by working as a waiter in a restaurant. Due to lock-down, the restaurant was shut and he had not been able to go to work. The family had no other source of income.

Resources were mobilized by Prerana in coordination with two different NGOs, providing relief to support the family but the assistance was limited. Rahima had borrowed money from her relatives to provide for the family's needs. She shared that the family did not have enough ration for the coming days, and would have to resort to borrowing money or taking ration from local vendors and defer the payments. Rahima further shared that the holy month of Ramadan was ongoing, and they had no food for her family. Rahima informed that in Mumbai, the BMC officials usually look for workers before the rainy season to clean the gutters and nallas, and paid around Rs. 300/- per day. Rahima thought that rather than staying at home, with no resources to buy ration or medicines, it was better for her to go and work there. Along with Rahima, her elder son had also taken up this work.



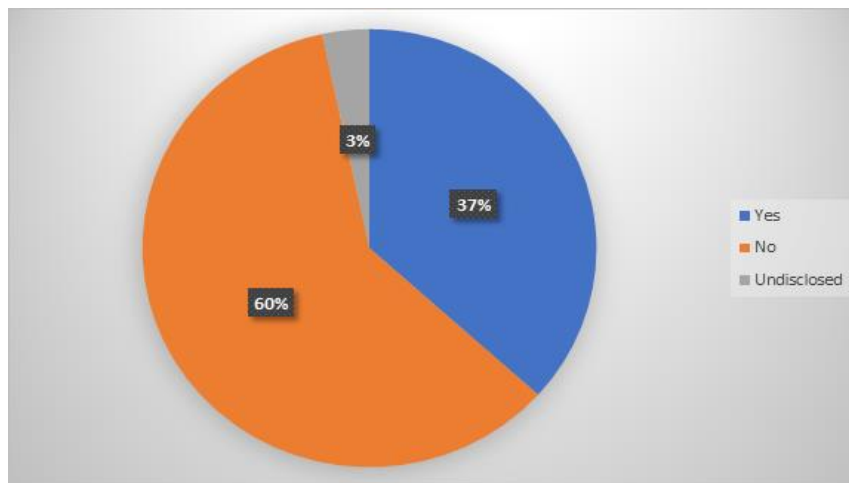
#### D. LIVELIHOOD SECURITY POST LOCKDOWN



**Fig 2 (D): Livelihood security post lockdown**

16 (53%) respondents stated that they were hopeful of going back to their workplaces once CiL was lifted, although they have received no official communication from their workplaces. It is challenging and worrisome for the remaining 14 (47%) respondents who reported that they will not be able to return to their previous jobs.

## E. SEEKING FINANCIAL ASSISTANCE



*Fig 2(E): No. of respondents who borrowed money*

11 (37%) respondents' families borrowed during the pandemic post the CiL. They borrowed money, mostly from their relatives, friends, or neighbors. Although other respondents shared that they have not directly borrowed money, most of them reported that they had procured ration and other necessities from local shops, on loan, or by deferring the payment.

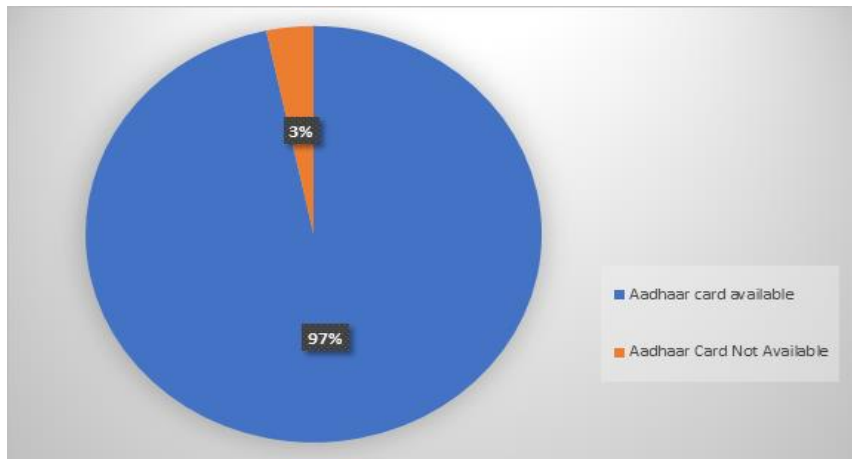


**SOCIAL SECURITY**

### 3. SOCIAL SECURITY

#### A. STATUS OF IDENTITY DOCUMENTS

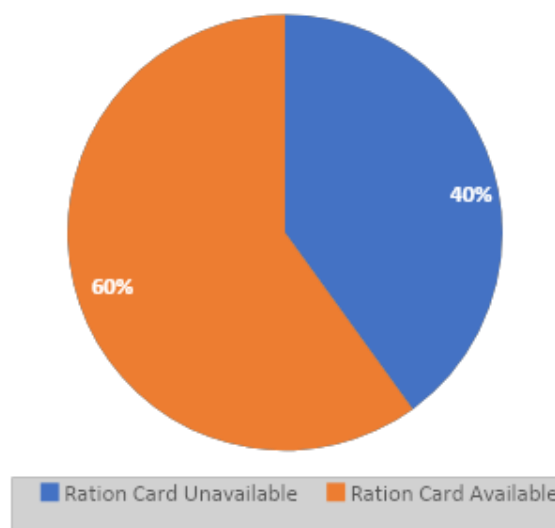
Identity documents such as Aadhaar Card and Ration Card play a crucial role in availing social protection benefits rolled out by the government. Therefore, it becomes important to understand if the respondents and their families have these documents with them.



*Fig. 3(A-1): Status of Aadhaar Card of the respondents*

Diagram 3(A-1) above indicates that almost all the respondents, i.e., 29 (97%) shared that they have an Aadhaar card. All the 30 (100%) reported that their family members have their Aadhaar cards.

#### Availability of Ration Card



*Fig 3(A-2): Status of ration cards of respondents*

As the above diagram 3(A-2) shows 18 respondents (60%) have a ration card. However, 6 out of these 18 respondents reported that they do not use the ration card to procure ration.

Some of the reasons for not utilizing the ration card for procuring ration are as below:

- Adulterated quality of the ration,
- Respondent's name not included in the ration card,
- Change of address not updated in ration card

Colour (Type) of ration card	Number of respondents who hold it
White	2
Saffron	8
Yellow	4
Blue	1
Not aware	3
Total	18

*Table: Colour of ration card*

The Public Distribution System (PDS) is one of the most crucial nationalized social security systems in place, in which the ration card plays a pivotal role. Although there have been few shortcomings in the system in terms of the quality of the distributed ration, availing the benefits of the ration card comes as a huge relief to families from lower socio-economic strata.

Out of the 18 respondents who shared that they have a ration card, 8 respondents shared that they have a saffron color ration card, indicating that they fall under the category of Above Poverty Line who are were given subsidized food grains during CiL (wheat at Rs 8/- per kg and Rice at Rs 12/- per kg).<sup>3</sup>

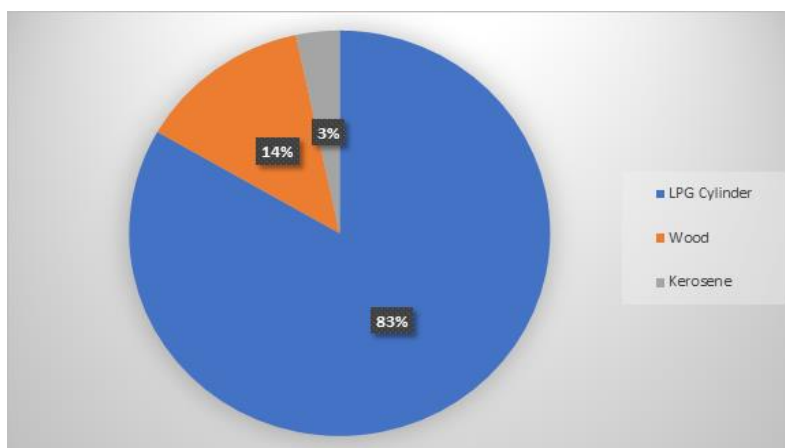
4 out of 18 respondents shared that they have a yellow color ration card. The yellow card is given to families whose income falls Below Poverty Line (BPL). These families are provided with food grains for subsidized prices (wheat at Rs 2/- per kg) and Rice at Rs 3/- per kg)<sup>4</sup>. 2

<sup>3</sup> <https://www.thehindu.com/news/national/other-states/subsidised-wheat-rice-for-saffron-ration-card-holders-in-maharashtra/article31284238.ece>

<sup>4</sup> With a view to curb diversion of food grains and to provide more food grains to the needy families, the Maharashtra State Govt introduced Tri-colour ration card scheme w.e.f. 1st May,1999. <http://controllerofrationing-mumbai.gov.in/rationcard.html>

respondents have white color ration cards signifying they are Above Poverty Line (APL) with no benefits, 1 respondent residing in Rajasthan had a blue ration card which indicates that their family falls under Above Poverty Line and has a double gas connection. 3 respondents stated that they are not aware of the color of their ration card.

## B. ACCESS TO FUEL FOR COOKING FOOD



**Fig 3(B): Medium of cooking food**

The data presented in the above chart shows that the majority of the respondents, i.e., 25 (83%) respondents used LPG gas cylinders for cooking. Out of these 25 respondents, 2 of them shared that they did not have fuel (gas) to last for the next 15 days (at the time of the interview). They mentioned that they will get a gas cylinder from shops nearby or use *Chullah* (firewood) to cook. Financial constraints will lead them to switch to *Chullah* as they may no longer be able to afford to procure LPG.

4 (14%) respondents shared that they used firewood collected from nearby places for cooking food.

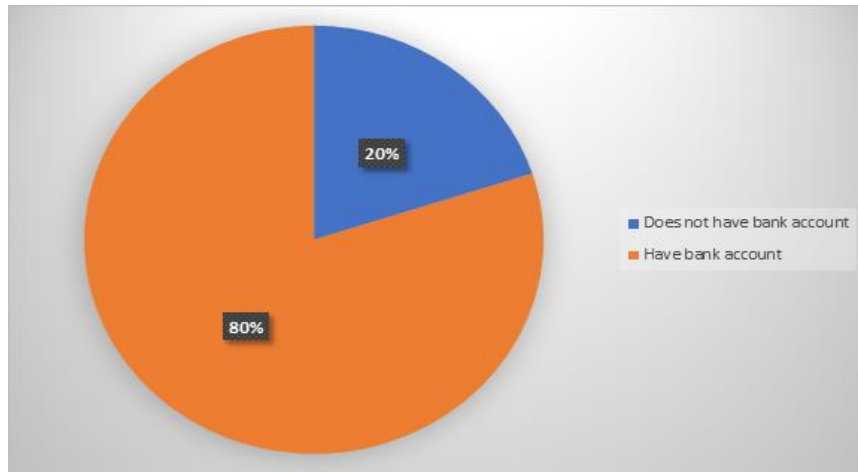
1 (3%) respondents shared that they used kerosene for cooking food. The respondent mentioned that the kerosene is procured for Rs 80 per liter. The respondent shared that there was not enough kerosene for the following 15 days (at the time of the interview).

Nature of Gas Cylinder Connection	Number of Respondents	Amount range
Gas booking through a registered agency	14	Rs. 600-900
Gas procured through other (unregistered) sources	11	Rs. 900-1500

**Table: Nature and Amount of Gas Cylinder Connection**

The above table shows that 14 out of the 25 respondents who shared that they use gas through a registered agency procure the cylinder by paying Rs 600-900 cylinder. Whereas, 11 remaining respondents who shared about purchasing gas from unregistered sources shared that they spent approximately Rs. 900 -1500 per cylinder.

### C. STATUS OF BANK ACCOUNT



*Fig 3(C) Status of Bank Account*

Fig 3(C), shows that 24 (80%) respondents had a bank account in their names whereas 6 (20%) respondents shared that they did not have a bank account in their names.

Out of the 24 respondents who had a bank account, 22 shared that their bank accounts had been opened with a Nationalised Bank, 2 respondents informed that they had their savings accounts at the Post Office.

<b>Bank account linked to Jan Dhan Yojana</b>	4 respondents
<b>Bank account not linked to Jan Dhan Yojana</b>	19 respondents
<b>Not aware</b>	1 respondent

*Table: Status of the bank account linked to Jan Dhan Yojana*

Out of 24 respondents who had bank accounts, only 4 respondents (13%) shared that their bank account had been opened under Jan Dhan Yojana. 01 respondents shared that they did not know if the account had been opened under Jan Dhan Yojana. The remaining 19 respondents shared that their bank account was not linked to Jan Dhan Yojana. One respondent from among the

ones who shared that their bank account was opened under the Jan Dhan Yojana, had also received the assistance of INR 500 from the government<sup>5</sup>.

**Pradhan Mantri Jan-Dhan Yojana (PMJDY)** is a National Mission for Financial Inclusion to ensure access to financial services in an affordable manner. Under the scheme, an account can be opened in any bank branch or Business Correspondent (Bank Mitra) outlet. Such bank accounts offer a number of regular banking services like interest on deposits and transfer of money, along with other additional services like no minimum balance, accidental cover insurance, life cover, etc. These accounts can be opened with any of the valid identity documents prescribed under the scheme like PAN Card, Voters' ID Card, Driving Licence, etc. The Reserve Bank of India vide its Press Release had also declared that individuals who do not have any of the 'officially valid documents' can also apply for a 'small account' by presenting a self-attested photograph in the presence of bank officials. This 'small account' is valid for one year with a basic savings account facility, and can be extended after presenting proof that the account holder has applied for any of the valid identity documents. One important feature of such accounts is the direct benefit transfer that beneficiaries of Government Schemes will receive. During the CiL, the government announced an ex-gratia payment of Rs. 500 to the accounts of over four crore women belonging to the low-income households in the country.

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<sup>5</sup> With the outbreak of Covid-19 in India, the Finance Minister of India, Nirmala Sitharaman made an announcement to provide Rs. 500 per month to every Women Jan-Dhan Account Holders for the next three months. This announcement was made on 26th March, 2020 as an initiative towards the loss caused by the outbreak.

<https://economictimes.indiatimes.com/news/economy/policy/final-instalment-of-rs-500-to-women-jan-dhan-account-holders-from-friday-finmin/articleshow/76198794.cms>

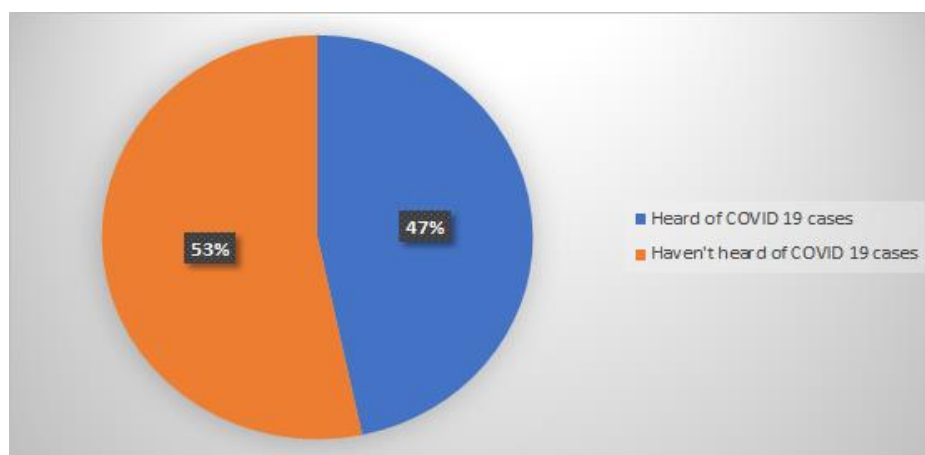




**STATUS OF HEALTH**

#### 4. HEALTH STATUS OF THE RESPONDENTS AND THEIR FAMILIES

##### A. STATUS OF COVID-19 AROUND THE RESPONDENT



*Figure 4 (A) – Status of COVID-19 around the respondent*

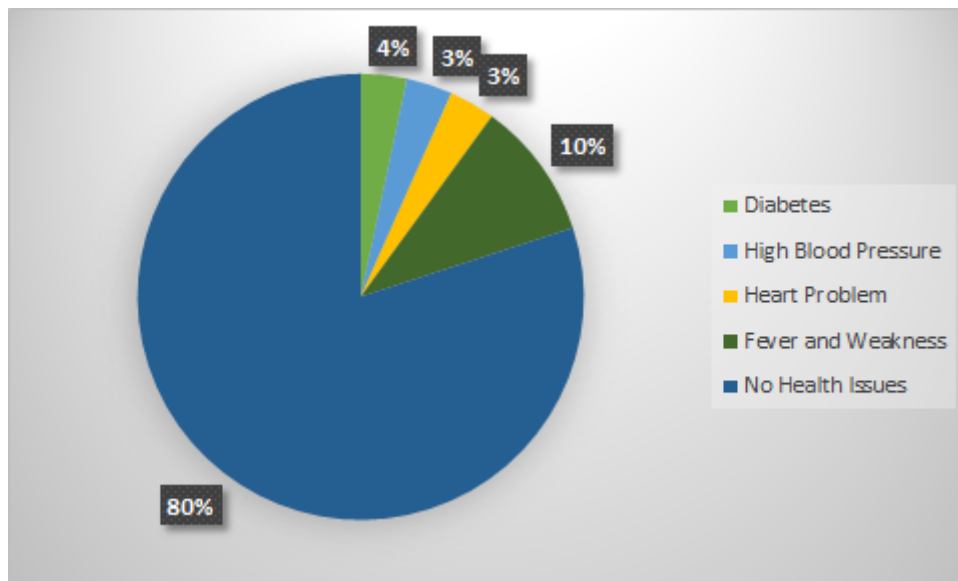
16 (53%) out of the 30 respondents, had not heard of any COVID-19 cases being reported in their localities, while 14 (47%) respondents reported that they had heard of COVID-19 cases surfacing around their neighborhood. Out of those 14, 11 (79%) respondents belonged to the Mumbai Suburban district and 3 (21%) to Thane and Raigad district.

<b>No. of respondents who have not come in contact with COVID-19 infected people</b>	<b>29</b>
<b>No. of respondents who have come in contact with COVID-19 infected people</b>	<b>1</b>

**Table: Respondent coming in contact with COVID-19 infected people**

As per the data provided by the respondents, 29 (97%) respondents had not come in contact with any person who had tested positive for COVID-19, while 1 (3%) respondent had come into contact with a person who tested positive for COVID-19. *Interaction with this respondent took place about precautionary measures that they needed to take to ensure their safety.*

## B. CURRENT HEALTH STATUS OF THE RESPONDENT



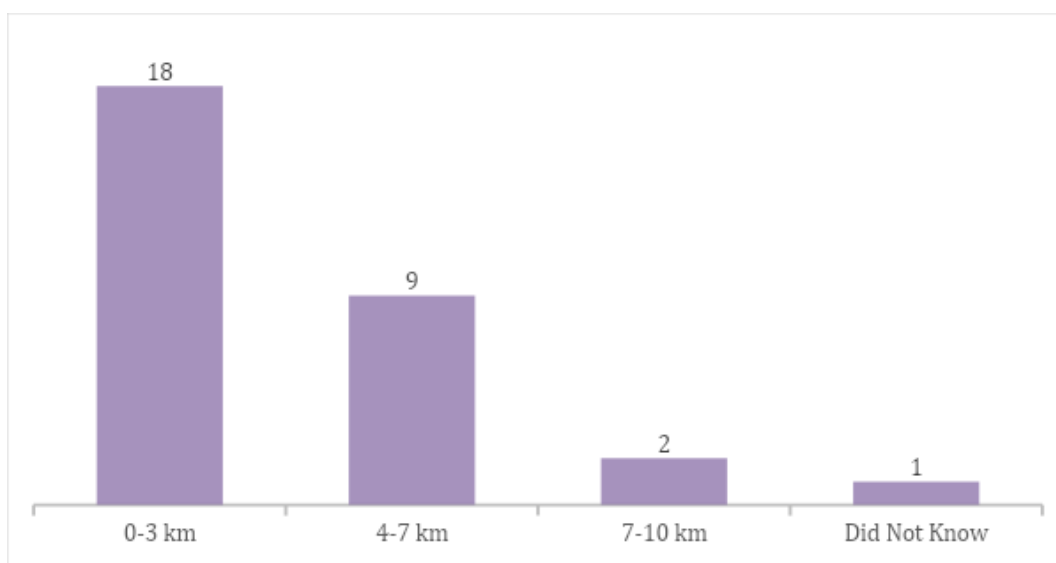
*Fig 4 (B) – Health Status of the Respondent*

24 (80%) out of 30 respondents stated at the time of the interview that they did not have any ill-health conditions. A total of 6 (20%) respondents shared that they were on medication for heart ailments/diabetes/blood pressure.

*A follow-up on their health was conducted during the subsequent casework follow-up calls. Some respondents also shared feeling weak and feverish, due to fasting in the month of Ramadan.*

## C. ACCESS TO MEDICAL FACILITIES

### (i) Distance between residence and the nearest hospital/clinic

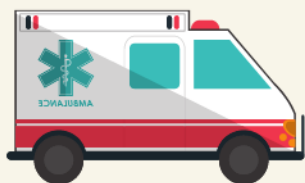


*Fig 4 (C-1) - Distance between residence and the nearest hospital/clinic*

According to the above graph, 18 (60%) respondents were at a distance of 0-3 km from a hospital/clinic. 9 (30%) respondents were located 4-7 km away and 2 (7%) were located 7-10 km away from any hospital/clinic. One respondent shared not knowing where the nearest hospital was located. For those families who did not have a nearby hospital/clinic, in case of a medical emergency, the distance was a major concern since transport had also been substantially suspended in the city.

*Upon discussing the challenges during the CiL, some of the respondents mentioned that the distance between their residence and the nearest hospital/clinic is one of the major issues.*

Reshma (name changed) looks after her sister's child, Asifa (name changed) who the team has been working with. Asifa is HIV positive and has also been infected with TB. She is linked with the local ART and DOTs center. Due to the lockdown restrictions, Asifa was unable to travel from her house to the health center. There was no mode of transport available in their area. Asifa was very vulnerable due to her medical condition, and was getting quite weak during this period. Reshma was also facing financial issues which made it even more difficult for her to visit the hospital for procuring medicines.



Kunal (name changed) shared that his wife is HIV positive and has been undergoing treatment for more than 10 years. Kunal shared that his wife's health began to deteriorate during the lockdown and one day she started vomiting blood. Kunal's family stayed quite far from a local hospital/clinic. Prerana's social worker subsequently connected Kunal's family in touch with the PLHIV (persons living with HIV) network and an ambulance was arranged after few hours, to take his wife to the Hospital.

### **(ii) Financial Concerns regarding Treatment and Medication:**

6 (20%) respondents shared that they were facing pre-existing health issues and had been taking medication for the same. All the respondents shared that medication was available either at the local clinic or at the government Hospital. The major challenge shared by these respondents was the lack of financial provisions to purchase the medication from a nearby pharmacy.

Ravi, (*name changed*) is the brother of one of the children who the team works with. He shared that their family has to spend approximately Rs. 700-800 every 15 to 20 days on the medication for his angioplasty, for which they had taken a loan of Rs.50,000. The respondent also has a monthly consultation with a cardiologist at a Hospital and the consultation fee for each visit amounts to approximately Rs.1000. During COVID-19 when the earnings of the family were severely affected, the respondent shared they are facing difficulties due to the paucity of funds to access the medical services.

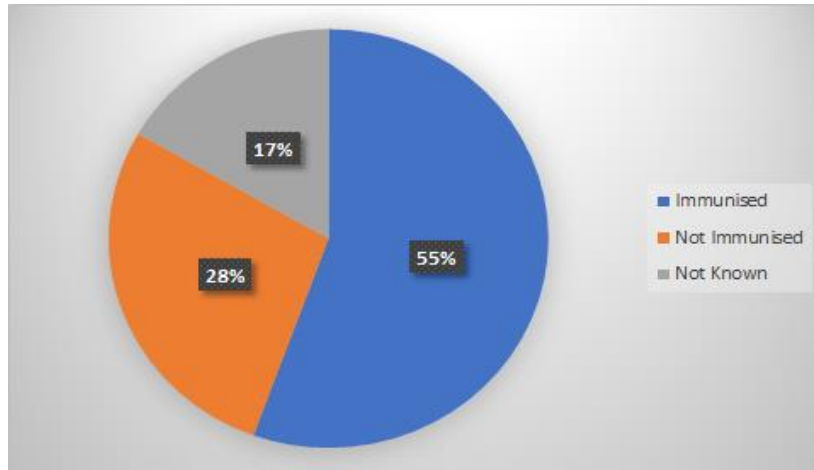


#### **D. STATUS OF PREGNANT WOMEN AND IMMUNIZATION OF CHILDREN DURING CiL**

During the time of the interview, one respondent was pregnant and 2 respondent's daughters were pregnant.

A social worker from Prerana got to know that one of the respondents ( a former beneficiary) was having intense abdominal pain, and since she was nine months pregnant, it was assumed that she was in labor. She was asked to rush to the hospital but the respondent wasn't allowed to see a doctor at the nearest hospital. She was informed that only COVID-19 patients were being admitted at the Hospital. The respondent was comforted over the phone by the social worker and directed to two other Hospitals. However, she was rejected at these hospitals as well for the same reasons. She then rushed to a private clinic where she was asked to pay Rs. 15,000 for the delivery. The social worker asked to speak with the doctor but the doctor refused, and then asked them to leave. The social worker contacted another hospital which was further away from the previous Hospital. Fortunately, the respondent had a friend who drove a rickshaw, and was assisting her to get to these hospitals. Details of the case were given to the hospital staff over the phone after which the respondent was asked to reach the hospital and get admitted. The respondent safely gave birth to a baby girl.







**Figure 4 (D) – Status of Immunisation of Children**

Out of 74 children of the 30 respondents contacted, 18 children are below 10 years of age, i.e., they were eligible for immunization. The above diagram represents the status of immunization of children during CiL. Out of the 18 children who are eligible for immunization, 10 (55%) children have gotten immunized. 5 (28%) children haven't been able to get their immunization shots during CiL. And the respondents didn't know if 3 (17%) children have been immunized or not.

One respondent shared that his son, Sonu (*name changed*) who is 4 years old has a heart condition and is undergoing treatment for the same. Sonu was due for three vaccinations to be taken but due to the lockdown, the family was unable to take Sonu to the Hospital.



Two respondents had visited the local hospital to get their children vaccinated but were told by the doctors that no frontline workers were available for the immunisation process.



Even if the distance between the respondent's residence and local hospital for most of the respondent were not far, accessing essential services like immunization and healthcare service for pregnant women remains a point of concern due to heavy restrictions on movement and unavailability of healthcare professionals for other health concerns apart from COVID-19.

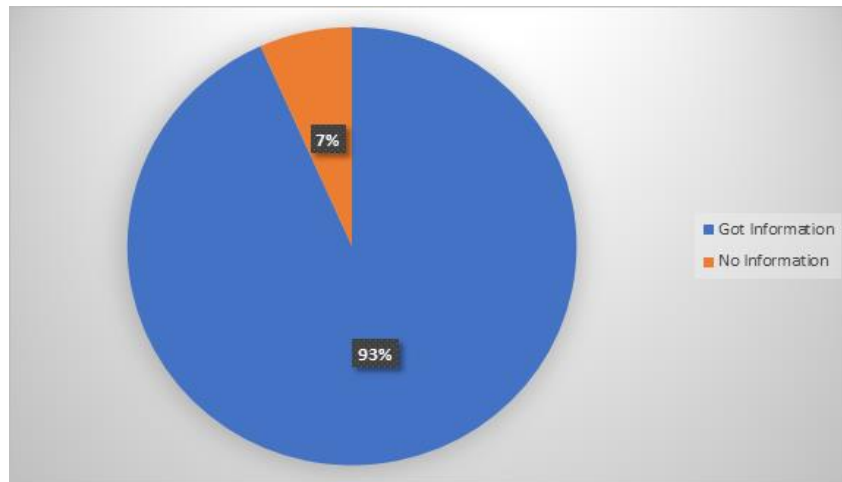




**ACCESS TO INFORMATION, RELIEF  
MATERIAL, AND OTHER SERVICES  
DURING CIL**

## 5. ACCESS TO INFORMATION, RELIEF MATERIAL, AND OTHER SERVICES DURING CiL

### A. INFORMATION ON COVID-19:



*Fig 5(A): Access to information regarding COVID-19*

The above diagram indicates that 28 (93%) respondents had information regarding COVID-19. They reported that they had received this information from different sources as follows:

Information Sources	No. of respondents
TV News, announcements/pamphlets	20
Neighbors and relatives	10
Doctors and nurses	6
Social Media Sources like WhatsApp, Facebook, and TikTok	6
Social workers	5
Children residing in CCIs	1

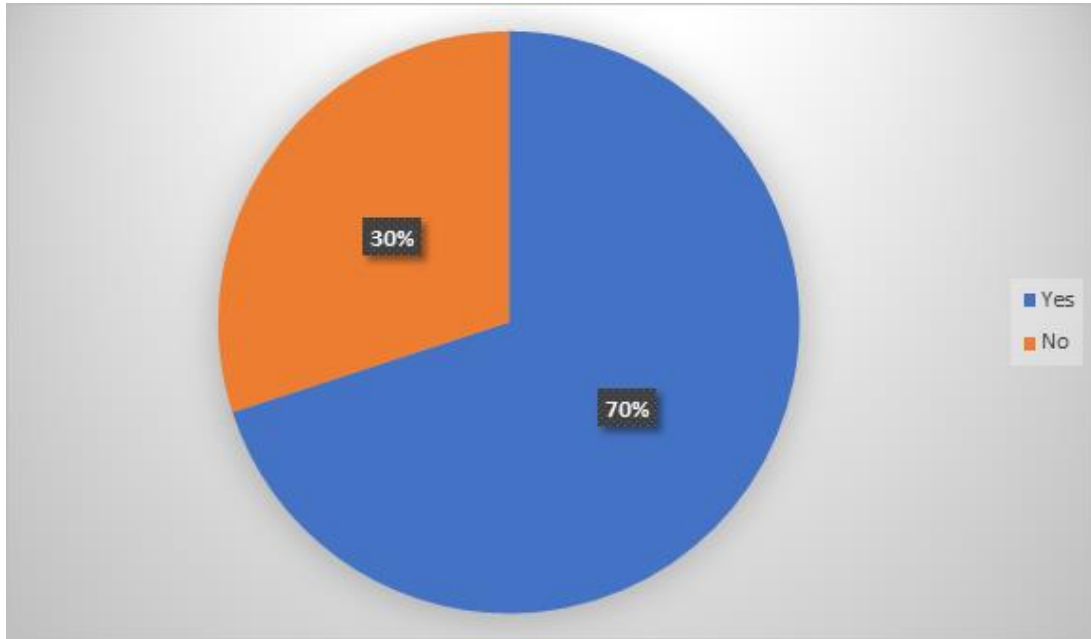
*The above respondents shared that they had received the following information:*

- Wash hands frequently,
- Wear masks while venturing out of home,
- Not to touch their face and keep it covered as required,
- Maintain social-physical distancing,
- Sanitise materials and washing vegetables,
- Drink boiled water.



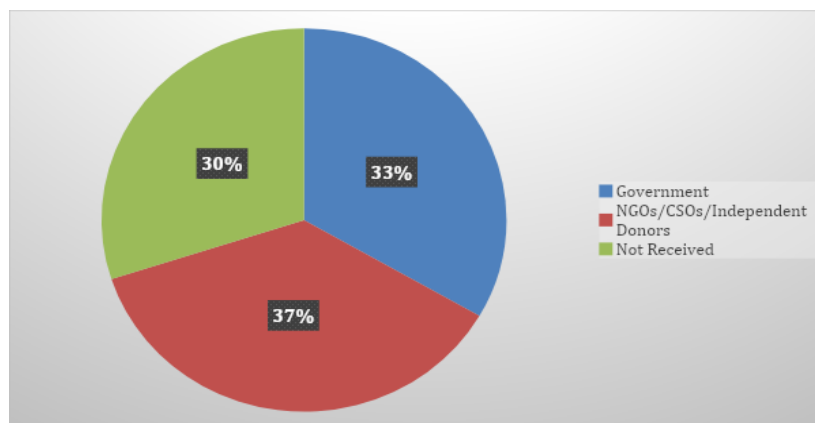
The respondents also shared about keeping updated regularly on the statistics of COVID-19. One of the respondents shared that a COVID-19 diagnostic center had been set up in their locality. The tests were being conducted for Rs. 100 at the center and were available for everyone, especially migrants returning home. The respondent was unsure if the diagnostic center had been authorized by the government.

## B. ACCESS TO RELIEF MATERIAL



**Fig 5 (B-1): Relief Material received during Covid-19**

The data from the above figure indicates that 21 (70%) respondents shared that they received relief material during CiL from different sources. Relief material plays a vital role in such difficult times as we see that although there are 2-3 major earning members in each family, the average size of each family is 5. With the jobs of the earning members being unstable, it has been difficult to manage the household expenses during these times. The much-needed relief material consisted of all the ration items and few toiletries.



***Fig 5 (B-2): Source of Relief Material***

The above fig 5(B-2), represents the source of relief material for the 30 respondents.

- 10 (33%) respondents shared that they have received relief material from government services. Out of these 10, 6 have received from ration shops through PDS while 4 have received from the village sarpanch and MLA.
- 11 (37%) respondents shared that they received relief from NGOs and civil society members.

Meanwhile, 9 (30%) respondents shared that they did not receive any relief during CiL. The respondents shared that the family has been using their savings and are skeptical of the way ahead since the savings are getting exhausted. The respondents also shared that they took loans from the ration shops nearby and procure the ration in debt. One respondent also shared that since there are support systems nearby, their family has been borrowing money and buying ration. They further informed us that the ration shops are also getting out of stock. As the interviews were conducted during the month of Ramadan, some of the respondents expressed helplessness for not having enough food for *Sehri* and *Iftar*.

Efforts were subsequently made by Prerana Social Workers to assist the families and relief support was provided to them.

### **RATION FOR NEXT 15 DAYS**

<b>Ration for the next 15 days</b>	<b>No. of Respondents</b>
Yes	15
No	15
Total	30

**Table 5 (B): Ration for next 15 days of the respondents**

Although most of the respondents (70%) shared that they have been getting relief materials from different sources, it was important to understand if the quantity which they have received would suffice the needs of the families. Out of 30 respondents, 15 respondents (50%) shared that they have ration for the next 15 days and 15 respondents (50%) shared that they do not have enough ration for the next 15 days.

### **C. STATUS OF MIGRANTS DURING THE CiL**

In light of the above circumstances, the respondents were unable to make ends meet. Lack of income, difficulty to meet financial commitments such as payment of rent, lack of sufficient

food and medical facilities, pushed some families to think of migrating back to their native places.

It was asked to the respondents if they have migrated to Mumbai within the past decade. And 14 (47%) out of 30 respondents shared that they have migrated to Mumbai within the past decade. This information was sought to understand the migration trail of the families who the project is closely engaged with. Out of these 14 respondents, 7 (50%) respondents shared that they would like to go back to their native places. The respondents shared that buying essential material and surviving in the city has become difficult as there is a lack of source of income, coupled with not possessing a ration card. They shared that even if they can substantially rely on relief material which mainly comprises ration provided by NGOs/CSOs, the other needs of the household such as expenses for procuring gas, milk for infants, drinking water, etc., are also crucial.

Payal (*name changed*), 38, is a mother of three children. Her oldest child is residing at a Child Care Institution (CCI) in Mumbai and is turning eighteen (18) in December 2020. Payal is originally, from Bihar and hasn't gone back to the village in the last 4 years. Prior to the lockdown, her husband had visited the village for some work but could not return to Mumbai due to the lockdown.



Payal has been staying at a rented accommodation in a crowded low-income urban community of Thane with her two young children, with no means of livelihood. Since the lockdown, efforts have been made to support Payal and her family by coordinating with different relief providing organizations. Payal does not have a ration card under her name and is not able to avail of the services of the Public Distribution System. Meanwhile, the cost of essentials was also being hiked in the local stores. One of the major challenges for Payal has been buying milk for her infant. With an increasing number of COVID-19 cases in her neighborhood, coupled with a lack of resources and support systems, she has decided to go back to her native place along with her children. She was, however, worried about her older child at the CCI as they might not be able to come back to Mumbai if they went back to their native place.

Sakshi (*name changed*) was a child in need of care and protection. A few years ago, she was rescued from commercial sexual exploitation. She has a younger brother who has an intellectual disability that falls on the autism spectrum. Her father is a contractor and the mother is a homemaker. Sakshi's family resides in a rented accommodation in one of the congested low-income areas, along with her uncle.



The family has been in financial distress for a while now which was amplified during the lockdown. The business of the earning members of the family stopped and there was no source of income. The younger brother could not go to school. Sakshi had been temporarily employed in a local pharmacy but due to the pandemic, she left the job. She has started her job, just two weeks before the lockdown and was supposed to get salary for 15 days but she was not paid. The employer insisted that the money will be paid after the lockdown gets lifted. Her father has not earned for several months now. They have been borrowing money from relatives and friends. Due of the financial difficulties they are facing in Mumbai, the family wanted to go back to their native place in rural Gujarat for the time being. However, in the absence of transportation, it was not possible. Even if they took a train to Gujarat, it would have cost them a lot to arrange transport from the station to their village. The family also contemplated taking a taxi from the station but realised that they could not afford it, and hence did not go. Meanwhile, they have not been able to pay their housing rent for the past few months either.



CONCLUDING COMMENTS

## CONCLUDING COMMENTS

The respondents interviewed for this study belong to the marginalized and low-income communities. The CiL had made it difficult for these families to make ends meet as most of them are daily-wage earners, and thus, had no sources of income. The respondents mostly belonged to the unorganized sector, where they worked as daily wage earners, domestic help, and helpers at businesses or vendors.

A key observation of this RAS has been that paying their monthly accommodation rent and being able to buy essential supplies, and in certain cases, essential medication for their families have been quite challenging for these families. Even though some of them have received necessary relief, there is no source of income or support system for their future expenses. Once the situation starts getting better and the CiL is gradually lifted, the families will have to pay their outstanding dues. Additionally, since there is little clarity on the availability of jobs/income post-CiL, the families have been observed to be anxious and worried about the future.

Since most of the respondents are daily wage earners, they are also not sure if their old jobs will still exist for them after the CiL. Lack of income has led the families to take up odd jobs like cleaning *gutters* and *nallas*. The limited support to buy ration or medicine has pushed the family to work, amidst the pandemic. Some earning members have continued going out to search for jobs in a bid to survive. It is alarming that almost half the earning members have no hopes of returning to their old jobs.

In terms of access to financial systems, most of the respondents have reported having a bank account. However, information on schemes like the Prime Minister's Jan Dhan Yojana is limited and thus, hardly any of them are getting supported through the scheme. There is a heavy and unhealthy reliance on civil society organizations' relief initiatives. The government's role in providing such assistance is far more limited. At the time of the survey, most of the respondents were not getting benefitted from the Public Distribution System (PDS) either because they didn't have a ration card, adulteration in food quality or outdated information in the ration card. The existing social security mechanism through different schemes and programs were found to be unequipped during the time of crisis.

The majority of the respondents and their families are located within a distance of 7 km from a hospital or a local clinic. However, in cases of other regular medical assistance and follow-up besides COVID-19 (pregnancy and immunization), the families have not been able to access these health care facilities. Due to restrictions in the movement, the residents were not able to reach the government hospitals from where they could procure medicines at subsidized rates. As the price of medicine in local pharmacies proved to be expensive, the families struggled to buy medicines during the pandemic.

There were concerns about the health and safety of children in CCIs that were raised by the families whose children are currently in CCIs. Lack of consistent telephonic interaction with

the children had been adding to the stress of the families, and also to the children residing at CCIs.

Some of the migrant families who had come to Mumbai in search of better opportunities were keen on going back to their native places at the time of the survey. However, financial constraints as well as the delay in response to the State had creating hurdles for the families to return to their native districts.





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