

# COVID-19 and the Red-Light Areas



*A Rapid Assessment Study*



# **COVID-19 AND THE RED-LIGHT AREA**

**A Rapid Assessment of the Situation  
of Victims of Commercial Sexual Exploitation  
and Trafficking in Red Light Areas of  
Kamathipura and Falkland Road  
during the COVID-19 Lockdown**

*April 2020*

## Contents

<b>CREDITS .....</b>	<b>3</b>
<b>ABBREVIATIONS USED IN THE DOCUMENT .....</b>	<b>4</b>
<b>ABOUT THE STUDY .....</b>	<b>5</b>
INTRODUCTION TO PRERANA.....	5
<b>COVID-19 &amp; THE LOCKDOWN .....</b>	<b>5</b>
OBJECTIVES OF THE RAS.....	7
RESEARCH DESIGN .....	7
LIMITATIONS OF THE RAS.....	9
<b>THE PROFILE OF RESPONDENTS.....</b>	<b>9</b>
<b>FINDINGS OF THE STUDY.....</b>	<b>11</b>
<b>1.LOCATION OF THE RESPONDENTS .....</b>	<b>11</b>
1.1 KAMATHIPURA.....	11
1.2 FALKLAND ROAD.....	15
<b>2. AWARENESS ABOUT COVID-19.....</b>	<b>18</b>
2.1 KAMATHIPURA .....	18
2.2 FALKLAND ROAD.....	21
<b>3. CURRENT HEALTH COMPLAINTS OF THE RESPONDENTS AND THEIR FAMILIES</b> <b>.....</b>	<b>24</b>
3.1 KAMATHIPURA .....	24
3.2 FALKLAND ROAD.....	26
<b>4. STATUS OF IDENTITY DOCUMENTS (AADHAR CARD/ RATION CARD): .....</b>	<b>28</b>
4.1 KAMATHIPURA.....	28
4.2 FALKLAND ROAD.....	29
<b>5. FINANCIAL STATUS .....</b>	<b>31</b>
5.1. KAMATHIPURA .....	31
5.2. FALKLAND ROAD .....	37
<b>6. STATUS OF RELIEF MATERIAL .....</b>	<b>40</b>
6.1 KAMATHIPURA .....	40
6.2 FALKLAND ROAD.....	45
<b>CONCLUDING COMMENTS .....</b>	<b>48</b>

## Credits

### Data Collection

Prachi Naik  
Pinky Singh  
Reehan Mirza  
Vaishali Karande  
Aruna Katkar  
Sheetal Jadhav  
Chhaya Jagtap  
Jyoti Sasane

### Compiling and Tabulation

Mugdha Dandekar

### Documentation and Review

Ms Priti Patkar  
Dr Pravin Patkar  
Kashina Kareem  
Rashmi Taylor  
Azra Qaisar

### Design

Azra Qaisar

## Abbreviations used in the Document

- **CiL** – COVID imposed Lockdown
- **RLA** – Red Light-Area
- **NCC** – Night Care Center
- **PRO** – Post Rescue Operations
- **Kp** – Kamathipura
- **FR** – Falkland Road
- **VOCSET** – Victims of Commercial Sexual Exploitation and Trafficking
- **CSE&T** – Commercial Sexual Exploitation and Trafficking
- **PLHIV** – People living with HIV
- **PMJDY**- Pradhan Mantri Jan Dhan Yojana

## 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 with a view 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 labour. 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 specially 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 Post Rescue Operations (PRO), children rescued from begging through its project 'Sanmaan' (the Honour), and child sexual maltreatment through its initiative 'Aarambh' (the Beginning).

### COVID-19 & THE LOCKDOWN

On 11<sup>th</sup> 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 preventing the disease, neither are there any known definitive curative treatments. The basic 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 spread through various measures that emphasize social distancing. These include quarantining the

---

<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)

infected person, following social distancing to minimize contact, virtual stoppage of public life through the measure of lockdown of public life and forcibly confining individuals to their homes.

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 in order 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, work places, schools and colleges. This was initiated as an immediate and short-term strategy till the antiviral vaccines and a regime of treatment were evolved.

The closure of the manufacturing, construction, transportation and a large range of service industry 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. The prostituted women living in and off the RLA are in a limited sense 'daily earners'<sup>3</sup>. The pandemic itself along with the lockdown are forcing the world to change its ways and evolve and adapt to a new 'normal'. It has also forced the world to find a new 'normal'. However, finding the new 'normal' is preceded by a considerable disruption of the set way of living. While the world struggles to adapt, there are many for whom a new 'normal' will come only after a lot of struggle and loss. The RLA based sex trade is no exception.

An unprecedented and unforeseen situation like the COVID-19 pandemic and a subsequent lockdown which is also unmatched in its devastating capacity are bound also to seriously affect the life and the very survival of the prostituted women of the RLAs. Given Prerana's three-decades long extensive interventions in the areas, it was keen to know more and understand

---

<sup>3</sup> Prerana uses the term 'earners' with caution as many of the women in the sex trade are involved in it as they have been trafficked and are victims of commercial sexual exploitation.

better. Considering the urgency and prevailing physical conditions of public life, Prerana decided to undertake a Rapid Assessment Study (RAS) instead of any elaborate empirical research project.

This is a Rapid Assessment Study (RAS) of the situation of the Victims of Commercial Sexual Exploitation and Trafficking (VOCSET) living in the Kamathipura (Kp) Red-Light Area (RLA) and the adjoining Falkland Road (FR) RLA of Mumbai. It also covers those who were earlier living in the aforementioned areas but had shifted their stay in the last 10 years and still come to these RLAs to solicit. Since the enforcement of the COVID-imposed-Lockdown (CiL), the latter women have not been able to travel to the RLAs from their respective residences.

## OBJECTIVES OF THE RAS

- To understand the current situation of women (the prostituted women of RLAs) caused by CiL.
- To understand the impact of CiL on their earnings and indebtedness.
- To assess their awareness and information on COVID-19 and the sources thereof.
- To identify and document the relief services availed by them and to also identify the sources of relief providers.
- To gather suggestions from the women to devise ways to help them deal better with their problems of everyday living precipitated by the CiL.

## RESEARCH DESIGN

The aim was not to reach out to a representative sample of the women in the RLA but to get in touch with all those women who themselves or whose children are, currently or have been in the recent past, the beneficiaries of some of the services of Prerana like Night Care Center (NCC), Day Care Center (DCC), Institutional Placement Programme (IPP), Educational Support Programme (ESP), etc. The Report covers the women of Mumbai's two Red-Light Areas namely Kamathipura and Falkland Road, where Prerana's NCCs are located.

**Kamathipura (Kp):** 103 women respondents were telephonically interviewed against a structured interview schedule (IS) by the social workers from Prerana. In the given situation, it was decided to contact and interview as many women as was possible.

Total number of women respondents aimed at	107
--	-----



Total numbers interviewed	103
Number of respondents who could not be covered	4

**Falkland Road (FR):** 114 respondents were telephonically interviewed by the social workers from Prerana. The interviews were conducted with the help of a structured questionnaire prepared by the Prerana team. The sample size was chosen by a random sampling method on the basis of the teams' accessibility to the respondents.

Total number of women respondents aimed at	118
Total numbers interviewed	114
Number of respondents who could not be covered	4

### **Total respondents - 217**

#### ➤ **Primary Data:**

Primary data were collected from the prostituted women victims of commercial sexual exploitation and trafficking (CSE&T) including the current residents as well as the past residents who would still visit the RLA for soliciting.

#### ➤ **Secondary Data:**

Desk review of newspapers, internet, news items on TV channels, circulars issued by the governments were used as secondary data.

#### ➤ **Respondents:**

103 prostituted women victims of CSE&T from Kp and 114 from FR, including current residents and past residents who would visit the RLA for soliciting and were in contact with us.

#### ➤ **Techniques of Data Collection:**

Interviews with the help of Interview Schedule (IS) on phone  
 Unstructured interviews on phone and  
 Field observations

#### ➤ **Tools of Data Collection:**

Interview Schedule (IS) for structured interviews and  
 Guidelines for unstructured interviews.

➤ ***Data Processing and Interpretation:***

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

## **LIMITATIONS OF THE RAS**

- ➔ The RLAs were cordoned off by the police and were under strict vigilance making it next to impossible to visit the respondents for data collection. Entry or exit was restricted in the buildings, lanes and by-lanes in the Kp and FR RLAs.
- ➔ Some respondent women were extremely terrified, confused, and distressed due to the CiL, making it challenging to interview them.
- ➔ The interviews were conducted telephonically but some women had run out of the talk time on their phones, and had no money to refill or top-up, making it difficult to connect with them.
- ➔ Sex trade is illegal in India. Over the last decade or more there has been a significant crackdown on the sex trade in Mumbai. Since it is a highly disguised phenomenon, no one has a reliable count of how many women are present in the RLAs.
- ➔ The CiL had made many go underground and thus, become invisible to the public eye. The police vigilance in favour of the CiL has been very formidable. The normal practices of data collection deployed in a survey were inapplicable in the given situation.

## **THE PROFILE OF RESPONDENTS**

The respondents consisted of the following women clients of Prerana's services -

- ➔ Women who had been trafficked and sold into the sex trade where Prerana has worked with them and their children over the last 10 years. The respondents were living in the brothels of the two RLAs at the time of the CiL.
- ➔ Those respondents who did not live in the brothels of RLAs but came down to the RLA every evening to solicit. These women have not come to the RLAs since the CiL.
- ➔ All the respondents interviewed have children and some or all of their children have availed Prerana's Night Care Centre (NCC) and other services at some point in time in the past ten years.



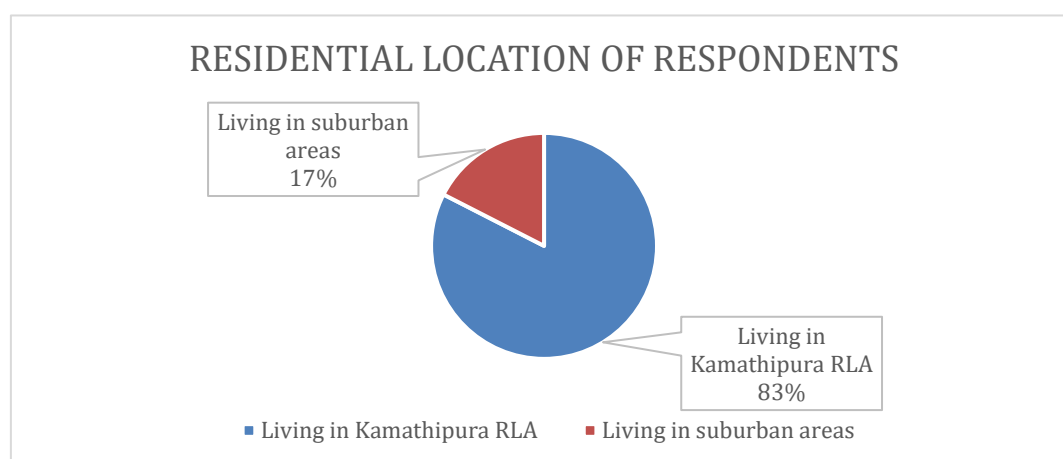
## **LOCATION OF RESPONDENTS**

# FINDINGS OF THE STUDY

## 1. LOCATION OF THE RESPONDENTS

### 1.1 Kamathipura

#### a. Residential Location of Respondents



**Figure 1.1 (a)- Residential Location of Respondents**

Out of the 103 respondents whose children were registered at Prerana's NCC-I (Kamathipura):

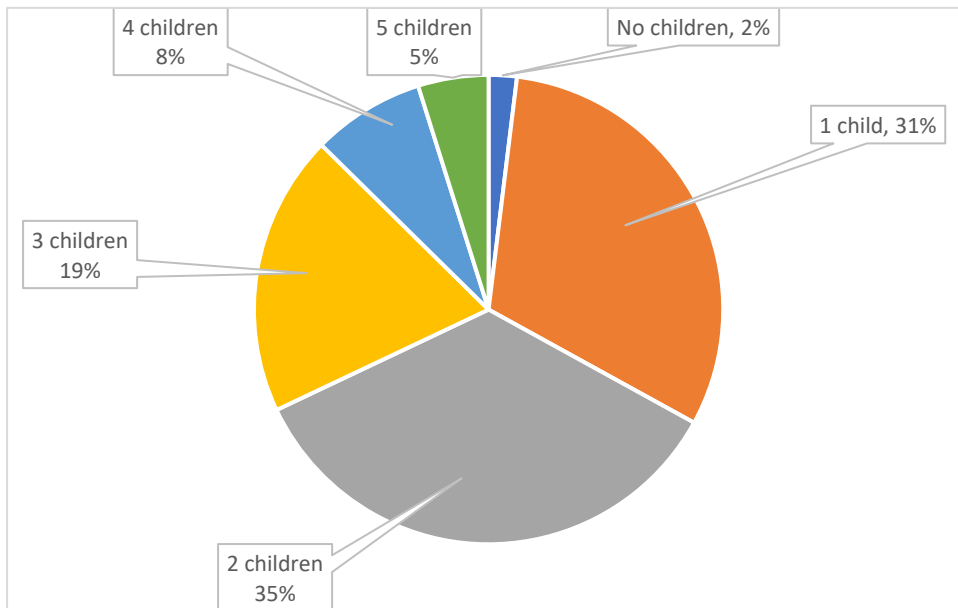
- **85 (83 %)** respondents were living in the brothels of Kp during the CiL
- **18 (17%)** respondents lived in the suburban areas such as Mahim, Saat Rasta and Sion or in the adjoining district of Mumbai such as Diva, Titwala, Mira Road, Nalasopara and Kalwa.

The **18 (17%)** respondents who have moved out of Kamathipura live in rental houses in the suburban areas of Mumbai or in the districts adjoining Mumbai. The shift out of the brothels of Kamathipura was made because the brothel they were in was either shut down or sealed due to action taken under the Immoral Traffic (Prevention) Act 1956.

In other cases, they moved out as their *Admi* (fancy man cum pimp) had moved out or were evicted as the brothel keeper wanted to use the space for younger women. These women had moved out of the brothels in the last 10 years. Other than the earlier mentioned reasons, women also cited the increase in cost of living in the Mumbai RLAs. They had not moved out due to CiL and up until the CiL, they used to come to the Kp and FR RLAs to solicit and return back

home late at night or early next morning. The children of some of these women continued to stay in the Night Care Centres and attend schools in and around Kp and FR during the day time. Some of their children have been admitted in Child Care Institutions (under the Juvenile Justice (Care and Protection of Children) Act 2015) for round-the-clock care, protection and development.

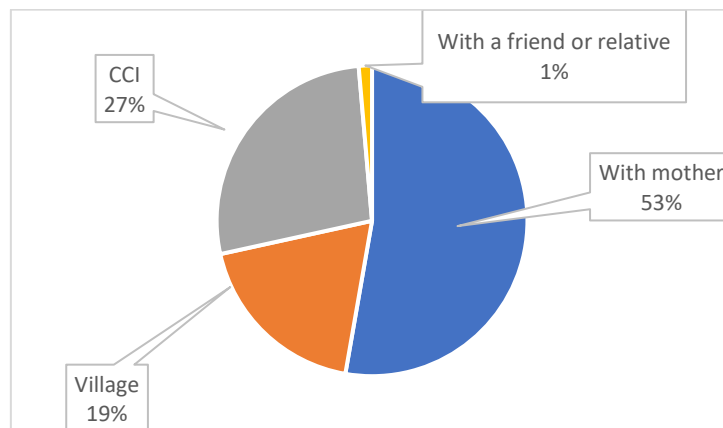
### b. No of Children of Respondents



**Figure 1.1 (b) - No of Children of Respondents**

The above figure represents the number of children of a total of 103 respondents. 32 (31%) have just one child, **36 (35%)** have 2 children each, **20 (19%)** have 3 children each while **8 (4%)** have 4 children each and **5 (5%)** have 5 children each. Two respondents shared that they did not have any children.

### c. Locations of their children during CiL



**Figure 1.1 (c) - Location of Children during CiL**

The following figure represents the current location of the 221 children of 101 respondents.

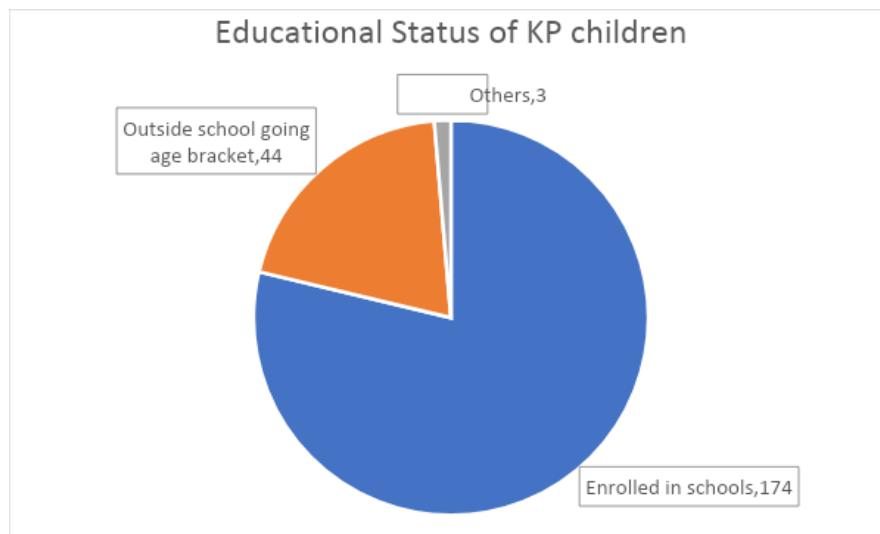
- **115 (52%)** children were living with their mothers,
- **59 (27%)** children were living in Child Care Institutions (*they had been enrolled in the CCI much prior to the lockdown*),
- **41 (19%)** children were living in their villages with their mother's immediate or extended family (*they were in the villages prior to the lockdown*),
- **6 (2%)** children were living with a friend or a relative.

Further, it was known that **66 (65%)** respondents had at least one of their children was living with them during the period of the CiL.

Almost all of the respondents were concerned at not being able to provide for themselves and their children having no income since the lockdown. Apart from this, 39% respondents stated that either all or some of their children were placed in Child Care Institutions. Some also mentioned their children living with a friend, a relative or at their village during the CiL.

*"I am glad that both my children are in an institution. I think they are safe there. I hope this illness does not enter the institution where they are living. I speak with them every week over the phone."*, said one respondent mother.

#### d. Educational status of the children

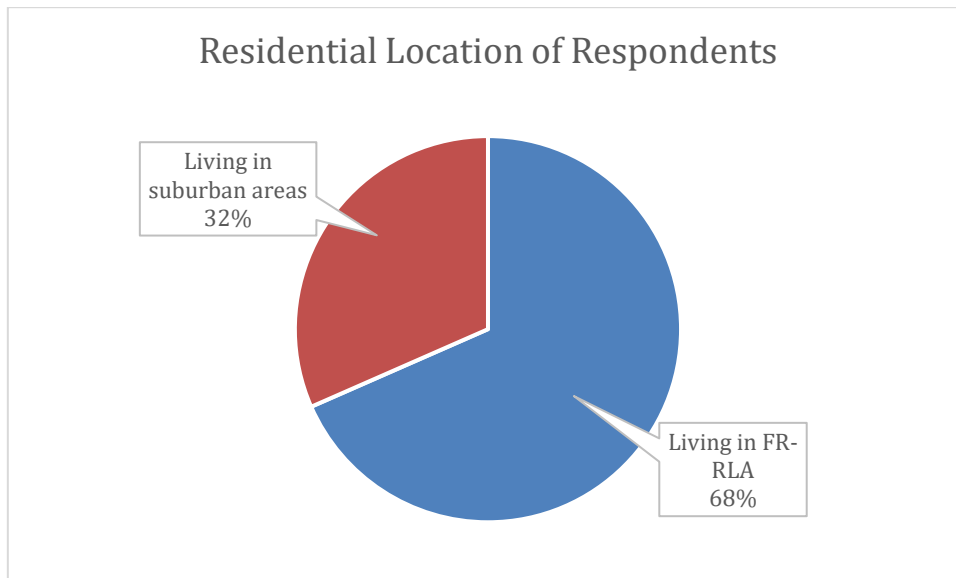


*Figure 1.1 (d) Educational Status of the Children*

The above chart represents that out of the total 221 children of the 103 respondents, **174 (79%)** children have been enrolled into schools. While **44 (20%)** children are outside the school going age- bracket and **3 (1%)** children are enrolled into vocational courses or their school admission is under process.

## 1.2 Falkland Road

### a. Residential locations of Respondent

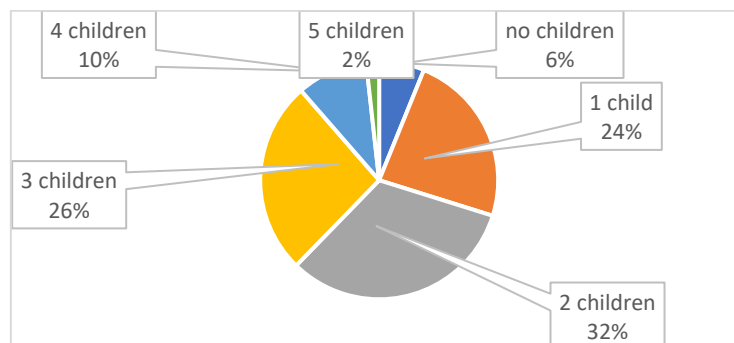


**Figure 1.2 (a) - Residential Location of Respondents**

The above figure indicates that out of the 114 respondents whose children were registered at Prerana's NCC-II (Falkland Rd, Center):

- **78 (68%)** lived in the brothels of the Falkland Road Red Light Area
- **36 (32%)** lived in the suburban areas of Mumbai such as Ghatkopar, Mankhurd, Malad- Malvani and Madanpura or adjoining districts of Mumbai such as Bhiwandi, Diva, Kalyan, Kalva and Khadavli

### b. No of Children of respondents

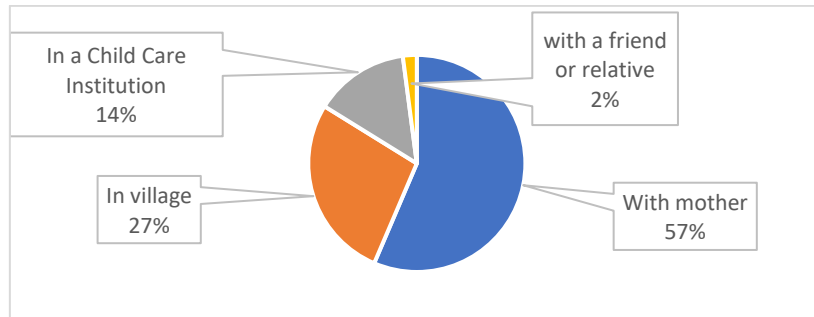


**Figure 1.2 (b) - No of Children of Respondents**



The above figure represents the number of children of the 114 respondents. **27 (24%)** respondents have just one child, **37 (32%)** respondents have 2 children each, **30(26%)** have 3 children each while **11 (10%)** have 4 children each and **2 (2%)** respondents have 5 children each. **7 (6%)** respondents shared that they did not have any children.

**c. Location of the children during the CiL**



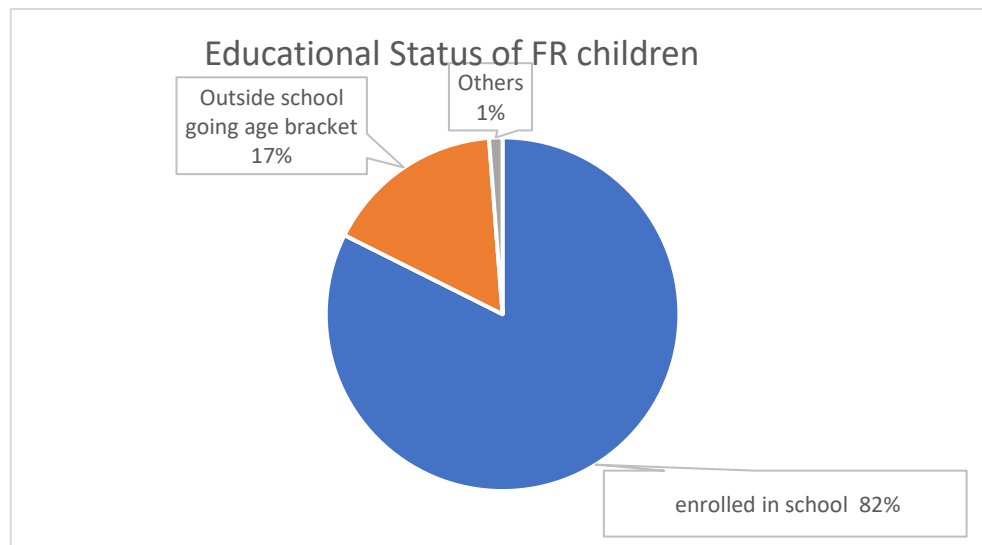
**Figure 1.2 (c) - Location of Children during the CiL**

The above figure represents that out of the total 114 families. Out of 244 children, **136 (56%)** children living with their mothers, **66 (27%)** were in villages away from their mothers, **34 (14%)** were living in CCCIs and **8 (3%)** were with a friend or a relative.

All figures may be in bold and one unit higher in font size. Follow it throughout the report. I am not going to do it everywhere

Further, it was known that out of 105 respondents who had children, **80 (76%)** respondents had at least one of their children living with them during the CiL. Almost all of the respondents expressed concern over not being able to provide for their children as their only source of income had come to a halt. Apart from this, **18 (17%)** respondents stated that at least one of their children was placed in a CCI. Some mentioned their children are living with a friend, a relative or at their village during the CiL.

#### d. Educational status of the children



*Figure 1.2 (d) Educational Status of the Children*

The above chart represents that out of 244 children of the 114 respondents, **201 (82%)** children are enrolled into schools while **40 (16%)** are outside the school going age bracket and **3 (2%)** are enrolled into vocational training courses.

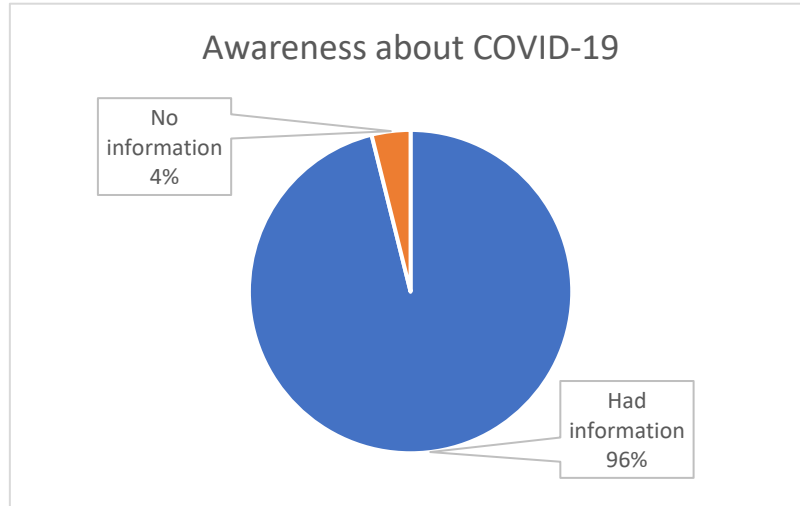


**AWARENESS ABOUT COVID-19**

## 2. AWARENESS ABOUT COVID-19

### 2.1 Kamathipura

#### a. Awareness of COVID-19



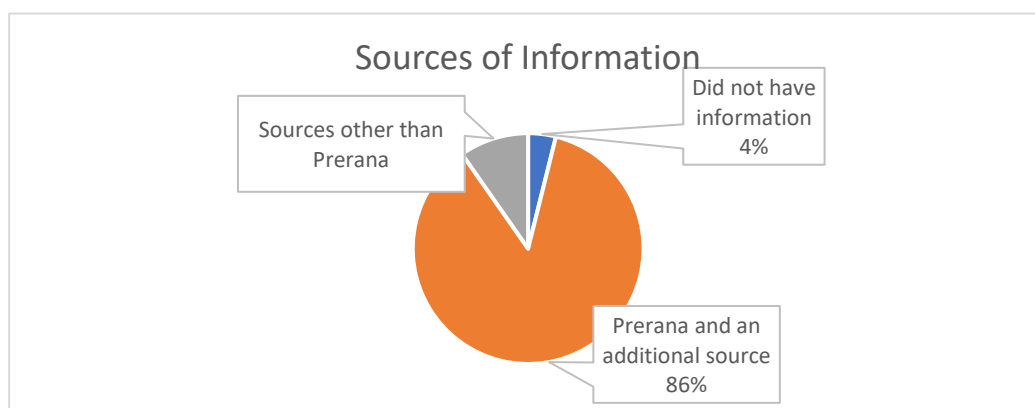
**Figure 2.1 (a) Awareness of COVID-19**

**98 (96%)** of the respondents stated that they were aware about the spread of the COVID-19 pandemic and **5 (4%)** respondents. With regard to the Covid-19 pandemic, the respondents had the following information:

- ✓ *It spreads through respiratory droplets.*
- ✓ *Symptoms include throat infection, fever for more than four days, cold and cough.*
- ✓ *Precautions include frequently washing hands with soap.*
- ✓ *It was necessary to stay at home unless it was absolutely necessary to step out.*

Some respondent women raised concerns about the overlapping symptoms and asked questions like “*How can one differentiate the COVID-19 symptoms from other flu symptoms?*”

## b. Source of Information

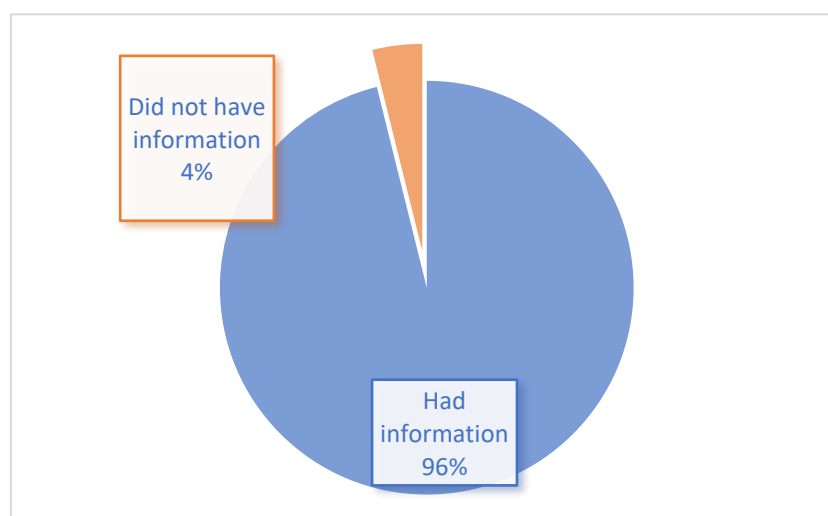


*Figure 2.1 (b) Sources of Information*

The women were also asked about their sources of information on COVID-19. The following were listed as sources of information:

- As many as **89 (86%)** respondents stated that they acquired the information about COVID-19 from Prerana and an additional source like Prerana's partnering organizations, friends, neighbours, radio TV, announcement by police, Hospital staff, social workers of the CCIs, etc. 13 out of these 89 stated that they received information only from Prerana.
- Only **10 (9%)** respondents stated that they had acquired information on COVID-19 from sources other than Prerana
- **4 (5%)** respondents were not aware at all.

## c. Awareness about the symptoms of the virus



*Figure 2.1 (c) Awareness of Symptoms*

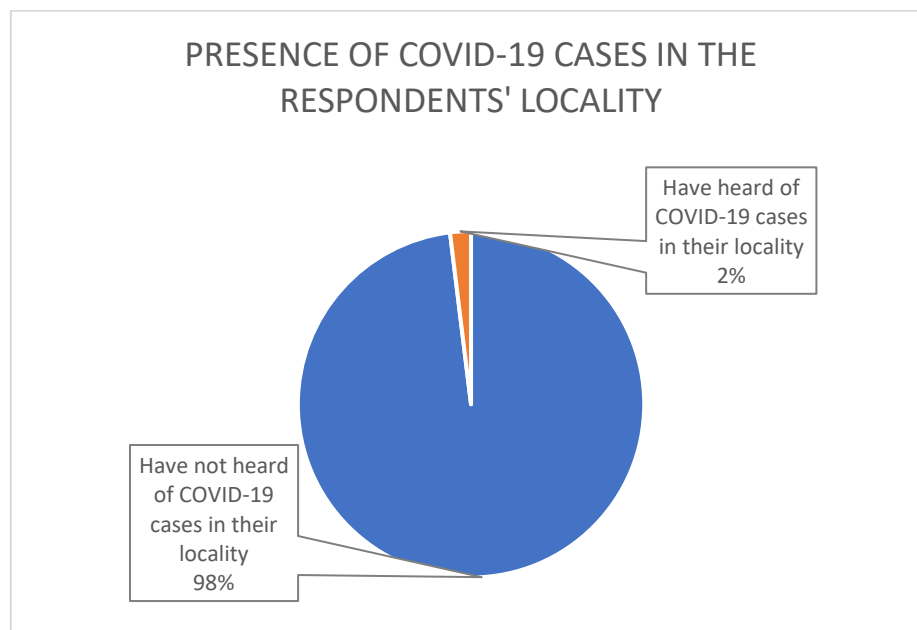
**99 (96%)** respondents stated that they had information about the symptoms of COVID-19.

*The symptoms stated by the respondents were:*

- ✓ *Cold*
- ✓ *Cough*
- ✓ *Fever*
- ✓ *Body Pain*
- ✓ *Difficulty in Breathing*

When asked – “*What would they do in case they or any of their immediate neighbours or children show any of these symptoms?*” - As high as 99 out of the **103 (96%)** respondents stated that they would themselves go or send/take the suspected person to a medical facility to seek help.

#### **d. Presence of COVID-19 cases in the Respondents' locality**



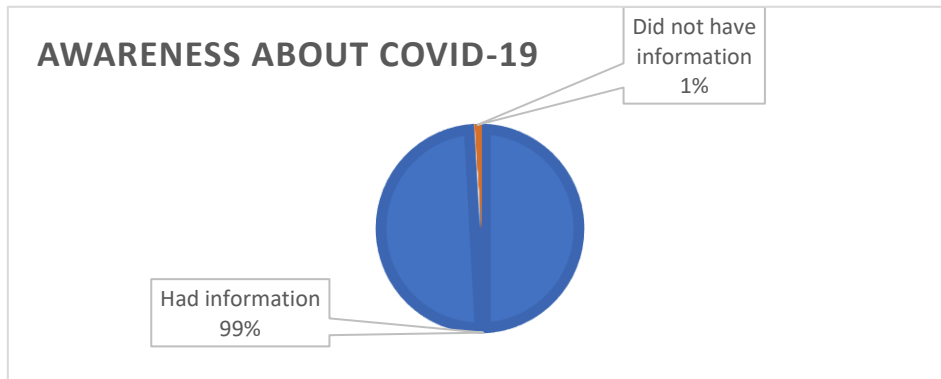
***Figure 2.1 (d) - Presence of COVID-19 cases in the Respondents' locality***

The above figure represents that as per data collected till 15<sup>th</sup> of April, **101(98%)** out of 103 respondents had not heard of any COVID-19 case in their locality while only 2 had heard of COVID-19 cases (2%). Of the 101 who had not heard of a COVID-19 case in their locality, **85 (84%)** were the respondents living in the Kp RLA whereas **16 (16%)** were living in districts around Mumbai. To summarise, all respondents living in the Kp RLA stated that they had not

heard of any COVID-19 positive cases in their locality. However, out of the 18 women living in districts around Mumbai, 2 respondents stated that they had heard of positive cases in their locality.

## 2.2 Falkland Road

### a. Awareness of COVID-19



2.2 (a) Awareness of COVID-19

Through the data collected, it was known that **113 (99%)** of 114 respondents of the respondents stated that they were aware about the spread of the COVID-19 pandemic.

The respondents shared that they had the following information regarding the pandemic:

- *Symptoms of COVID-19 include fever with body pain, cough, cold and breathing difficulties*
- *The precautions to be taken include keeping one's face covered by wearing a mask and washing hands regularly*

### b. Source of Information

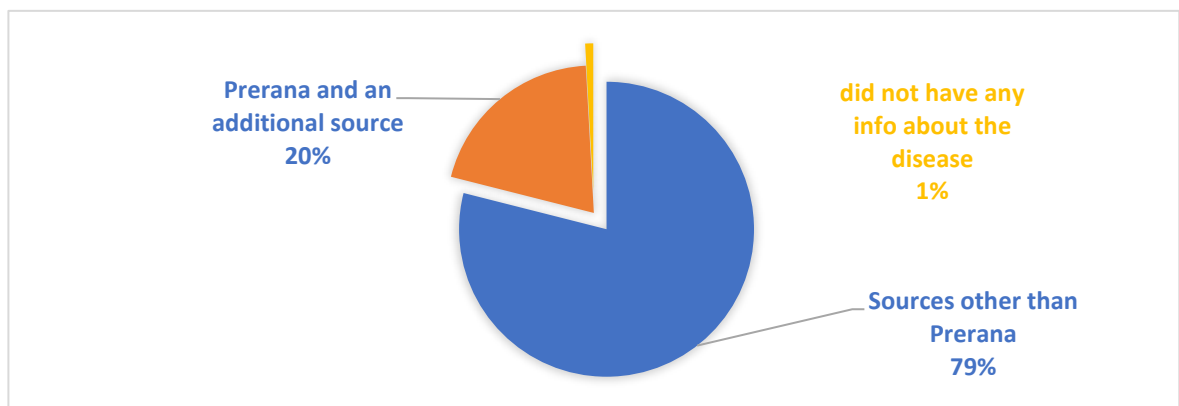
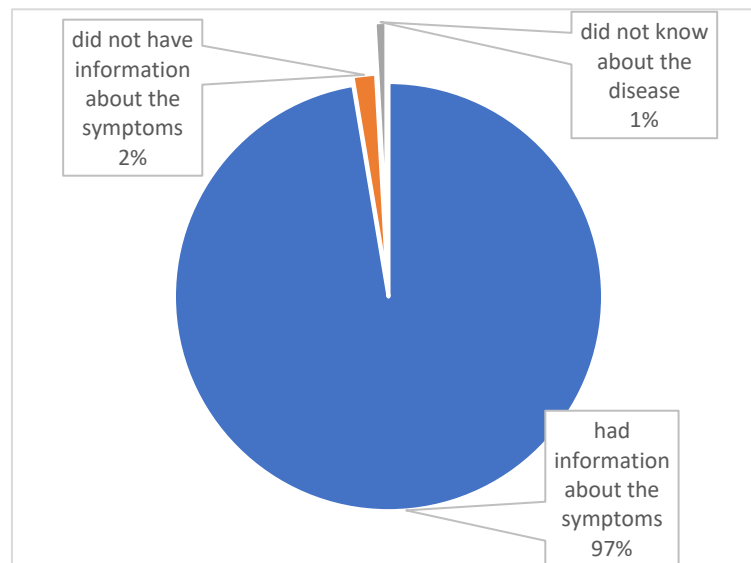


Figure 2.2 (b) - Sources of Information

90 (79%) respondents stated that they had received information about the pandemic through sources other than Prerana. While **23 (20%)** of the respondents shared that they received information about the disease through Prerana as well as an additional source. Additionally, 1% of the respondents did not have any information about the pandemic. Apart from the other sources, the majority of the respondents mentioned mass media as their main source of information.

### c. Awareness of symptoms of COVID-19



**2.2 (c) Awareness of symptoms**

113 (97%) of 114 respondents stated that they had information about the symptoms of COVID-19. *The symptoms stated by the respondents were:*

- ✓ *Cold*
- ✓ *Cough*
- ✓ *Fever*
- ✓ *Body pain*
- ✓ *Difficulty in breathing*

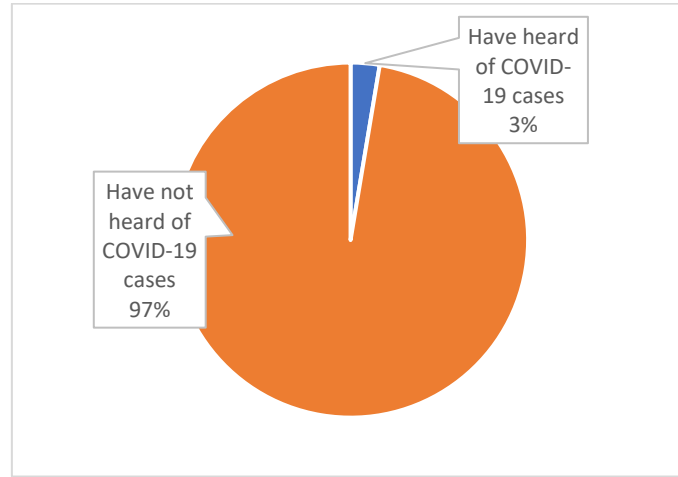
**2 (2%)** respondents stated that they did not have any information about the symptoms while **1(1%)** stated that she had not heard about the disease itself.

When asked – “*What would they do in case they or any of their immediate neighbours or children show any of these symptoms?*” - **111 (97%)** stated that they would themselves go or



send/take the suspected person to a medical facility<sup>4</sup> to seek help. The others mentioned using home remedies<sup>5</sup> or calling on the government helpline<sup>6</sup>.

**d. Presence of COVID-19 cases in the Respondents' locality**



**Figure 2.2 (d) - Presence of COVID-19 cases in the Respondents' locality**

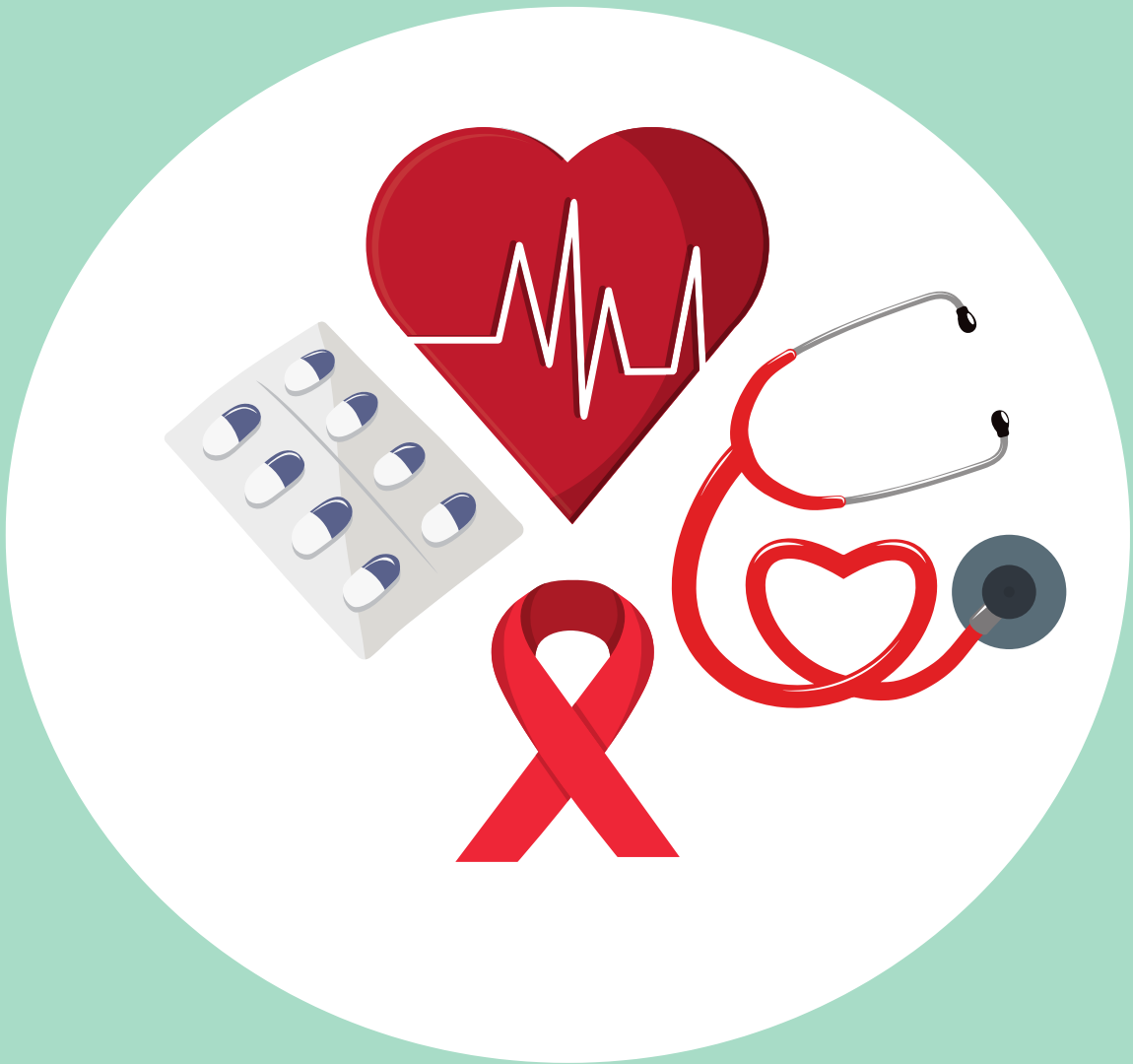
The above figure represents that as per data collected till 15<sup>th</sup> of April, out of 114 respondents, 111 (97%) had not heard of any COVID-19 cases in their locality while only 2(3%) respondents had heard of COVID-19 cases. Of the 111 who had not heard of COVID-19 cases, 78 (70%) were the respondents living in the Falkland Road RLA whereas 33 (30%) were those living in districts around Mumbai.

In other words, all the women living in the Falkland Road RLA stated that they had not heard of any positive cases in their locality. However, out of the 36 respondents living in districts around Mumbai, 3 stated that they had heard of positive cases in their respective locality.

<sup>4</sup> Includes government and private hospitals, clinics, health centre etc

<sup>5</sup> Such as drinking hot water

<sup>6</sup> Maharashtra Government Helpline- 020-26127394

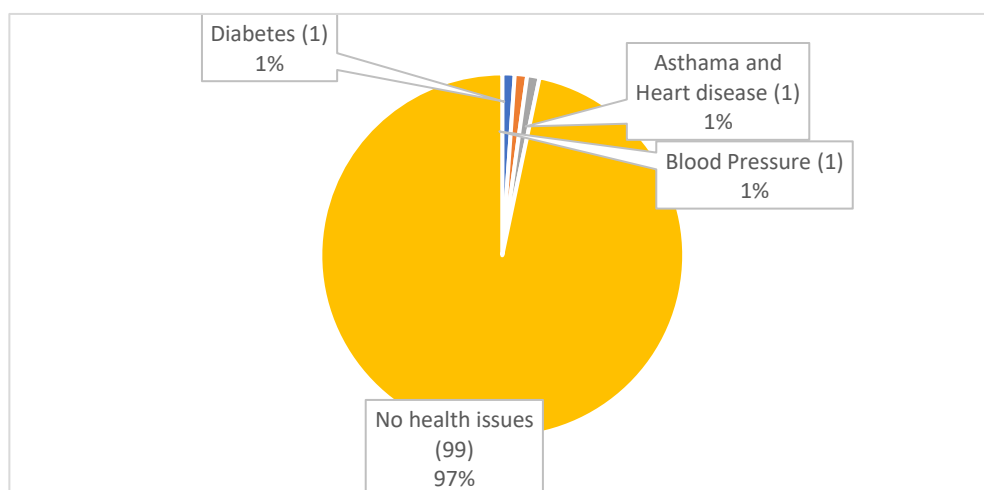


## **CURRENT HEALTH COMPLAINTS**

### 3. CURRENT HEALTH COMPLAINTS OF THE RESPONDENTS AND THEIR FAMILIES<sup>7</sup>

#### 3.1 Kamathipura

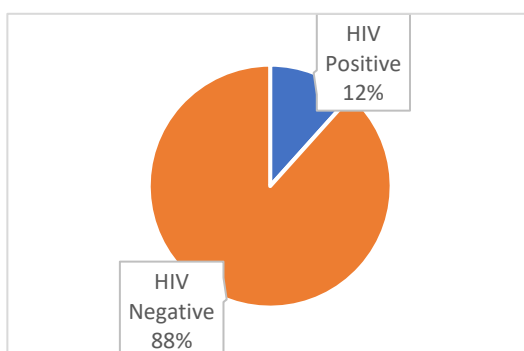
##### a. Health Status of Respondents



**Figure 3.1 (a) - Health Status of Respondents**

The respondents were asked if they were facing any ill health issues. Out of the 103 respondents, **99 (97%)** shared that they did not have any ill health conditions at the time of the interview. A total of **3 (3%)** shared that they were currently taking medication for Asthma/heart problems/diabetes/blood pressure. It was observed by the data collection team that none of the respondents were showing any symptoms of COVID-19 at the time of the interview.

##### b. Status of People Living with HIV(PLHIV):



**Figure 3.1 (b) - Status of PLHIV**

<sup>7</sup> Families refer to the mother and her child/ children only

The immunity of a person living with HIV is extremely low and hence their vulnerability to contracting an infection is high. The people living with HIV who are on ART (Anti Retro Viral Therapy) need to follow a strict medical regime and diet and must take care not to contract opportunistic infections. The CiL by blocking overall physical mobility, transportation as well as affecting the availability of medicines, created innumerable problems for them including blocking the access to nutritious food.

Malnutrition weakens the ability to cope with HIV infection leaving those with HIV, less able to delay and resist the worst effects of opportunistic infections that can be contracted years after acquiring the virus.

Out of 103 respondents, **12 (12%)** were PLHIV. All the 12 respondents shared that they had not faced any difficulty in accessing their ART<sup>8</sup> till the date of data collection. The respondents had been provided with medications for a month from their local clinics against their patient cards. None of the respondents expressed any concerns over accessing ART in future even if the CiL was extended.

The respondents shared that upon production of relevant documents, they were able to acquire their ART medication even from the Government hospital nearest to their current location regardless of the hospital (ART centre) they were registered in.

#### **c. Status of pregnancy of the respondents:**

None of the 103 women respondents was pregnant at the time of the interview.

#### **d. Health Status of Children:**

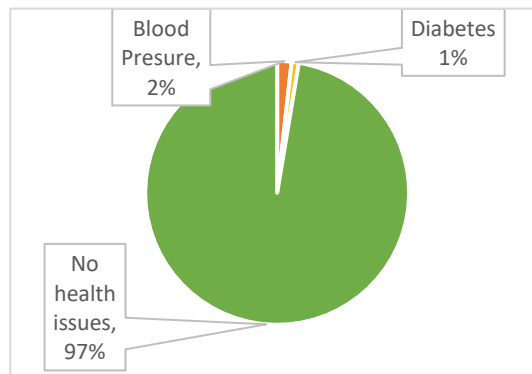
Of the 103 respondents only one respondent shared that her child was undergoing treatment for Tuberculosis. All respondents shared that their child/children were not showing any symptoms of COVID-19 at the time of the interview.

---

<sup>8</sup> Consists of the combination of antiretroviral therapy (ART) drugs to maximally suppress the HIV virus and stop the progression of HIV disease

### 3.2 Falkland Road

#### a. Health Status of Respondents

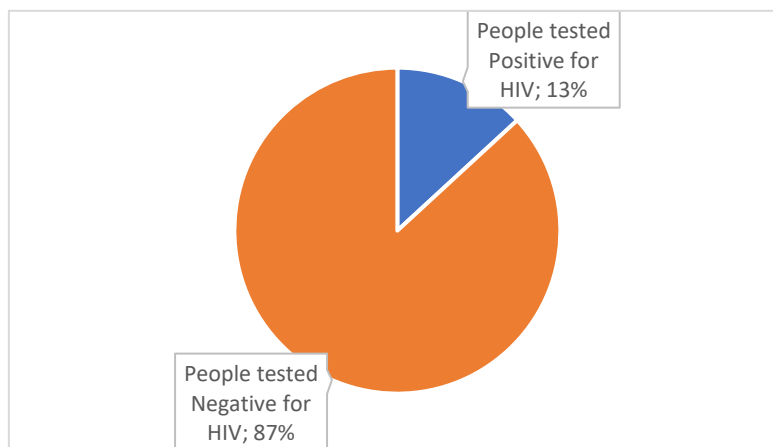


**Figure 3.2 (a)- Health Status of Respondents**

Out of the 114 respondents, **111 (97%)** shared that they did not have any ill health conditions currently. A total of **3 (3%)** respondents shared that they were currently taking medication for Diabetes/Blood Pressure issues.

It was observed by the data collection team that none of the respondents were showing any symptoms of COVID-19 at the time of the interview.

#### b. Status of People Living with HIV(PLHIV)



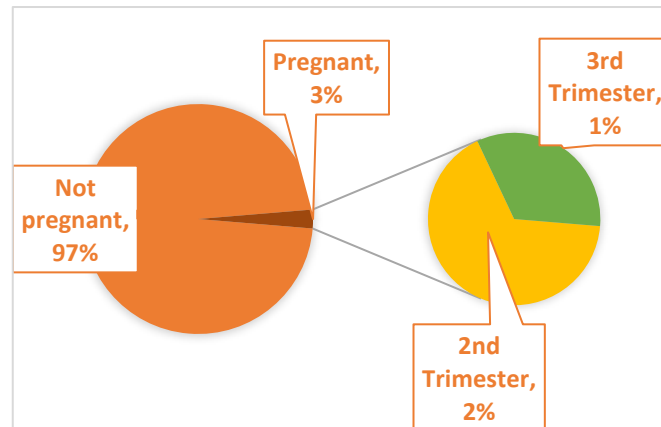
**Figure 3.2 (b) - Status of PLHIV**

The figure indicates that **15 (13%)** of the 114 respondents were HIV positive. All the 15 respondents shared that they had not faced any difficulty in acquiring their ART<sup>9</sup> till the date

<sup>9</sup> consists of the combination of antiretroviral (ARV) drugs to maximally suppress the HIV virus and stop the progression of HIV disease

of data collection. Similar to Kp, the respondents have been provided medications for a month with their patient cards.

### c. Status of pregnancy of the respondents



**Figure 3.2 (c) - Status of Pregnancy**

According to the data received, **3 (3%)** of the 114 respondents were pregnant at the time of the interview. While one is in her 2<sup>nd</sup> trimester, 2 are in their 3<sup>rd</sup> trimester of which one is due for her delivery in May.<sup>10</sup>

### d. Health Status of Children:

Of the 114 respondents' children, one child of a respondent was unwell. The child is suffering from Haemophilia (*a bleeding disorder where the blood does not clot*). None of the children of any respondent were showing symptoms of COVID-19 at time of the interview. Out of the 114 respondents, 1 respondent shared that her child had tested HIV positive before the CiL. The child was receiving the ART medication regularly.

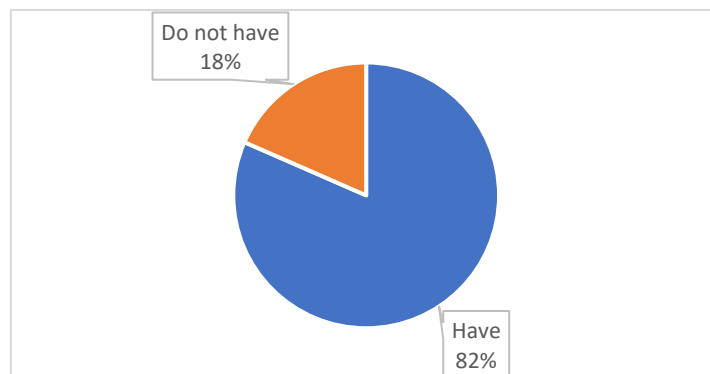
<sup>10</sup> Due to the increased vulnerability to the respondent and her baby, the team would closely follow-up on this respondent



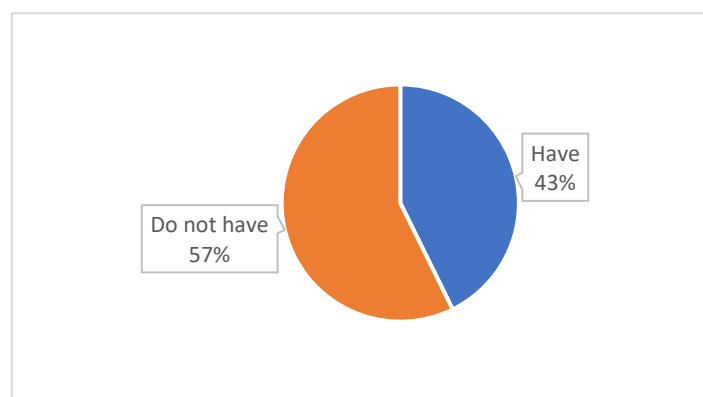
## STATUS OF IDENTITY DOCUMENTS (AADHAR CARD/ RATION CARD)

## 4. STATUS OF IDENTITY DOCUMENTS (AADHAR CARD/ RATION CARD):

### 4.1 Kamathipura



*Figure 4.1 (a) - Status of Aadhar Cards*



*Figure 4.1 (b)- Status of Ration Cards of Respondents*

The above diagram 4.1 (a) indicates that 84 (82%) respondents had Aadhar cards. The above diagram 4.1(b) presents that 44 (43%) had Ration cards<sup>11</sup>. However, 17(38%) of the 44 respondents stated that their ration card was not with them but was at their village. Out of 44 who had Ration cards, 33 (75%) had Orange Card and 11 (25%) had food cards (temporary). No respondent had the BPL card.

Additionally, 17 (17%) respondents shared that they neither possessed an Aadhar card nor a Ration card. These respondents were unable to acquire the document as they did not have identity proof/pre-requisite documents required to procure the Aadhar or Ration Card.

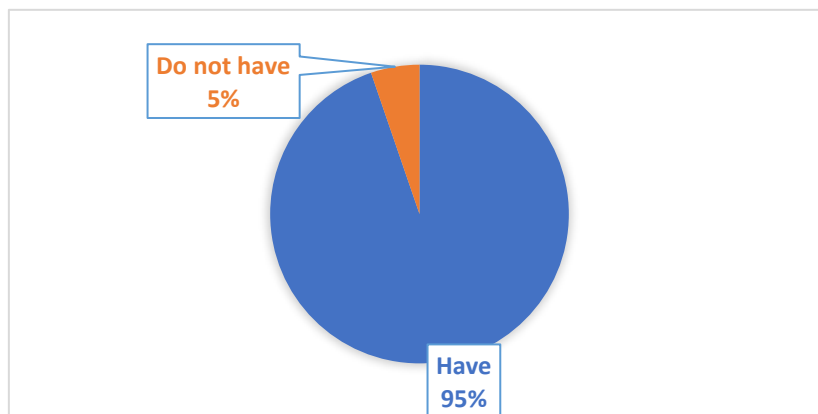
<sup>11</sup> <http://mahafood.gov.in/website/english/PDS.aspx>



In order to avail government relief packages and groceries at subsidised rates, the possession of an Identity proof becomes a necessity. According to an announcement<sup>12</sup> by the State government, the Maharashtra government was to provide ration at no-cost or at subsidised rates, even to those without Ration cards. However, till 23<sup>rd</sup> April, none of the respondents had received any such relief.

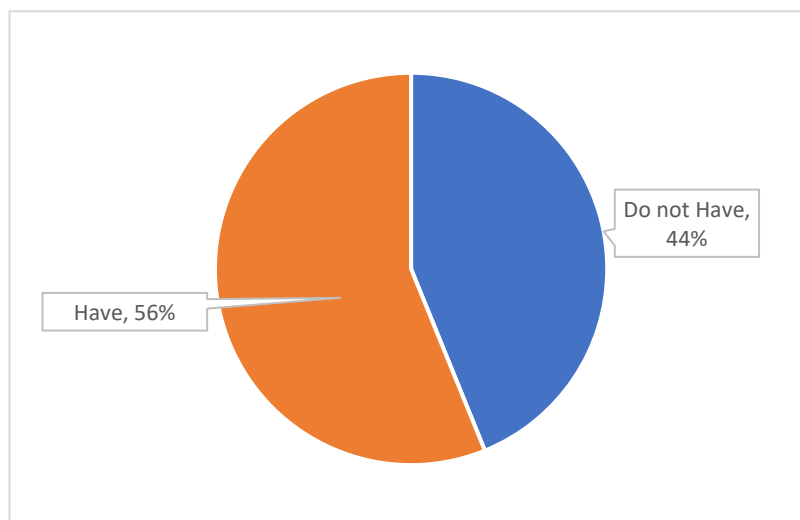
## 4.2 Falkland Road

### a. Status of Aadhar Cards of respondents



*Figure 4.2(a) Status of Aadhar Cards of Respondents*

The above diagram indicates that **108 of 114 (95%)** of the respondents had Aadhar cards.



*Figure 4.2(b) Status of Ration Cards of respondents*

<sup>12</sup> <https://economictimes.indiatimes.com/news/economy/policy/govt-to-provide-5-kg-grains-1-kg-pulses-for-free-over-next-3-months-fm/articleshow/74827003.cms>

The above diagram 4.2 (a) indicates that **108 (95%)** respondents had Aadhar<sup>13</sup> cards. The above diagram 4.2 (b) presents that **64 (56%)** had Ration cards; however, 3 of the 64 respondents stated that their card was not with them but at their village or had been stolen. Additionally, **6 (5%)** respondents shared that they neither possessed an Aadhar card nor a Ration card. These respondents were unable to acquire the document as they did not possess any form of prior identity proof/ pre-requisite document in order to procure the Aadhar or Ration Card.

---

<sup>13</sup> As per UIDAI, Aadhaar number is a 12-digit random number issued by the UIDAI ("Authority") to the residents of India after satisfying the verification process laid down by the Authority. Any individual, irrespective of age and gender, who is a resident of India, may voluntarily enrol to obtain Aadhaar number



## FINANCIAL STATUS

## 5. FINANCIAL STATUS

The women respondents who were sex trafficked and inducted into the sex trade are often found in debt due to their lack of control over their income. They also have to send money back to their family in the village, spend on their *admi* (*fancy-man*), have to take loans for their *admi*'s business or for their or their *admi*'s health expenses. With the CiL, the women's only source of income has also come to a halt, the cost of essentials has gone up together deteriorating their financial situation. In the following section the RAS tried to gain an understanding of the impact of the lockdown on their financial situation.

### 5.1. Kamathipura

#### a. Status of Savings Accounts

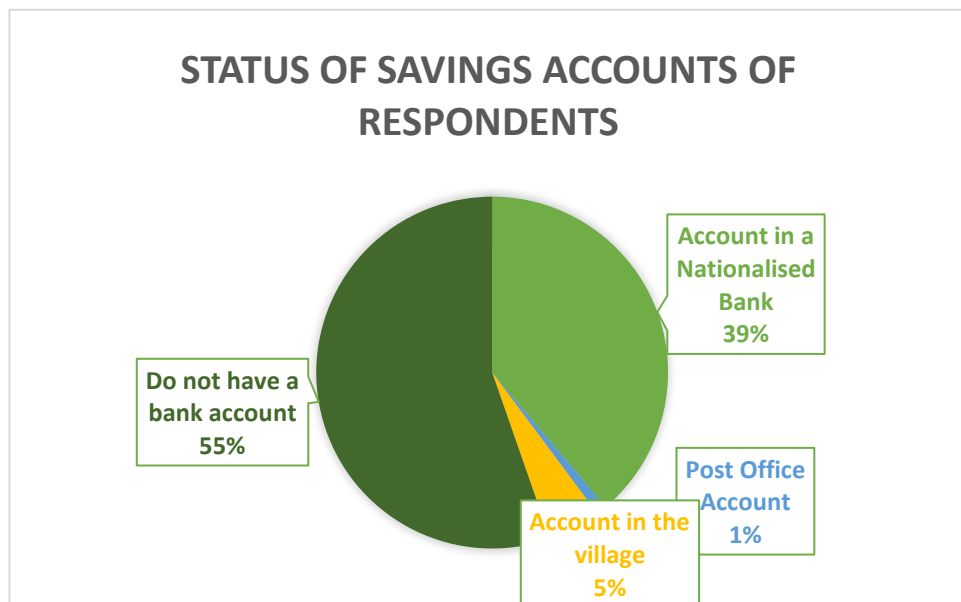


Figure 5.1 (a)- Status of Bank Accounts of Respondents

46 (45%) respondents stated that they had a Savings account. The following table provides a brief of the status of the bank accounts of the women:

Status of Saving account	No.	%
Account in a nationalised bank	40	39%
Postal Savings Account	1	1%
Account in the village (respondent did not have information about the bank)	5	5%

No bank account	57	55%
Total	103	100%

A majority (55%) of respondents did not have a bank account. Only 39% had one in a nationalised bank and 1% has one in the Post Office.

*[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.*

It was also noticed that none of the above-mentioned bank accounts were under the Pradhan Mantri Jan Dhan Yojana<sup>14</sup>. As a result, none of the respondents are eligible to receive the payment of Rs 500 per month which is credited to the women Jan Dhan account holders for the next three months, starting from April 2020.<sup>15</sup>

<sup>14</sup> Accounts opened under the Pradhan Mantri Jan Dhan Yojana are zero-balance accounts hence no minimum balance has to be maintained.

<sup>15</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

## **Documents required to open an account under the Pradhan Mantri Jan-Dhan Yojana<sup>16</sup>**

An account under this scheme can be opened by presenting any one of the officially valid documents

1. Passport,
2. Driving Licence,
3. Permanent Account Number (PAN) Card,
4. Voter's Identity Card issued by Election Commission of India,
5. Job Card issued by NREGA duly signed by an officer of the State Government,
6. Letter issued by the Unique Identification Authority of India containing details of name, address and Aadhaar number, or
7. any other document as notified by the Central Government in consultation with the Regulator:

Provided that where simplified measures are applied for verifying the identity of the clients the following documents shall be deemed to be officially valid documents: —

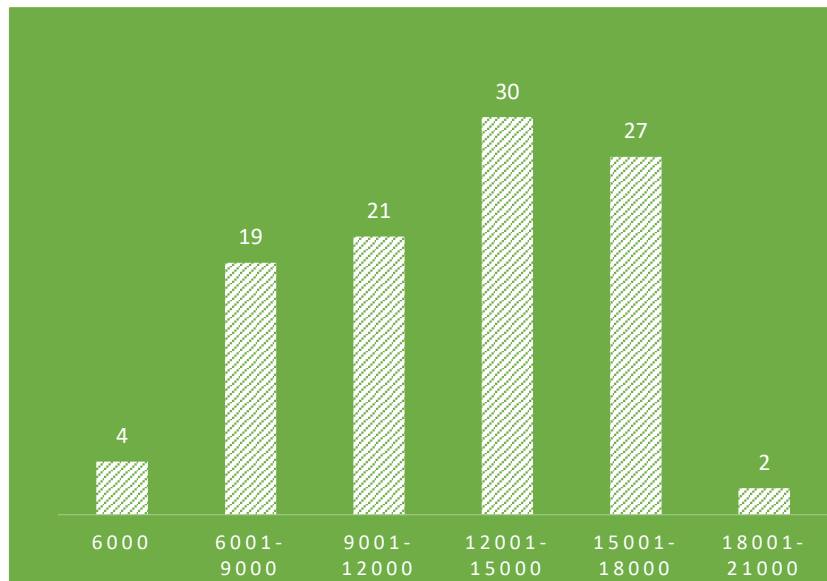
- a) identity card with applicant's photograph issued by Central/State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, and Public Financial Institutions;
- b) letter issued by a Gazetted officer, with a duly attested photograph of the person.

---

months. **This announcement was made on 26th March, 2020 as an initiative towards the loss caused by the outbreak.**

<sup>16</sup> <https://www.pmjdy.gov.in/scheme>

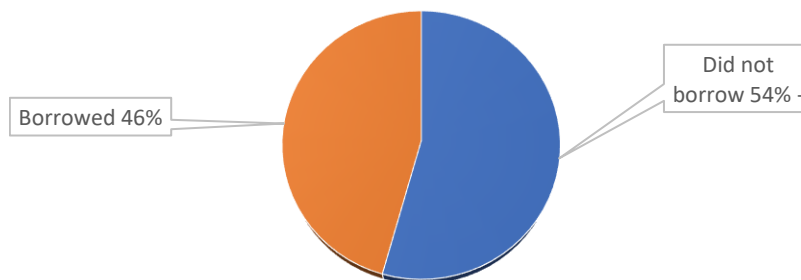
### b. Monthly Earnings of the Respondents



*Figure 5.1 (b)- Approximate Monthly earnings of Respondents*

The diagram presents the approximate amount earned by the respondents prior to the announcement of the lockdown. **30 (29%)** earned between Rs 12,000 to Rs 15,000, **27 (26%)** earned between Rs 15,000 to Rs 18,000, **21 (21%)** earned between Rs 9,000 to Rs 12,000, **19 (22%)** earned between Rs 6,000 to Rs 9,000 while only **2 (2%)** earned between Rs 18,000 to Rs 21,000.

### c. The accumulating debt



*Figure 5.1 (c) The accumulating debt*

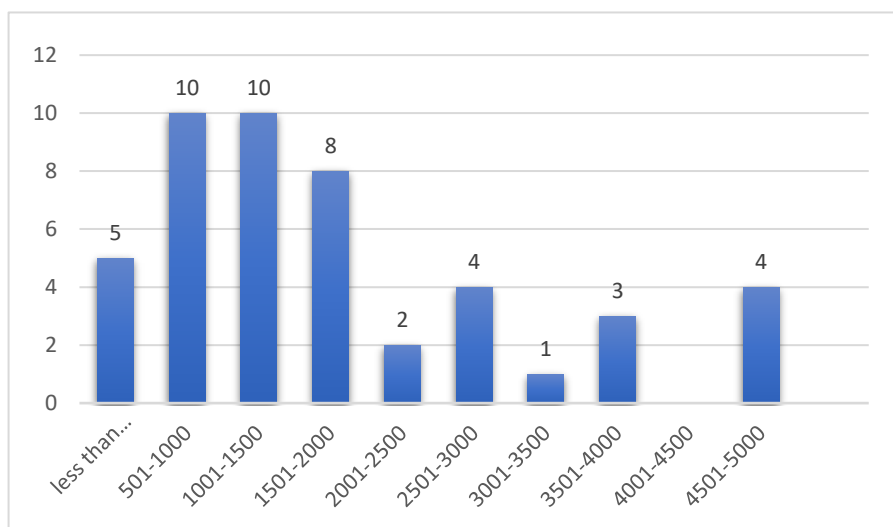
As mentioned earlier, many of the women in the sex- trade were indebted prior to the lockdown. This section presents their situation of indebtedness soon after the CiL.

The chart above shows that, a total of **47 (46%)** of the respondents had borrowed money between 1<sup>st</sup> April 2020 and 15<sup>th</sup> April 2020 the first phase of CiL. A majority of women had

shared that they had borrowed from a friend, relative, a brothel keeper or their *Aadmi* (pimp/partner).

The money borrowed by the women would add to their existing debt, hence increasing their vulnerability to being further exploited. The prominent sources of debt in an RLA are informal and extractive without any documents. It has been observed that due to recurrent borrowing, the women lose track of the exact amount borrowed and might be forced to or end up paying more than the actual money borrowed/repay the amount as quoted by the moneylender.

The following chart represents the amount borrowed by the women between 1<sup>st</sup> April 2020 and 15<sup>th</sup> April 2020:



**Figure 5.1 (d)- Amount borrowed by respondents between 1st April 2020 to 15th April 2020**

*Please note that during the data collection phase, some women who had borrowed money or essential items from local shops did not mention appropriately.*

**The room rent is yet another source of debt where not paying on a monthly basis adds up to their debt as well.** However, the women did not mention or count the unpaid room rent over months to be paid to their brothel keepers or their landlords while living outside the Kp RLA.

**Although many of the respondent women did not have to borrow money in the initial days immediately following the announcement of the CiL as they were using their savings. However, as days passed without any fresh earnings, their savings got depleted and they were left with no option but to borrow.** Women also said they had some groceries and personal hygiene material which they used during the first week of the lockdown and so did not have to borrow for the purchase of the required items initially and had to borrow only after



they exhausted using their stock. **Majority of the women also shared that they would have had to borrow more if they had not received food kits provided free of cost by voluntary organisations since the CiL.**

It is for one to note here that the amount borrowed is going to increase and even more women would require to borrow due to the lack of income. Additionally, **56 (54%)** respondents stated that they had not borrowed money till the date of data collection but are not free from prior debt.

This data does not include the rent for accommodation<sup>17</sup> that the women would need to pay once the lockdown ends. The women pay anywhere between Rs. 6000 and Rs. 9000 every month for their accommodation. Though the brothel keepers and landlords (for those who don't live in both FR and Kp RLAs) are not pressurising them to pay the amount at this moment, the women shared that they will have to pay the due amount in the near future. During the interview, majority of the women expressed their concern regarding the difficulties they would face in clearing their debts.

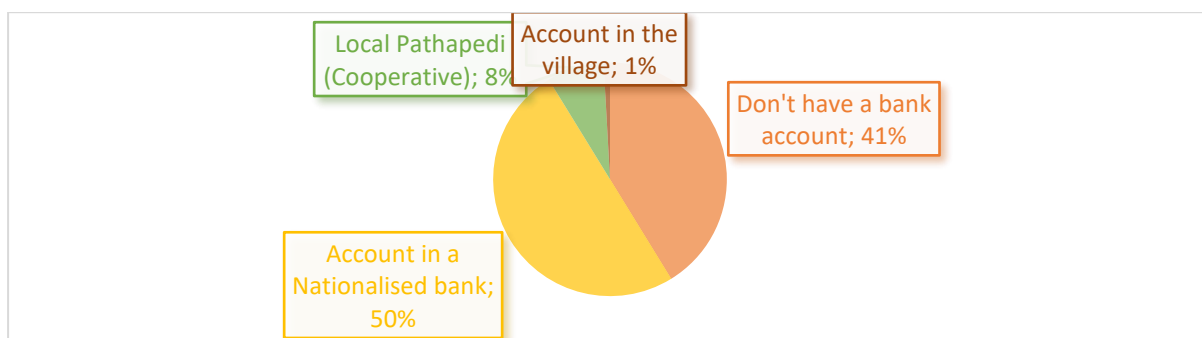
The respondents who stated that they had not borrowed any money till the date of data collection (15<sup>th</sup> April) supplemented their responses by stating that they did not have to borrow cash from anyone as they received groceries and other relief materials from Prerana and other organisations and they had some savings which they used to purchase kerosene, cooking gas, toiletries and other essential items. All of them expressed concern that if they face any emergency during this time, they have no money to attend to the same and will have to borrow further.

---

<sup>17</sup> A bed in a brothel, a room on rent within the red- light area or a rented room in the suburban areas

## 5.2. Falkland Road

### a. Status of Savings Accounts



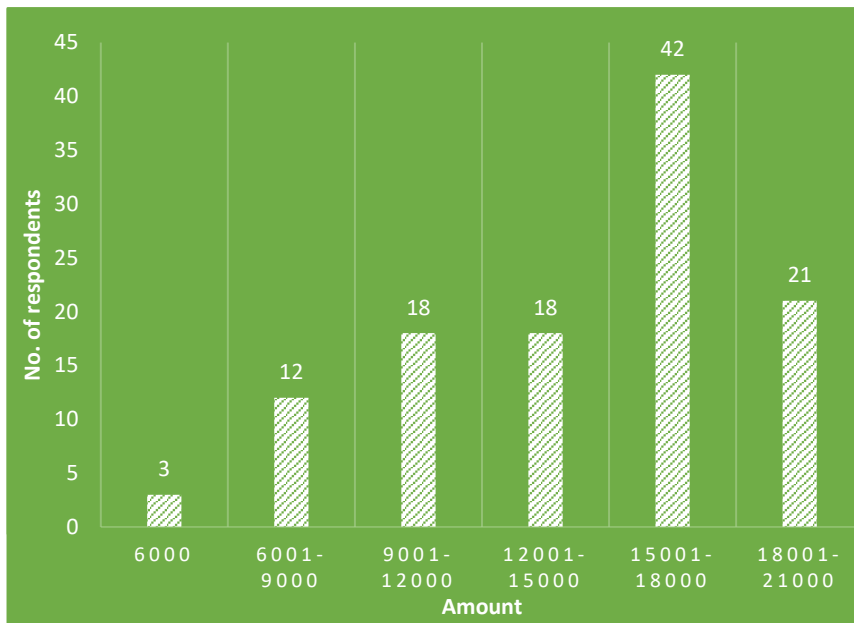
*Figure 5.2 (a) Status of bank accounts of respondents*

67 (59%) of 114 respondents stated that they had a savings account. The following table provides a brief of the status of the bank accounts of the women:

Status of Savings account	No. of Respondents	%
Account in a Nationalised Bank	57	50%
Account in the village (respondent did not have information about the bank)	1	1%
Did not have a savings account	47	41%
Account with a Pata-pedhi (Credit Cooperative Society)	9	8%
<b>Total</b>	<b>114</b>	<b>100%</b>

While majority of the bank account holders had their accounts in nationalised banks, about 41% of the respondents did not have a savings account.

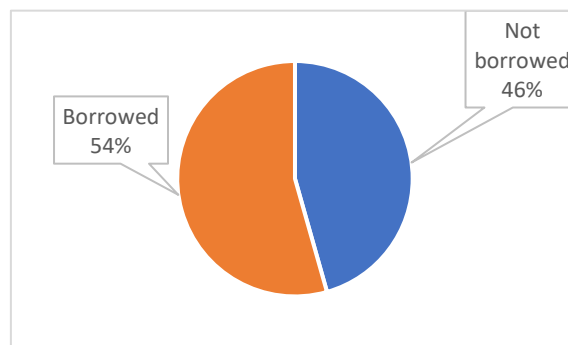
### b. Monthly Earnings of the Respondents



*Figure 5.2 (b) - Approximate Monthly earnings of Respondents*

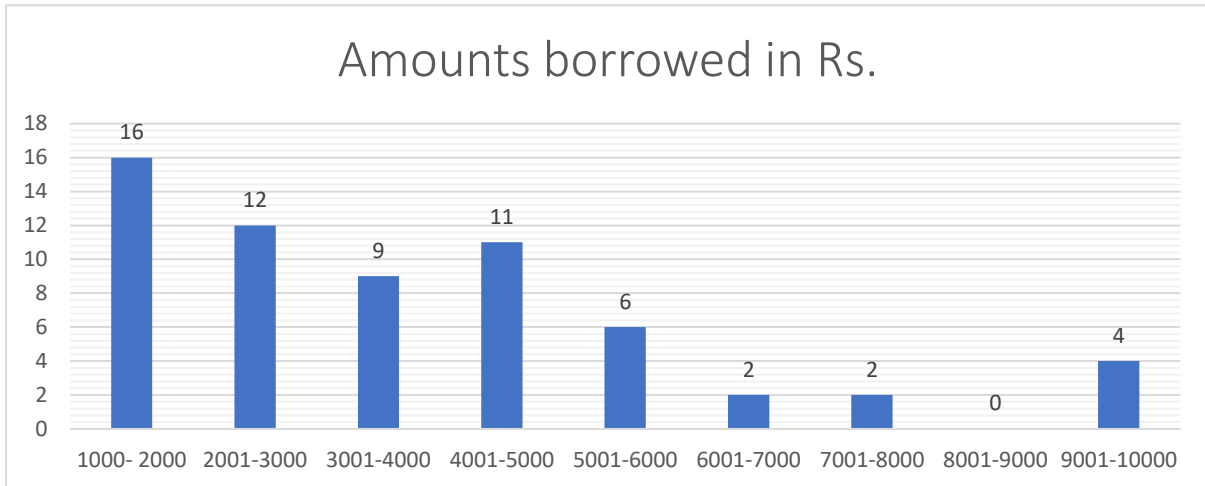
The above diagram presents that of the 114 respondents 42 (37%) earned around Rs 15000-18000 per month prior to the CiL. Further, 21 (18%) earned between Rs 18000-21000, 18 (15.7%) earned between Rs 9000-12000 and Rs 12000-15000 each.

### b. The accumulating debt



*Figure 5.2 (c) The accumulating debt*

The chart represents that according to the data received, a total of **62 (54%)** out of 114 respondents had borrowed money between 1<sup>st</sup> April 2020 to 15<sup>th</sup> April 2020. Similar to Kp, a majority of women had shared that they had borrowed from a friend, relative, a brothel keeper or their *Aadmi* (fancy-man who is actually a pimp).



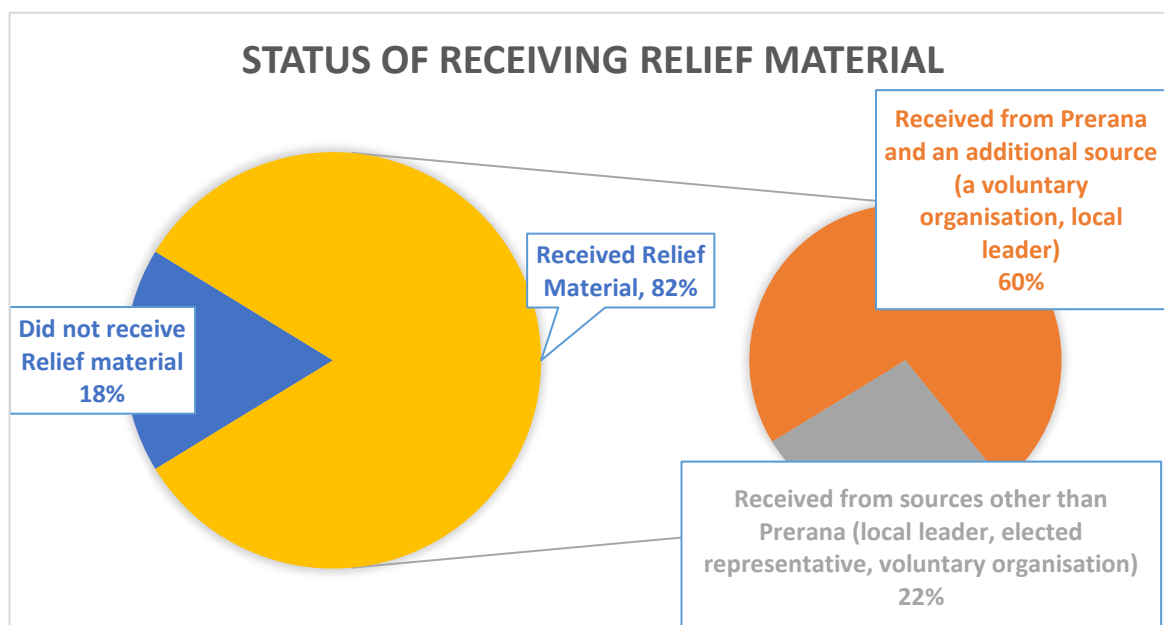
**Figure 5.2 (d)- Amount borrowed by respondents between 1st April 2020 and 15th April 2020**

The above diagram represents that majority of the respondents had borrowed till Rs 5000 between 1<sup>st</sup> April 2020 to 15<sup>th</sup> April 2020. However, this amount would keep increasing as the days of the CiL are extended and the women are unable to earn. Additionally, although 52 (45.6%) of the respondents stated that they had not borrowed money till the date of data collection they are not free from debt.

## 6. STATUS OF RELIEF MATERIAL<sup>18</sup>

### 6.1 Kamathipura

#### a. Source of Relief Material



*Figure 6.1 (a1) Source of Relief Material*

As on 15<sup>th</sup> of April, 22 days since CiL, 85 (82%) of the respondents had received relief in terms of cooked food, ration kits and personal hygiene material such as sanitary pads and soaps. The remaining 18 of 103 (18%) of the respondents who had moved out of the RLAs said they had not received any relief material.

The relief work by civil society organizations was a major source of relief distribution. Apart from voluntary organisations, relief material was also distributed by local leaders, friends of respondents and elected representatives.<sup>19</sup>

<sup>18</sup> Relief materials refers to material doled out during a crisis.

<sup>19</sup> [https://www.fighttrafficking.org/atc\\_blog/covid-kamathipura-lockdown/](https://www.fighttrafficking.org/atc_blog/covid-kamathipura-lockdown/)



## **STATUS OF RELIEF MATERIAL**

With the lockdown in place for over a month now, many people are struggling to procure essential supplies. While there are many people who are trying to help, the assistance is not reaching far off areas and interiors of localities. In some areas, only people who are closer to the points of distribution get the supplies. By the time the news of distribution reaches the other locals, the supplies are over.

About a week ago, some of the women whose children stay in our Center, visited our Center amidst the lockdown. These mothers solicit in Kp RLA but do not live there. They had walked the distance of 38 kms from Kalwa to reach our center in Kamathipura as they had no access to supplies in their locality. They had heard from their friends and acquaintances that Prerana, and many organizations that work in the red-light area were distributing essential supplies there. Hence, they were hopeful that they might get essential supplies in Kamathipura.

The women were helpless and even though it was unsafe, and difficult to reach the Center, it seemed to be their only option to avoid starvation. Their feet had swollen from walking for long. At Prerana's Night Care center, Prerana staff provided them food for the time, but they had also run out of assistance packages by then. The women stayed back in the area, with their friends who lived there, and our team ensured that they got supplies in the next round of distribution.

In this case, the women saw no option other than walking so far to survive. This is one of the many desperate situations that people are facing in these difficult times.

Read at - [https://www.fighttrafficking.org/atc\\_blog/covid-kamathipura-lockdown/](https://www.fighttrafficking.org/atc_blog/covid-kamathipura-lockdown/)

101 (98%) respondents stated that they were in need of groceries. The following chart presents the period for which the respondents mentioned that they had grocery provisions:

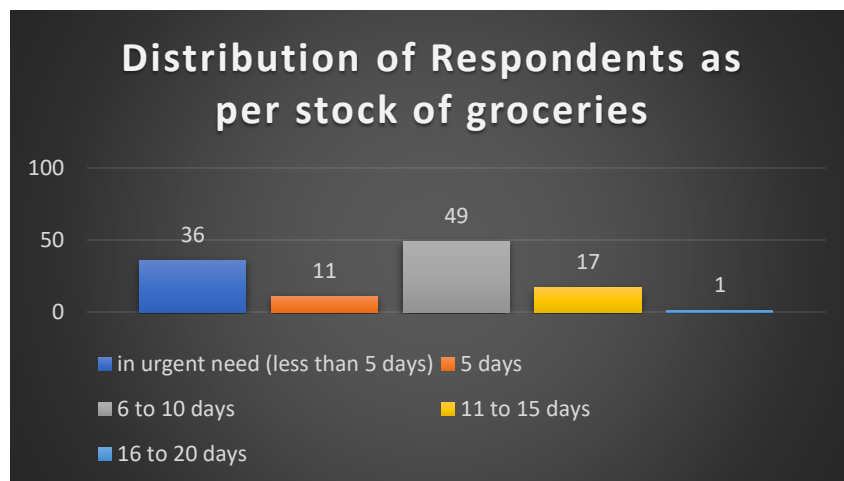
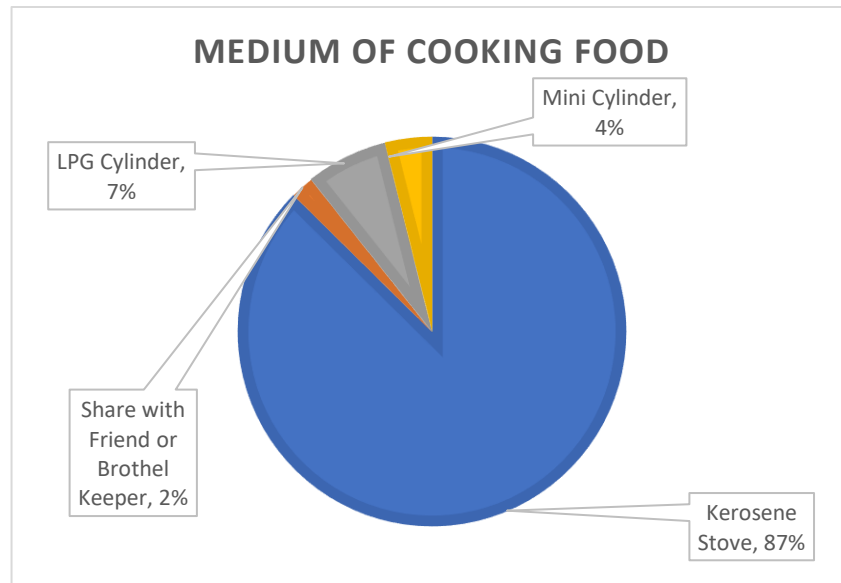


Figure 6.1 (a2)- Stock of Groceries with Respondents as on 15th April 2020

Further, 100% of the respondents stated that they required additional assistance in procuring cooking gas, kerosene, toiletries etc. All the respondents also shared that they would require food kits and Hygiene kits for as long as the lockdown continues. Some said they will need Relief kits/ food kits even after the lockdown is lifted as all they earn would go towards repaying their debt and paying up the pending house rents.

**b. Access to a Source of Cooking food**



**Figure 6.1 (b)- Medium of Cooking Food**

A majority of the women living in brothels are unable to get gas connections due to lack of an Address Proof/Proof of Residence. Alternatively, due to the lack of space in the congested brothels of Kamathipura, most women depend on kerosene stoves for cooking. The data represented in the above chart shows that, of the 103 respondents **90 (87%) cook on Kerosene stoves, 7 (7%) cook on gas stoves, 4 (4%) cook use mini cylinder stoves** and 2 (2%) share the stove with a friend or the brothel keeper. The respondents having access to gas stoves are mostly those who are living in rented rooms in districts around Mumbai.

Rate at which respondents purchase LPG	No. of Respondents
Gas at normal rate (Rs 700/- per 15kg cylinder)	2
Gas through unregistered agency (Rs 1000/- per 15kg cylinder)	5
Rs 500-600/- per 5kg mini cylinder	4



Rate at which respondents purchase Kerosene	
Rs 80-100/- per ltr of kerosene	85
Rs 101-120/- per ltr of kerosene	5
Share with Brothel keeper or friend	2
<b>Total</b>	<b>103</b>

**Prior to CiL kerosene was available at the rate of Rs. 70-80 per litre. Post the lockdown, it is available at Rs. 90 to 120/ litre.** The 15 kg gas cylinder used by a total of 7 respondents was being sold for a cost anywhere between Rs. 700 to Rs. 1200/ cylinder



*Women living in the brothels of Kamathipura are trafficked and mostly have no identity documents. They live in brothels and have no ownership rights over these brothels, and keep getting shifted from one brothel to another by their perpetrators. The brothel Keeper does not give them a No Objection Certificate to use their house address as proof of residence for making identity documents. Majority of these women are unable to procure an Address Proof i.e. one of the essential documents to procure free Gas under the Ujjwala Gas Yojana. None of the women in Kp and Fr RLAS have been able to produce the documents required to be eligible for BPL Ration card. BPL requires them to produce a BPL certificate which needs an income certificate which they do not have as majority of them don't have bank accounts. They do not have bank account in turn because they have no proof of address and hence the vicious cycle continues.*

*Ujjwala Gas Yojana<sup>20</sup>, is a Central Government Scheme providing free LPG to women beneficiaries. Under the scheme, an adult woman belonging to a poor family not having LPG connection in her household, is an eligible beneficiary under the expanded scheme. Release of LPG connection under this Scheme is in the name of the women belonging to the BPL\* family.*

*A woman of the BPL household, which does not have access to LPG connection can apply for a new LPG connection (in the prescribed format) to the LPG distributor.*

<sup>20</sup> <https://pmuy.gov.in/about.html>

*While submitting the application form, the woman will have to submit details, like Address, PMJDY/Bank Account and Aadhar number (if the Aadhar number is not available, steps would be taken in coordination with UIDAI for issue of Aadhar number to the woman of BPL household)*

*\*In order to procure a Below Poverty Line (BPL) Certificate, the woman has to produce the following documents:*

- *Id proof like voter ID card/ Aadhar card.*
- *Income proof for BPL certificate.*
- *Citizenship proof*
- *Self Declaration of BPL (Below Poverty Line).*
- *Age Proof/Birth Certificate.*
- *Address proof like electricity bill, water bill, telephone bill, passport, bank passbook first page, ration card, passport*

### **c. Accessibility to Shiv Bhojan Centers**

In January 2020<sup>21</sup>, the Maharashtra Government launched its flagship scheme of providing subsidised meals to the poor through its Shiv Bhojan Centres. Under the scheme, a beneficiary can avail a full meal including 2 chapatis, a vegetable bowl, rice and dal at Rs. 10/- meal. On March 29<sup>th</sup>, the cost of a meal was lowered to Rs. 5/- amidst the COVID-19 crisis to make food accessible to the poor and needy<sup>22</sup>.

During the RAS, the respondents shared that they had never heard of a Shiv Bhojan Center in their respective localities prior or post the CiL.

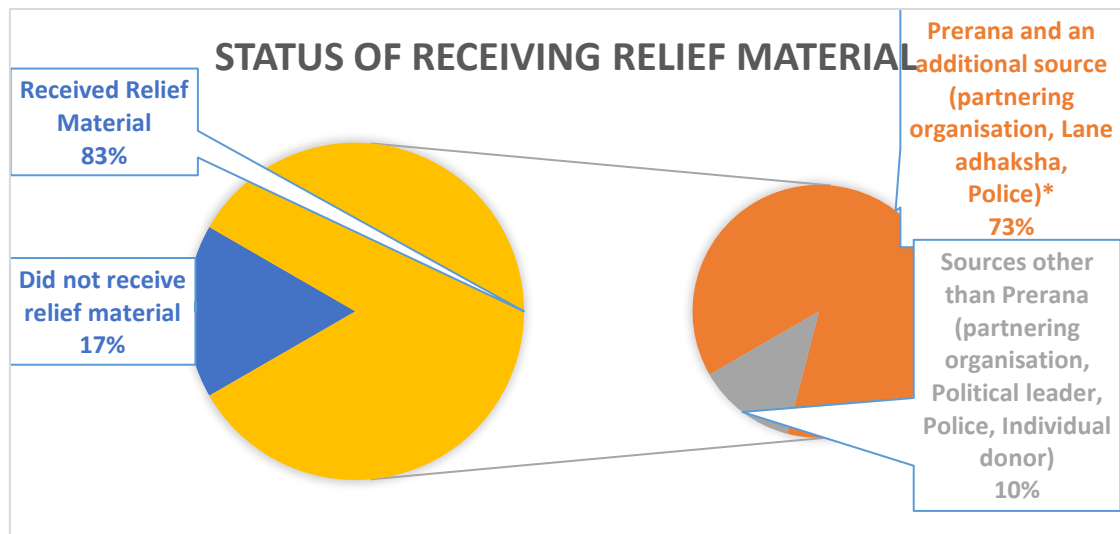
---

<sup>21</sup> <https://economictimes.indiatimes.com/news/politics-and-nation/maharashtra-launches-rs-10-lunch-plate-scheme-on-pilot-basis/articleshow/73638648.cms>

<sup>22</sup> <https://www.thehindu.com/news/states/govt-reduces-shiv-bhojan-meal-to-5/article31201728.ece>

## 6.2 Falkland Road

### a. Source of Relief Material

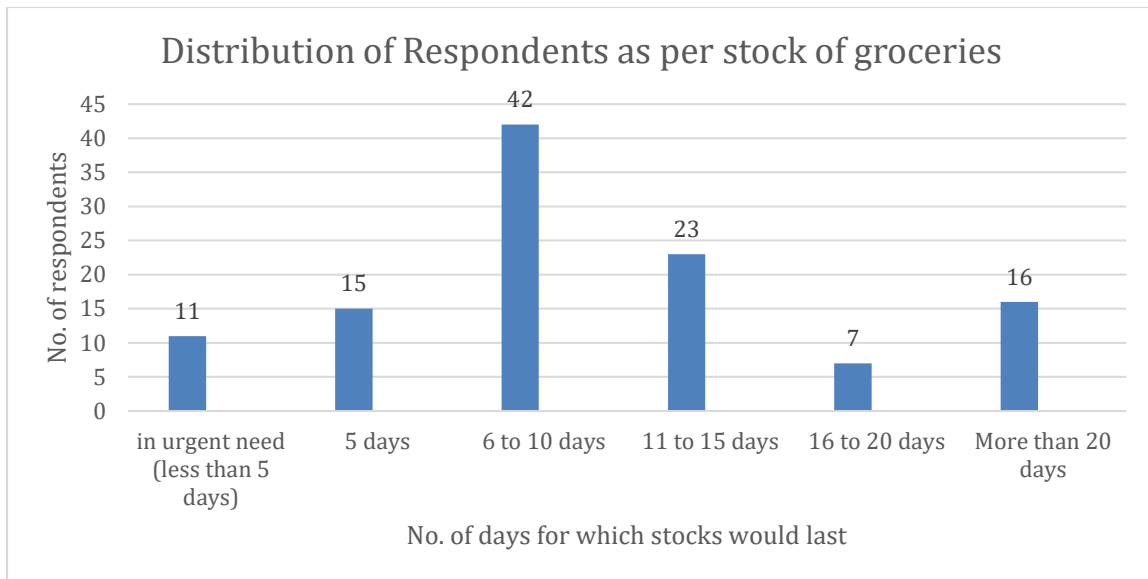


*Figure 6.2 (a1) Source of Relief Material*

\*Of the 83 (73%) respondents who received Relief Material from Prerana and additional sources, 27 received relief solely from Prerana.

**As on 15<sup>th</sup> of April, i.e. 22 days after announcement of a nationwide lockdown, 95 (83%) of 114 respondents had received relief in terms of cooked food, ration kits and hygiene material such as sanitary pads and soaps. The remaining 19 (19%) of 114 respondents who had moved out of the red-light areas said they had not received any relief material.**

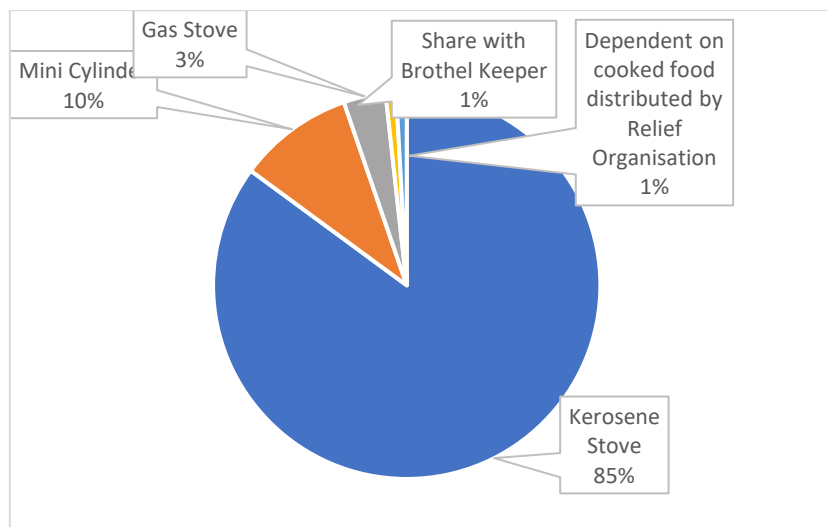
During the period of data collection, 81 (71%) of 114 respondents stated that they were in need of groceries. The following chart presents the period for which the respondents mentioned that they were in possession of groceries:



**Figure 6.2 (a2)- Stock of Groceries with Respondents as on 15th April 2020**

Further, **112(98%)** respondents stated that they required additional assistance in procuring cooking gas, kerosene, toiletries etc, and would require relief till the end of the CiL.

**b. Access to a Source of Cooking food**



**Figure 6.2 (b)- Medium of Cooking Food**

The data represented in the above chart shows that, of 114 respondents **97 (85%)** cook on kerosene stoves, 4 (4%) cook on LPG stoves, **11 (10%)** cook on mini cylinder stoves, 1 shared the stove with a brothel keeper and 1 respondent was dependent upon the cooked food packages distributed by relief organisations.

<b>Rate at which respondents purchase LPG</b>	<b>No. of Respondents</b>
Gas through unregistered agency (Rs. 1200 to Rs. 1300/per 15 kg. cylinder)	4
Rs 500-600/ 5 kg. mini cylinder	11
<b>Rate at which respondents purchase Kerosene</b>	
Rs 70-80/ ltr of Kerosene	24
Rs 81-90/ ltr of Kerosene	13
Rs 91-100/ ltr of Kerosene	60
<b>Shared/ Donated resources</b>	
Shares with Brothel Keeper	1
Dependent on cooked food packages distributed	1
<b>Total</b>	<b>114</b>

Through the survey it was known that:

- Post the lockdown, kerosene was available at a cost of Rs 70-100/ litre as opposed to Rs. 70-80 pre-lockdown.
- The 15 kg gas cylinder procured from an unregistered agency used by a total of 4 respondents was being sold for a cost anywhere between Rs. 1200/-- Rs. 1300/- cylinder. While a similar gas cylinder through a registered agency would cost around Rs 700/ cylinder.



## CONCLUDING COMMENTS

## CONCLUDING COMMENTS

All the respondents reached out to during the RAS said that since the Janta Curfew<sup>23</sup> that was declared by the Prime Minister of India on 22<sup>nd</sup> March 2020, they had completely stopped getting customers. They further shared that the police had been keeping a strict vigilance in the lanes and by-lanes of Kamathipura and Falkland Road and was not allowing any entry or exit. The same was validated by the Prerana field staff who did not find women soliciting for customers on the streets and by lanes of RLAs during the day or in the evenings. Some women shared that they were not allowed to sit outside the buildings (brothels) and no outsider was allowed to enter their building. Hence, their only source of income had dried out.

Indebtedness of the women is a major issue that must be looked into. One of the respondents Renuka said *“I would like to go to my village in Kolkata, but I heard things are bad there too! Once we reach there we will be quarantined and only after that we will be able to travel to our village. I don’t even know if my brothel keeper will allow me to go anywhere till, I have repaid my debt”*. Several women said they had no plans of returning to their village in the near future. The women in debt said they will not be able to move to the village till they don’t clear their debt. Women also expressed that they would like to explore alternate sources of income, but had the burden of clearing their debt.

Further, for the CiL as well as in the post-CiL phase, it is believed that observing social distancing, the currently most effective way of keeping oneself safe from the infection is practically not possible in the brothels of the RLAs that house anywhere between 5 to 20 women each depending on the size of the room. Maintaining hygienic practices like cleaning sheets of the bed after the use by every customer is also not possible. Radha (35) a respondent said, *“In sex trade distancing is just not possible, men come to us for intimate physical, and penetrative sexual contact, it’s all about contact and touch.”*

*“Social distancing is unthinkable in this situation”* another respondent, Sheela said. *“I don’t know of women who sell phone sex or sex on camera.”* At present, daily cleaning of the rooms and cubicles with disinfectants is not carried out. If it would be possible in the future remains to be seen. Additionally, if the same would be at all possible in the sex trade in other areas like

---

<sup>23</sup> <https://theprint.in/india/modi-announces-janata-curfew-on-22-march-urges-for-resolve-restraint-to-fight-coronavirus/384138/>

Vashi- Turbhe, Sonapur in Bhandup and Bhiwandi RLAs also seems unlikely. Hygiene is also about affordability and could further impoverish and marginalize these women, owing to the additional expenses. The affordability and access to hygiene must not be overlooked. In the sex trade the perpetrators ensure that every expense that they incur is recovered from the money they make out of selling women to the customers, hence new expenses could cause more harm to the women.

Women also spoke of not being able to imagine what the sex trade will look like after the CiL. Some of them said that they might have to solicit through the day as well as the night but weren't sure if they would get customers.

During the initial days of the CiL, Prerana could not help the respondents due to the restrictions on movement. However, after the period of data collection, the team reached out to the local police, District Women and Child Development Office and other voluntary organisations to assist the respondents. As a result, by the end of April most of the respondents had received ration (food grain and other essentials) and hygiene kits. These women were also linked to the other organisations in their localities who were providing relief so that they could continue to get relief till the lockdown is lifted. The following suggestions were made by many of the women –

- Shiv Bhojan Centres could be started in the RLAS.
- The CiL affected prostituted women should be helped to run the Shiv Bhojan Centres and that could be an alternative source of income for at least a few women.
- The State should provide interest free loans to the women
- Existing Bank Accounts may be (without making the women complete some more formalities and furnish more documents) converted into Jan Dhan accounts. Banks should expand their outreach for opening more PMJDY accounts.
- Relief kits (food and other essentials and hygiene material like sanitary pads) should be provided at least till the CiL is lifted.
- Government should provide long term interest free micro finance to start small business and also provide handholding support till they reach a breakeven point in their businesses.



- Providing short duration training in vocational and employability skills which do not require literacy e.g. cooking, catering, beauty care, housekeeping, etc should be facilitated
- Government should also make it feasible and easy for single women to rent a house in mainstream society.



PARTNER

I N D I A

 **epic**foundation

ASSKAM   
ASSOCIATION KAMATHIPURA  
ACCUEIL ET EDUCATION DE L'ENFANCE EN DANSE

*Our partners*

20   
Years of ATC

[www.fighttrafficking.org](http://www.fighttrafficking.org)

Prerana 2020