COVID-19 AND MIGRANT WORKERS' FAMILIES ON THE STREETS
A RAPID ASSESSMENT STUDY
A RAPID ASSESSMENT STUDY OF THE SITUATION OF THE MIGRANT BACKWARD FAMILIES WHOSE CHILDREN ARE ENGAGED IN BEGGING

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ABBREVIATIONS

CWC - Child Welfare Committee
PDS - Public Distribution System
RAS - Rapid Assessment Study
CiL - COVID imposed Lockdown
CCI - Child Care Institutions
NCH - New Children's Home
PMJDY - Pradhan Mantri Jan Dhan Yojana
BMC - Brihanmumbai Municipal Corporation
PMUY - Pradhan Mantri Ujjwala Yojana
LPG - Liquid Petroleum Gas
NS - Not sure
DNK - Do Not Know
ABOUT THE STUDY
INTRODUCTION TO PRERANA

Prerana is a civil society organization that started working in the Red-Light Areas of Mumbai in 1986 first with a view to eliminate second generation trafficking (ESGT) i.e. trafficking of the children of trafficked victims into the sex trade, allied activities of sex trade or illegal labour. To achieve this Prerana evolved several path-breaking interventions, piloted them, built a success story out of each intervention, and disseminated them for wide 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).

INTRODUCTION TO SANMAAN

Project Sanmaan (which means honour) aims to enable the children found begging on the streets to enjoy their right to wellbeing and dignity and break the intergenerational cycle of backwardness and begging in Mumbai and Navi Mumbai. Through the approaches of prevention, protection and advocacy, Sanmaan intends to work with the Right holders i.e. the children, adolescents, their families and other duty bearers with a rights-based, development-oriented approach.

Children found begging are not safe and are vulnerable to different kinds of maltreatment and exploitation. Early in 2016, the police authorities in Mumbai started a drive wherein the roads of Mumbai were to be ‘cleansed’ of the children found begging. The children and their families/adult escorts who were found or suspected to be begging used to be taken into custody and mostly dropped far outside the city limits and away from civilization. A few children were produced before the Child Welfare Committee set up under the Juvenile Justice (Care and Protection of Children) Act, 2015 and were admitted to Child Care Institutions. The children were not only being separated from their parents and institutionalized, but their fundamental rights to education and development were also routinely violated. Though socio-economically marginalised, what compounded their plight was the stigma, the discrimination and the social exclusion they were subjected to because of their special background of having historically belonged to the ‘ex-Criminal Tribes’, post 1951 called as the ‘De-notified Tribes’. Having been inducted into begging was violating the children’s right to dignity and well-being and their fundamental rights to survival, development, protection, and participation. The Sanmaan Project started as an intervention to help children rehabilitate better after being rescued and put into the system. Eventually it also prioritised reaching out to these children and their families to ensure that they have access to their rights and resources. Currently it works as a field-based intervention initiated by Prerana for the protection and dignity of these children.
COVID-19 AND THE NATIONWIDE LOCKDOWN

On 11th March 2020 the World Health Organisation (WHO) declared COVID-19 as a global pandemic [1]. COVID-19 which is an abbreviation of the name CoronaVirus Disease 2019 is a serious viral infection caused by a newly discovered (hence called Novel) virus. The disease is spread by coming in direct contact with the respiratory droplets of an infected person. As per the WHO, “those with cardiovascular disease, diabetes, chronic respiratory disease and cancer are more likely to develop serious illness” [2]. The death count and the speed of the spread have sent a wave of scare across the globe. Currently, there are multiple attempts in various countries to build vaccines against this virus. India is also playing a crucial part in this effort and is at different stages of testing the success of the vaccine. None of these have reached the final phase of success and dissemination as of today [3]. 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 infected person, following social distancing to minimize contact, virtual stoppage of public life through the measure of lockdown and confining individuals to their homes. On 24th March, with the rapid spread of the disease across the globe and in India, the Prime Minister of India declared a nationwide lockdown, with a notice of about 4 hours to the citizens. 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 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 serious blow with complete stoppage of work. After over 2 months of complete lockdown, the government announced for unlocking these restrictions in phases. Different public spaces became accessible through the past 3 months allowing people to resume essential activities while encouraging them to continue isolating if they could.

Sanmaan works with families who have migrated from their native places to Mumbai or Navi Mumbai. These families earned by hawking, making garlands and begging on the streets. These communities are dependent on daily wages. Some of them also work in the informal sector. Sanmaan works closely with 2 communities at Ghansoli and Chembur, which have a population of approximately 600 people in total.

With the lockdown, every income generating activity of these families came to a halt. With no transportation, mobility of these families was also affected. Government only permitted movement of those who were part of essential services. This affected the families who earn on a daily basis and live

[1] 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”
[2] https://www.who.int/health-topics/coronavirus#tab=tab_1
hand to mouth. Hence, the daily wage earners were unemployed and soon ran out of their savings to be able to afford their daily necessities. Handful of families shared with us that they had ration that would support them for a maximum of 1 or 2 weeks. Some of the families who had Ration Cards could not access the PDS shops because of the long distance between their house and the shop. Additionally, access to some of these roads was also restricted. The families had barely enough money to support basic household expenses. This caused severe anxiety among these families.

This is a **Rapid Assessment Study (RAS)** of the situation of the children and their families whom Sanmaan works with.

**OBJECTIVES OF THE RAS**

- To understand the challenges faced by families as a result of the lockdown.
- To understand the pattern of relocation and migration among the families after the announcement of the lockdown.
- To understand the impact CiL (COVID-imposed-Lockdown) has made on the earnings and indebtedness of these families.
- To get information on whether the families are paying for using public toilets during the lockdown.
- To assess their awareness and information on COVID19 and the sources there of.
- To identify relief services availed by these families and identify the sources of relief providers.
- To gather suggestions from the respondents that can help us devise ways to help them deal with their problems of day to day living precipitated by the lockdown.

**RESEARCH DESIGN**

The aim was to reach out to all the 174 families who fall under the provision of Sanmaan’s direct service.

| Nature of Data | - Primary data has been collected from the families of pre contacted children who are/were engaged in animal.  
- Secondary data has been collected from desk review of newspapers, internet, and circulars issued by the governments. |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Units of Inquiry</td>
<td>- Adult Family members of the Children.</td>
</tr>
<tr>
<td>Sample</td>
<td>- A quota of 174 pre contacted families was selected, out of which 95 families could be contacted finally. Details of the sample are mentioned in the Table 1.</td>
</tr>
<tr>
<td>Tools of Data Collection</td>
<td>- Semi Structured Interview Schedule</td>
</tr>
<tr>
<td>Technique of Data Collection</td>
<td>- Telephonic interview using the Semi structured Interview Schedule containing both open and closed ended questions.</td>
</tr>
<tr>
<td>Survey Period</td>
<td>- From 14.04.2020 to 17.04.2020 (4 Days)</td>
</tr>
</tbody>
</table>
- The team had limited time and resources to collect data remotely.

- As the mode of data collection was telephonic, poor network while connecting the call and during the call created hindrance in acquiring quality data. Additionally, many families did not have phones or had run out of talk time or had no money to re-fill their balance.

- Due to the current crisis, few respondents were not in the right frame of mind to answer the questions.

- Language barrier has been a consistent programmatic challenge for the team that continued to be a challenge during data collection as well. Some families are Telugu speakers and communicating with them over the phone without having a Telugu speaking surveyor was a challenge.

In the tables below, the challenges of establishing contact with our 174 families have been elaborated:

**Table 1: Status of Contact made with the Families during the CiL**

<table>
<thead>
<tr>
<th>No. of Contacted Families</th>
<th>% of Contacted families</th>
<th>No. of Uncontacted families</th>
<th>% of Uncontacted families</th>
<th>Total number of families aimed at</th>
</tr>
</thead>
<tbody>
<tr>
<td>95</td>
<td>54.6%</td>
<td>79</td>
<td>45.4%</td>
<td>174 (100%)</td>
</tr>
</tbody>
</table>

From the above table it can be seen that in the aforementioned period of 3 days the team could get in touch with only 95 families which is 54.6% of the total number of families with whom they work. Apart from these families there are 79 families which are 45.4% of the total who could not be contacted during the survey period because of the following reasons:

1. Do not have a phone
2. Did not respond to the call
3. Family is untraceable
4. Phone is switched off or not reachable
5. Contact number invalid

**Table 2: Reasons for not being able to Contact with the Families during the CiL**

<table>
<thead>
<tr>
<th>Do not have a phone</th>
<th>Did not respond to the call</th>
<th>Orphan or Family is Untraceable</th>
<th>Phone is Switched off or Not Reachable</th>
<th>Contact No. Invalid</th>
</tr>
</thead>
<tbody>
<tr>
<td>33 (41.8%)</td>
<td>1 (1.3%)</td>
<td>8 (10.1%)</td>
<td>36 (45.6%)</td>
<td>1 (1.3%)</td>
</tr>
</tbody>
</table>
From table 2 it can be seen that among the 79 families who were not contacted, 41.8% do not have a phone. Among the rest of the 58.2%, some did not respond to the team member’s calls, some families are untraceable, and some others’ phones were either switched off or not reachable. It is in this context noteworthy that, the team during the entire survey period tried to contact these families not once but several times, however, could not get in touch with them.

**PROFILES OF THE RESPONDENTS**

**Table 3: Profile of the Respondents**

<table>
<thead>
<tr>
<th>Types of Families</th>
<th>Status of Contact Made</th>
<th>No. of Families</th>
<th>% of Families</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not contacted</td>
<td>79</td>
<td>45.4%</td>
</tr>
<tr>
<td>Families of Outreached Children[^2]</td>
<td>Contacted</td>
<td>46</td>
<td>26.4%</td>
</tr>
<tr>
<td></td>
<td>Not contacted</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>174</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

[^4]: In the project Sanmaan, referred children are those who come in contact with the Juvenile Justice system while begging publicly. These children are usually ‘rescued’ by the Police and presented to the Child Welfare Committee. Prerana assists the CWC in following up on these children and their families to ensure that they are living a safe life and are able to access their basic rights.

[^5]: In Sanmaan, the term Outreached children refers to the children whom the Project directly reaches out to regularly in the communities of Chembur and Ghansoli. Prerana does its own outreach because we believe that a positive intervention before the child gets involved with the police is beneficial to the children and their families.
RELATIONSHIP BETWEEN THE RESPONDENTS & CHILDREN
Table 4 shows the relationship of the respondent with the child with whom the team works. From the table it is seen that most of the respondents (72.7%) who answered the call and spoke to the surveyor were the parents of the children.

Reason behind greater percentage of parents being respondents might be because most children reside with their parents and it is the mothers who speak to the team members during the monthly follow up calls as well. The grandparents who have responded to the calls are the ones with whom the children are currently living in their native place.

<table>
<thead>
<tr>
<th>Respondent's Relationship with the Child</th>
<th>No. of Respondents</th>
<th>% of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td>25</td>
<td>26.3%</td>
</tr>
<tr>
<td>Mother</td>
<td>44</td>
<td>46.4%</td>
</tr>
<tr>
<td>Siblings</td>
<td>8</td>
<td>8.4%</td>
</tr>
<tr>
<td>Grandfather</td>
<td>1</td>
<td>1.1%</td>
</tr>
<tr>
<td>Grandmother</td>
<td>5</td>
<td>5.3%</td>
</tr>
<tr>
<td>Uncle</td>
<td>7</td>
<td>7.4%</td>
</tr>
<tr>
<td>Aunt</td>
<td>4</td>
<td>4.2%</td>
</tr>
<tr>
<td>Guardian*</td>
<td>1</td>
<td>1.1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>95</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Table 4 shows the relationship of the respondent with the child with whom the team works. From the table it is seen that most of the respondents (72.7%) who answered the call and spoke to the surveyor were the parents of the children.

Reason behind greater percentage of parents being respondents might be because most children reside with their parents and it is the mothers who speak to the team members during the monthly follow up calls as well. The grandparents who have responded to the calls are the ones with whom the children are currently living in their native place.

[6] Guardian here can also be referred to as 'Fit Person' which as per Section 2(28) of the Juvenile Justice (Care and Protection) Act, 2015 means any person, prepared to own the responsibility of a child, for a specific purpose, and such person is identified after inquiry made in this behalf and recognised as fit for the said purpose, by the Committee or, as the case may be, the Board, to receive and take care of the child.
RESIDENTIAL LOCATION & RELOCATION
A. CURRENT RESIDENTIAL LOCATION OF THE RESPONDENTS

Table 5: State-wise Distribution of the Current Residence among the Respondents

<table>
<thead>
<tr>
<th>State</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maharashtra</td>
<td>90 (94.7%)</td>
</tr>
<tr>
<td>Rajasthan</td>
<td>1 (1.1%)</td>
</tr>
<tr>
<td>Andhra Pradesh</td>
<td>1 (1.1%)</td>
</tr>
<tr>
<td>Jharkhand</td>
<td>2 (2.1%)</td>
</tr>
<tr>
<td>Gujarat</td>
<td>1 (1.1%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>95 (100%)</strong></td>
</tr>
</tbody>
</table>

Table 5 portrays the distribution of respondent’s families across different states of India. From the table it can be understood that some of the respondents have moved back to their native states of Jharkhand, Andhra Pradesh, Gujarat and Rajasthan, most of the respondents and their families i.e. ~95 % are currently residing in different districts of Maharashtra.

Figure 1: Current Residential Districts of the Residents Staying in Maharashtra

The above-mentioned graph shows that among the 90 contacted families staying in Maharashtra -15 families (17%) stay in Mumbai City, 58 families (64%) in Mumbai suburban, 2 families (2%) in Palghar and 6 families (7%) in Thane district. Among the remaining 9 families (10%), 3 families (3%) stay in Osmanabad and 4 families (4%) stay in Solapur. Only one family stays in each of the Parbhani and Wardha districts.
The families who stay in Mumbai city, Mumbai Suburban, Thane and Palghar are majorly street dwellers who are scattered across different parts of the Mumbai city and adjacent areas and the families residing at Jai Ambe Nagar in Chembur and Ghansoli area staying as communities. These are people from migrant backward communities who have relocated to Mumbai and surrounding urban areas either on permanent or temporary basis for work from different parts of Maharashtra and other neighbouring states.

B. RELOCATION DURING THE LOCKDOWN

Figure 2: Relocation among the Respondents during the Lockdown

![Relocation during the Lockdown](image)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>8%</td>
<td>92%</td>
</tr>
</tbody>
</table>

Figure 2 shows that among 95 families, 8 families i.e. only 8% have relocated since the nationwide lockdown was announced (this data is in accordance to the dates of the survey).

While conducting the survey, when the team inquired from the respondents about the reasons for returning to their native places, they said that they had either travelled to their native places because of the uncertainty of livelihood in Mumbai in the current COVID crisis, or were forced to stay back in their native places when they went to pick up their children from the Ashram Schools. The Ashram schools had asked all parents to come and take charge of their children after the lockdown was announced. However, after talking to all the respondents it was clear that, apart from one, none of the families were relocated forcefully by any authorities, rather they have shifted to their native places willingly. Also, none of the families have relocated within the city.
Sanjay (name changed), 12 years old boy child is enrolled in an Ashram School at Solapur. Sanjay’s parents stay on a footpath of South Mumbai. His Ashram school was also shut because of the nationwide COVID-19 lockdown and so the child is now staying with his family on the footpath. During the survey while talking to the father he said “Didi, police without any prior notice evicted the whole area where we stay in, in South Mumbai and shifted us to a temporary shelter at Bandra. However, in the temporary shelter, one case of COVID-19 was found, due to which we all panicked and came back to our old settlement at South Mumbai again. There were no vehicles available because of the lockdown and we had to walk back the entire way. You know Didi we have heard that a few people from our neighbourhood feel that Corona can be spread through us, hence they had only asked the Police to relocate us. Didi we are staying on this footpath since past 30 years. Where will we go in this lockdown if they force us to leave again and again!”

C. CHILDREN’S PLACE OF RESIDENCE DURING THE CiL

Figure 3: Children’s Place of Residence during the CiL

![Pie chart showing the percentage of children's place of residence during the CiL]
The 95 surveyed families have a total of 264 children in their households. Figure 3 shows that among all these 264 children most (81.1%) are currently staying with their parents, followed by 10.2% who are in different Child Care Institutions (herein after referred to as CCIs) including Additional Children’s Home and New Children’s Home across the city. Among the 5.3% children staying with other family members, 2.7% are currently staying with their grandparents in their native places. [7]

While following up with the children staying in the Child Care Institutions, we got to know that a few children staying there could not contact their family members during the lockdown. The families who do not have phones or who have exhausted their talk time could not come and meet their children during the lockdown because of the unavailability of transport facilities. This led to restlessness and distress among few children at the CCI. While talking to us, a child named Sunny (name changed), who stays in such a CCI said, “I know my parents are not being able to come here and meet me because of the lockdown, but why are they not calling me? Most of my friends’ parents are calling them regularly. Didi how long will this lockdown will continue? When will I be able to talk to my parents? I don’t even know how they are doing.” After talking to the child we tried to call his parents but their phone was out of coverage area. Our team also visited Worli, where his parents stay, and got to know that they are stuck at their native place. They visited their native before the lockdown, but could not come back to Mumbai because of the sudden lockdown.

It has also come to our attention during the survey that a few children (3%) who attend the Ashram Schools which are not under the Tribal Ministry are still at the Ashram Schools. From among the total 8 children who are enrolled at the Ashram schools, 4 are currently residing at the Ashram schools, 3 have gone to their homes and are with their families, and 1 is enrolled in the New Children’s Home (herein after referred to as NCH).

[7] Missing Children: A sibling of a girl child that Sanmaan works with is missing since last 2 years. The family has tried to find her, but she is untraceable.
Seema (name changed) is a 13 year old girl child who was rescued from begging, and was restored to her parents later. Seema is currently enrolled in an Ashram School in Solapur. While conducting the survey we spoke to Seema’s father who used to stay in Pune with his spouse. During the conversation the father shared, “when the lockdown was announced on 25th March, we got a call from the Seema’s school. The Principal requested us to take Seema home as the school had received a circular from the Ministry of Tribal Affairs, seeking that all the children who were staying at that Ashram school to be sent home. My wife and I went to Solapur the same day to bring Seema home, but due to the lockdown we were not able to return to Pune as no mode of transport was operational. Stuck far from home, we decided to go to our native village in Solapur which was close to the school. When we all reached the village, we were not allowed to enter. The villagers were afraid that we may be infected with COVID-19 and asked us to stay in a field at the periphery of the village for an indefinite period because nobody knew exactly how one was supposed to stay in isolation. We did not know where to stay in the field as there were no provisions. My wife and I managed to create a makeshift hut and a Chulha (stove) with whatever wood was available nearby. We stayed there for two weeks in those conditions. No food was arranged for us, and we cooked what we got from the field. The food we were carrying from Pune only lasted for the initial 2-3 days. Didi, spending two weeks at a field outside the village without any help was a nightmare for us. However, after two weeks we could finally enter the village.”
AWARENESS OF COVID-19
From Figure 4 it can be inferred that 88 respondents (93%) of the total 95 respondents have not heard of any positive COVID-19 cases near their places and 2 respondents (2%) have said that they are not sure if there are any such cases. 1 respondent among the 5 respondents (5%) who said that they have heard of such cases close to their places mentioned that there are 2 COVID-19 infected doctors who stay four buildings away from them. *Data is in accordance with the survey dates.

During the data collection phase, it was known that every respondent (100%) has some information about the disease. When enquired about the awareness of COVID – 19, the major responses were:
- Corona is an infectious disease which does not have any curative medicine currently.
- Precautions include measures like washing hands frequently with soap, using mask, taking bath and washing clothes after getting home from outside.
- Touching others who have the infection will spread it. Hence maintaining safe distance from others and not going to crowded places are must.
- Children are advised to not go out of the house for their own safety.
- People are advised to not go out of home unless it is extremely necessary and should not allow anyone to visit them at their home for the safety of the household.
- Symptoms of COVID-19 include throat infection, fever for more than 4-5 days, cold and cough.
For 54 respondents (57%) of the total respondents (95 respondents), the source of information regarding the disease was their neighbours, followed by broadcast media and internet (44%), Police (18%), Ashram Schools (7%), Other Voluntary Organizations (7%), Prerana (5%) and Family members (3%). Few have also stated that they got to know about the virus from some unknown individuals, workplace and hospital.
HEALTH STATUS
Most of the families with who the team works comprise of minimum 2 to 4 children, their parents and grandparents. Few children stay in joint families where their uncle, aunt and cousins stay with them. While working with the children and their families, Sanmaan team did not observe any of the parents/uncles/aunts or children with chronic ailments during the lockdown. However, in most of the families, the grandparents suffer from joint pain and illnesses like high blood pressure and blood sugar. None of the respondents reported any signs of COVID-19 till the dates of the survey among neither the children, adults nor the elderly in their families during the lockdown.

A. STATUS OF ILLNESSES AMONG THE RESPONDENTS AND THEIR FAMILY MEMBERS

Figure 6: Status of Illnesses among the Respondents

![Figure 6](image)

Figure 6 shows that, 91 respondents (96%) of total 95 respondents reported that they are not suffering from any ailment during the lockdown. Among the rest 4 respondents (4%) who said that they are facing health issues have illnesses like chronic back pain and numbness in one hand (1%), HIV (1%), Pain in the knees and fatigue (1%) and Joint pain and cataract (1%). For their health concerns all these respondents have consulted doctors and are on medication.
Among 95 families there is only one family staying at Jai Ambe Nagar, Chembur who have a pregnant woman in her second trimester during the lockdown. She will be taken to Rajwadi Hospital in Ghatkopar for delivery or other complications/health concerns if anything arises during the period of pregnancy. Throughout her pregnancy she has been visiting the same hospital for her general check-up. During the lockdown the woman got help from Police while travelling to the Hospital.

As portrayed in Figure 7, 92 respondents (97%) have informed that none of their family members are suffering from any health issues during the lockdown, whereas 3 respondents (3%) said that their family members have illnesses like diabetes and knee pain. The family members too have consulted doctors for their ailments and are on medication.

**B. PRESENCE OF PREGNANT WOMEN IN THE FAMILY**

Among 95 families there is only one family staying at Jai Ambe Nagar, Chembur who have a pregnant woman in her second trimester during the lockdown. She will be taken to Rajwadi Hospital in Ghatkopar for delivery or other complications/health concerns if anything arises during the period of pregnancy. Throughout her pregnancy she has been visiting the same hospital for her general check-up. During the lockdown the woman got help from Police while travelling to the Hospital.
IDENTITY & ENTITLEMENT DOCUMENTS
A. STATUS OF IDENTITY DOCUMENTS AMONG THE RESPONDENTS

Figure 9: Status of Aadhar Card among the Respondents

Figure 9 shows that among 95 respondents, 85 have (89%) Aadhar card whereas, 9 (9%) do not have it. Also, there is one respondent who earlier had Aadhar card but has now lost it and has not reapplied for the same. Some of the respondents, who have Aadhar card, have it with their native’s address mentioned on it.

Figure 10: Status of Aadhar Card among the Family Members in the same Household
As exhibited in Figure 10 below, family members (which include members of the family within the same household) of 78 respondents (82%) have their Aadhar cards. On the other hand 17 (18 %) do not have anyone in the family excluding the respondents themselves possessing Aadhar card.

Among the 82% of the respondents whose family members have the Aadhar card, in ~ 67 % families everyone in the family has Aadhar Cards and in ~30 % families only the adults in the family have their cards.

**Figure 11: Status of Family Ration Card**

As projected in the above diagram 55 out of total 95 respondents (58%) possess ration cards and 40 (42%) do not have them. Among the 40 respondents who do not have ration card, 1 had it earlier, but has lost it recently.

**Table 6: Color of Family Ration Card**

<table>
<thead>
<tr>
<th>Color of the Ration Card</th>
<th>No. of Respondents</th>
<th>% of Respondent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saffron</td>
<td>20</td>
<td>36%</td>
</tr>
<tr>
<td>Yellow</td>
<td>19</td>
<td>35%</td>
</tr>
<tr>
<td>Red</td>
<td>9</td>
<td>16%</td>
</tr>
<tr>
<td>Blue</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>White</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>Pink</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Total</td>
<td>55</td>
<td>100%</td>
</tr>
</tbody>
</table>
In order to avail government relief packages and groceries at subsidised rates, the possession of an identity document like ration card becomes a necessity. According to an announcement[8] 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, none of the 40 respondents who do not possess a ration card have received any such relief till 17th April.

Even after having ration card, most among the 55 families could not access the PDS shops during the lockdown as the PDS shops were not at walking distance from their areas of residence. Since no transport facility was available during the lockdown period, walking to the PDS shops and getting ration for the entire family appeared to be challenging for them.

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**Tri-colour Ration Cards Scheme**

The affluent families do not purchase food grains under PDS and therefore with a view to curb diversion of food grains and focus on providing more food grains to the needy families, the Maharashtra State Govt. introduced Tricolour ration card scheme w.e.f. 1st May, 1999. Accordingly, as per following criteria, 3 different coloured ration cards were issued in Maharashtra.

### Yellow Ration Cards

- Families having annual income up to Rs. 15,000/-
- None of the members in the family should be a doctor or lawyer or architect or chartered accountant.
- None of the members in the family should be professional taxpayer, sales taxpayer or income taxpayer or eligible to pay such tax.
- The family should not possess residential telephone.
- The family should not possess four-wheeler vehicle.
- All the persons in the family should not hold total two hectares of Jirayat land or one-hectare seasonal irrigated land or half hectare of irrigated (double in drought affected areas) land.

### Saffron Ration Cards

- Families having annual income above Rs.15,000 and below Rs.1 lakh
- None of the members in the family should have four-wheeler mechanical vehicle (excluding taxi).
- The family in all should not possess four hectare or more irrigated land.

---

White Ration Cards
✔ The families having annual income of Rs. 1 Lakh or above
✔ Any member of the family possesses a four-wheeler
✔ The family aggregately holding more than 4-hectare irrigated land

Source: http://mahafood.gov.in/website/english/PDS.aspx

During the survey, the mother of one of the children staying in Chembur community told us, “We have ration card but we are not being able to get ration. Actually we have not used our ration card for more than 6 months, which resulted in it getting blocked. As the ration card is blocked, we are not being able to avail the ration benefits.” After speaking to more people in the community we were informed that the other problem was to get ration from the PDS shops which are not situated at a walking distance from the community. Hence many families even after having valid ration cards could not go to the ration shop because of the unavailability of any transport facility.

Another father staying in Solapur district of Maharashtra shared “Didi, with our BPL ration card we were able to get enough ration which will suffice for a month. Getting ration free of cost during the lockdown helped us a lot.”
FINANCIAL STATUS
The families with whom Sanmaan works are majorly daily wage earners. CiL has affected these families who earn on daily basis and live hand to mouth substantially. During the lockdown these daily wage earners had no employment and therefore had no income sources. This meant that they had no money to purchase basic necessities as well. With the CiL, the cost of essentials has gone up and their financial situation has deteriorated further. In the following section the RAS tried to gain an understanding of the impact of the lockdown on their financial situation.

A. STATUS OF SAVINGS ACCOUNT

The following diagram reflects the status of bank account among the respondents. As reflected in the pie diagram, majority of the respondents (56 %) have a bank account, whereas 44 % do not have any bank account.

**Figure 12: Status of Bank Account among the Respondents**

![Status of Bank Account among the Respondents](image)

The ones who have bank account (53 respondents out of 95) have accounts in the following banks:

**Table 7: Type of Bank where the Respondents have Account**

<table>
<thead>
<tr>
<th>Type of Banks</th>
<th>No. of Respondents</th>
<th>% of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled Nationalised</td>
<td>35</td>
<td>66%</td>
</tr>
<tr>
<td>Co-operative Bank</td>
<td>3</td>
<td>6%</td>
</tr>
<tr>
<td>Unknown</td>
<td>15</td>
<td>28%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>53</td>
<td>100%</td>
</tr>
</tbody>
</table>

From the above table it can be seen that among the 52 respondents who have bank accounts, only 38 could remember and mention the name of the banks where they have accounts. Rest of the 28 % did not remember their bank names. Among the 38 respondents who could remember, 35 have bank accounts at Scheduled Nationalized banks and 3 have accounts in Co-operative banks.
When asked if the bank accounts of the respondents were opened under Pradhan Mantri Jan Dhan Yojana (PMJDY)[9] it was known that only 9 % of the respondents’ (5 among 53 respondents) accounts were opened under the scheme, whereas 87 % of the respondents have opened it without opting for any scheme[10]. The remaining 4 % did not know if their accounts were opened under the PMJDY scheme.

Among the 95 families, 80 families (84%) did not have any income during the data collection period. Most of the families Sanmaan works with are engaged in daily wage earning or alms seeking or both and they have had no employment and no source of earning during the lockdown.
Pradhan Mantri Jan-Dhan Yojana (PMJDY) is a National Mission for Financial Inclusion to ensure access to financial services, namely, Banking/Savings & Deposit Accounts, Remittance, Credit, Insurance, Pension in an affordable manner. Accounts opened under the Pradhan Mantri Jan Dhan Yojana are zero-balance accounts hence no minimum balance has to be maintained.

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.

During the data collection period, 9 families (9%) were earning less than Rs. 5000 in a month followed by 5 families (5%) who earned between Rs. 5000 to 10000 in a month. One elderly woman was not sure about the family income. During lockdown the families who still had source of income were domestic workers who were getting paid during the lockdown, workers who transport gas cylinders, Community Cleaners/Sweepers/Guards or people who were withdrawing Government pensions.

A few respondents in this regard shared that, their employers paid them their salaries for March and April, which helped them in paying their rent.

B. ACCUMULATING DEBT

Figure 15: Status of Indebtedness in the family

<table>
<thead>
<tr>
<th>Status of Indebtedness in the Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

[9] Pradhan Mantri Jan-Dhan Yojana (PMJDY) is National Mission for Financial Inclusion to ensure access to financial services, namely, Banking/Savings & Deposit Accounts, Remittance, Credit, Insurance, Pension in an affordable manner. Accounts opened under the Pradhan Mantri Jan Dhan Yojana are zero-balance accounts hence no minimum balance has to be maintained.

[10] 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.
In order to understand the financial status of the surveyed families during the lockdown, the respondents were asked if they are indebted to anyone. From the above figure it is reflected that only a small percentage of the total respondents (9%) had borrowed money during the lockdown. The ones who are indebted have borrowed money after 24th March, 2020 from the following sources:
- Friends
- Close relatives
- Nearby shop
- Did not pay the electricity bill
- Did not pay the amount of grocery and milk to the shop owner.
The ones who borrowed money from friends, close relatives and nearby shop, borrowed because they did not have sufficient money to get household essentials and also pay the rent. However, this borrowed money was not against any interest.

**Figure 16: Amount Borrowed Since Lock Down**

![Amount Borrowed Since Lock Down](image)

Many of the respondents 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.

The above chart shows that among the 9 respondents who have borrowed money during the lockdown, most (4 among 9 respondents) have borrowed less than Rs. 2000, followed by 3 respondents borrowing between Rs. 2000 to Rs. 4000 and only 1 respondent who has borrowed Rs. 5000. None of these respondents, as stated by them, had enough money to return the debt immediately. They were not sure because of the uncertainties during the lockdown. However, during the data collection, many respondents shared that if the lockdown continued and they get no source of income they will have no choice but to start borrowing money even if they had not during the initial month of the lockdown.
The respondents who stated that they had not borrowed any money till the date of data collection supplemented their responses by stating that they did not have to borrow cash from anyone as they got ration from the PDS shops at subsidised rates or had received essential relief materials from Police, local people or some organisations.
STATUS OF PROVISION RECEIVED
As on 18th of April, 24 days after a nationwide lockdown was announced by the Prime Minister of India, 81 of 95 respondents (85%) have received some relief in terms of cooked food like Khichdi, Pulao etc, ration kits majorly containing rice, wheat, pulses and personal hygiene material such as sanitary pads and bathing soaps, detergent bars etc. The remaining 14 of the 95 (15%) respondents did not receive any relief material. This was primarily because they had gone back to their native places during the lockdown and there was no relief material distribution in those areas.

The ones who did not receive anything, bought ration from nearby grocery stores, or bought it at a subsidised rate from the PDS shops, or have small farm in their household premises where they grow crops (these are people who live in their native villages). The families who live in Chembur and Ghansoli communities have reported that, when people or any organisation come to distribute relief material, families living in the peripheral area of the community quickly approach them and get all the relief materials, whereas, people who stay further inside the community, do not get anything most of the time because they come to know about the distribution later and reach there late.

The families who have received relief have received from the following sources:

1) Voluntary organisations
2) Local known people from nearby areas
3) Individual donor whose identities are not known to the families
4) Elected representatives
5) Police
6) Mandal of slums
7) Places of worship
8) Unknown sources
During the period of the data collection, 49 of 95 i.e. 52% of respondents stated that they do not have enough ration and they were in need of it for their sustenance. The rest 46 respondents who had reported to have sufficient ration also mentioned that they will require relief materials soon. Following pie-chart represents the need of ration among the respondents as stated by them:

**Figure 18: Need for Relief Materials among the Respondents**

The above chart indicates that 13 respondents (14%) of the total 95 respondents have already consumed all the ration provided to them and are in dire need. 16 respondents (17%) are reported to have ration which will suffice for less than 5 days. Most of the respondents (27%) have mentioned that their ration will suffice for 5 to 10 days, followed by 18 respondents (19%) who have reported that they won’t require ration for another 21 days to a month from the date of data collection. 5 respondents (5%) who were not sure how long their ration will suffice were unsure because they were getting cooked food regularly as relief from someone or the other. Only one respondent who grows crops in his field has mentioned that they do not need ration at all.

When asked if any more support was required during the data collection as highlighted in Figure 19, 80 (86%) of the total respondents said yes whereas only 15 respondents (16%) said whatever they have received is sufficient for the time being and they do not need anything currently.

**Figure 19: Need for More Support**
Out of the 86% who said they need more support, more than 90% said they wanted more ration which can support them for a longer time. Among the rest, a few needed sanitary kits, few have asked for financial help and medical check-up, some wanted spices and vegetables and only one requested to make arrangements for use of public toilet free of cost.

Although BMC had announced free access to public toilet until the COVID-19 lockdown to help the stranded migrant families across the city with no source of income,[11] but most of the families were still paying for toilet during the survey period.

During the survey the respondents were further asked about existence of Shiv Bhojan Canteen[12] near their place of residence and if they are receiving food from there. However, none of the respondents seemed to have known about it.

Sanjaya (name changed) is a 13 year old girl child who stays at Thane with her elder sister and nephew. Sanjaya’s elder sister is the only earning member of the family and with whatever meagre amount she earns, having a proper meal thrice a day becomes difficult for them. During the survey Sanjaya shared that; “Didi this lockdown has affected our family immensely. As the lockdown has resulted in closing of our school, I don’t get the mid-day meal anymore which I used to get at school every day. Since I was getting at least one time food from school my sister had to arrange only two meals for me. But now, because of the lockdown, as I don’t go to school, we don’t have sufficient food.”


[12] In January 2020, 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 29th, the cost of a meal was lowered to Rs 5 amidst the COVID-19 crisis to make food accessible to the poor and needy. (Source: https://www.thehindu.com/news/states/govt-reduces-shiv-bhojan-meal-to-5/article31201728.ece)
A. ACCESS TO SOURCE OF COOKING FUEL

Figure 20: Gas Connection at Home

From the above Pie chart, it is reflected that among the 95 respondents 76 (80%) do not have LPG gas connection at home. 16 of these 76 respondents have some provision of cooking at their households. Among the rest of the 19 respondents (20%) who have gas connection at home only 1 confirmed that their family procures free gas under Pradhan Mantri Ujjwala Yojana (PMUY), 4 were not sure about it and 14 mentioned that their gas connections have not been taken under Ujjwala Yojana.

Pradhan Mantri Ujjwala Yojana (PMUY) is a Central Govt. Scheme which aims to safeguard the health of women & children by providing them with a clean cooking fuel – LPG, so that they don’t have to compromise their health in smoky kitchens or wander in unsafe areas collecting firewood. The scheme was launched by the Prime Minister of India Narendra Modi on 1st May 2016 to distribute 50 million LPG connections to women of BPL families.

Cash assistance of Rs.1600/- is provided to the beneficiary for each new connection. Under this scheme, beneficiaries avail loan on refill or LPG Stove.

Source: https://pmuy.gov.in/
The government has distributed around 85 lakh cylinders free of cost in the month of April alone to the beneficiaries of the Ujjwala Yojana. The free cooking gas cylinder distribution is part of the special relief measure announced by the Central government under Pradhan Mantri Garib Kalyan Yojana to mitigate the economic losses suffered by the poor due to coronavirus pandemic outbreak. As per the scheme, three free LPG refills will be provided to the Ujjwala beneficiaries from April to June 2020. This measure along with several others, including direct cash transfer, additional ration supply and increased wages under the national employment guarantee scheme, is meant to provide succour to the poor, who are hit hard by the disruption in economic activity due to the outbreak and resultant nationwide lockdown.”[13] However, the one family whose gas connection is under this scheme had not received any free gas cylinder till the time of the data collection.

**Figure 21: Medium of Cooking**

![Medium of Cooking](image)

The above pie chart indicates that most of the families rely on using solid biomass fuels like wood, agricultural residues, cow dung etc. for everyday cooking, followed by 18 respondents (19%) using LPG Gas as mentioned above. Apart from these two mediums of cooking, 8% also use Kerosene stoves for cooking regularly at their household. Although from the Figure 20 it can be seen that 19 families have LPG gas connection at home, but 1 among them does not use that gas, but uses Chulha.

The above chart represents the cost at which the respondents have been procuring cooking fuel during the lockdown. The data show that:

- Prior to the lockdown kerosene was available at the rate of Rs. 70-80 per litre. During lockdown, it is available at Rs. 90-100/litre.

- The price for the 14.2 kg LPG gas cylinder used by the respondents was the same pre-lockdown and during the lockdown as well. The cylinder was being sold for anywhere between Rs 700- Rs 1000/cylinder.

- Most of the respondents use solid biomass fuel, get wood and agricultural residue from the nearby areas, hence there is no cost of procuring fuel.

- 2 elderly respondents (3 %) did not know the cost of procuring cooking fuel, as their sons buy the fuel.

**B. ACCESS TO TOILET FACILITY**

**Table 9: Access to Toilet**

<table>
<thead>
<tr>
<th>Toilet</th>
<th>No. of Respondents</th>
<th>% of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Toilet(^{14})</td>
<td>6</td>
<td>6%</td>
</tr>
<tr>
<td>Open defecation</td>
<td>57</td>
<td>60%</td>
</tr>
<tr>
<td>Both Private and Public Toilet</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td>Private Toilet</td>
<td>9</td>
<td>9%</td>
</tr>
<tr>
<td>Public Toilet</td>
<td>21</td>
<td>22%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>95</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

\(^{14}\) Community toilets are used primarily in low-income and/or informal settlements/slums, where because of the space constraint in providing a household toilet. These toilets are owned and maintained by community members or local governments.
The above table projects that most of the respondents and their family members (60%) practice open defecation, followed by 21 families (22%) who use public toilets. The families living in Chembur and Ghansoli community use community toilet majorly. Two among them have private mori inside the house which they use for taking bath and also go to the pay and use toilets. 9% of the total respondents have private toilet and bathroom inside the household. These are families who are living in their native villages.

**Figure 23: If Using Paid Toilet Facility**

During the data collection when the respondents other than the ones using private toilet and engaged in open defecation were asked if they pay anything for accessing toilet facility, it was known that 6 respondents (21%) among the 29 of surveyed families (who use public toilets - 26 families, community toilets - 6 families and both private mori and public toilet - 2 families) do not pay any amount for using public toilets. These are the families who use public toilets at Railway stations and community toilets. 21 respondents (79%) who only use public toilets pay Rs. 2 to 20 for using latrine and bathroom facilities. Most of the families who go to the pay and use toilet spend Rs. 30 to Rs. 50 every day for using toilets depending on the family size. The families where there are females of reproductive age group pay more for using toilet when the women go through their menstrual cycles.
CONCLUSION
The children and families who were interviewed during the Rapid Assessment Survey belong to one of the most vulnerable sections of the society. These families are mostly from migrant backward communities with different ethnic backgrounds. The unexpected CiL had an immediate impact on the lives of these people making them more vulnerable. During the lockdown the survival of these alms seekers and daily wage earners became a challenge when all their means of sustenance were lost within a day, multiplying their already entrenched vulnerability.

Our Central government imposed the lockdown and closed all businesses when India reached around 500 cases of COVID-19 in the last week of March. Local authorities followed this with additional safety measures which included creating strict containment zones to close off hotspots. This left millions of migrant workers stranded without any access to basic resources. Many of the migrant communities who live on the streets of Mumbai City and adjoining urban areas for more than 10 years lost their home as a result of regular evictions during the lockdown. Due to the sudden announcement of the nationwide lockdown and lack of transportation many could not go back to their native places as well. Having no other alternative but to stay in Mumbai and the adjoining areas in this crisis, these people had to continuously negotiate with several government authorities so that they don’t get evicted and have a place to stay. Another big risk that was in front of them was the possibility of contracting COVID-19 because of their living conditions. The communities could not practice social distancing because of the high population density. Additionally, they had limited access to personal protective equipment like masks, soap or sanitizer which added to the crisis. These challenges that the migrant backward communities faced as an immediate result of the lockdown was unprecedented and unplanned which also means that they did not get access to welfare schemes to cushion the blow.

These inter and intra state migrant workforce represents the lowest paying and most insecure jobs, in key sectors such as construction, hospitality, textiles, manufacturing, transportation, services and domestic work (BBC 2020). Most of the respondents that the team reached out to during the RAS said that since the nationwide lockdown was imposed by the Prime Minister on 24th March 2020 to manage the spread of COVID-19, their earning completely stopped. Families did not have a ration card or had one which was not functional. This restricted their access to ration. Furthermore they were not able to access the PDS shops because of distance and unavailability of transport facilities. The team observed, during the RAS, that a few Civil Society Organizations and individual donors were able to provide the communities with relief material but apart from them and the Police, the Government’s role in providing such assistance was limited. Another challenge that they faced was to obtain cooking fuel. While the Ujjwala Yojana should have covered their supply of gas, the community members were not able to get it till the time the survey was conducted. Besides the challenges that our respondents faced in terms of hunger and eviction, they were also paying for using public toilet which added to their misery. The respondents who had no means of subsistence, had to pay for accessing toilet facilities which had become even more important during the pandemic because of the level of hygiene that needed to be maintained. Adolescent girls and women who had their periods had to pay a minimum of Rs. 5 for using public toilets each time.
Lastly, our Study also highlights the layers of challenges that the children and their families are facing during the ciL. With the shutting down of all schools, children lost their access to education and also lost their midday meals as well. Their negotiations at a time that their family had no income became challenging and left them more vulnerable than before.

It is important for the relief work and assistance to continue within the community beyond the lockdown. In these phases of unlock, the migrant backward communities are again the most vulnerable to the effects of the pandemic and need support in terms of ration, sanitation kits, income generation as well as other basic necessities. The government should continue to provide support for the next couple of months and should also consider compensating children because of their missed education and nutrition.