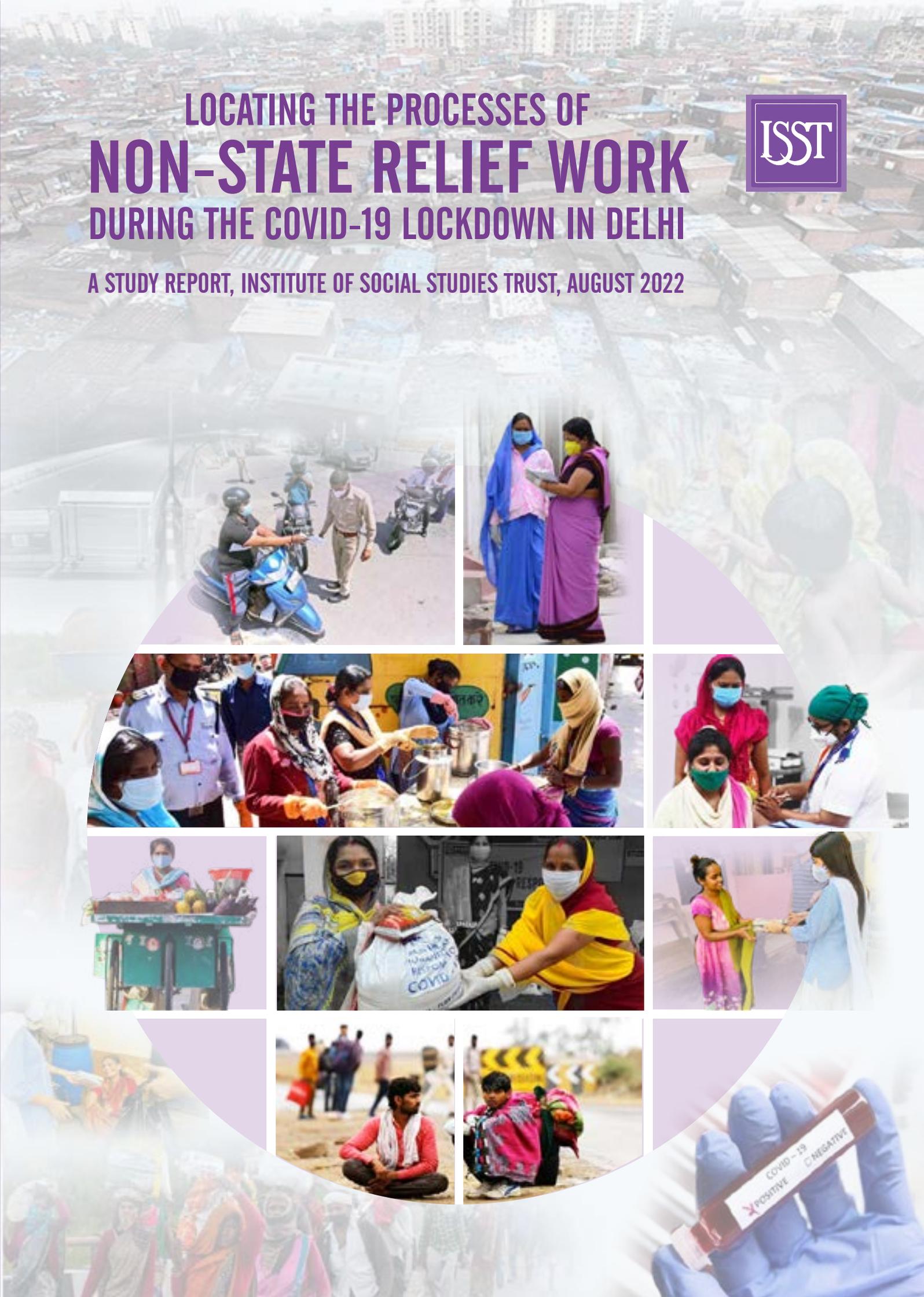


LOCATING THE PROCESSES OF NON-STATE RELIEF WORK DURING THE COVID-19 LOCKDOWN IN DELHI



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Locating the Processes of Non-state Relief Work during the COVID-19 Lockdown in Delhi

A Study Report

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Photo Courtesy: The Economic Times



EXECUTIVE SUMMARY

The initial phases of Covid-19 proved to be devastating for many people in India. The national lockdown announced by the central government led to a panic situation particularly in urban slums with a high density of population, where a large majority of people lived with poor access to public infrastructure, and engaged in low-paid precarious forms of work, with little or no social security or social protection against loss of incomes and jobs. While the state failed on various counts to protect such vulnerable populations, local communities and civil society responded with alacrity to assuage the situation and provide relief. This study, 'Locating the Processes of Non-state Relief Work during the Covid-19 Lockdown in Delhi', highlights the critical role played by communities and civil society to reduce human suffering during the Covid-19 lockdown, and is an effort to understand the various vulnerabilities that came to the fore, the mechanisms of relief work and care that were undertaken through local collective action, as well as the collaborations and networks that were locally built to respond to the crisis situation.

This study is centred on the concepts of social reproduction and care and aims to understand the inherent crisis tendencies within social reproduction driven by the interaction of institutions of the Care Diamond in

the neo-liberal capitalist economic model of India. The study draws on the framework of gender responsive 'intersectionality', a concept that delves into the complexities of various factors and processes that shape life experiences. The study uses the qualitative case study methodology for an in-depth empirical inquiry of the phenomenon in question, that is, 'Locating the Processes of Non-state Relief Work during the Covid-19 Lockdown in Delhi'. For this, four slum communities were identified in Delhi as 'cases'; these cases were constructed by conducting semi-structured in-depth interviews with key actors during the Covid-19 relief work in those selected slum communities. The key actors included women, men and youth frontline workers from non-profit organisations, community leaders and representatives, beneficiaries of relief work, and other actors such as funders, representatives of political parties, and state agents. The slum communities identified for the study are: i) Yamuna Khadar, ii) Sanjay Camp, iii) Seelampur, and iv) Bawana JJ colony. In all, 121 semi-structured interviews were conducted across four slum communities with various actors between December 2020 and June 2021.

The four area case studies highlight some predominant characteristics of slum life that especially had a marked influence in deepening the Covid-19 crisis in those areas.



Poor access to water, toilets and sanitation came across as prominent problems with respect to the spread of Covid-19 infection as these were shared public spaces that led to crowding and queues. Women, who shoulder a greater responsibility to collect care resources such as water, were at a greater risk of exposure to the virus.



The slum areas were densely populated, with people living in small spaces that often lack proper ventilation. With the imposition of the national lockdown and restrictions on mobility, families huddled together in tiny one- or two-room houses. With such overcrowded conditions and improper supply of water or access to sanitation facilities, there were heightened fears of the virus spreading rapidly. The case studies highlight the cruciality of proper housing not just for preventing the spread of viruses like Covid-19 but also for being able to access other life-saving public services and a means for social protection.



The majority of slum inhabitants in the four slum areas were daily wagers, or in petty micro businesses. With slight differences, the livelihoods of the majority of people depended on informal labour and daily earnings. With a lack of income and job security, inadequate public facilities, and rising debts to cover care and survival needs, people in the slums faced catastrophic consequences when the Covid-19 lockdown was announced without notice.



The migrant workers were especially vulnerable, with negligible savings and few or no means to access essential commodities for survival. The only social protection the migrant workers could foresee in the given circumstances was to return to their villages that could provide kinship-related reproductive care, subsistence production, job security through MGNREGA and food security through the PDS.



Besides some of the key material conditions discussed above, non-material resources such as social capital were found to be crucial for collective resilience against crises and the capacity to rebound. However, the everyday deficiencies in social capital based on gender, caste, class, region or religion were aggravated due to the requirement of social distancing to contain the spread of Covid-19, which affected reciprocity and mutual trust and weakened collective response.

Given the caring subject position of NGOs and CBOs in the slum communities, the immediate reaction of the non-state frontline workers belonging to these organisations was to halt their current activities and re-channelise existing resources for relief work. Although the frontline workers had the backing of localised knowledge about specific conditions of community members, the process of identifying the beneficiaries and their needs was meticulous and intensive given the restrictions on mobility and in-person interaction. Frontline workers took the responsibility of ascertaining the needs—in terms of type and quantity—by interacting with beneficiaries personally and preparing a list with personal identifiers for effectiveness and preventing duplicity. Here the orientation, training and local experience of the frontline workers mattered; for instance, women-based organisations prioritised vulnerable women beneficiaries, while other organisations prioritised families that had already suffered losses either during communal violence or slum demolition drives, and still others saw the need to focus on daily wagers especially those who were in vulnerable and precarious forms of work such as waste pickers or debt-ridden farmers. But it was found that women were largely seen as the most affected and they were also the ones primarily responsible for collecting resources for their families. Frontline teams strategically used gender, social influence, and the age of frontline workers to control crowds and avert violent situations. Besides the issue of unruly crowds, there was also the opposite issue of

many beneficiaries facing shame and hesitation in seeking help. Meticulous records were maintained on fund utilisation and recipients of relief. These processes also led to the maintenance of accountability and evidence building for garnering further support for more relief work. As observed from the mechanisms of relief work in the slum areas by the non-state frontline workers, we find that care is not only labour intensive but also, very importantly, care was interactive, in that it was co-produced by the interaction between the carer's perceptions, knowledge and skills and the caree's expression of needs, intersectional circumstances and their reactions to the relief being provided. Hence, the care co-produced from this interaction was not standard or one-size-fits-all, and differed from one carer-caree relation to the other. One factor that determined the who, what and how of caring was the subject position of the carer (singularly or by virtue of her association with an organisation recognised for care provision), which was acquired through training, knowledge and skills in care work. Women frontline workers with prior experience in public care work had to additionally negotiate at the household level to be able to prolong their time or intensify their care work for the community, because it demanded reorganising care work for her own family and additionally carried the threat of contracting Covid and passing it on to family members.

The motivations and conceptualisation of care were varied and influenced by gender, socio-cultural factors and

religious background. Women frontline workers saw caring as a responsibility, often an extension of their familial caring responsibility to the community. In the case of men frontline workers in this study, there were greater expressions of satisfaction of being able to reach out to the affected families. While the overt expressions aligned with altruistic conceptions of care derived from gendered and socio-religious cultural ideas, the care-in-action was in consonance with the concept of 'mature care' that emphasises interaction and reciprocity, information and competence, consent and dialogue. Thus, a combination of both 'altruistic care' and 'mature care' was found in the language and practice of care by frontline workers and beneficiaries; while the former defined the role of the carer or frontline worker, the latter directed the evaluation of beneficiaries and their needs.

One of the main realisations for this study in terms of its contribution to the social reproduction and care literature is that social capital is an important interceding condition between various institutional spaces (state, market, community, and family) for facilitating care provisions and making them accessible. The non-profit sector plays a distinct and central role in building this social capital. The social capital generated by the actions of the non-state frontline workers prior to and during the Covid-19 crisis worked at the micro-level in the institutional space of families by creating better bonds across families in the community. At the meso level, non-state frontline workers improved links between various social groups in the institutional space of community and the market, and at the macro level they built bridges with the institutional space of the state.

INTRODUCTION

The Indian government announced a sudden and complete lockdown to tackle the spread of the Covid-19 pandemic on 24 March 2020. The curfew-like situation, intended to last 21 days, was then extended to 3rd May and then again to 17th May 2020. Further extensions in the lockdown were announced, with limited relaxation in some industrial sectors such as manufacturing and the opening of shops. As in most of the states in India, in the capital city of Delhi too the move thwarted economic and commercial activities, which resulted in job losses across different sectors, completely restricted the movement of people and social activities, and access to essential services such as health, transport and education became extremely limited. A large number of families who belong to the informal sector and lack any social security and protection from the state were unprepared for the

sudden lockdown, resulting in panic situations, especially for families who had no savings to depend on for their daily needs.

The panic induced by state policies as a measure to control the pandemic in India underscores what feminist economists have long been cautioning against—the predominant economic models of development valorise profit-making over life-making activities in the economy, resulting in the crisis of social reproduction (Fraser, 2017; The Marxist Feminist Collective, 2020). The strains on social reproduction and care are a result of ‘deep systemic roots’ produced by capitalist societies and are further reflected in the intense contradiction between economic production and social reproduction (Fraser, 2017, pp. 22-23). Meaning, the state continues to retreat from social reproduction and care provisioning, leaving families to bear the burden of social reproduction

with ever-increasing costs of accessing care services including health, nutrition, education, sanitation, safety and protection against contingencies (Bakker, 2007; Floro, 2019; Razavi, 2011). This burdening of families with the responsibility of social reproduction is not limited to the state’s retreat from this domain; neoliberal capitalism also promotes devaluation of care work while progressively commodifying it (Stevano et al., 2021: p. 274). Palriwala and Neetha (2009) point out that the neoliberal economic policies in India are narrowly focused on the market and ‘productive’ activities based on market transactions, while social welfare is only recognised as a slight cover consisting of a patchwork of schemes for over 90 per cent of the population in India belonging to the informal sector (p. 4). The coronavirus crisis compounded the crisis that was already brewing in India when ‘millions of migrant workers chose to walk home for hundreds of miles after

the Indian coronavirus lockdown was announced because they knew their migrant camps provided them with no access to the basic inputs of social reproduction’ (Rao, 2021, p. 49). The Covid-19 lockdown exposed systemic inadequacies in the Indian government’s care provisioning mechanisms and exacerbated the inequalities between the haves and the have-nots. Taking food supply as an example, while the availability of food stocks with the government was not an issue, the distribution of dry ration to beneficiaries was severely impacted due to broken supply chains, and prioritising distribution to beneficiaries registered under the National Food Security Act (NFSA) resulted in the exclusion of those who did not have the necessary documents to prove their eligibility (Dey, 2021). The rapid assessment studies conducted by the Institute of Social Studies Trust (ISST) in 2020 in Delhi with women informal workers,

Photo Courtesy: DH File Photo/Anup Ragh T

viz., domestic workers, street vendors, waste pickers, home-based workers, and construction workers, showed an immediate and considerable impact of the two initial phases of the Covid-19 nation-wide lockdown on income and jobs, resulting in the inability of workers to meet the daily essential requirements of the family. Women construction workers and waste pickers were found to be the worst hit and facing the largest shortages in food availability. The irony is that the most marginalised and the excluded were low waged or unpaid workers who laboured to fulfil the care needs of society, reflecting the repercussions of externalising the cost of social reproduction on to the waged workers' households. Care work has been further devalued to keep the exchange value low or unpaid in order to draw maximum surplus value to the benefit of the capitalist state. But class, alongside gender, caste, religion and other such social divisions, plays a central role in deciding who bears the costs of social reproduction and care (Rao, 2021: p. 2), particularly in crisis situations such as a nationwide lockdown.

While the state took time to realign its care systems to include those excluded, civil society, including individuals, families, community-based organisations and non-government organisations (NGOs), entered in a major way to alleviate the crisis situation by providing food and essential materials to the panic-stricken people of Delhi (ISST 2020). Civil society tried to adapt to the new situation by building local community and state-level networks for identifying, locating and delivering the much-needed daily requirements of marginalised

communities. However, in a highly socially stratified country like India, civil society too was faced with the challenge of understanding and responding to pre-existing inequalities and marginalities or privileges that were further reproduced or even deepened during the nation-wide lockdown. Factors such as gender, class, caste, religion, occupation, geographic location, disability, migrant status, ownership and access to resources, among other things, intersected to reproduce marginalities or comparative privileges. In other words, while all informal workers were impacted, not all of them were similarly impacted by the care crisis, a fact that escaped the attention of the government and challenged the responses of civil society, resulting in the many life-threatening exclusions that we witnessed during the crisis.

The Study

The Covid-19 context outlined above briefly highlights the systemic devaluation of care work in capitalist societies and the resulting ad hoc nature of managing the care crisis, whereby existing state policies and actions proved highly inadequate and insufficient. The entire scenario that played out during the first few phases of the Covid-19 lockdown was particularly stark in urban slums that have a high population density and the large majority live with poor access to public infrastructure and engage in low-paid and precarious forms of work, with little or no social security or social protection against loss of incomes and jobs. While the state failed on various counts to protect such vulnerable populations, local communities and civil society responded with alacrity to assuage

the situation; they struggled with their own inadequacies of insufficient resources and of thus far working in smaller, decentralised units, making them more focused on selective issues or confined to a constituency or locality. Despite these limitations, civil society did play a crucial role in filling the systemic gaps, by providing food and medication to the most vulnerable and in alleviating some of the crisis created by the Covid-19 lockdown policies of the state. The critical role played by communities and civil society to reduce human suffering during the Covid-19 lockdown can be studied to understand the vulnerabilities that came to the fore and the gender-differentiated responsibilities of social provisioning and care that were taken up through local collective action, as well as the collaborations and networks that were locally built to respond to the crisis situation. A study of collective action by civil society will also be crucial to draw out approaches to appropriately address such a crisis situation. A better prepared and collaborative response from the state, market, communities and families in crisis situations would help mitigate and contain the impact rather than exacerbating the inequalities.

This study will draw lessons from the experiences of local slum communities in responding to the care crisis during the lockdown and aims to throw light on the wider structural inequalities in society. It examines how the crisis was experienced by different social groups and the challenges in meeting the requirements of different kinds of people in the context of the Covid-19 lockdown in Delhi. The findings from the study will respond to the policy needs of both the government and civil society.

The research question for this study is:

1. What were the processes, experiences, and challenges of relief work in Delhi during the Covid-19 lockdown to meet the essential requirements of communities placed at different intersecting realities of vulnerabilities?

The components of the research question are:

- a) Who were the frontline relief workers – their positions, motivations, analysis of the crisis, and roles in relieving the crisis?
- b) Who were the beneficiaries – their multiple identities, demographics and social positions and how did these intersect to shape their experience of the crisis?
- c) What processes were involved in forming civil society networks to address the crisis of the lockdown? What were the challenges faced in working together?
- d) How did a), b) and c) interact to create processes to reach out to the most affected? What were the challenges and how were they addressed?

Conceptual Framework

The type of crisis witnessed during the Covid-19 lockdown was a fight for survival by families and households, particularly those belonging to the unprotected, marginalised echelons of society. Such a crisis, where families were pushed to breaking point in struggling to keep up with their care needs, can be understood through approaches that examine the socio-economic relations that make up the care provisioning structures or in other words, the sphere of social reproduction. In this study we use the comprehensive definition of 'social reproduction' as put forward by Katz (2001): 'Social reproduction encompasses daily and long-term reproduction, both of the means of production and the labor power to make them work. At its most basic, it hinges upon the biological reproduction of the labor force, both generationally and on a daily basis, through the acquisition and distribution of the means of existence, including food, shelter, clothing, and health care. According to Marxist theory, social reproduction is much more than this; it also encompasses the reproduction of the labor force at a certain (and fluid) level of differentiation and expertise. This differentiated and skilled labor force is socially constituted. Not only are the material social practices associated with its production historically and geographically specific, but its contours and requirements are the outcome of ongoing struggle. Apart

from the need to secure the means of existence, the production and reproduction of the labor force calls forth a range of cultural forms and practices that are also geographically and historically specific, including those associated with knowledge and learning, social justice and its apparatus, and the media' (p. 711). To understand the key actors and institutions in the care economy, we draw on work by Palriwala and Neetha (2009) and Razavi (2007) that use a 'care diamond' composed of the state, markets, family/ household and the community (or non-profit sector). Using the care diamond as the analytical framework for studying the care regime in India, Palriwala and Neetha (2009) concluded that 'India institutes a labour/care regime in which care is socially and economically devalued' (p. 44). They also note that care in India is not considered a state or public responsibility or even recognised as 'work'; this devaluation of care work is simultaneously marked by two other important assumptions, one, that the family and community network is the primary provider of the care needs of individuals, and two, within the families and communities, it is the women who are economically dependent and expected in their traditional and socially accepted roles as direct care providers for the families. The authors term this phenomenon 'gendered familialism'. This phenomenon was examined in a study by ISST (Zaidi and Chigateri, 2017) in rural and urban areas of India and Nepal; it brought out the

gendered familial character of the social organisation of care, even when women devote their time to paid activities, resulting over time in poverty and reduced wellbeing, particularly for women and girls, and care deficits for children and other dependent family members.

Centred on the concepts of social reproduction and care, this study tries to understand the inherent crisis tendencies within social reproduction driven by the interaction of institutions of the care diamond in the neo-liberal capitalist economic model of India. According to Fraser (2017), 'every form of capitalist society harbors a deep-seated social-reproductive 'crisis tendency' or 'contradiction' (quotes and emphasis original). On the one hand, social reproduction is a condition of possibility for sustained capital accumulation; on the other hand, capitalism's orientation to unlimited accumulation tends to destabilise the very processes of social reproduction on which it relies. This 'social reproductive contradiction of capitalism' lies at the root, I claim, of our so-called crisis of care' (p. 32.). By analysing the crisis of care as experienced by local communities and civil society during the Covid-19 lockdown in Delhi, this study is an effort to further develop the concept of crisis of social reproduction from the view of the state's failure to provide risk cover, and the collective action of communities to fill the urgent care voids. The study brings forth the mechanisms employed by local communities during the lockdown in Delhi to reach out to various people socially differentiated by paid work, domicile status, gender, caste and other such relations. The study is also an attempt to fill a gap in the

literature that is presently centred on the direct care crisis of the Global North, whereas in the South the care crisis is understood to be a result of poor provision of indirect care (Rao 2021, p. 7), or poor access to basic services such as water, sanitation, fuel, food, shelter for large sections of marginalised people as that in India. Further, the focus of the literature has been on the household, market and the state division of labour in care provision from a gendered political economic lens, while the role played by the communities or the non-profit sector of the society has not yet been studied in detail. Thus, this study is also an attempt to provide a rich description and analysis of community mechanisms during times of social reproductive crisis and how these map onto pre-existing and new vulnerabilities of families living in low-income and poorly resourced scenarios. Such an analysis requires a gendered and intersectional approach to understand the social-economic relations and how they play out in a crisis, especially in the sphere of social reproduction.

Thus, the study draws on the framework of gender responsive 'intersectionality', a concept that delves into the complexities of the various factors and processes that shape life experiences (Hankivsky, 2014). According to Hankivsky, 'intersectionality promotes an understanding of human beings as shaped by the interaction of different social locations (e.g., 'race'/ ethnicity, indigeneity, gender, class, sexuality, geography, age, disability/ ability, migration status, religion). These interactions occur within a context of connected systems and structures of power (e.g., laws, policies, state governments and other political and economic unions,

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religious institutions, media). Through such processes, interdependent forms of privilege and oppression shaped by colonialism, imperialism, racism, homophobia, ableism and patriarchy are created' (p. 2). The concept of intersectionality includes the principles of social justice and equity, recognition of diverse knowledges, importance of time and space and its dynamism in analysing the intersecting categories, multi-level analysis to unearth how power relations are shaped, and the importance of the process of enquiry with reflexivity (Hankivsky, 2014; Ryan and El Ayadi, 2020). This approach is also highlighted in the statement by the Feminist Alliance for Rights (FAR) known as the 'Feminist Covid-19 Policy' signed by women and collectives of over 100 countries from the Global South and the North, highlighting the importance of a gendered intersectional approach to address various socio-economic inequalities and forms of violence against women and girls exacerbated during Covid-19¹.

Methodology

The study uses a qualitative case study method for an in-depth empirical inquiry of the phenomenon in question, that is, locating the processes of non-state relief work during the Covid-19 lockdown in Delhi. The methodology of the study is influenced by feminist principles of research that focus on the gendered experiences of a phenomenon, with particular attention to power in social relations as well as in the research process. The case study approach was found to be the most suitable because it allows for stories to be heard in a manner that acknowledges

the dynamics of power (McAndrew and Warne, 2005). Additionally, the intersectional approach demands maximum variation while purposefully identifying participants for the study; as such, participants representing various socio-economic positions in terms of their roles during the Covid-19 lockdown crisis, gender, occupations, and so forth, were included to participate in data collection. However, within these socio-economic categories, those who were observed to be most affected with the crisis were privileged in participant selection; for instance, in terms of gender, the majority of interviewees in this study are women. Thus, maximum variation purposive sampling was employed to privilege voices and experiences of those affected, but it also required researchers to be cognisant of the interactions between these perspectives in terms of social relations in a given context.

We identified four slum communities in Delhi as 'cases'. The areas were selected after a series of discussions with NGOs that had a presence in Delhi. The slum communities selected as cases, viz; Yamuna Khadar, Sanjay Camp, Seelampur and Bawana JJ colony, represent some variance in social categories, in terms of occupations, housing, access to resources, previous exposure to threat to life and property, and availability of community partners in the selected slum communities that could provide access to the various actors involved in the relief work and facilitate data collection.

The cases were constructed by conducting semi-structured, in-depth interviews with key actors



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in the Covid-19 relief work in the selected communities. The key actors included women, men and youth frontline workers from non-profit organisations, community leaders and representatives, beneficiaries of relief work, and other actors such as funders, representatives of political parties, and state agents. Interviews with different kinds of actors in the selected communities allowed for capturing varied lived experiences, knowledge, perspectives, motivations, agencies and capacities, resulting in a comprehensive understanding of the complexities involved in providing relief and care to struggling families during the Covid-19 lockdown.

In all, 121 semi-structured interviews were conducted between December 2020 and June 2021. These included interviews with three categories of people:

a. Frontline workers associated with non-profit or community-based organisations, such as *mahila panchayats*, youth leaders from community-based organisations, and individuals from the community who were active in organising relief and care. (Annexure I lists NGO names with a brief profile.)

b. Beneficiaries who received any form of relief during the Covid-19 lockdown period from the local community or the non-profit sector.

c. Actors who do not fall in the previous two categories, including political parties, state agents such as the police and area councillors, and women workers employed by the state such as ASHA and *anganwadi* workers. The state representative also included a paralegal worker from Delhi State Legal Services Authorities and a member of Nigan Parshad. State representatives were included in the study to understand the experiences, challenges and gaps from the state perspective.

These categories are not water-tight and there is some overlap. For instance, many of the frontline workers were from the community and were themselves beneficiaries. Hence the information on relief work includes the perspectives of frontline workers as beneficiaries as well.

Table 1 Gives the break-up of the interviews conducted by area and number of respondents. The majority of respondents were women: of the 53 interviews with frontline workers, 33 interviews

1. Further details are available at <http://feministallianceforrights.org/blog/2020/03/20/action-call-for-a-feminist-covid-19-policy/>

Table 1. Number of interviews by area and type of respondent

Area	Frontline workers	Beneficiaries	Other actors	No. of interviews
Yamuna Khadar	12	14	4	30
Sanjay Camp	14	10	5	29
Seelampur	14	13	5	32
Bawana	13	12	5	30
Total	53	49	19	121

were conducted with women and 1 transgender woman; 98 per cent of the beneficiaries were women; and 13 of the 19 participants in the ‘other actor’ category were women. The representatives of political parties, the police, local MLA and councillors were mainly men, while representatives of funding organisations and ASHA or *anganwadi* workers were women.

Considering the protocols of Covid-19, data collection was done in a hybrid mode, whereby interviews were held with participants through an online medium but in the physical presence of a local area facilitator who was either a member of the same community or associated with an NGO/ community-based organisation and was also involved in the relief drive. Therefore, the facilitators were familiar with the populace and local vulnerabilities. In an effort to make the study design collaborative and suitable to the context of the slum communities, the local area facilitators were involved in the research study from the stage of conceptualisation. The study was cognisant of researcher’s as well as facilitator’s biases, and the possible effect of researchers and participants sharing and their interpretation of information. Regular reflective discussions between the researchers

and local facilitators helped ensure that different perspectives were acknowledged with a view to incorporate intersectionalities with gender sensitivity in collecting data and analysis.

Oral informed consent was taken from all participants for recording the interviews, which were transcribed verbatim and coded in NVIVO, which is a qualitative analysis software, in order to identify themes. At the same time, regular discussions were held between teams to share analytical points and maintain similarity in themes. The written case studies were further coded in NVIVO to draw out comparative points of analysis and patterns across the four case studies. While coding the transcripts and later the case studies, the categories and themes generated were from a gendered intersectional approach that were sensitive to participant and area diversities. The meta-coding of the area case studies helped to generate further discussion and consolidate the findings.

The names of the participants are pseudonyms, while the names of organisations have been retained in this report after obtaining permission from representatives of the organisation.



Photo Courtesy: Indiatvnews

The Study Context – Review of Literature on the Covid-19 Impact and Policy Responses in India

In India, as in most countries, responsibility for health care has been assigned to the state. In extraordinary circumstances like Covid-19, the constitution provides for the Union government to take the lead in coordinating between and supporting the states. The legal framework of these interventions is provided by two laws: the Epidemic Diseases Act, 1897 and the Disaster Management Act, 2005 (Saxena, n.d.)

The centralisation of power by the Union Government during the pandemic was rapid. The lockdown was imposed by invoking the Disaster Management Act, 2005, which allows the central government and

the National Disaster Management Authority to override any other law in force and issue directions to any authority in India, and requires that all such directions must be followed. However, the centre did not use these additional powers to increase coordination; rather, it imposed often-changing and sometimes contradictory decisions upon state governments without consulting them—including on the national lockdown, which they got no time to prepare for.

Acting through the Ministry of Home Affairs (MHA), the state has relied on a host of criminal laws as a response to containing a disaster. Even during the Covid-19 pandemic, the Ministry of Home Affairs (MHA) is the nodal ministry responsible for overseeing the situation and not the Ministry of Health. Reports suggest that the Delhi Police filed 66,000 FIRs under the Delhi Police Act and 3350 under Section 188 for violation of lockdown

in just the few initial months of the lockdown². The Covid-19 lockdown was also being treated as a law-and-order problem by the state.

It is important to keep in mind the pre-pandemic conditions that got magnified during the pandemic. An intersectional approach is required to understand the differences in pre-pandemic power privileges and accordingly plan the response measures for different groups (Birchall, 2021). For instance, the WHO advises people to wash their hands and observe social distancing as primary preventive measures³ against the virus, but the majority of households in India lack access to basic housing facilities, toilets, and drinking water facilities (Khan and Abraham, 2020). Mishra et al. (2020) used a Covid Vulnerability Index to assess factors that are precursors to vulnerabilities to the pandemic; the variables included population density, access to water and sanitation facilities, and housing conditions. Looking at vulnerabilities from the perspective of economic loss, Kesar et al. (2021) found that the likelihood of employment loss for Muslims was not significantly different compared to Hindus in rural areas, but Muslims were more likely to lose employment relative to Hindus in urban areas. For instance, the Jan Dhan scheme benefit was least received by Muslim households and migrants. Socio-political events in the country just preceding the lockdown intertwined with the public health response towards the crisis. This was manifested in 'allegations' that the

Muslim community was spreading the virus (Mittal, 2020), leading to incidents of targeted discrimination against the community (Naqvi, 2020).

Caste identities also play a role in governing social position and the resulting power privileges. The intersection of caste, vulnerabilities and hospital hygiene studied by Hathi and Srivastav (2020) highlights those discriminatory practices against cleaning staff in public hospitals (most of whom come from marginalised caste groups) is part of a deep-rooted cultural practice, often leaving them 'overburdened and under-equipped to maintain standards of hygiene'. This traditionally practiced social hierarchy and untouchability was aggravated during the pandemic with social distancing prescribed by the state as a preventive measure (Naskar, 2020). Several instances have been reported of caste-based violence against dalit, tribal and other socially disadvantaged groups from various parts of the country on the pre-text of violating social distancing norms (Choudhury and Aga, 2020). In the reverse migration that took place after the lockdown was announced, most of the migrants came from disadvantaged groups⁴. Such pre-existing stigma and social divisions in society become stumbling blocks to crisis prevention in addition to the lack of adequate public health infrastructure for all (Barrett and Brown, 2008).

2. <https://thewire.in/law/criminal-law-coronavirus-pandemic>

3. Advice for the public on Covid-19 by WHO - <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

4. Individuals from marginalised communities are more visible in the unorganised sector due to their lack of education, access to resources and caste discrimination. See <https://mu.ac.in/wp-content/uploads/2020/06/44-48-Social-Distancing.pdf>

Gendered impact of the pandemic

Even before the pandemic, the condition of women in India was inferior, making them more susceptible to the negative impacts of the pandemic and lockdown (Dutta et al., 2020). As governments across the globe announced lockdowns to control the spread of the disease, people became restricted to their households. Restricted to the home with deteriorating economic and social conditions led to an increase in sexual harassment cases during the pandemic (Kishore et al., 2020), also referred to as the 'shadow pandemic'. Ravindran and Shah (2020) examined the relationship between mobility and violence against women in India by analysing complaints of violence recorded in three zones

based on the level of lockdown. They found that in zones where stringent lockdown was implemented, workplace harassment, rape and sexual harassment complaints had considerably reduced, whereas in the case of domestic violence and cyber-crime, a significant increase was noticed in areas where strict lockdown was implemented. The authors conclude that the more people are restricted within their houses, the greater the violence against women.

In India, where unpaid domestic responsibilities are disproportionately burdened on women, almost 9.8 times more than men (Woetze et al., 2015), the lockdown added responsibilities for women such as procuring water (Das and Ray, 2020). The unavailability or difficulty in procuring LPG cylinders also put the burden of collecting firewood

Photo Courtesy: Research.jgu.edu.in

on women and girls, placing them at risk of contracting respiratory diseases (Dutta et al., 2020). Child care responsibilities, primarily considered women's work, increased exponentially because schools, *anganwadis*, colleges and other child care facilities were closed (Deshpande, 2020; Power, 2020). Chauhan (2021) conducted a pre-post pandemic analysis of gender segregation of unpaid work and found that married women spent 29 to 59 hours per week on care before the pandemic which increased to 70 hours per week during the lockdown. Though the burden of care responsibilities has increased for both men and women, the proportion of increase still stands higher for women.

With this increase in household work, the priority to engage in domestic chores and paid work is naturally taken up by female and male members respectively (Bera, 2020). To put this in context, let us look at the employment gap in the pre-pandemic period. Women constituted 88% in the informal economy as per PLFS data 2017-2018, which are mainly low-paid jobs with discriminatory work environments (Goel et al., 2011). Studies suggest that increased unemployment and reduced wages were noted post-pandemic and, within that, more job losses were reported for women than their counterparts (Deshpande, 2020; Kesar et al., 2021). Also, returning to pre-pandemic rates of employment is estimated to be more difficult for women than men (Deshpande, 2020) due to continued care responsibilities and lack of employment opportunities (Bera, 2020).

Restricted mobility also impacted women's access to health care facilities during the pandemic. PFI (2020) conducted a study covering five states in India based on telephone interviews with frontline workers and community members to estimate the health accessibility gap. The study points out that the pandemic resulted in reduced women's access to health care services such as immunisation, antenatal care services and contraceptives, leading to higher risk of reproductive and sexual health issues for women. Limited public transport facilities in addition to the fear of contracting the disease also reportedly hampered the functioning of local health workers like Auxiliary Nursing Midwifery (ANMs) and Accredited Social Health Activist (ASHA) workers (Population Foundation of India, 2020). Concerns have been raised about women's sexual health, unsafe contraceptive methods and unwanted pregnancies (Ghosh and Sarkar, 2020; Vora et al., 2020).

Several reports suggest that women have been the worst sufferers of the pandemic. Disease outbreaks impact men and women differently, while pandemics worsen social disparities towards women and children, as well as prejudice against certain vulnerable people such as elderly individuals and anyone in severe poverty (Deshpande, 2020). Such vulnerabilities as cited by Birchall (2021), cannot be viewed only from a singular gender perspective, rather needs to be studied from various other social positions of an individual and its intersection with their caste, age, religion, sexuality, class, education etc.

Government relief measures

The Public Distribution System (PDS) has been central and critical to the overall national response to the crisis of hunger because it provides basic survival food rations to over 800 million people. The PDS has been transformed—over several decades of negotiation between the state, technocrats and the activist community—into a legally mandated and State capacity initiative that perhaps does a better job than in the past at addressing hunger and nutrition (Singh 2020).

The National Food Security Act (NFSA) of 2013, which mandates PDS, surprisingly does not guarantee a universal right to food. Instead, it limits the right to food to those identified on the basis of certain criteria. It then goes on to further restrict the right to 75% of the Indian population. It also specifies that a claim under the Act would not be available in times of 'war, flood, drought, fire, cyclone or earthquake'. The implementation of the NFSA — that besides PDS, includes the Mid-day Meal Scheme, and the Integrated Child Development Services (ICDS)

scheme—varies significantly across States; nevertheless, the infrastructure for distribution of food is in place in all parts of the country (Iyengar and Pisupati, 2018).

In response to the Covid-19 pandemic, Finance Minister Nirmala Sitharaman on 26 March 2020 announced a relief package for the informal sector. This package was a combination of cash and food assistance; it doubled the PDS ration entitlements for three months for beneficiaries covered by the NFSA, with the extra ration to be given free of cost (Khera and Somanchi, 2020). For pensioners, widows and persons with disabilities, Rs. 1,000 in two instalments was to be disbursed over the coming three months. For female Jan Dhan Yojana bank account holders, Rs 500 per month was to be provided for three months. Free LPG cylinders were also to be given to beneficiaries of the Ujjwala Yojana scheme for three months.

The NFSA and other schemes that the state banked upon to provide relief excluded large sections of people who could not produce documentary evidence, such as



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Photo Courtesy: Maiti Nepal

migrant workers. However, in mid-May the central government declared that it would provide PDS-equivalent rations to workers in the states they had migrated to, by which it was estimated that it could cover up to 80 million more people. Reports suggest that the uptake of this grant has been limited, perhaps because of administrative difficulties in identifying and accounting for migrants separately from others. (Singh 2020)

In the PDS, Aadhaar is an important method of identifying beneficiaries, but it excludes people in three main ways: cancellation of cards (or names on ration cards) if people do not have an Aadhaar number, failure to link or if they fail to link it with their ration card, and failure of the Aadhaar-based biometric authentication (ABBA) at the time of purchasing grain (Khera, 2017). In response to the sudden lockdown and crisis, some states issued temporary

or permanent ration cards. This included the provision of e-coupons in Delhi to approximately 5.4 million people. People were asked to apply online and Aadhaar was compulsory in this application process (Khera & Somanchi, 2020).

In March 2020, the Delhi government announced a Direct Benefit Transfer (DBT) of Rs.5, 000 to all workers registered with the Delhi Building and Other Construction Workers Welfare Board (India Today, 2020, March 24). It would benefit 5.4 lakh construction workers, but the total number of construction workers in the state including those not registered with the board was substantially higher (Datta, 2021). It was later seen that only 40,000 workers who had renewed their registrations received the benefit (Economic Times, 2020), which is a minuscule proportion of even the workers registered with the Delhi Welfare Board.

The government announced it would transfer funds to women who owned Jan Dhan accounts owned by women beneficiaries. This is the only kind of cash transfer that women informal workers were able to access (ISST, 2020). But as of May 20, 2020 the percentage of women Jan Dhan account holders who were unable to withdraw the money was 54% of the eligible population (Das, 2020). This is also evident from the fact that of the Rs. 10,300 crore deposited by the Indian government in the accounts of Jan Dhan account holders (monthly), not more than Rs. 3,000-4,000 crore was withdrawn each month. Having said that, it is important to highlight that even this meagre amount was able to give a ray of hope to women and their families who were able to access the amount and when compared with other schemes under Pradhan Mantri Garib Kalyan Yojana, it had a success rate similar to that of PM Kisan and PM Ujjawala and performed far better than Building and Other Construction Workers support (Patel et al., 2020).

Coordination between centre, state and civil societies

Given the semi-federal structure of India, smooth coordination between the centre and states is a prerequisite in times of crises. Aiyar and Krishnamurthy (2020) point to three areas where state-centre coordination was lacking in response to the Covid-19 crisis: a) management of finances, which mentions the need to flexibilise the movement of finances between states and the centre, b) coordination with regard to essential supplies, and c) movement of people. The dangers of universalising the schemes and measures have been voiced by many (Aiyer and Krishnamurthy, 2020; Rangarajan and Dev, 2020). For instance, Kapur (2019) explores the impact of increasing Centrally Sponsored Schemes (CSS) and its possible implications on the state-centre relationship and the state's capacity in governance. Even though the implementation and execution of such schemes is the



Photo Courtesy: theprint.in



Photo Courtesy: The World Economic Forum

state's responsibility, the guidelines and implementation framework are universalised and do not consider the varying needs and priorities of the State; this leaves no space for localised implementation.

In the case of Delhi, the federal-state relationship has been noted to be politically driven (Tillin, 2021), with different political parties at the central and state levels; further, the recent Government of National Capital Territory of India (Amendment Act) 2021 gives more power to the Governor of Delhi than the elected state government.⁵ During the second Covid-19 wave, this became more visible when the oxygen supply from the Centre was much lower (at 480 MT) than the demand of 700 MT by the Delhi Government, which led to an oxygen crisis in the city (Tagore, 2021). Additionally, Ghosh (2020)

notices an 'information asymmetry' between the states and the centre, which surfaced when migrants were returning to their home towns. The lack of clear communication between the state from where the migrants were leaving and the state they are travelling to led to poor planning and diffusion of responsibilities by both states, also leading to stigma and discrimination towards the migrants.

The funding for non-profit organisations was also impacted. NGOs were already facing a funding deficit⁶, but in March 2020 the Prime Minister introduced the Prime Minister's Citizen Assistance and Relief in Emergency Situations Fund (PM CARES) and asked citizens to contribute generously (Byatnal, 2020). Although the exact amount of funds raised through PM CARES is still unclear, organisations and funding agencies that earlier were

5. See <https://www.theweek.in/news/india/2021/04/28/gnct-act-comes-into-force-national-capital-now-govt-in-delhi-means-l-g.html>

6. <https://www.outlookindia.com/newscroll/lack-of-consistent-funding-of-ngos-brings-india-down/1738221>



Photo Courtesy: The Indian Express

a dependable financial source for smaller not-for-profit organisations took the hit since the donations and grants were now directed towards the PM CARES Fund (Byatnal, 2020; Rustagi and Wu, 2020). In Byatnal (2020), Ingrid Srinath mentions the 'overt and covert pressure to toe the line and donate to the PM CARES fund', which has resulted in the shutting down of community-based organisations.

Having said that, there have been government initiatives such as constituting Empowered Groups⁷. The group recently held a meeting with NGOs and civil society groups to acknowledge their efforts as well as to encourage collaboration between the Empowered groups and the private sector, international organisations and civil society groups. Such initiatives between the government and civil societies are the need of the hour.

7. The government set up 11 Empowered Groups to manage the Covid-19 response. Each group constitutes members from Niti Aayog and Secretary-level officers. See <https://theprint.in/india/governance/pm-modi-sets-up-10-empowered-groups-as-quick-response-teams-to-tackle-coronavirus-outbreak/390849/>

8. See the press release here: <https://pib.gov.in/PressReleaseIframePage.aspx?PRID=1714157>

Role of civil society in fighting the pandemic

Civil society groups came forward in large numbers on their own as well as at the request of Niti Aayog after the lockdown was implemented to carry out individual relief work as well as collaborate with local, district and state governments to deliver food, water, hygiene kits and to arrange for shelter and quarantine facilities. In Delhi, for example, the state government involved one civil society group in each of the 11 districts for coordination with the district administration and the beneficiaries, reaching out to almost 7 lakh people in the state every day (PRIA, VANI, 2020). Additionally, there was widespread mobilisation of volunteers, community leaders and staff of non-profit organisations, who raised massive donations for the purchase of essential items



Photo Courtesy: who.int

and worked with local, district, and state governments to negotiate permits and ensure the delivery of essential relief materials and services such as cooked food, dry ration, sanitation kits and masks to the population. In its report filed with the Supreme Court, the Central Government stated that Civil Society Organisations (CSOs) countrywide served three million meals in the first phase of the lockdown, noting that they were ahead of the government in providing this relief in some states (Tandon and Aravind, 2021).

Apart from facilitating the movement of essential food items and setting up community kitchens independently or in close coordination with the government, civil society organisations/ groups helped the most vulnerable groups such as tribal communities and the rural and poor urban communities in overcoming digital barriers to access information about government schemes such as Jan Dhan Yojana, advance credits of pensions for the

elderly and widows, and subsidies under the Ujwala scheme that were announced to mitigate the impact of Covid-19. They helped to spread awareness about these schemes, identify beneficiaries in their communities, and even enrol them in the schemes in the case of missing or incomplete documentation (Tandon and Aravind, 2020). While several NGOs provided information about the schemes through phone calls and WhatsApp messages, some of them also started more elaborate systems of information dissemination such as hotline and helpline numbers, mostly multilingual and providing information in the local language.

Civil society groups working on the ground also leveraged their communication and social outreach networks to disseminate information about Covid-19—the potential sources of spread, the importance of following healthy practices such as hand washing, maintaining physical distancing, and

other prevention measures such as home quarantining and testing—using communication material designed in the local language, through traditional loudspeakers, phone calls, social media, and text messages (WhatsApp/SMS) (Tandon and Aravind, 2020). CSOs such as Sarvahitey and Social Media Matters worked together to counter fake news, share real-time updates from the government in accessible language and assess the situation on ground through Facebook groups with the purpose of facilitating action (PRIA and VANI, 2020).

Civil society also came forward to rescue the migrant population of nearly 400 million, who were left without cash, shelter, and food when the lockdown was announced and were desperate to return home. Civil society's efforts to help migrant workers contact their families by recharging their mobile phone accounts accounted for most of the distress calls/requests received on their emergency helplines. They exposed the sharp digital divide that existed even before the lockdown and became more pronounced with the onset of the pandemic. Civil society volunteers also came forward to arrange for bus and train journeys as soon as railway services resumed and set up food and water facilities along the highways and at railway stations and bus stops to prevent deaths from hunger and exhaustion. The organisations working on the ground also provided clothes and footwear to migrant workers who were determined to return home on foot (Tandon and Aravind, 2020).

In terms of livelihood support, CSOs adopted a multipronged approach to mobilise resources

for providing immediate cash assistance to those without jobs or a place to stay. They engaged self-help groups in the production of masks and Personal Protective Equipment (PPEs) that were in acute shortage, thereby ensuring a more sustainable income for these groups. CSOs in some states worked with the district administration to secure employment for migrant workers who returned to their home states or travelled back to cities in search of work, thereby bridging the gap between desperate migrant labourers and their need for employment (PRIA and VANI, 2020). Organisations such as Delhi-based Wishes and Blessings worked with specific vulnerable groups such as sex workers, differently-abled individuals, transgender people, and the elderly, destitute and homeless to ensure that they were not left out of the ambit of social protection.

The efforts of civil society, including some state agencies, in mitigating the pandemic in the initial few months have been lauded to a large extent by the government and citizens. The cooperation extended by local, state and central governments made it possible for groups and individual volunteers to effectively and speedily respond to the distress caused by the lockdown on the economy and mobility of the people. However, as the lockdown eased and civil society started experiencing shortages of resources in extending relief, serious confrontations started taking shape between civil society and the government. It started demanding from the government forward-looking policies for social and economic revival. In addition, the government took decisions of great significance, such as

changes in labour laws without consulting civil society groups or trade unions working on issues concerning labour rights, taking advantage of the lockdown and restrictions on mobility. Some provincial governments, such as the Gujarat Government's Labour and Employment Department, even suspended the implementation of labour laws, making it possible for employers to not heed working hours, weekly time off, overtime wages and rest periods in violation of the Factories Act, 1948. Many other laws that were passed around the same time without any public consultation led to major opposition from civil society and simmering unrest in the public domain, leading to a mutually hostile relationship between the government and civil society that has far-reaching consequences for civil society and the communities they serve (Tandon and Aravind, 2020).

State women frontline workers and their vulnerabilities

ASHA workers and *anganwadi* workers in India, comprising only women, have played a central role in

decentralising and strengthening the primary healthcare system in India. Despite their crucial contributions in terms of increasing immunisation and institutional deliveries among low-income households (Kasliwal, 2020), preventing malnutrition and providing pre-school education in the country (Bhowmick, 2020), they are treated as volunteers working on honorariums and incentive-based pay and not considered as workers by the Government of India even before the pandemic (Kasliwal, 2020). Their role, however, has come into the limelight since the onset of the pandemic because they were at the frontline of the battle against the disease, working overtime to conduct surveys to trace the contacts of Covid-19 patients, screening households to identify people with symptoms of the disease (without adequate knowledge and training) (Bhowmick, 2020; Jain, 2020), distributing dry ration and cooked food to women and children (Bhowmick, 2020) and distributing masks and soap in addition to attending to their usual duties of ensuring maternal and child health, family planning, etc. (Saroj and Agrawal, 2020). They have been hailed as 'Covid Warriors' by the citizens of the country



Photo Courtesy: Yogeshwari Deshlehra



Photo Courtesy: UN Women Asia and the Pacific / CC BY-NC-ND

since the onset of the pandemic and imposition of the nationwide lockdown (Raina, 2020). The challenges faced by these women workers, however, have been multipronged, starting from working an average of 15-16 hours a day (Pratichi Research Team, 2020) for meagre remuneration, irregular/denied pay by the government (Bisht and Menon, 2020), harassment and violence faced from community members who were not willing to cooperate (Saroj and Agrawal, 2020), conflicts within their household due to the nature of their work (Pratichi Research Team) and exposing themselves to the disease due to lack of adequate masks, gloves and PPEs (Raina, 2020). Kasliwal (2020) points out that the recruitment of only women as care workers and grossly underpaying them, even in difficult and overworked situations, highlights the patriarchal nature of the healthcare system in India, which perpetuates gendered division of work, undervaluation of women's care work and promotes the ever-widening gender pay gap. She further states that the government, by recruiting women

in these essential caregiving roles at less than minimum wages, utilises women's unpaid care work to cut its own exorbitant cost of delivering essential care to the public, which is central for the formal economy to survive and thrive. These women are located so low in the healthcare chain in India, often belonging to the same marginalised community that they serve, that their contributions and leadership are not considered valuable enough to be recognised or incentivised (Saroj and Agrawal, 2020). It is exploitative to the extent that even those ASHA and *anganwadi* workers who are in the high-risk category, such as pregnant women (Mohan et al., 2021) and have co-morbidities (Saroj and Agrawal, 2020) are not ensured bodysuits while at work or given paid leave to decrease the chances of contracting the highly contagious coronavirus infection. To voice their distress, healthcare workers all over the country held a 2-day strike in November 2020 to demand fixed wages, safety, insurance, risk allowance and formalisation of their work, but have been met with silence from the government (Neetha, 2021).

THE CASE STUDIES



Photo Courtesy: Times of India

The case studies are based on experiences of the Covid-19 lockdown in four slum communities in Delhi: a) Yamuna Khadar is an unauthorised slum with frequent demolition drives by the state. It is largely inhabited by farmers, street vendors, and daily wagers living on the margins. b) Sanjay camp is an urban slum with dozens of small houses (*jhuggis*) squeezed together. The men are either daily wage labourers or engaged in blue collar salaried professions. The women are mainly domestic workers or not in paid work. c) Seelampur, an urban slum, experienced targeted communal violence just prior to the Covid-19 lockdown. People engage in daily wage labour or petty businesses. d) Bawana JJ (*Jhuggi Jhopdi*) colony is a resettlement slum. It is inhabited

mainly by daily wagers, but a significant population also works in factories in the Bawana Industrial Area.

The four slum communities present varied experiences that have been captured through in-depth interviews with different kinds of actors who played a role in the relief work carried out during the Covid-19 lockdown. Further, these varied experiences have been systematically examined in the four case studies by interpreting them in terms of their relation to the historical, geographic, demographic, and socio-economic contexts of the respective slum areas. A 'thick' description of the slum communities was pertinent to comprehend pre-existing inequalities and vulnerabilities, opportunities



Photo Courtesy: Hindustan Times

and resources, and social relations that set-in motion relief and care provisioning processes during the lockdown, and in turn influenced and shaped further inequalities and opportunities. The qualitative nature of the data based on the first-hand experiences of participants who went through the ordeal of the Covid-19 lockdown is an effort to produce 'situated knowledge'. As per the American Psychological Association (APA) 'situated knowledge is embedded and affected by the knowing person's historical, cultural, linguistic and value context'¹. According to Katz (2001), 'situated knowledge is premised in and draws on a particular and identifiable location vis-à-vis the relations of production and reproduction. The mobilization of such knowledges across space and scale offers the possibility of making political connections lithe enough to counter capital's maneuvers under conditions of globalization' (p. 723). Situated

knowledge, in other words, following feminist principles, privileges the perspectives of the marginalised and the downtrodden facing the crisis of social reproduction. The situated knowledge drawn from people living across these four slum communities can be analysed to draw patterns and connections that enable a deeper understanding of the workings of socio-economic relations of power in social reproduction and the care economy.

Each case study begins with a contextual background of the area that is juxtaposed with experiences of the Covid-19 lockdown. The case studies use gendered and intersectional lens to analyse the processes, local mechanisms and experiences of the crisis in relation to the demographics and specific vulnerabilities of the area as well as access to key public resources and services.

1. <https://dictionary.apa.org/situated-knowledge>

CASE STUDY I: YAMUNA KHADAR

Key highlights



YAMUNA KHADAR

Yamuna Khadar, translated as 'floodplains of the Yamuna River', is in the eastern part of Delhi. As one of the major and very few farming areas of Delhi, Yamuna Khadar holds a special place in contributing to the city's crop production (Pradan and Chetan, 2018). Geographically, the area covers around 22,000 bighas (approximately 13,750 acres) of land which is situated in:

The history of Yamuna Khadar going as far back as 1857 is essential to understand the current socio-political conditions of the community. Just after the Uprising of 1857, the land properties of the royal families, including the floodplains of the Yamuna, were taken over by the British government. Initially considered as waste land, the area was later divided into smaller farming plots, but soon annual flooding made it difficult to lease out the land. Hence, the authorities could not follow a pre-planned structure of allotment and the leasing was done orally.



Photo Courtesy: Hindustan Times

“The NH-24 that divides the Jamuna Khadar from the residential neighbourhoods of East Delhi. On one side of the road are the residential colonies of Mayur Vihar and on the other side of the highway are the fields. It falls right between the Mayur Vihar phase 1 and Mayur Vihar extension metro stations’ (Kannan et al., 2018).”



Photo Courtesy: India Today

Later, authority over the land moved from the Delhi Improvement Trust (DIT) to the Delhi Municipal Corporation (DMC), which bestowed the responsibility of tax collection from the farming communities on the Delhi Peasants' Cooperative Society (DPCS). This contract ended in 1966, although the farmers continued to pay tax to DMC and DPCS until 1994. Hence, for farmers in Khadar, as long as they were paying the tax, they were legally bound to stay in the area, but legally they were considered encroachers. The notion was broken when the capital was preparing for the Commonwealth Games and started demolishing these settlements in 2010. Since then, the lives of the people in Yamuna Khadar involve vulnerability, instability and precariousness (Pradan and Chetan, 2018). With no document of the tax payment proving their ownership over the land, these people have been shifted from one area to another (Kannan et al., 2018). The National Green Tribunal (NGT), however, banned the farming and sale of vegetables from Yamuna

Khadar, citing it as a source of pollution in Delhi.

Follmann (2014) explores this dilemma through the concept of 'bourgeois environmentalism'. The author disentangles the conflicting ideas of the Delhi Development Authority (DDA) for turning Delhi into a high-tech, modernised, green city while ignoring the floodplains of the Yamuna. The idea of 'biodiversity' is merely for an 'aesthetic image' rather than an ecological perspective. Although in recent years these floodplains have been identified as a prime target for development with riverfronts and parks, Follmann highlights that these areas are flood prone (declared an Ozone area by the DDA) and building infrastructure may in fact harm the ecosystem. In addition, the urban poor and farmers living in those areas have been constantly and wrongly criticised for polluting the river by the Supreme Court, DDA and NGT, who have ignored the waste from the factories and shifted the blame to the community; this argument is also used by the DDA to clear out

slum areas like Yamuna Khadar (Dupont, 2008). The insensitivity of the government is reflected through uprooting the urban farming communities from these areas. 'The DDA says it's their land and these people cannot live here. But if that's so, how did you give permission to build Akshardham temple and Commonwealth village? For them you can break laws, but not for the poor.' (Aijaz, NGO representative, 2021)

Land conflict and precarity

The constant tiff between the people in Yamuna Khadar, the government, and the electoral interests of politicians has created an environment of ambiguity, precarity and stagnation of socio-economic growth among the people. During the land acquisition in 1961, many of these farmers, who belong to the

Gujjar or Jat community, received monetary compensation and settled in and around Sarai Kale Khan, Nizamuddin or Chilla Khadar. Even though officially the farmlands now belonged to the government, due to inoccupancy in these areas the ex-landowners continued to hold power over this land by leasing it out to local tenant farmers (Aijaz, NGO representative, 2021). Kannan et al. (2018), through their ethno-geography study of Yamuna Khadar found that the current settlers in the area are tied up in a 'triangular relationship' between the state and 'mafia' (the illegal landowners). Thus 'space as lived and space as owned are in constant interaction with one another' (Kannan et al., 2018: p. 8).

The magnitude of threat and fear that people live with reflects their helplessness at being stuck in this triangular relationship. When asked about the monthly rent for her hut, Kusum responds, 'This is



Photo Courtesy: aninews.in

DDA land and before that this was Gujjar people's land for which they received compensation too; even then they have occupied this land. If they get to know that we have shared it [this information], then they will harm us.' (Kusum, Beneficiary, 2021). Yet there are also instances where these illegal landowners have a helping relationship with the tenants (Kannan et al., 2018; Asma, Beneficiary, January 2021). The support they provided, especially during the Covid crisis, is mentioned later in the study.

In 2016, the government demolished large areas of crop land for a cultural event on Art of Living (Business Standard, 2016). Farmers had taken these lands on lease and sown the seeds, waiting for the harvest to pay off their debts and retrieve the cost of irrigation, labour and materials. With such a drastic loss, farmers of Yamuna Khadar have

started finding ways to cope with these instabilities. For instance, the farming communities have shifted their farming from long-term crops like wheat and rice to short-term crops such as cauliflower and radish to reduce their economic loss in case there is a demolition between harvests (Aijaz, NGO representative, 2021).

Such a precarious position percolates into different aspects of living such as schooling, occupation, health and ideas of citizenship and identity, which makes it even more difficult for them to break out of the poverty trap (Dupont, 2008).

Current demography of Yamuna Khadar

Demographic profile

Yamuna Khadar is a vast area that is divided into blocks, with different kinds of land terrain. The huts are

spread across this area with few groups of huts clustered together.

Yamuna Khadar is divided into various blocks, seen in Image 1. Block B is near all the facilities like roads, ration shops and banks, whereas Blocks C, D, F and parts of Block A are farther from the road and hence from all the facilities. There are three additional areas here that are more cut off from the city and its resources; respondents used words like *jungle*, *andar* and *Yamuna paar* to identify these three locations. People living in the jungle area are mainly domestic workers or daily wage workers. Although in terms of resources this is an underprivileged area, respondents mentioned that they settled here since they don't need to spend on house rent or electricity (Subha, Beneficiary, January 2021).

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There are no caste-based settlements in Yamuna Khadar, probably since the demolitions

keep them on the move. Those from Uttar Pradesh and Bihar have more social capital than others, because they have been settled here for generations. Social cohesion is based on their current geographical location rather than regional links; for instance, respondents said that they did not have close relationships with people from other *ilakas* (areas). However, regional identity governed social capital and power to a certain extent; for example, people from Bihar and Badayun district in Uttar Pradesh have greater social power than other groups because they form the majority in this area. In addition, class plays a role. 'Otherwise, there is brotherhood (*bhaichara*) among people, but about the social status (*auda*), people from Badayun have higher status. And otherwise also they are more powerful because they have more money. Since they have been settled here for a long time. Almost 20–30 years.' (Vineet, Male FLW, 2021).

In terms of religion, the area is dominated by Hindus with a few Muslim huts. In our study, we were able to approach only two Muslim respondents and only one could be completed. Communal tension and the dynamics between the two communities were also explored. A women respondent who is the only Muslim living in Block C mentioned that religion is not specifically seen as a factor of cohesion or hostility between families here (Asma, Beneficiary, 2021). But at the same time Renu, who is associated with the Rashtriya Sewa Bharti Sansthan (RSS Social Service Organisation), was asked by its representative to maintain a distance from Muslim families: 'We must stay away from them. We have been asked to not even talk to them. Just focus on your



Image 1: Map of Yamuna Khadar

Source: Google maps. <https://www.google.com/maps/d/u/0/viewer?mid=1Q2icaeTKknAfixlb8iGfwbFYbJu1a3u0&ll=28.60886246092156%2C77.26541499999999&z=15>

work. No matter how much they talk to you, you should not talk to them.’ (Renu, Female FLW, 2021). It was also observed that since people did not have access to the internet or television, misinformation about Hindu-Muslim conflicts in Delhi could easily be propagated. At the same time, individuals associated with the Basti Suraksha Manch (BSM) and other organisations visited Yamuna Khadar to spread awareness and sensitivity regarding religious tolerance (Renu, Female FLW, 2021; Vineet, Male FLW, 2021).

Work profile

The current demography of Yamuna Khadar is a mix of long-term settlers (tenant farmers) who have been living here for 30–50 years and recent migrants who previously lived in areas like Badariya Nagar, Kale Khan

and Vasant Kunj but relocated to Yamuna Khadar after demolition (between 2007 to 2010). Most women respondents in our study settled here either after marriage or when they were unable to sustain themselves in their native states. Although many of the long-term settlers from Uttar Pradesh and Bihar are still engaged in farming activities, the younger generation is venturing into other occupations such as pulling rickshaws, plant nurseries, street vending and low-paid service jobs in Delhi.

Farming is carried out in two forms in Yamuna Khadar: Batai (or Sajhedari) and Jama. In the Batai system, landowners give out the land to local farmers for farming without any prepayment and the loss or profit from the farming is divided between the two parties. Here, the

labour is that of the farmer, but the profit (or loss) is incurred by both. None of the participants in our study were farming in the Batai system. In the Jama system, the farmland is leased out to landless farmers for an amount ranging from Rs. 5,000 to Rs. 12,000 per bigha (1 bigha is approximately 2,990 sq. yds.) for a year. Here the tenants must pay the decided amount for the year even if there have been no earnings from the crops. Most times, tenants in the Jama system must bear the brunt of a crisis such as a pandemic, flooding or even demolition, but the government compensates the landowner and not the tenant farmer (Jiwani, 2019). Within the Jama system, tenant farmers employ daily wage workers for labour-intensive tasks in farming (Pradan and Chetan, 2018). Many of the farming families sell the harvest to nearby markets such as Ghazipur Mandi and Azadpur or in nearby residential areas (Pratibha, Beneficiary, 2021; Parwati, Beneficiary, 2021).

Living conditions: Daily struggles of the community

Water, Electricity, and Sanitation

Even after years of settlement in the area, people in Yamuna Khadar have seen no improvement in their quality of life. Owing to their legal status as ‘encroachers’, basic facilities such as running water, electricity, sanitation, health infrastructure and schools remain negligible.

The houses still do not have water connections and people have to depend on the water tanker sent by the Delhi Jal Board. Since these tankers are stationed on the main road, those living in the interiors must travel 1 or 2 kilometres to access water (Kavita, Beneficiary, 2021); to avoid this tiresome journey, some use water from handpumps, even for drinking although it contains a high concentration of lead, cadmium,



Photo Courtesy: www.indiawaterportal.org/



Photo Courtesy: DNA INDIA

chromium and iron (Maurya, 2020). Respondents mentioned that cases of stomach-related diseases have been reported in the area because of the toxic water (Piyali, Beneficiary, 2021). The contaminated water also has a lasting impact on farmer's livelihood, making it difficult to grow crops due to the high fluoride levels (Maurya, 2020; Nitin, Male FLW, 2021). Accessing water and agency to make the choice of a healthy option was a matter of privilege.

Most houses do not have an electricity connection but those close to the roads have taken electricity from the street. Local initiatives by some community leaders have also tried to mitigate this problem. For instance, Nitin distributed solar panels to all the households (Nitin, Male FLW, 2021) and most households in the study were using these solar panels. Another major issue, especially for women, is the lack of safe and hygienic toilets. Most respondents

have dug pits either near their houses or in farms. Those who do not have farms or those who live in jungle areas defecate in the open. These pits do not have a toilet seat, which has caused bleeding and fungal infections in women (Nitin, Male FLW, 2021).

Health Infrastructure

Government health centres and medical facilities are not available in Yamuna Khadar; the nearest government hospital is Lal Bahadur Shastri Hospital or a dispensary in Patparganj, which are 2–6 kilometres from Yamuna Khadar. For minor health issues, people consult local doctors (*called jhola chap doctors since they are not formally trained medical professionals*) because they are accessible and affordable. And there are no Mohalla clinics in the area. There was also mention of a medical van that would visit the area every Saturday for 2–3 hours through a trust.



Photo Courtesy: mint

ASHA workers and *anganwadi* workers have recently been appointed in the area. There are two only ASHA workers for the whole of Yamuna Khadar and they consider it an enormous task to cover all the households under this area (Rani, State FLW, 2021). In case of pregnancies or other emergency health situations, the ASHA worker calls an ambulance from Lal Bahadur Hospital. The interviews highlighted the fact that it is a challenge for even emergency support to reach Yamuna Khadar. 'Ambulance drivers also hesitate to come to Yamuna Khadar because the roads are not good plus it is very dark at night here (since there are no streetlights). They get confused also. This is a huge area, so it is difficult to mention a specific point. There is no house address. The entire Yamuna Khadar has one address.' (Vineet, Male FLW, 2021)

Education

The nearest government school for children in Yamuna Khadar is in Patparganj, which is 3–4 kilometres

away; for parents who are daily wage workers, it is a challenge to drop children at the school. There are also five *anganwadi* centres; at the time of the interview, there were two *anganwadi* centres without appointed *anganwadi* workers and therefore they were combined with nearby *anganwadis* (Sheela, State FLW, 2021; Vineet, Male FLW, 2021).

Education was one of the most highlighted issues in the area which started gaining attention when an informal school was initiated by Mr. Gurmeet Singh Lowana in 2011. The school had paid teachers and was able to provide education to at least 200 children. But a few years later, the school was demolished by the government. After the demolition, another informal school called Van Phool was opened by the local community members, Gurmeet Singh and BSM. Educated members of the community teach in the school where girls are provided free education, and a nominal fee is charged for boys. In line with this, a few members of the school formed the Manthan Social Society



Photo Courtesy: Students during a session at the Yamuna Khadar Patshala (credit: Yamuna Khadar Patshala)

that aims to provide and improve basic infrastructure and facilities in the area. One of the founding members of the schools mentions, 'In 2011, there was one girl studying here and she passed 10th standard; in 2012 there were two. Today, we have 10 girl students in the 10th standard. In 10 years, I have witnessed 40% improvement.' (Nitin, Male FLW, January 2021).

From one crisis to another: The Covid-19 lockdown and the vulnerabilities

For communities in Yamuna Khadar, crisis comes with the land. Some of the persistent worries of a household in Yamuna Khadar are moving house, rebuilding their lives, precarious work situations, floods, and fetching food and water. Amid all this, how was lockdown perceived and what was the extent of the impact on their lives? The interviews reflect that for all the participants, irrespective of their work profile, the lockdown was the last straw in their already poor quality of life.

Impact on Work

For sustenance, the people in Yamuna Khadar either depend on farm or work in low-paid, informal jobs such as sculpturing, domestic work, street vending or daily wage work. The national lockdown, with a few hours of notice, halted the markets and economies. Domestic workers, street vendors and waste pickers could not continue work after the lockdown was announced, and the situation lasted for four months,

from April to July (Majithia, 2020; Narayan, 2020). An ISST study reflects similar trends but highlights the gender inequality of experiencing work loss and the additional household burden for the months of April and May (Chakraborty, 2020). Respondents in this study resonated with these findings. While recalling the impact of the lockdown on their work, one respondent said, 'My husband is not earning well. No one was using a rickshaw during the lockdown. What could we do?' (Akhila, Beneficiary, 2021).

A pressing issue around paid work during the lockdown was the restriction on movement that was forcefully implemented by the Delhi Police. Fear of the police was overwhelmingly mentioned by the participants wherever the work required mobility as in the case of rickshaw pullers, street vendors and washermen (Rahul, Male FLW, 2021; Asma, Beneficiary, 2021; Suneeta, Beneficiary, 2021). Most of the farmers in Yamuna Khadar sell their crops in nearby markets or residential areas on pushcarts. From March to July, respondents were unable to move around, resulting in complete loss of work. For those who managed to evade the police violence, the supply chain of the market was severely disrupted. Domestic workers were let go by their employers when the lockdown was announced and did not get their jobs back even after the unlock; initially they were asked to take leave for a few days, but that extended to several months without work and consequently without any money to survive (Subha, Beneficiary, 2021). Similar incidents were cited by vegetable street vendors, farmers and sculptors (Suneeta, Beneficiary, 2021).

The lack of social security for informal workers in Yamuna Khadar was magnified during the Covid-19 pandemic. On the economic front, the inability to access markets was reported to result in additional problems such as wastage of produce/goods and reduced prices. Much of the initial investment in seeds or raw materials was supposed to be recovered from the sale of these goods, but the pandemic pushed people into greater debt. For instance, respondents who were working as sculptors had to buy raw materials such as POP for around Rs. 1 lakh from Ahmedabad. The money for this raw material is usually borrowed from a money lender and paid off once they earn a profit, especially during Navratri in October. The sculptors had already built the idols but due to the long lockdown period, they did not get any customers (Kavita, Beneficiary, 2021). At the time of the interview, the idols were not in a usable condition due to the rains. The weather conditions added to the loss of crops for farmers as well (Naveli, Beneficiary, 2021).

Farmers on the Jama system had to pay the annual amount to the landowners even during the lockdown, even though there were no earnings for these farmers during the lockdown. Most respondents said that their landowners did not forgo the lease money and they had to use their personal savings or borrow from relatives to pay off the lease amount (Interview, Suneeta, Beneficiary, January 2021), but a few women respondents mentioned that their landlords were more understanding and lowered the Jama rate or waited for payment until the lockdown was lifted. Others mentioned harassment by illegal landowners. For instance,

Lokesh shared that her father was constantly harassed by the 'Gujjar' landlord and the family feared the consequences of upsetting him,

“I said, “Uncle I don't have any money” and we didn't give him. Then he kept calling my father and harassing him. Every day that “When will you pay, when will you pay?” We were scared. They are Gujjars so we were scared. Someone had taken their land and they hurt them, so we were scared that they'll do the same with us. Then we used up our savings and paid him off.”
(Lokesh, Beneficiary, 2021)



Photo Courtesy: Vaishnavi Rathore

Most families in Yamuna Khadar live in self-made huts built on the illegal landowner's land for which they pay a monthly/yearly rent depending on the number of huts they have built. In the study, respondents were paying around Rs 500 per month for one hut. In case of farmers who have already taken the land on lease, the families build the huts within that area, hence no additional amount is to be paid for the huts. Since these are grass huts, during extreme weather conditions these huts are not durable and have to be re-built (Madhuri, Beneficiary, 2021).

Workers in the study unanimously mentioned that even after the lockdown was lifted, going back to work was difficult. With reduced earnings and increased hours of work, workers did not have much option but to get exploited by their employers. Private companies, realising their desperation, saw the opportunity to exploit their labour with longer working hours at lower pay (Rahul, Male FLW, January 2021). Rahul's brother mentioned that he had to work seven years to reach a salary of Rs. 13,000 from Rs. 6,000. The lockdown has pushed him into a situation that is worse than when he had started, by not just stagnating growth but by worsening his situation.

Respondents who migrated were hopeful that they would be able to recover their economic loss after the lockdown and hence they came back to the city. But even at the time of the interview they remained unemployed (Subha, Beneficiary, 2021). Fear of contamination was also mentioned as a reason for domestic workers' continued loss of work. Individuals also tried to look for other

jobs. Most of these respondents were farmers or daily wage workers. School/college going members of the household (as young as 15–16) shifted their focus from education to finding work during the lockdown. A male frontline worker who was in Grade 12 expressed his disinterest in continuing his studies after the lockdown and eventually took a clerical job at a hospital, 'School was closed, I was less interested in studies. I used to go for tuition, but I could only remember what's taught in tuition, nothing else.' (Rahul, Male FLW, 29 January 2021)

Although coping with such a situation was a challenge, people shared some of the changes they adopted regarding their work to feed their families. The sculptors made large idols before the pandemic that would be contracted to local temples during the festival seasons. But having experienced extreme financial debt due to the loss of market, they shifted to making smaller idols that require less raw material and time. Long-term investments were generally avoided given the uncertainty around the pandemic.

Food Crisis

Respondents said that increasing expenses on health, infrastructure and education kept them on the edge of starvation. The gravity of the food crisis was such that in a few households in the study, people were unable to cook food at home for several days and had to depend entirely on food distribution by the government or civil societies. The little food that was provided to them was distributed among the children or elderly in the household. Many

respondents mentioned that they had to cut their meals from three times a day to once a day,

“ ‘I met a kid from the jungle area. His parents were daily wage workers. They received food from school and that's what they are having. Food has not been cooked at his home in the last three days.’

(Rashi, Female FLW, January 2021)

‘3–4 months we did not get anything! Nothing! Sometimes we ate, sometimes we didn't. We have faced such hardships.’ (Pratibha, Beneficiary, 2021)

The food distribution was not sufficient to address the extent of the food crisis. In many cases respondents took loans from relatives or friends to feed their families.

“ ‘People were distributing tea biscuits. Can that fill our stomach? What could we do? We took loans and filled our stomach.’ (Kavita, Beneficiary, 2021).

‘For food and water, we would get it from here and there. Like if any private person comes and distributes, then we will get it. Or if we don't get it, then we borrowed money from here and there. From known people we asked them to give us money for food.’ (Kamlesh, Beneficiary, 2021).

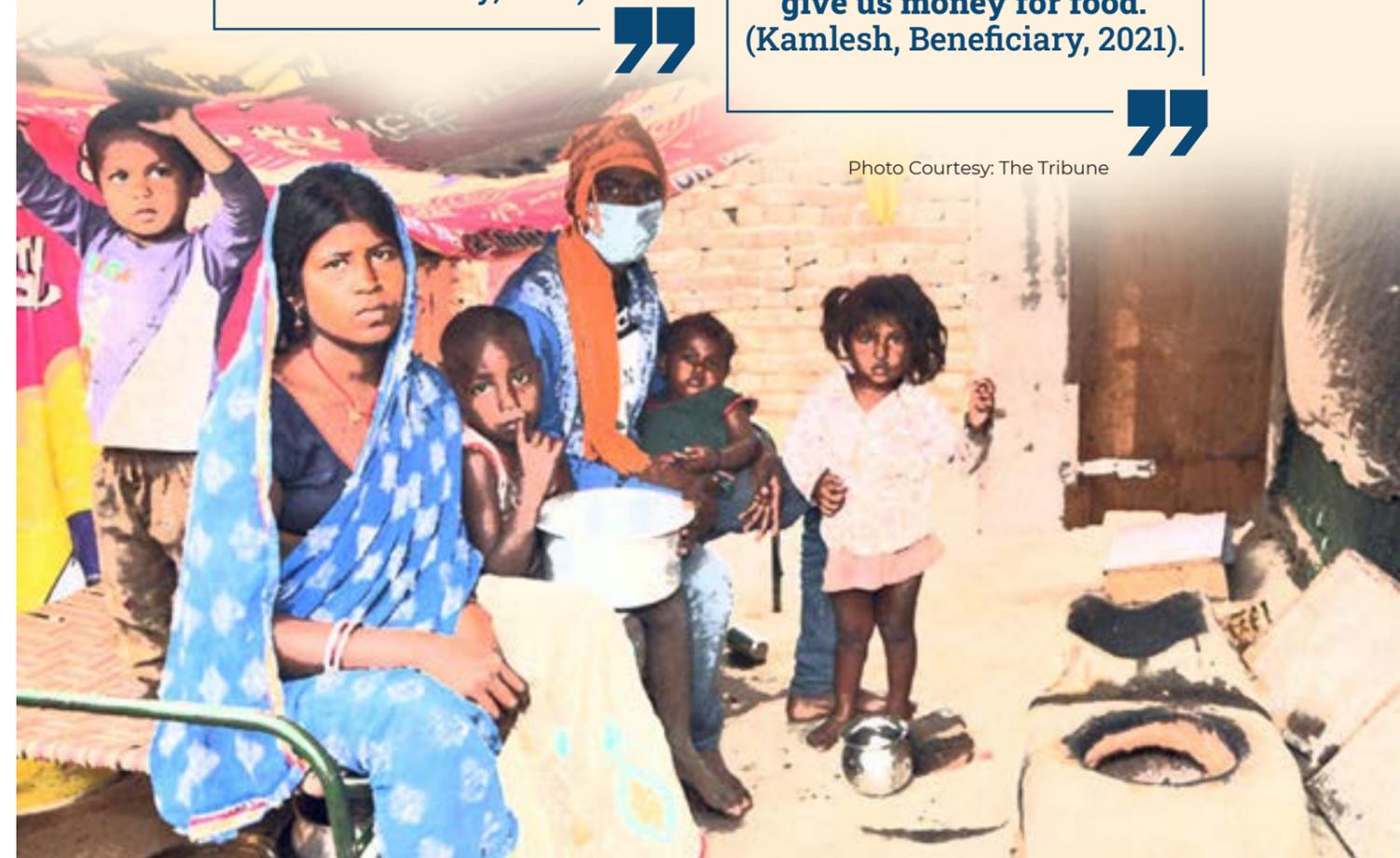


Photo Courtesy: The Tribune

Another strategy for survival was to use personal savings to buy food and other necessities. 'I had worked in railways and saved some amount that someday I could use it. And then lockdown happened so we went to the bank. It was so difficult. We haven't faced anything like that in our life.' (Kusum, Beneficiary, 2021).

There was the constant stress of managing food and hunting for food, money and other resources that was mentioned consistently throughout all the interviews.

More than the disease, the people in Yamuna Khadar were impacted by the stringent lockdown pushing them to a state they had never witnessed before.



Photo Courtesy: 'Rasoi On Wheel' serves more than 1500 poor people everyday

Access to basic infrastructure

Although access was already a challenge and involved a great deal of travel, the restrictions on mobility made it more challenging. With no transport facility, Madhuri and her husband walked four hours to the bank only to withdraw money, 'We walked by foot. We got tired walking all day. Reached there after a lot of difficulties. Policemen don't allow us to travel and ask, "Where are you going? Go back."' (Madhuri, Beneficiary, 2021).

For medical emergencies or medicines, respondents had to arrange for a vehicle from their neighbours to take the patient to the dispensary or the nearest government hospital (Madhuri, Beneficiary). During the lockdown, even this dispensary was closed, and the only option was the local doctor (*jhola chap*) (Rashi, Female FLW, January 2021).

“One day there was nothing. No money. No aata (flour). So, we slept like that only. But sometimes people come to distribute food here. So, they were distributing bhandara (food) on the nearby road. Two of my cousins got some food and all the children at home ate it. We still did not eat anything. Children should eat, that is important for us.’ (Rahul, Male FLW, January 2021)”

ASHA workers were asked to halt their work of monthly surveys and were to keep in touch with the community only through telephone calls. In addition, they were given Covid-19 responsibilities from the month of April which meant that they were to manage covid-related cases as well as their primary responsibilities, which increased their workload. One beneficiary shared her disappointment with the ASHA worker from Yamuna Khadar, 'We were taking my pregnant daughter-in-law to the doctor and bought her medicines from Pandav Nagar and ASHA would tell us on the phone. ASHA never came physically. She would only call us. And we would meet ASHA worker from Mayur Vihar but not the one in Yamuna Khadar.' (Meena, Interview, 2021).

Even drinking water facilities were disrupted. For many days during the lockdown, the DMC water tanker did not turn up. In cases where people could afford it, they bought bottles of water. Ambiguity around the timings of the water tanker also created confusion, resulting in constant stress about missing the tanker.

Collective identities, social cohesion and resilience

The historical and cultural background of Yamuna Khadar is intertwined with the current perception, position and experience of people in Yamuna Khadar. Within this, their regional identities, occupation, caste, gender and other social locations further impact their

social locations (hence, access to resources) thus impacting their experience of the pandemic. Studies on community identity and resilience during a crisis find that when members of a community (varying within and across different axes of intersectionality) associate themselves more with the group than with their individual identities, the chances of social cohesion and resilience during times of crisis are greater (Bowe et al., 2020; Elcheroth and Drury, 2020).

In the wake of the Covid-19 crisis, studies have found a strong association between social identities, group formations and community resilience in a crisis (Alcover et al., 2020; Cocking, 2016; Venu et al., 2021). Venu et al. (2021) found that the groups formed during the crisis are initiated by those within or outside the community (but connected to it directly or indirectly) and has the potential to bring together resources. Similarly, Drury et al. (2019) found that the community's response to disasters results in the formation of 'disaster communities'². In addition, shared values and social norms practiced within the community prior to the crisis and 'existing relationships' between different groups impacts the functioning and working of these groups (Venu et al., 2021).

The residents of Yamuna Khadar in the past have been through similar traumatic experiences of extreme poverty, homelessness and hunger; the pandemic was the latest one. Such repeated exposure to crisis and the simultaneous invisibility of state

2. Disaster communities (or altruistic communities) refers to the emergence of social identity among people experiencing the crisis. This identity tends to dilute existing divisions within the community and reinforces the idea of having a common fate and hence caring for the community.

support has engendered a sense of common social identity among the people in Yamuna Khadar. As one founder of Manthan Society shared, 'Whatever problem people face, whether it is floods, demolitions or even this Covid-19, every household in Yamuna Khadar fought with these issues together as much as they could. Like Nitin *bhaiya* helped us in transporting all the materials without taking any money.' (Nitin, Male FLW, January 2021).

The frontline workers' perspective of community dynamics, especially those who live outside Yamuna Khadar, is largely homogeneous in terms of similar vulnerabilities and lacking basic rights (Nitin, Male FLW, January 2021; Anand, Political party representative, February 2021). More nuanced sharing by the beneficiaries highlights that within this common bond of shared vulnerability, social dissolutions based on intersectionalities of caste, class, religion or geographical identities can be observed. The community dynamics are either connected or disconnected primarily by their geographical locations since in most cases they belong to the same family but live in separate huts or they come from the same state.

When asked why they did not receive rations being distributed in a nearby area, Meena said, 'There are five to seven *jhuggis* in this area. We don't have any contact with people from that area. We live here and do our work and eat. Those living in that area, we do not mingle with them and that is why she has distributed food to people from that area only.' (Meena, Interview, Frontline worker as a beneficiary). Other reactions show a stronger connection with

their *padosi* (neighbour) than those living in other blocks or areas. 'If we need help, we have problems, we can only ask our *padosis* for help, right? Now we don't know where else to get help from, whom to contact.' (Interview, Naveli, Beneficiary, 2021)

Therefore, even though social differences exist, community members seem to empathise with each other because the problems are common. To some extent the disaster communities in Yamuna Khadar were formed prior to the pandemic to address crises of floods and demolitions, and they strengthened during the Covid-19 crisis.

Manthan Social Society is one example where members from the community created a collective identity of resilience and advocacy given the lack of state support. The group started working with children on education and other social activities such as identification of documents, running health and hygiene campaigns, and collaborating with civil society groups and local government members. The Van Phool school created a space for conversation on the deplorable living conditions in the area and opened opportunities for discussion around citizen rights and responsibilities. The school helped to bring children and their parents under a common support system. 'When we started helping children, parents automatically started getting connected with us. Minor issues like making ration cards or other ID cards were being processed.' (Interview, Male FLW, 14 January 2021). The group has helped draw the government's attention to the issue of education. During the demolitions in 2015, community leaders mobilised

the children who were also victims of the demolition drive because it was affecting their school examination. The group took around 500 children along with their teachers to protest the demolition and as a result the demolition order was withdrawn. Other external collectives such as Basti Suraksha Manch have also actively worked on issues of land rights, health and education with the help of these community leaders, further establishing the network links and an ecosystem of support.

Such instances show the position of community care institutions within heterogeneous societies. In this case study, the idea of care is taken from Tronto (2012, cited in Esquivel, 2013, p. 5); it goes beyond the feminine responsibilities of care work and extends it to different forms of care at multiple levels of institutions in a society. Juxtaposing this understanding of care with Razavi's Care Diamond (2007) expands the understanding of welfare from primarily a state responsibility to other institutions such as

community, family, civil societies and markets. This framework allows us to locate the care providers and points to the essentiality of 'voluntary' or civil society groups, especially in developing countries, which is engendered by the poor government welfare systems that leave out certain communities. In this context, the emergence of social groups or volunteer groups stemmed from the lack of state support in Yamuna Khadar.

Relief measures by the state

In the first phase of the national lockdown, the gravity of the crisis that was about to unfold was not reflected in state decisions and schemes. Apart from the stringent lockdown rules, mobility constraints and loss of work, there was an impending crisis of basic survival needs. The relief support in Yamuna Khadar started in a limited way a few days after the lockdown was announced, but more support

Photo Courtesy: odisha dairy



Government Food Schemes

Cooked meal: schools, night shelters, Sub Divisional Magistrate (SDM) office, community kitchen

Dry ration: e-coupon, mid-day meal, double PDS for ration card holders

Anganwadi centres: for children enrolled in an anganwadi

started pouring in during the month of April 2020 (approximately 15–20 days after the lockdown) through state and non-state mechanisms.

Food distributed by the government was primarily stationed at government schools and ration shops. The Delhi Government announced the distribution of mid-day meals ration to school students for six months during the lockdown period (The Hindu, 2020 December 29) though only one respondent out of 21 (beneficiaries and frontline workers from Yamuna Khadar) received this mid-day meal ration which included five kilos of wheat and rice each, pulses and refined oil. This ration, which was supposed to be distributed once a month for six months was provided within one day, most likely to reduce the additional effort. (Suneeta, Beneficiary, January 2021).

Other than this, the Delhi government announced the distribution of cooked food at night shelters and government schools. The quality of food distributed at the government schools near Yamuna Khadar was heavily criticised. Distribution timings were also unclear, so dependent people ended up with empty stomachs. Community kitchens were also initiated for a short period in Delhi, where the food was cooked in communities and directly distributed to people (close to Trilokpuri near Yamuna Khadar).

Public Distribution System

For people in Yamuna Khadar, there are three government ration shops: in Samastipur, Acharya Niketan and Shashi Garden. These are 2–3 kms away, but for those living in the exterior areas of Yamuna Khadar, it is further. The double ration scheme was implemented in Yamuna Khadar only three months after the announcement (Kusum, Beneficiary, 2021). Under each unit of kit, earlier people were given 5 kilos which was doubled to 10 kilos during the lockdown months. The double ration kit contained spices, oil, sugar, tea, soap, rice, wheat, lentils and other basic dry items, which were provided until November 2020.

Photo Courtesy: The beneficiaries will have to visit the designated Relief Centre with the e-Coupon and Aadhar Card to collect the ration.



The free ration with doubled quantity was appreciated by most respondents and was considered as a relief after months of food crisis. But issues of coverage and documentation re-surfaced in our sample. Five respondents did not have ration cards; among the 10 respondents who had a ration card, only two respondents had fully functional ration cards. Five did not have names of all the family members on the card, so they did not receive the amount they required, two respondents (migrants) had ration cards from their native state and one respondent had an expired ration card.

With such on-the-ground discrepancies in ration card ownership, government relief schemes seem in vain. Even when the ration is doubled, coverage issues exclude those in need.

e-Coupon for non-ration card holders

A large section of informal workers, migrants, domestic workers etc. was being left out of the PDS food distribution system because they did not have ration cards. To extend the food security net to non-ration card holders, the Delhi Government introduced an e-coupon system under the Mukhya Mantri Corona Sahayta Yojna (MMCSY), which had to be applied for online using an Aadhaar card and providing other details. Although the scheme had a lot of potential, there were problems with its coverage and access to this scheme. The dependence on technology restricted its reach to people without the privilege of smartphones or digital literacy, which unfortunately covers the most

marginalised and ironically those targeted for the scheme (The Times of India, 2020; Rahul, Male FLW, 2021).

The digital gender divide and the gender gap in smartphone ownership placed women in an even more vulnerable position. Women were observed to have less agency to access these benefits or make decisions regarding the same. 'Many received ration from filling that e-coupon form. I told my son to fill it, but he said, 'Mummy where will we go? Vineet (an FLW) visits our area and distributes food. Where will we run around to get this e-ration. Leave it, I will not fill it.'" (Meena, Women FLW as Beneficiary, 2021). She also points to the inconvenience of 'running around' to access these benefits.

There were also glitches in the technology. Frontline workers who were directly involved in filling e-coupons for the community highlighted that most of the pending requests were not resolved for several months. 'People received ration through e-token only 1–2 times. There were technological glitches, and everything was online, so no one understood it.' (Aijaz, NGO representative, February 2021).

The ration allotment included three kilos of wheat grain, but it had to be cleaned and ground in a mill, which was an additional expense. Since these shops were closed due to the lockdown, the wheat could not be used,

Anganwadi dry ration

The *anganwadi* was another state-run food distribution centre, which catered to lactating mothers,

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‘Mill shops were closed in the market, so we tried to talk to these shop owners. We thought we would talk to other neighbours and collect the wheat grains and mill it together in the shop, but the shopkeeper refused saying that lockdown is imposed, and he would be fined if he kept it open. The wheat grains we received are kept at home only; we could not use it.’

(Rahul, Male FLW as Beneficiary, 2021).

”

pregnant women and children below the age of six. Almost all the respondents with children were availing of this service. In the initial months of the lockdown, *panjiri* (a dish made of wheat flour, sugar and dry fruits) was distributed and by April–May people were given a kit that included one kilo of *daliya* (porridge), *chana* (roasted and raw) and jaggery. The amount was based on the nutritional needs of the beneficiaries; for instance, pregnant women received more (1,690 grams) than children (1,300 grams). Since registration of names with the *anganwadi* was an essential criterion to be included in the list, the number of registrations under each *anganwadi* doubled and even tripled during the food distribution

process. One *anganwadi* worker said, ‘Approximately 30–35 children used to come to my *anganwadi* which has now increased to 130. This is for my *anganwadi*; another *anganwadi* also has around 110–120 beneficiaries to whom we distribute these *daliya* (porridge) packets.’ (Sheela, State FLW, February 2021). This was also reflected in the beneficiary interviews. In some instances, people started enrolling their children in *anganwadis* hoping to receive the ration, although the children were enrolled in the local informal school (Piyali, Beneficiary, February 2021)

Food distribution by non-state actors

While government schemes and policies were targeted to tackle the impending crisis of basic survival needs, their effectiveness and reach was much lower than required. In this context, the social sector and volunteer groups within and around Yamuna Khadar played an essential role in filling these gaps and loopholes. Like the government sector, the enormity of the need was not anticipated by these groups, ‘For Yamuna Khadar, the demand was huge. We could not fulfil so much. We did whatever we could, first with cooked food and then with dry ration quite a few times.’ (Sadhvi, NGO representative, February 2021)

At the same time, since these organisations had been working in the field for several years and had strong local connections, they were better equipped to reach out to the needy. And so those who were getting excluded from the government safety nets were reaching out to civil society groups



Photo Courtesy: NDTV

and volunteers. For instance, as Vineet and Nitin were getting requests from the community for food support, the group communicated with BSM members who put in food requests with Zomato’s Feeding India Foundation and received around 70 lakh worth of ration for Yamuna Khadar (Imran, NGO representative, February 2021). Around 900 households were provided with 20–30 kilograms of dry ration from Feeding India alone. The food quality and quantity from Feeding India was appreciated by all the participants in the study.

Cooked food distribution through community kitchens were also initiated by organisations like BSM and Rami Social Society. Participants reported many such instances of isolated relief distributions by non-state groups that were often one-time distributions organised in silos.

Requirements other than food

What was missing in the government response was a need-based analysis of the situation and a care perspective. There was a food crisis and that was addressed overwhelmingly by most of the state and non-state actors, but at the same time the requirement at the ground level was much more than food. In the absence of jobs, the primary requirement was money with which they could stop depending on whatever was distributed through relief work and meet their own personal needs for rent, food, medicines etc.

Non-state actors were quick to identify and meet requirements coming from the community such as milk for young children, sanitary pads for women, medicines and

liquid cash, 'Shoes for children, shawls for women, warm caps for toddlers were also distributed.' (Rahul, Male FLW, YK, 29 January 2021). Even after the lockdown was lifted, there was a need for warm clothes, mosquito nets, and tarpaulins during the rainy season, for which the demand would be communicated to these structured networks and received by the beneficiaries (Piyali, Beneficiary, 2021; Anju, Beneficiary, 2021)

The personal relationship between the beneficiaries and community volunteers facilitated the process of communicating their needs. For instance, the requirement for sanitary pads was communicated

“Because we have been in the community for five years, especially in Trilokpur, people know us. There were women who came up and asked for any kind of work they could learn and sustain themselves. So, what we thought was, since a mask was something, everyone needed during the pandemic, we went in and bought some sewing machines and we started teaching them how to stitch masks.’
(Sadhvi, NGO representative, February 2021)

from people in the community to Vineet who further communicated it to Basti Suraksha Manch and other organisations. (Vineet, Male FLW, 2021)

Accessing relief materials

Procuring resources and relief material was a challenge. The government distribution centres for PDS and e-coupons were located 5–6 kilometres from Yamuna Khadar. Most respondents carried the ration kits (10–15 kilos) and walked all the way back, sometimes on an empty stomach. NGO distributions were stationed within Yamuna Khadar, but travel time for those living in the interior was 15–20 minutes.

Individuals also provided food packets, books, blankets, etc. in small quantities. These individuals would come in their own vehicle and request a community member from the area to distribute the material. Distributions through BSM and Manthan Social Society were also provided door to door. (Kavita, Beneficiary, 2021; Nitin, Male FLW, 2021)

Few households had personal vehicles but those who had to rely on public transport ended up walking. During the lockdown, there were no vehicles



Photo Courtesy: deccanherald

and even if they wanted to take a rickshaw, people could not afford to pay. Women did not have access to personal vehicles and had to carry the kits, 'I would go by foot, but my husband would go by cycle. Now, there will be problems, going by foot, coming back by foot, no vehicle was available.' (Asma, Beneficiary, 21 January 2021)

The process of procuring materials was extremely stressful, both physically and mentally. For example, Suneeta shared her experience of carrying the monthly PDS food kit of 15 kilos on her head, covering 3–4 kilometres since no rickshaws were available, 'I used to carry it on my head. Would rest a bit (*susta leti thi*) during the journey. Or I would unload the kit on the road, sit there for a while to rest.' (Suneeta, Beneficiary, January 2021). Managing food, money and other resources and being constantly worried about

how to procure the next meal was highlighted by most participants. 'Sometimes they would get it on time, sometimes on odd times. When there was crowd, people would start fighting.' (Subha, Beneficiary, January 2021)

Shame, hesitation and dignity

Though there is not much literature on the perspectives of receiving relief, especially in the Indian context, Parsell and Clarke (2020) look at the receiver's shame and embarrassment as secondary and 'asking for help as a last resort and an act of desperation' (p. 8). Similar narratives resonated in our study, where a few participants reflected that they could not act on the feelings of shame and hesitation during a hunger crisis, 'If we feel shame, we'll go hungry. We must get food anyway. Shame or no shame,



Photo Courtesy: telegraphindia

everyone around us is getting it.' (Suneeta, Beneficiary, January 2021) 'Such helplessness we have never faced in our life. We work hard but never have we seen such a situation; it was very embarrassing. We were already drowned in problems, but we work and eat. But we cannot tolerate someone demeaning us; even if we must eat less, that is okay.' (Naveli, Beneficiary, 2021). One respondent chose not to get these relief packages because it was discomforting. 'It feels a little weird, that's why we didn't go.' (Renu, FLW as Beneficiary, 2021)

Parsell and Clarke (2020) further highlight that the feelings of shame experienced by the receiver reflects how the support is provided to them. In our study, a few respondents mentioned that the negative attitude of the volunteers contributed to their shame and embarrassment and further accentuated the power hierarchies. For example, Rahul highlights the class hierarchy between those receiving and distributing. 'They look at us from a hate perspective. That we are small and poor. Although they are feeding

people, that is good.' (Rahul, Male FLW, 2021). Similar experiences were shared about the cooked food in government distribution centres. 'Some tell us to stay in line. Take if you want to, otherwise leave. But many distribute it lovingly. Not everyone is alike.' (Naveli, Beneficiary, 2021)

Instead of considering the relief support as an entitlement, there was a strong sense of obligation, possibly stemming from the disadvantaged position people held in Yamuna Khadar. Even when the quality of food was mentioned as poor and inedible, the participants did not see this as a concern, because hunger was a more pressing issue at that time. 'At that time, the food was bad, but it was good that we were getting it, it was good only. We cannot go hungry, no? If the government has sent food (*ann*), then we should respect it.' (Kusum, Beneficiary, 2021). Cooked food distributed at government centres, were unanimously mentioned by participants as inedible, though the dry ration distributed by NGOs was preferred, 'The food we received from government people was not edible

Photo Courtesy: gettyimages



even for dogs. The 5 kg. of wheat flour we received from an NGO was better. People like us could happily make *rotis* (bread) at home and eat it. The government only gave us *khichdi* (rice cooked with lentils); can one eat *khichdi* day and night?' (Meena, Female FLW, 2021)

Parsell and Clarke (2020) argue that the shame and embarrassment of receiving 'charity' stems from guilt over poor life decisions, but Fothergill (2003) points out that taking 'assistance' in a disaster is attributed externally rather than to personal short-comings and this would mean that state support is viewed as a deserving right; at the same time, there is a strong negative perception of those accessing this support. Taken together with the perspectives of the beneficiaries in our study, both the government and civil society need to revisit and sensitively examine the perception of who needs support as well as stereotypes and judgements of those who are accessing support.

The government initiatives and relief packages during Covid-19 relied heavily on pre-existing schemes and policies, which left out many people due to implementational, documentation or funding issues. In such a scenario, it is important for the state to identify these gaps and re-structure these strategies. In our study we observed that although targeted initiatives such as free ration for non-ration card holders and cash benefits to women through the Ujjwala and Jan Dhan Schemes creates social protection to a certain extent, they were still lacking in their efficacy and reach.

Challenges of providing care: Non-state frontline workers

Funding

Most of the community-based organisations had limited funds to meet the demand. Organisations that had already started relief work soon realised their fund limitations and supplemented it through other networks,

'By April we were already out of funds, and we did not know what to do. Because you need a lot of funds to feed also. The lines kept growing longer and longer. By the end of that month, we were trying to do 400 meals a day of khichdi, dal rice or some basic food which we could do. Then we started to seek and ask for help for donations from friends, family to continue.' (Sadhvi, NGO representative, 2021). (Sadhvi, NGO representative, 2021)

Seeking support from Corporate Social Responsibility (CSR) groups or large-scale organisations was one way to deal with this issue. 'We also did not have any funds or facilities. Then we started talking to people



Photo Courtesy: Indiatimes

to understand how we could help during this lockdown. Then we approached big CSR companies.’ (Aijaz, NGO representative, 2021).

Financial support was also received from individuals through links established prior to the pandemic. ‘There was a lady who stays in the USA. She had worked with me in Delhi through some organisation for her Ph.D.; she transferred 1.5 lakh rupees. With this amount we distributed ration in some areas of Delhi.’ (Aijaz, NGO representative, 2021).

Mobility constraints

Given the extent of need, transport to deliver these materials to beneficiaries was also essential. For instance, even though BSM was able to tie up with Zomato’s Feeding India, it was difficult to arrange

for vehicles, travel pass, driver and other logistics. Members from Ayesha Foundation provided their personal vehicles for transportation (Imran, NGO representative, 2021). Transportation support was provided by people within Yamuna Khadar as well.

Because of the movement restrictions during the lockdown, it was essential to get permission for the vehicle and passes for individual volunteers³. In some cases, passes issued during Delhi communal riots relief work by the District Magistrate (DM) office was accepted for Covid-19 relief work. Yet for some volunteers in Yamuna Khadar, this knowledge of what might be legally required for moving materials was learnt during relief work. Nitin mentions that one vehicle (locally arranged) was seized by the police because it did not have a permit and was released only after

3. Movement passes were introduced by the Delhi Police for the movement of goods and relief materials during Covid-19. These were issued by the office of the District Commissioner of Police. <https://www.delhipolice.nic.in/corona.html>

the lockdown was lifted with some additional cash payments. (Nitin, Male FLW, 2021).

Managing crowds and conflicts

Hunger, unemployment and desperation for support was heightened during the lockdown at state and non-state distribution centres. Beneficiaries and frontline workers mentioned overcrowding of people in these distribution centres and the challenge of maintaining covid protocols. Frontline workers shared instances of physical and verbal violence from the angry crowd when the food was insufficient (Rashi, Female FLW, 2021). This was particularly observed during the initial distribution initiatives when the need was greater, and volunteers/groups had little or no experience in managing such conflicts.

As the relief work progressed, frontline workers found ways of managing the crowd. When it became unmanageable, they took the support of local police stations. ‘It becomes a stampede-like situation.

We got in touch with the Mayur Vihar Police station. They gave us two–three people who used to accompany us while distributing. They are called police sahayaks (helpers) I think. Otherwise, it would be very difficult to manage.’ (Sadhvi, NGO representative, 2021)

Coordination

Well-planned, structured coordination with the state actors was essential to implement some of the NGO initiatives and government schemes. In addition to crowd management, this coordination effort was escalated in reaching out to more people and using targeted, need-based support. Rami Social Society had a tie-up with local police stations, who shared a list of people in need of food and other necessities; the society would then visit these communities and distribute the relief materials (Sadhvi, NGO representative, 2021).

State community workers like *anganwadi* and ASHA workers were underutilised. They were involved in food distribution, but coordination

Photo Courtesy: gaonconnection



with civil society groups was missing. Frontline workers in the study approached state community workers but did not receive support. (Vineet, Male FLW, 2021)

Care responsibilities during a crisis

Women were specifically underprivileged and disempowered during the lockdown with increased unpaid care responsibilities, mobility restrictions and economic dependence. The Triple R framework (Recognition, Reduction and Redistribution) by Elson (2008, cited in Esquivel 2013) is relevant in analysing care responsibilities and their perception by beneficiaries and frontline workers during the crisis.

Most women respondents mentioned that since no food was being cooked at home, there was no significant increase in household work while also viewing the double burden as a virtue. 'I never felt that it has increased. Work is work. You know Indian women are very powerful; in all these situations, she can handle both responsibilities

at work and at home.' (Interview, Sheela, State FLW, 24 February 2021). Others saw this as their 'duty'. 'I have brought them (children) into the world, I will only feed them as a mother.' (Interview, Asma, Beneficiary, 21 January 2021).

Reduction of care work points to the state infrastructure and access to resources that contribute to disproportional 'time costs' by women, thus highlighting the importance of improving these services. We observe that in terms of procuring food and standing in long queues, in most cases women or children took on the responsibility for a household. Women would receive the ration and male members of the family would help carry it to their houses. One reason that primarily women went to these distribution centres was that many of the NGOs were prioritising their relief materials for women and children. It needs to be reiterated that this responsibility is in addition to the household chores they are already engaged in.

Another additional responsibility was to collect firewood for cooking. Even though they had cooking

gas cylinders through the Ujjwala Scheme, they were unable to refill these due to lack of finances and hence shifted to using firewood during the lockdown. Once a week, the women travelled around 1-2 kilometres to the jungle area within Yamuna Khadar to collect firewood. Although travel to the jungle area was not restricted during the lockdown since policing inside Yamuna Khadar was limited, this crisis placed an additional responsibility on the residents.

Redistribution of care work was mostly based on a power shift (from mother to daughter-in-law after a son's marriage) and largely restricted to other women in the household. In a household with three sons and a daughter (the youngest), 'My daughter will be a 13-year-old this year, so she handles all the household chores. My son got married few months back, so my daughter-in-law is also there.' (Kusum, Beneficiary, February 2021). During the lockdown, husbands of Frontline Workers took over some of the household responsibilities, but Rani (an ASHA worker) mentioned that 'He would do everything except *jhadu poch* (cleaning). That I come back from work and do.' (Rani, State FLW, 2021).

Civil societies as care providers: Process and strategies

Common among different civil society and volunteer groups was the process of identification of beneficiaries and intervention for relief work. There were multiple levels of coordination among non-state frontline workers.

1. Funding agency/ CSR / individual funders

2. Civil societies/ community-based organisations/non-government organisations

3. Community-level volunteers

This is not a linear or exhaustive list; there are many more actors (including state actors) involved at each step. However, our study reflects that most of the civil society groups associated with Yamuna Khadar worked in this pattern including Rami Society, Manthan Social Society, Ayesha Foundation and BSM. The coordination occurred between multiple actors in varying capacities. Collaboration between the civil societies with funding agencies or other groups was based on the available resources of these groups, which were identified and channelled during the crisis, bringing it all together. Links and connections that existed prior to the pandemic were tapped to fill gaps in the relief process. 'I was already connected with Zomato's Feeding India programme. When they said they are starting this initiative as a CSR, I applied at Zomato, mentioning where all we need this ration.' (Aijaz, NGO representative, 2021).

As the needs started pouring in, the group of support networks also expanded in a snowball manner. For instance, in cases of individual donations, the money was directly transferred to the vendor and the relief kits were picked up by the point person (coordinated by CBO or NGO), who then delivered it to the distribution area. From here, the appointed leaders for each area

Photo Courtesy: NA



(within Yamuna Khadar) distributed these kits to their allocated areas with the help of area-specific volunteers (including family members or neighbours) (Imran, NGO representative, 2021). Such a detailed and specialised distribution of work helped in reaching out to more people in less time.

Organisations such as Seva Bharti which had limited visibility in Yamuna Khadar, had established contacts outside Yamuna Khadar but not within, and as a result the number of volunteers were limited. In such cases, the individual efforts of volunteers were prominent. A female frontline worker mentioned that taking large quantities of relief packages was not possible for a single person; hence, small numbers of kits were distributed at a time (Renu, Female FLW, 2021).

Volunteers from the community were the most essential part of this structure. Since there was a network of volunteers in Yamuna Khadar through earlier initiatives, a team was already in place. At the level of community volunteers, the initial step was to take surveys on the number of household members, availability of ration cards, head of the household, Aadhaar card number, phone number, address etc. After this, a slip or token was handed to these households with the name and signature of the appointed area leader and some indication of an address or allocated number to cross check the validity of the slip. When the material arrived, the individuals were telephoned and given the time and date of distribution.

One difference between civil society groups and political party

distributions was who distributed the kits. A member of a political party (Kishan, Political party representative, 2021) mentioned that every distribution, although coordinated by volunteers, was given out by him personally. In the case of NGOs or other civil society groups, volunteers were given the authority of distribution.

Who were these volunteers?

Most of the volunteers in the study were young men either working with Manthan Social Society as teachers or students enrolled with the society. For organisations such as BSM, volunteers were connected to their work even prior to the pandemic and they were involved in relief work during demolition drives, flooding, etc. They were chosen as volunteers to work in the Yamuna Khadar area based on their leadership skills, ability to understand the problems and passion to work for the community; educational qualifications were not an important criterion. (Imran, NGO representative, 2021).

Volunteers were also selected based on their social positions of power. For instance, the volunteers in Manthan Social Society were all young and it was a challenge for them to get an aggressive crowd to follow Covid safety protocols during a distribution, especially elderly beneficiaries. Hence, elderly volunteers were selected to address this issue. It also had women 'who could communicate well with people and were active (*tez*).' (Vineet, Male FLW, 2021) were best suited for such responsibilities.

Although the volunteer network

within Yamuna Khadar was widespread, the number of women volunteers was minimal. Women who were involved in relief work had negotiated with their families to balance their household responsibilities and outside work. In some cases where the family support was greater, the entire family took up relief work. Men were more involved in the laborious tasks and women were engaged to manage the crowd or perform the identification and survey tasks that required an effective approach. (Rashi, Female FLW, 2021).

Among the three women non-state frontline workers, Rashi who was an appointed leader (by Manthan group) for her area came from a comparatively privileged position. Though she did not have any prior experience of relief work, she was economically independent and exercised greater freedom of mobility (in relation to the other two women). Balancing childcare responsibilities,

“It would take a lot of time. Sometimes it would take up the whole day. I would leave around 9:30 in the morning and finish by 4 or 5 p.m. We would prepare lists, distribute tokens; from morning to 5 we would be busy. And then when I get free from there at 5, I would come back home and finish the household chores.” (Rashi, Female FLW, 2021)

household chores and relief work were a challenge since the relief work would take up a lot of time,

Another woman frontline worker mentioned the struggles of 'seeking permission' and persuading the family to let her do relief work. 'They would say, "You are leaving your work. You are not finishing your work." And I would think that I must do that work also, otherwise Didi (from Seva Bharti) would scold me. So, I would make excuses and go out.' (Renu, Female FLW, January 2021)

Only three women volunteers were included in the study. One volunteer was associated with the Manthan group and the other two were absorbed during the distribution work, but none of them had prior experience of volunteering. Such absorption of volunteers was commonly observed. BSM identified people who had lost their jobs and motivated them to extend their support as volunteers in relief work (Imran, NGO representative, 2021). In another instance, beneficiaries who contacted these groups for support were told to first create a list of people from their neighbourhood and only then they would be given the kits (Kusum, Beneficiary, 2021). The volunteers saw this as a strategy to reach out to more needy people through them.

Motivations and driving force

As much as volunteers were the backbone of the entire structure, keeping them motivated was difficult. Some organisations provided token money for volunteer support (Rahul, Male FLW, January 2021), whereas some were promised double

“Whoever will work with us, we will give them double ration. No one was ready to work for free during the lockdown and no one would work for the whole day. We will do it for free, but others won't. I said I will give you 10 kg. of extra ration.”
(Vineet, Male FLW, February 2021)

ration for working as a volunteer. Interviews with volunteers reflect that social identity and a common association to vulnerability impacted their volunteerism. Their own negative experience of living in poverty was a driving force. Most respondents mentioned that the handholding and care support they received in their life from significant others positively impacted them and they wanted to do the same for others. ‘I got bhaiya’s support, so I could take a step further. Had I not received his help, I wouldn’t have. No work can be done alone.’ (Rashi, Female FLW, 2021)

Social recognition and appreciation from the community were also mentioned.

Aijaz from BSM highlights how their volunteers put in hours of work and were available even at odd hours; for example, their community kitchen opened at four in the morning. Getting funding for volunteer groups is a challenge and therefore volunteers were engaged as unpaid

“At least I am something in front of a few people. There are some people who live their entire life and not even their neighbours know about them. So, I think, a few people know me and that is good. If tomorrow I come across any hardships, like I helped them today, someone will come to help me as well.”
(Rahul, Male FLW, 2021)

care providers. At a time when people were losing their jobs, being a volunteer was difficult. (Vineet, Male FLW, February 2021). A respondent, while drawing parallels between a salaried job and voluntary work, mentioned that as a volunteer there is no time limit; one is expected to work round the clock since there are no work timings.

Identifying the needs and needy

Every individual in the Yamuna Khadar area was impacted by the lockdown to varying degrees and identifying who needed immediate support was one area that civil societies actively worked on. Certain categories of people were seen as the most needy by frontline workers in Yamuna Khadar. This included daily wage workers, rickshaw pullers, farmers on the Jama system of farming, construction workers, sculptors and domestic workers.

Apart from their work profile, people with disability, the elderly, children, widows and families without ration cards were also seen as a priority. Interestingly, perceptions of who is most needy differed based on the respondent’s social position. A volunteer who is a daily wage worker said, ‘We will do one day’s work and eat. We should prioritise those who do not have an earning member. Their children should not go hungry.’ (Meena, Female FLW, 2021). Another beneficiary, a farmer on the Jama system, considered ‘people from lower caste such as Chamar, Dhobi, Julaha, Nai, Baman’ as more vulnerable and needy (Naveli, Beneficiary, 2021). Further, those living in the jungle or island areas had less access to state or non-state support, and thus became the focus of some volunteer groups (Kishan, Political party representative, February 2021). These criteria had their own dangers, because of feelings of exclusion by those who were not considered ‘needy’ enough. Participants shared that there were instances where their names were not included in the list.

Different strategies were used to reach out to more people. One strategy was to appoint local leaders from each area or Block. This put less burden on the volunteers and more scope of individualised support. These local leaders knew the community well and had better connections than those heading the distribution. For instance, the relief group in Yamuna Khadar was able to reach those living in the jungle because of Rashi who lived near that area (Rashi, Female FLW, 2021), and Rahul shared the following: ‘I was brought up in Yamuna Khadar. Everyone knew me at least by face.

I have helped them before also, distributed blankets during winters.’ (Rahul, Male FLW, 2021)

Sustainability of support post lockdown

The ecosystem of support created during the crisis, which saw an outpouring of sympathy, was predominant in abating (to some extent) the crisis of hunger and other needs during the months of March until June. However, this soon faded when Unlock 1 was announced on 8 June 2020, because it was assumed that once the lockdown was over, people would be able to work and sustain themselves. This was confirmed by frontline workers who mentioned that the need for civil societies, independent groups or government aid was no longer required (Sadhvi, NGO representative, 2021; Kishan, Political party representative, 2021). After June, even the government’s free ration and e-coupon schemes were rolled back. However, interviews with beneficiaries revealed that the lockdown had a long-term impact. Overall, incomes had declined compared to the pre-pandemic period and those who lost their paid work during the lockdown were either engaged in lower-paid jobs or were unable to find alternative work. (Suneeta, Beneficiary, 2021)

The local volunteers or frontline workers who provided support during demolition drives in Yamuna Khadar prior to the pandemic felt that these support networks should have been extended after the lockdown was lifted. With households under debt and barely able to meet their needs, consistent support

was essential to bring them out of this condition. Vineet expressed his disappointment at the loss of opportunity of this network. The network was seen as an opportunity to shed light on the issues of land, electricity, education and water that the community has been struggling to resolve for many years. Hence, the pre-pandemic vulnerabilities in Yamuna Khadar persist and with each disaster the condition worsens.

Suggestions and Recommendations

“This connection was stronger during lockdown. Now no one remembers, no one calls. When there was work during lockdown, there was strong coordination and contact with them, but now there is nothing. Now different organisation has started focusing on their work. If all these NGOs could have worked for these people, coordinated with the government, then these frequent demolitions could be stopped. They can have a house with a proper address under the Resettlement Act.”
(Vineet, Male FLW, 2021)

When asked for suggestions to the government based on their experience of the lockdown, the beneficiaries expressed helplessness and disappointment. *‘kar sakte hai to kar do* (if it can be done, please do)’. (Interview, Asma, 21 January 2021). *‘madad karna chahiye tha, par ab kya bole* (they should have helped, but what can we say now)’. (Interview, Akhila, 29 January 2021). However, a few respondents said that they felt grateful for the support they received, even though it were the basic right of people. Suneeta who was sending her children to a government school that was one kilometre from her hut said, ‘Now my children are going to school, what more can the government do? They also gave us food and water (during lockdown) and are teaching my children. I just want my kids to learn, nothing else.’ (Suneeta, Beneficiary, 2021).

Angrier voices directed their frustrations towards the selfishness of politicians, who promised schools, roads, and houses before the election and failed to fulfil these later. During the lockdown, Kusum along with a few other women from her neighbourhood, went to an elected MLA in Bhagwanpur (almost three kilometres from Yamuna Khadar), asking for his support during the lockdown. ‘They told us to go back. They keep saying they’ll come [to Yamuna Khadar] but when none of us are alive here? We are dying of hunger today and you will come after two days?’ (Kusum, Beneficiary, 2021).

The expectations from the government were overwhelmingly regarding **basic survival needs**. All the respondents shared that the government should have been

more pro-active in providing food and other necessities during the lockdown. It was also suggested that a **phase-wise lockdown**, that is, closing markets or crowded places and rigorously testing in parallel, would have been more effective than a nation-wide lockdown and could have avoided the ‘humanitarian crisis’. (Aijaz, NGO representative, 2021)

Conclusion

The lives of people in Yamuna Khadar have worsened tremendously after the lockdown. The lockdown exposed the communities in Yamuna Khadar to extreme forms of hunger and poverty, leaving a lasting impact on their physical and psychological health, development and quality of life. The existing issues of lack of electricity, water supply, educational and health infrastructure became magnified when the communities were cut off from access to these facilities while simultaneously curbing the opportunities for work. While there are now emerging groups of volunteers or ‘disaster

communities’ within Yamuna Khadar, the area lacks substantial state support without which these communities cannot be empowered. The in-depth interviews with people receiving and providing support along with other government and non-government stakeholders reflect that the historically marginalised groups including women and people from lower socio-economic backgrounds were relying heavily on these civil society groups and volunteers. Although the study finds a collaborative approach between state and non-state frontline workers, there is a need to strengthen and structure these networks further and support these ground-level initiatives through funding, systemic support, infrastructure and knowledge sharing.

The long battle of land and civic rights can only be resolved if the government is sensitised and at the same time pressured (by non-state actors) to provide decent living conditions for people in Yamuna Khadar.

CASE STUDY II. SANJAY CAMP

Key highlights

Due to the 'illegal' status of the area, it lacks essential infrastructure services such as regular water supply and access to private toilets (due to lack of proper sewer systems).

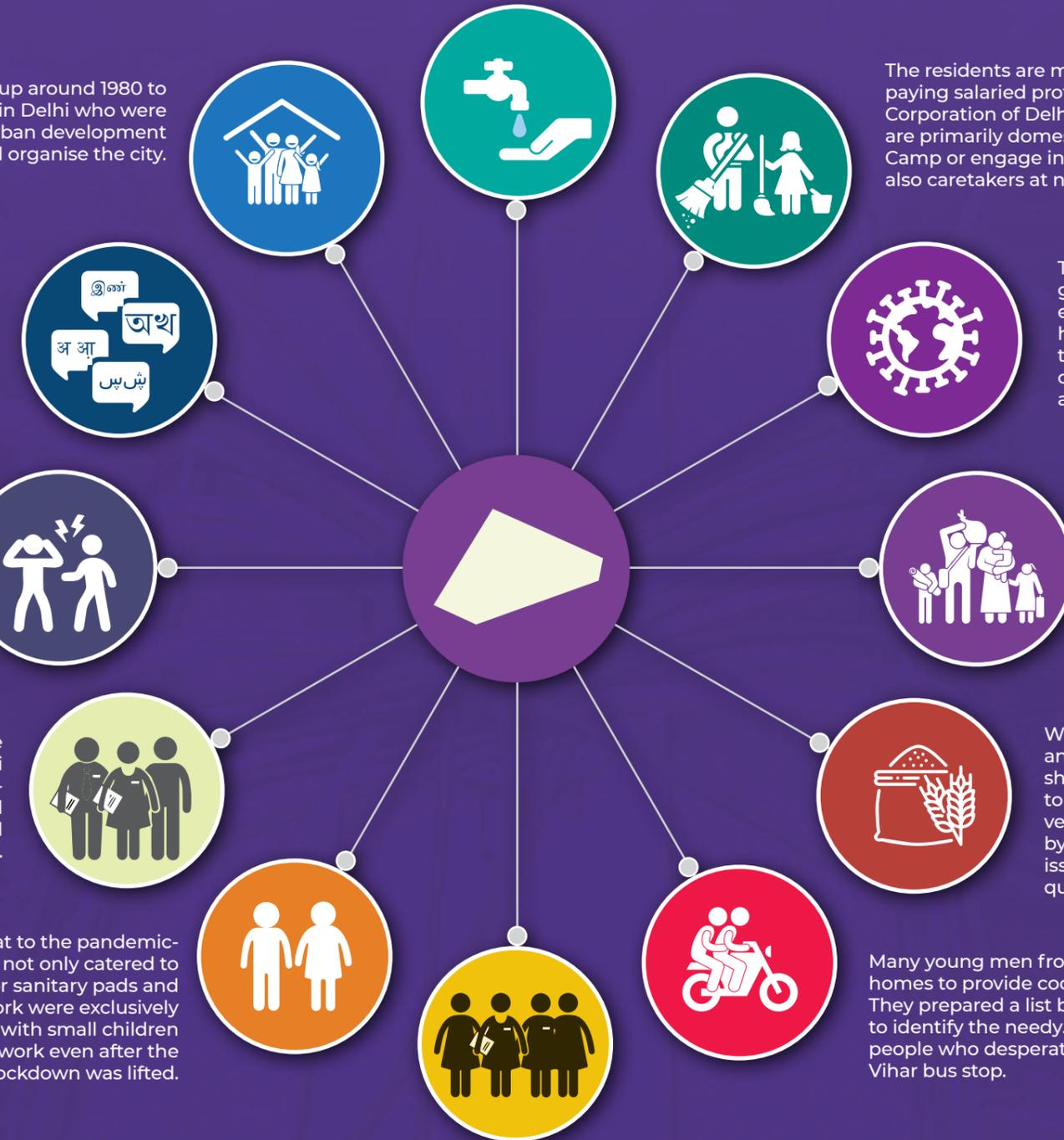
Sanjay Camp is an 'illegal' settlement that came up around 1980 to serve as a shelter to many low-income families in Delhi who were displaced under the government's massive urban development plan to beautify and organise the city.

A language of obligation and responsibility towards the community was common in the interviews with frontline workers, especially women, which was different from the language of rights and justice.

Frontline workers faced challenges such as conflicts with community members who could not get support and lack of family cooperation, especially in the case of women frontline workers.

Another category of frontline workers most visible in Sanjay Camp were members of the Aam Aadmi Party (AAP). They collaborated with community-based organisations and the Sub Divisional Magistrate's office to provide cooked food and rations to community members.

The approach of Action India Mahila Panchayat to the pandemic-led crisis was gender-sensitive in many ways. It not only catered to women-specific needs, such as requirements for sanitary pads and milk for children, but several rounds of relief work were exclusively focused on single women, widows and women with small children who could not leave their houses to look for work even after the lockdown was lifted.



The residents are mainly daily wage labourers or engage in low-paying salaried professions such as cleaning work with the Municipal Corporation of Delhi or at government hospitals and salons. Women are primarily domestic workers in the elite localities around Sanjay Camp or engage in cleaning work at shops in Dakshinpuri. Some are also caretakers at nearby schools or work as nannies.

The announcement of the lockdown by the Indian government in March 2020 meant a sudden loss of employment for most people living in the area who had few savings to get by for the indefinite period of the lockdown. It also meant that people could not go out to receive their salaries or payments for the work already done.

Those living in rented accommodation faced an additional challenge in paying rent, resulting in many returning to their villages once the lockdown was lifted.

While people could access the free ration (wheat and rice) from the Public Distribution System (PDS) shops for a few months, they did not have money to buy cooking gas or other essential items such as vegetables, oil, spices, etc. The cooked food provided by the Delhi government also had implementation issues such as fixed timings, long queues, poor quality and limited quantity

Many young men from the community used surplus rations from their homes to provide cooked food and ration to community members. They prepared a list based on surveys (through physical visits to houses) to identify the needy. They occasionally borrowed vehicles to drop off people who desperately wanted to return to their villages at the Anand Vihar bus stop.

Action India Mahila Panchayat, a community-based organisation in Sanjay Camp working since 1993, stepped in to alleviate the crisis. They used their large membership of women from the community to identify people in need and used donations and collaborations with NGOs and political leaders to provide food and essential items such as masks and sanitary pads to community members.



Photo Courtesy: viator

Introduction

The personal accounts of the people living in Sanjay Camp trace the area's history back to 1980 and even before when it was established. It served as a relocation site for people living in Rajiv Gandhi Camp near Batra hospital in Delhi, where the slums were demolished to make way for roads (Ratan, Village Leader and Frontline Worker, 2021). The demolitions were part of the Indian government's sweeping urban development plan, which displaced thousands of low-income families in Delhi to beautify and organise the city (Thalia, 2010). While several resettlement colonies were created around this time to relocate the displaced poor mainly on the city's periphery, many did not find shelter under the government's resettlement campaign. Many of the 'illegal' settlements in Delhi,

including Sanjay Camp, thus, sprang up during this time and served as a shelter for the people left out of the resettlement campaign. These were vacant lands that the people acquired without the government's permission or involvement. Hence Sanjay Camp is often known as an 'illegal' *basti* (slum) or unauthorised colony (Ratan, Frontline Worker, 2021). It has also been listed as a Jhuggi Jhopri (JJ) cluster, a colloquial term for unauthorised slums in India, by the Delhi Urban Shelter Improvement Board (<https://delhishelterboard.in/main/>). On the other hand, Dakshinpuri, where Sanjay Camp is located, is a resettlement colony formed around 1975 (Thalia, 2010) where the DDA allocated plots against a nominal fee of Rs. 100 and hence enjoys some form of de facto or de jure security of tenure (Nirantar, 2021).

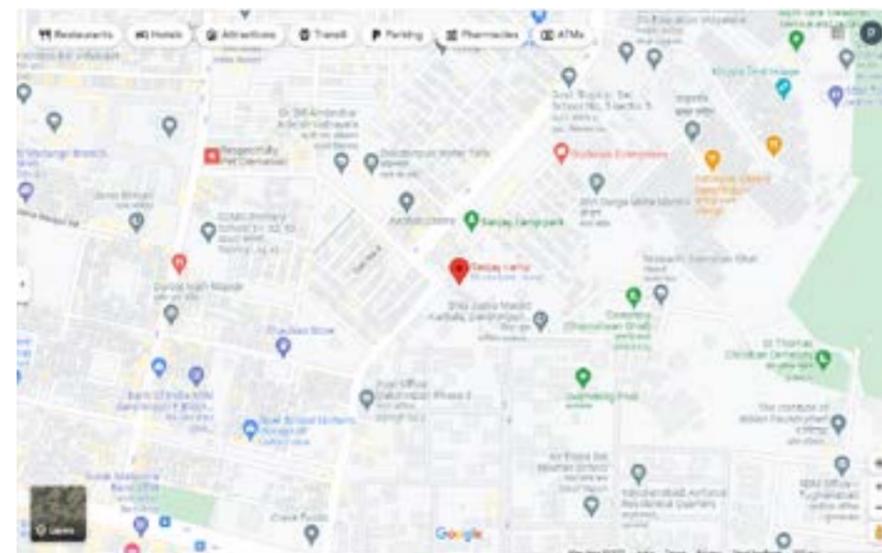


Image 1: Map of Sanjay Camp

Source: Google maps. <https://www.google.com/maps/@28.5169926,77.2364284,17z?hl=en>

For these reasons, the infrastructure facilities differed starkly in the two areas at the time of their inception. Sanjay Camp was a vacant piece of land with no electricity, water, roads, toilets or sewer system, due to which community members had to travel to far-off places such as Chirag Delhi and Khanpur (a distance of 10–15 km.) to even fetch water (Noorjahan, Community Member and Frontline Worker, 2021). In contrast, Dakshinpuri enjoyed well-laid sewer systems and water pipelines even at its inception (Nirantar, 2021). The strong social cohesion between people living in Sanjay Camp due to the similar challenges they faced in the area and the presence of a very old NGO known as the Mahila Sabla Sangh (now Action India Mahila Panchayat) helped community members negotiate with state actors and advocate for essential infrastructure services in the area such as toilets and water from 1992 onwards, either through Sanjay Camp Vikas Samiti (Sanjay Camp Welfare Committee formed

by residents of the settlement) or Mahila Sabla Sangh (Noorjahan and Ratan, Frontline Workers, 2021). It was also in 1993 that Chaudhary Shish Pal got appointed as the Member of Legislative Assembly (MLA) of Deoli Vidhan Sabha constituency (under which Sanjay Camp falls) and raised the people's demands to have *pucca* (solid and permanent) houses with the Sub Divisional Magistrate (SDM), Station House Officer (SHO) and other state actors. The reason is that their houses made of tin and tarpaulin sheets had started to fall in 1988 when Delhi received one of its heaviest rainfalls. As a result of several meetings with the MLA, SHO and SDM, the people living in Sanjay Camp were finally permitted to make their houses with brick in 1993-94 with the condition that they would not use lantern (concrete roof slab) in its construction (Ratan, Frontline Worker, 2021). The advocacy efforts through Sanjay Camp Vikas Committee and Mahila Sabla Sangh eventually led to the availability of water connections, drainage systems



Photo Courtesy: oneindia

and community toilets in the area. Today, while most houses in Sanjay Camp are made of concrete, it is still a densely packed cluster of one-floor, two-floor and three-floor houses with hardly any space inside them. The ownership of these houses lies with the residents except for a few that have been rented to temporary migrants from other states such as Uttar Pradesh, Haryana, Bihar, Rajasthan, West Bengal and Orissa. In terms of religious composition, there is some diversity in the area, with Hindus and Muslims in almost equal proportion, with less than 10% belonging to other religions such as Sikhism and Christianity. Many of the Hindu residents belong to Scheduled Castes (SC).

The residents of Sanjay Camp are primarily engaged in daily wage labour such as whitewashing, carpentry and waste work, while some are in salaried professions such

as cleaning work with the Municipal Corporation of Delhi or at private hospitals and salons. A few of them work as security guards and factory workers. The female members of the community, on the other hand, are mostly domestic workers and work for meagre amounts in the elite localities around Sanjay Camp and Dakshinpuri. Some of them also engage in cleaning work at shops in Dakshinpuri or caregiving roles such as caretakers in local schools or as nannies. As a significant proportion of Sanjay Camp's population is Muslim, several women face restrictions in accessing work outside the house; hence, some of them do home-based stitching work. During the interviews, the frontline workers also said that women are more likely to work, especially outside the house, when their husbands are unemployed or addicted to drugs and alcohol.

Even before the pandemic, access to water was a huge challenge in Sanjay Camp, with an infrequent supply of groundwater through tube wells in the area. An older female community member, Noorjahan, said that people living in rented accommodation – a group of men staying together or families where both the husband and the wife are employed – suffer the most because they get hardly any water when they return from work at night (Frontline Worker, 2021). A female beneficiary said that the tube wells aren't repaired even after paying a monthly maintenance fee of Rs. 30 to the *Pradhan* (village head). Additionally, the drinking water supply is far from uniform as only about half the camp has access to drinking water connections (available through government taps), and people living in the other half have to get water from blocks where it is available. Another challenge the residents face is the lack of proper sewer systems in the area because of which toilets cannot be built inside the houses. Those who have built toilets have often faced resistance from the community. The majority use the two community toilets built inside the camp. Water availability in these toilets is usually regular except on a few days when it is not available due to overuse, leading to significant chances of infection among the women and girls (Ananya, Action India Employee and Frontline Worker, 2021). It is nevertheless seen as an improvement from earlier decades when going out to relieve oneself in the forest posed serious threats to female members. Noorjahan explained: 'When we initially came, there were no proper

roads, and we had to go to the forest to relieve ourselves. Men used to go at night, and women used to go during the daytime. Some would pull women's scarf, and some would pull their hands.' (Frontline Worker, 2021)

The rising violence against women and girls did not stop with the establishment of the community toilet complex that women and men shared; rather, girls and women were regularly teased and harassed around the complex. It led to Action India intervening and organising a safe city campaign in Sanjay Camp in collaboration with Safecity (a platform to create safer public and private spaces) and Restless Development (a non-profit global agency) to make the public spaces of this neighbourhood safe and accessible for women and girls. Ananya from Action India said, 'We did community *sabhas* (public meetings) where we invited the local leaders, councillor, Station House Officer of the local police station and community members to discuss the increasing violence against female members of the community. It led to increased awareness and surveillance by the police around the toilet complex. We also painted the walls of the toilets and wrote about helpline laws through community engagement to spread awareness and reduce the cases of violence.' (Frontline Worker, 2021)

Besides the issues discussed above, persistent addiction among youth, especially young boys, is a significant concern among community members and the local NGO, Action India Mahila Panchayat'. Ananya

1. The Action India Mahila Panchayat at Sanjay Camp is a community-based organisation/forum that Action India started in 1993 to provide a space for women to talk about their domestic violence issues and get the necessary support, including pre-legal aid to resolve the dispute. They also conduct training around life skills and menstruation with adolescent girls and women, and provide support to women and girls in

said: 'The drop-out rate among boys in the area is very high because children as young as 10 to 12 years old are engaged in all kinds of addiction—from drinking alcohol to smoking cigarettes. They are also engaged in gambling and criminal activities. The reason is perhaps the sale of these substances within the camp' (Frontline Worker, 2021). While the easy access to substances is a major reason for the high incidences of drug abuse in the area, interviews with the frontline workers revealed that unemployment also plays a vital role in the increased substance abuse in young men. A 24-year-old male community member, Salim, who lost his air-conditioner repair job due to the lockdown, said, 'Young people who should be employed are not able to find any job despite having high qualifications. They are ready to do a BA or MA to find a job that just pays them Rs. 10,000. These people cannot even afford rice and pulses for themselves' (Frontline Worker, 2021). He added, 'People travel from Sanjay Camp to Chanakyapuri just for an interview but can still not secure a job. They are in such a crisis that they are now ready to work as delivery boys' (Salim, Frontline Worker, 2021). At the same time, Ananya said, 'If people go out to find work, they cannot find any. It is also why a person addicted to substances can pass on the habit to his friends' (Frontline Worker, 2021).

The reason for girls in Sanjay Camp not being able to study beyond school is mainly the restrictions on their mobility. Charulata from Action India said that the predominance of Muslim families in the community makes it more challenging to get girls engaged in different programmes and courses at the Action India Mahila Panchayat centre² (Frontline Worker, 2021). She said, 'They have fixed timings, and we must follow that. For example, they say that we read *namaaz* (prayers) on Fridays, don't come on Fridays. So, we have to conduct meetings according to them. It is very inconvenient' (Charulata, Frontline Worker, 2021). Earlier, the dropout rates among girls were much higher due to the poor financial status of the families, along with lack of awareness about the importance of girls' education. Through several meetings and awareness sessions conducted by Action India Mahila Panchayat³ with parents in Sanjay Camp, community members have gradually started recognising the importance of providing education to girls. Ananya said, 'Girls still have to struggle a lot. Even today, they are not permitted to attend regular college after the 12th grade. But the change is that they can at least pursue higher education through correspondence' (Frontline Worker, 2021).

accessing government benefits such as a pension, care for pregnant women and financial assistance for girl children. The members of Action India Mahila Panchayat at Sanjay Camp are the same women from the community who have fought and survived domestic violence cases with support from Action India, as well as women who are upholders of women's rights and volunteer to be part of the Panchayat.

2. The Action India Mahila Panchayat at Sanjay Camp has a youth resource centre that runs several specialised training and programmes to promote the education and employment of young girls from the community.

3. Initially, there were only 10–12 panchayats as part of Action India, but when the Delhi Commission of Women (DCW) got involved in 2002 and expanded the number of Mahila Panchayats, it made Action India the mother NGO and responsible for conducting training with all the other panchayats on the structure and functioning of the forum. Since then, the DCW has supported the Mahila Panchayat at Sanjay Camp. For the same reasons, the Action India Mahila Panchayat at Sanjay Camp has a large membership of survivors of domestic violence, single women and widows from the community.

The several programmes run by the Action India Mahila Panchayat at Sanjay Camp include a space programme for female dropouts at its youth resource centre located in Dakshinpuri with support from Nirantar. Under the programme, every year around 40–45 girls are given an education according to a particular curriculum and prepared for their Class 10 or 12 Open School admission. In addition, specialised training is conducted with girls and women around life skills and employability. Selected girls and women are also sent for training under the Pradhan Mantri Kaushal Vikas Yojana (PMKVY) to help them secure jobs and income. Despite these developments, restrictions on the mobility of girls and women is still an impediment in their access to education and employment. Meera, a community member and employee of Action India Mahila Panchayat at Sanjay Camp, said, 'Women, who have more difficulties at home work as domestic workers in the bungalows outside the camp. They wash utensils, do house cleaning work or work as caretakers. Some of them are also employed as guards. However, only 20% of the women work; the rest are either housewives or do stitching work at home and do not even let their daughters go out' (Frontline Worker, 2021).

Covid-19 and State Support

The sudden announcement of a complete lockdown by the Prime Minister of India on the evening of 24 March 2020 to curb the spread of the highly contagious Covid-19 disease led to a massive loss of employment among informal sector workers in India. It triggered a mass movement often described as similar in nature and scale to the 1947 Partition of India (Hajari, 2020). It also meant a complete loss of employment for the people engaged in daily wage labour or salaried professions such as salons or domestic work in Sanjay Camp. Ananya who had led the relief work in the area said, 'People had to face a lot of challenges as they could not leave their houses for work. Employers asked domestic workers not to come for their safety. Now, if she was the only earning member in her family, it was a huge challenge for her to feed her family without any work' (Frontline Worker, 2021). It also meant that people who had worked before the lockdown could not receive their wages. The possibility of resorting to alternative options such as street vending within the area or finding new work was also slim due to the absence of male members in some families, lack of

Photo Courtesy: Amal KS/Hindustan Times



capital among the tenants to start a new business, unavailability of food carts and restrictions on movement enforced by the state. Ratan, the village head, said, 'The police didn't allow people to do street vending in the area. Only government fruit and vegetable shops, such as Safal, owned by Mother Dairy, were allowed to open. Apart from those, a few street vendors were allowed, but they were also given a fixed timetable that they had to follow. They could not vend from morning until the evening' (Frontline Worker, 2021). The major challenge before the people was arranging food for their children and families.

The Delhi government's initiative of providing cooked food at government schools for the people of slum settlements came as an important step towards alleviating hunger in the area. According to the residents, some people could access the food distribution centre due to its proximity (around one kilometre) to the camp. Often, the leftover food was distributed inside the camp. Nishant, a community volunteer, said, 'Whatever food remained after distribution at the school, people from the school got them here in cars. We have seen cars loaded with food coming here so many times' (Frontline Worker, 2021). However, there were several implementation issues because of which some residents were deprived of this benefit. One of these was the fixed timings for food distribution that led to long queues and people waiting hours for their turn. Moreover, the food provided was adequate for one person but never enough to feed a family. Hence, for many residents in Sanjay Camp, the quantity of cooked food provided

was grossly inadequate to meet their requirements. Most importantly, access to these centres was severely limited for old persons, differently-abled persons, women with small children and older dependents at home who could not reach the centres in time.

Another issue with the cooked food was its poor quality.

“
A young male community resident said, 'Ma'am, even the loaves of bread were half-fried. One side was overcooked and the other undercooked' (Frontline Worker, 2021).
”

“
Asmeen, a young female community member who had volunteered for relief work in the area, said, 'I saw people standing in long queues to get the food. People used to eat the same food. They did not cook during the day. They used to bring the food home and fry it to make it edible. They somehow managed to eat the same food' (Frontline Worker, 2021).
”

However, the residents added that when people were desperately looking for food, the government initiative of providing cooked food twice a day came as a support to many. Roshan, a 24-year-old resident employed at WIPRO during the interview, said that the Delhi government implemented several schemes such as organising food camps and providing rations to non-ration cardholders through Aadhaar cards to reduce the plight of the poor (Frontline Worker, 2021).

The other challenges that were expressed in accessing the cooked food included lack of information about the availability of food at the government school and fear of contracting the disease through food due to provisions of cooked food rather than ration, as well as distribution of food at only one school of the three schools located nearby, leading to long queues and waiting time for the residents. Noorjahan said that the availability of cooked food from the food distribution centres set up by the Delhi government lasted for a very short duration (only for the period of the lockdown); this led to many people, especially those living in rented accommodation, experiencing food shortages and returning to their villages once the lockdown was lifted (Frontline Worker, 2021). Additionally, the mobility of people to access food was found to be a significant challenge due to the strict lockdown implemented by the state. Ratan said, 'The school is far away from the area. Hence, the police troubled people when they went to get food as it used to get crowded. So, the police told me that your camp has so



Photo Courtesy: thehindu

many poor people; you help us give them food' (Frontline Worker, 2021).

The Delhi government also started distributing rations through e-coupons for non-ration cardholders (Khera & Somanchi, 2020). According to government estimates, around 10 lakh people in Delhi do not have ration cards (Mishra, 2020). One reason is that they had migrated to the city in search of employment and lived in rented accommodation, making it difficult for them to prove their residency here. However, a report by the Delhi Rozi Roti Adhikar Abhiyan (DRRAA)⁴ stated that the reason why many people in need of food assistance in Delhi do not have ration cards is that the fixed quota for Delhi under the National Food Security Act (NFSA) has been exhausted and the Delhi government does not run a separate PDS scheme (The Wire, 2021). The initiative of introducing e-coupons for non-ration cardholders was therefore welcomed by the people and the food rights campaign, DRRAA. However, it was also ridden with many implementation issues such

⁴ The Delhi Rozi Roti Adhikar Abhiyan (DRRAA) is a network of about 30 organisations working on issues related to food security, especially through the Public Distribution System (PDS) in Delhi.

as basic literacy required to use a mobile phone and read OTPs, proof of residence such as an Aadhaar card to apply for the benefit and internet connectivity needed to access the free ration. Hence, according to the residents, only those who had functional literacy, possessed a mobile phone and had internet connectivity could access the e-ration. Most people in Sanjay Camp have been living there for a long time, and so did not face major challenges providing documentation. The limitations, however, were

“None of the schemes that were implemented reached the people properly. E-coupons also had the same problem—some people could access the ration through it, and some could not. The kits that had come to the ration shops were available to those who already had ration cards, big houses and food to eat. It hardly reached people living in rented accommodation in slums. People who could access and benefit from these schemes were those who were already aware and had contacts. The schemes should have reached people who needed them, both during and after the lockdown.” (Frontline Worker, 2021).

multiple. For example, cybercafés took advantage of the situation and charged Rs. 100–300 from people who did not know how to read and write to fill out their forms. Another major limitation was that the scheme lasted for only three months, after which people had to rely on other sources such as neighbours, NGOs, etc. to access food despite the excess food grains available with the central government in its stock (Hussain and Mohapatra, 2020).

The advantage for people living in Sanjay Camp was that at least 70% of them were covered under NFSA because they had their own houses. Therefore, they had ration cards that they could use to avail of the free (and double quantity) wheat and rice benefits for at least eight months from the government ration shop inside the camp. The challenge, however, was that many people did not have cooking gas at home to cook the food. Hence, they had stocks of wheat and rice piled up at home but no means to cook them for consumption. Ratan said, ‘The government filled people’s houses with rations, but how would they eat it? It was a major problem. The rations were lying uncooked in their houses. They used to tell me that the government is giving us a lot of rations and it can give us only dry rations, but how do we cook it?’ (Frontline Worker, 2021). People did not also have the money to buy the oil, spices, and sugar needed to cook food. Additionally, there were problems of overcrowding at the ration shops. Roshan, who had volunteered to provide free food during the lockdown, said, ‘I had even made videos of how there was no social distancing at the ration shops. Despite the country going through a

pandemic, nothing was happening in an organised manner’ (Frontline Worker, 2021)

The role of the Integrated Child Development Services (ICDS) centres was also severely limited during this time, especially in March, resulting in significant disruptions in the regular provision of cooked meals to the children enrolled in their centres as well as their other activities such as regular monitoring of children’s health. Only by April could they adapt to the changing situation and resume their services. Moreover, they had also switched to providing dry rations instead of cooked food during this time. They provided jaggery, chickpeas and porridge twice a month for two months during the lockdown to the children enrolled in their centres, after which they distributed the items once a month. This meant that the children had no steady supply of food (and

no cooked meals) from the ICDS centre for the entire duration of the lockdown and even after it was lifted. What was more systematic about the provision of food (dry rations) from *anganwadis* (ICDS centres) was that ICDS workers usually went to people’s houses to deliver the food instead of calling them to the centre. It reduced the chances of the coronavirus infection spreading and provided greater access to food for those unable to come to the centre. However, the lack of cooking gas to cook the dry porridge or chickpeas again stood as a challenge for those who did not have money to purchase cooking gas.

Another major challenge, especially for people living in rented accommodation in and around Sanjay Camp, was the inability to pay their rent and afford food and milk for their children due to a lack of ration cards and financial support



Photo Courtesy: Danish Siddiqui/Reuters

from the state or their employers. Therefore, even those who had some money to last them through the lockdown wanted to return to their villages as soon as the lockdown was lifted due to the fear of being in severe debt, unable to pay the rent and facing acute shortages of money to feed their children and families. Thus, the post-lockdown period saw many of them traveling back to their villages and those who could not go back because they owned hardly anything in their villages faced even greater challenges in ensuring shelter and food for their children due to the continued loss of work and associated income. Salim, a young male community volunteer, said, 'As the lockdown got imposed, neither buses nor trains were available to help people reach their villages. People started facing severe hardships. They somehow managed for two months and ate the food provided by MLA Prakash Jarwal for two months. As the supply of cooked food reduced, people started missing home. They did not even have one rupee extra to spend on breakfast. They had just Rs. 2,000 left, which they knew could take them to their village by truck. They also knew that if they ran out of that money, their only option was to walk on foot to their village' (Frontline Worker, 2021). As a result, the unlock period saw large-scale reverse migration from Sanjay Camp and its surrounding areas, such as the different blocks of Dakshinpuri and Madangir where people mainly lived in rented accommodation. It is also because the provision of cooked food from the Delhi government, NGOs and political leaders was available while the lockdown lasted, after which people were left on their own to arrange food and other essential resources.

Interviews with community volunteers and Action India members revealed heart-breaking stories about people walking on foot from the Anand Vihar bus stop in Delhi to their native places such as Moradabad and Bareilly in Uttar Pradesh, a distance of at least 180–200 kilometres, due to the high bus fares that were not regulated by the state. Some people had to borrow money to return to their villages; these were mainly daily wage labourers living in rented accommodation in and around Sanjay Camp who were left with no source of livelihood after the lockdown was announced. Junaid from 'Who is Hussain?', a grassroots social justice movement, said, 'Some people living in rented accommodation in Sanjay Camp have been living in the area for several years. So, they had even more challenges as they did not have the option to go back home and were facing severe difficulties in paying rent' (Frontline Worker, 2021).

Therefore, the major challenge before the residents was lack of cash. While they could procure rations from PDS shops inside the camp, they did not have money to buy vegetables, fruit and milk for their children. The private ration shops, cylinder refilling shops and grocery stores had also doubled their prices, making it more difficult for people to afford essential items for daily use, such as food and cooking gas. The interviews also revealed a significant challenge of women and girls getting exposed to infections due to a lack of money to buy sanitary pads during their periods. Ananya said, 'Women and girls were facing difficulties purchasing pads as they did not have money. Those who had been coming to our centres called and told us that they are finding it difficult to purchase sanitary pads' (Frontline Worker, 2021). Thus, among the many

challenges, access to essential health and hygiene was also compromised for many of the female community members in the area.

The government initiative of providing a direct cash transfer to some of the informal sector workers in Delhi, such as construction workers and street vendors, was not only ridden with implementation issues that led to the exclusion of several eligible workers in need of assistance but also excluded other informal sector workers such as domestic workers, waste workers, painters, small salespersons and home-based workers who were left out of the safety net and in fear of falling deeper into poverty (Khan and Mansoor, 2020). Junaid, in response to the question about the effectiveness of the cash transfer, said, 'Ma'am, if you are asked to run a family of five members with just Rs. 500 (that too you get only if you have Jan-Dhan account), hardly anybody would be able to manage. Rs. 500 would be spent on just purchasing ten days'

milk. I liked the Delhi government's cooked food arrangement. At least people could eat that; the quality was good. There was a food shortage in the rest of the states, but in Delhi, if there was a school around you, you could get food.' (Frontline Worker, 2021)

The infrastructure issues that existed in the area even before the pandemic, such as access to water and toilets, aggravated the pandemic-led challenges such as joblessness and depleting savings during the lockdown. For example, some of the residents who had some savings left were spending money to buy drinking water, while others were spending time on collecting water from Dakshinpuri and other areas where it was available. The women and girls also used the community toilets for baths and washing clothes due to lack of water, leading to increased risks to their privacy and safety. Additionally, people had to use the community toilets during the day as the restrictions on movement were greater at night. Salim



Photo Courtesy:Prakash Singh/AFP



Photo Courtesy: UNICEF/UN0579828/Ifansasti

said, 'People used the toilet mostly during the daytime as there were no problems then. They faced more problems accessing the toilet at night when police used to take rounds. The police did not come until 7 in the evening. Community members were aware of that and used the toilet in the daytime' (Frontline Worker, 2021). While the police were usually cordial with community members who went to fetch water or access ration shops and community toilets, they would occasionally beat people for not wearing masks or for strolling at night without any reason. However, the conflict with the community members was greater when they went out of the camp to look for work and access other essential resources and services.

Apart from these challenges, the unavailability of health services was a major issue faced by the camp's residents; hospitals were busy treating Covid-19 patients because of which access to treatment for other diseases was severely limited. Shikhar, a young male community volunteer whose mother was in the last stage of cancer, informed us that his mother, who was getting treated at MAX Hospital

in Delhi, was taken to the hospital during the lockdown because she was experiencing sudden swelling in her body. The hospital, however, did not admit her; they only inserted a catheter into her body for the smooth passage of urine and discharged her. When she had the same problem after a few days, she was again taken to MAX, where she was denied admission. So, the family took her to a private clinic in Sanjay Camp, where they were told that she could get the necessary treatment only in a hospital. A few days later, she passed away. He also explained that the options to get her admitted to other hospitals were limited since most hospitals did not offer treatment for diseases other than Covid-19 (Frontline Worker, 2021).

Access to medicines from government hospitals was simultaneously limited since people had to stand in long queues and get tested for Covid-19 every time they went to get their medicines. The dispensaries inside the camp were open, but they restricted the number of patients to 10 every day and would see the patients from a distance. On the other hand, private clinics had fixed timings of 7–9 p.m. The stigma associated with Covid-19 was also significant, impeding conversations around health-related challenges, particularly the Covid-19 infection, from floating in the community space. This, in turn, restricted people from getting tested for Covid-19 and seeking relief. Additionally, the restrictions around movements emerged as a significant challenge in accessing healthcare for residents of this camp. Since no mohalla clinic was located at an accessible distance from the camp, people relied heavily on the government dispensaries inside the camp despite several issues.

How did frontline workers get involved in relief work?

Frontline workers became involved in the relief work at Sanjay Camp due to the immense challenges faced by the camp's residents in accessing food, medicine and other essential resources and services. The frontline workers included community volunteers as well as members of organizations: (a) NGOs such as Action India, (b) political parties, such as AAP.

Action India employees and volunteers started receiving requests for rations and food through phone calls and physical visits from March onwards. Ananya from Action India said, 'We received requests for rations throughout 2020–21. Daily wage labourers and Action India members, who are also domestic violence survivors without financial support, have been calling us regularly. I have been especially trying to get them some help' (Frontline Worker, 2021). However, community volunteers—mostly young men—had seen how desperate people were to receive the cooked food from the government school and that some of them were unable to obtain it due to long queues and shortage of food at the school. Also, the food from the government school was grossly inadequate to meet the requirements of the families. Hence, community volunteers, Action India employees and members, and the other NGOs supporting Action India started working in collaboration with each other from March–April.

Two significant factors played a role in the involvement of young men from the community-- the free

time that they had due to loss of work and free government rations that they could use to provide food to their families. Roshan, the only volunteer from the community who was employed and able to receive his salary at that time, said, 'During the lockdown, we had a lot of free time, and we used to play PUBG.⁵ When we met in the evenings, we used to see how people were struggling. So, we decided that we would help people and planned out the relief work' (Frontline Worker, 2021).

Another category of frontline workers who were visible in the relief work in Sanjay Camp were volunteers and workers of the Aam Aadmi Party (AAP). Most of them were either part of an NGO at the time of the interview or had prior experience in social work. However, the principal reasons they were approached by local contacts or community-based organisations such as Action India to support the relief work were their political background and work in the area. Subhash from AAP said, 'I am quite famous in the social sector and also have been an Aam Aadmi Party candidate from Deoli Vidhan Sabha Constituency in 2013. People know me for my social service in the area. For example, I have been working to provide free water in the Deoli Vidhan Sabha because of which I also got help from a madam who was employed with some organisation at that time. She exposed all the forgery through *Nav Bharat Times* (a newspaper). Additionally, she told Arvind Kejriwal and Raghav Chadha about me and told them that I am working very hard to provide free water in the area and that they should support me. They, in turn, told her that I am already a party member' (Political Party Representative, 2021). Most of the party volunteers and workers

5. PUBG, (PlayerUnknown's Battlegrounds) is an online multiplayer game.

were also living in the same area—Madangir, a neighbourhood of Sanjay Camp—and hence were aware of the challenges in the area.

Who were these frontline workers?

The community volunteers, Action India employees and members, and AAP leaders/ volunteers working to provide relief in the area were mainly from Uttar Pradesh and Bihar (only a few were from Rajasthan) and shared the same geographical space, i.e., place of residence, as the beneficiaries and the community members. Most of them were born in Delhi and had been living in Sanjay Camp and its neighbouring areas such as Dakshinpuri and Madangir from birth. Most of them, especially the community members and volunteers, were aged 19–24, while the rest were 35 years and above. The religious identity of the relief providers was highly skewed towards the Hindu community, with 14 of the 17 belonging to the Hindu religion. The three Muslim frontline workers who were involved in relief work in Sanjay Camp were living within the community, and two of them (females) were either members of or volunteers with Action India.

Coming to the gender identity of the frontline workers, eight frontline workers were women, eight were men, and one frontline worker identified herself as a trans-woman.

Almost all the frontline workers, except for the young men from the community, were associated with an NGO as a founder, employee, or member/volunteer and had prior experience working with the

community. The youngest female volunteers and members at Action India who worked to provide relief in the community had been associated with the organisation for more than 6–7 years. They had started their work with the organisation as youth volunteers around 2013 and worked towards improving public facilities in the community, such as community toilets and promoting education and the employment of girls and women in the community. They had also engaged with community members to decrease sexual violence in public spaces and raise awareness around gender, menstruation and self-dependence among women and girls. They went on to join Action India as full-time employees after completing 12th grade and participated in several programmes and projects such as Disha under which they mobilised young women and girls from the community, conducted training with them around gender, life skills and employability and sent some of them to get training under Pradhan Mantri Kaushal Vikas Yojana (skill development scheme of the Government of India) to get them employment.

The other members and volunteers of Action India have also been associated with the organisation

Photo Courtesy: Francis Mascarenhas/Reuters



for more than 25 years. They have been working on several issues, such as providing spaces for domestic violence victims to bring forth their problems through the Action India Mahila Panchayat forum, spreading awareness around sexual and reproductive health and rights (SRHR), providing gender and life skills training and running programmes such as computer classes for youth and the 'space' programme for girl drop-outs.

Other frontline workers, such as the AAP workers and volunteers, have also been associated with different NGOs such as Anjalum Foundation, Yuva Chetna Foundation, Who is Hussain? and Basic Foundation, and have targeted a wide range of issues such as providing education to the children of rag pickers, promoting social peace between different religious communities and preventing HIV/AIDS among sex workers and violence against trans-individuals in Indian society.

Identification of beneficiaries

The frontline workers (community volunteers, NGO members and AAP workers) usually conducted surveys to understand the factors/conditions that were aggravating the pandemic-related difficulties and causing distress to people living in the camp. The survey included questions such as the number of people living in the house, ownership status of the house, employment status of the household members, whether there is any food in the house and if they have been able to receive any relief in terms of food and rations. The surveys were usually conducted through

physical visits to people's houses to understand their needs and requirements. Accordingly, a list of potential beneficiaries was prepared to aid them through the relief work.

The community volunteers and Action India members who were already familiar with the conditions of people from the camp focused on the people living in rented accommodation because they had lost their jobs and did not have any source of income to pay for rent or food for their children and families. Most importantly, these people did not have ration cards and hence could not access the free rations, i.e., wheat and rice from the PDS shops. The provision of free rations through e-coupons for non-ration card holders also did not start until mid-April, and when it finally started, it was ridden with implementation issues such as the requirement to have a smartphone, Aadhaar card and internet connectivity and functional literacy to upload documents and read OTPs. Nishant, a community volunteer who had volunteered to provide free rations to people during the lockdown, said, 'Ma'am, the people living in rented accommodations in our area faced a lot of challenges in getting food. They had to stand in long queues for food at the government school, and some were able to get it while some could not' (Frontline Worker, 2021).

Action India Mahila Panchayat, having a significant membership of single women, widows and survivors of domestic violence from the area due to its active intervention in domestic violence cases over several years, was also able to provide relief to many of its members (women) who had small children and had no



Photo Courtesy: deccanherald/PTI file photo

financial support. Several rounds of relief work post-lockdown focused exclusively on these members – primarily single women and widows. Ananya said, ‘When the lockdown started opening up and the situation improved, we focused more on single women. The reason was that as the lockdown opened up and work resumed, people could go out to work and earn money to purchase food and other essential resources. However, many single women could not go out as they had small children or because their work (such as domestic work) had not resumed. So, we thought that we should help them’ (Frontline Worker, 2021). She further said that even their families could not support them. So, the lack of income and savings to start a new business, along with the lack of family support, rendered them more vulnerable than the others.

The other vulnerable groups that were supported by Action India Mahila Panchayat and collaborating organisations were young girls, especially those who had been coming to their centres for a long

time, small children, old persons, differently-abled individuals, daily wage labourers and those who had lost all sources of income. Many of them were unable to access or use the free food from the government and hence needed food, milk and other essential resources such as sanitary pads.

Action India was able to use its significantly large membership of women from the community and strong community networks to quickly mobilise resources, including funds and volunteers (all women) who could identify the community’s needs, including those specific to women and children. For example, Asmeen, who had worked both as a volunteer and employee with Action India and is a resident of Sanjay Camp, was engaged by the organisation to prepare lists of potential beneficiaries and distribute rations during the lockdown. Similarly, Meera, who is an employee at Action India and a para-legal volunteer with the Saket Court in Delhi, used her professional networks at the Court to assist people in Sanjay

Camp with free medicines for a few months. Needs such as sanitary pads and milk for children were also identified by the volunteers and members of Action India, who were sensitised around menstruation and hygiene even before the pandemic. They used their collaboration with other NGOs and donors to provide sanitary pads, milk and other essential items to women and girls during and after the lockdown.

While many of these residents were contacted by Action India to understand their challenges, some people approached Action India employees and volunteers through phone calls and physical visits to their office/house located within the community. This was due to the fact that Action India had already established a strong presence among the female community members through its involvement in several women’s rights issues.

Community members also played an active role in informing relief providers such as Action India and AAP members about neighbours and relatives who had lost their jobs and were finding it difficult to arrange for food and other essential resources. For example, Subhash, a local AAP leader from the constituency, said, ‘There were a few families who weren’t willing to ask for food. They were ready to stay hungry but weren’t willing to ask for food. So, I started with a helpline number and requested people to inform me about their neighbours who were hesitant to ask for food or those who had grown-up children. So, people used to call that number and tell me that this family is facing difficulties. Kindly go and speak with them. So, I used to go to their houses before the food arrived and motivate them to

accept it. I used to tell them that it is their right to get food and that they should take it. If their children can eat, they will be healthy and will be able to do something in life.’ (Political Party Representative, 2021)

Two AAP volunteers, Vibhuti and Mahendra, informed us that they identified people through local contacts who personally visited the houses to identify those who needed rations. However, some people would see them providing relief in the area and approach them for support.

NGOs and AAP volunteers used a flexible approach in their inclusion criteria for providing cooked food. For example, Mahendra and Vibhuti, who were associated with the Anjalam Foundation and had volunteered to provide cooked food and rations in the area, said, ‘If somebody can come out of their house and stand in a queue for a long time just to get food, it means that the person is needy’ (Political Party Representatives, 2021). Vibhuti added, ‘We should not judge people by their looks. If a woman is in good clothes, but her husband is neither able to work nor receive his salary, and a lockdown has been imposed for two months, it is obvious that she needs food and so she is standing in the queue’ (Political Party Representative, 2021). They also thought that it was not only people living in self-owned houses within the camp who were needy but also people living in rented accommodation outside the camp who were in severe difficulties and needed help in terms of food and cash to pay the rent.

Community members and AAP leaders working in collaboration with Action India to provide relief in the area had the agency to choose who they thought was ‘needy’ and provide them with relief instead of following a fixed

definition of 'needy' prescribed to them. This localised approach to identifying beneficiaries and their needs led the frontline workers to reach the most marginalised people living in and around the camp, such as tenants, single women and widows, differently-abled persons, children, daily wage labourers and sometimes even beggars.

Identification of needs and the role of frontline workers

The frontline workers supported the people living in Sanjay Camp in terms of rations and cooked food. Two community volunteers who worked as part of the same team during the lockdown said they initially started the relief work by helping migrants on the roads outside the camp with fruit, biscuits and juices and providing them with a lift to the Delhi Inter-State Bus Terminal. However, they soon had to stop the work because they did not have a movement pass and were stopped by the police. The lockdown got extended, and soon after they realised that even people inside the camp, especially those living in rented



Photo Courtesy: eastasiaforum.org

accommodation, were facing severe difficulties in accessing food and rations due to the continued loss of work and no support in terms of cash or food from the state or their employers. So, they started providing people with free rations, milk, and bread for their children. For this, they used the free and double ration they were getting from PDS shops and used their savings to prepare kits of flour (5 kilos), rice (5 kilos, pulses, spices, toothpaste, tea leaves, and soap. For larger households, they increased the quantity. They did not give the entire kit in one instalment, but delivered it in 2-3 phases in a month to households selected through the survey so that they could spread the rations over a longer period.

A team of 7 to 8 young men from the community were involved in the relief work and had helped at least 30-40 people with rations for a month. Shikhar, a team member, said, 'We had done the survey only in Sanjay Camp as we were not allowed to go out during the lockdown. You know how the police behaved at that time; movement was severely restricted, and the police weren't allowing anyone to go out. So, we were doing the relief work in our camp only. However, we reached out to people outside the camp who were known to us by phone and sent them money through Google Pay so that they could buy essential items from nearby shops. If we could manage to hide from the police, we also went and gave them the food' (Frontline Worker, 2021). However, the team members' savings started getting depleted after a month and they had to stop the relief work. Many of them continued helping friends and friends of friends with cash and medicines at an individual level.

Some community volunteers preferred to provide cooked food because people



Photo Courtesy: bbc/sopa images

did not have cooking gas at home. A young community volunteer, Nishant, said, 'We used to get free rations during the lockdown, and we used to keep half of it for ourselves and distribute the rest among people. However, we realised that people had neither cooking gas nor money to purchase it. So, the next time we got rations, we cooked it and provided the cooked food to people' (Frontline Worker, 2021). The food was prepared by his friend's father in an open ground and delivered to beneficiaries' houses. They provided food such as *parantha* (Indian bread), *khichdi* (A dish made of rice and lentils), and vegetable biryani to people living in rented accommodations every alternate day for a month, after which people started returning to their villages. The people who were going back were also provided with packed food that they could eat during the journey.

Some volunteers provided cooked food through Prakash Jarwal from AAP throughout the lockdown. They had known Mr Jarwal from childhood because he lived in the same area, so they spoke to his brother and sought help from Mr Jarwal to provide food. Salim, a young male volunteer from the community, said, 'We got a source, i.e., Prakash Jarwal, through which we could provide food. He had food but

didn't have the means to deliver it. So, we had to go to his office at Tigri every day to get the food. We had a neighbour who had an e-rickshaw; he was from Bihar. We used his e-rickshaw to get the food, and Mr Jarwal provided us with an e-pass needed to commute at that time' (Frontline Worker, 2021). Salim also talked about issues such as poor food quality and long queues at Jarwal's office for obtaining food. People from other areas also came to his office to get food for distribution. He said, 'People at Sanjay Camp used to wait for the food. When we used to get late, team members used to call us and ask if we had received the food. We had to tell them the food truck hasn't arrived yet' (Salim, Frontline Worker, 2021). He also said that the food quality improved after people reported it and the team communicated the complaints to Mr Jarwal.

The young male community volunteers helped people return to their villages during the month of Ramzan, i.e., June, because people had run out of money and desperately needed to get back home. They borrowed Eco cars from wealthier people in the neighbourhood and dropped people to the Anand Vihar bus stop every day. This continued for almost a week, and they were able to send 60-70 people who took buses from the

Anand Vihar bus stop and reached their houses in the different districts of Uttar Pradesh, such as Jagdishpur and Lucknow. Those who could not afford the high bus fares walked to their villages. Salim said it required hiding from the police to drop people at the bus stop. They also helped community members, especially migrants, with other essential items such as surgical masks.

Using the tagline '*Aapki madad se kisi ke chehre pe muskaan*' (A smile on someone's face with your help), Action India members and volunteers helped people with cooked food and ration and also other essential items such as masks, sanitisers and sanitary pads throughout the lockdown through collaborations with individuals and organisations. They initially provided ration kits to 200–300 people in March–April when they started receiving calls from their members and volunteers asking for support through donations from friends and relatives. As the lists started getting longer, they got in touch with organisations such as HAQ: Centre for Child Rights, Restless Development, Nivedan foundation and individual donors to seek their help. They were able to receive generous support from these organisations and as well as individuals. For example, HAQ sent money directly to a vendor who prepared kits worth Rs. 900–1,000 each that had almost every item— pulses, rice, flour, spices, Dettol, biscuits, sanitary pads – and gave them to Action India. This helped them support at least 700–800 people with rations throughout the lockdown. They did not provide different quantities of rations to the beneficiaries to avoid conflicts in the area. Ananya said, 'It would have been difficult for us if we gave people

kits containing different quantities or types of things. They would have fought over that too. So, we thought we didn't want them to fight and would also not discriminate. Instead, we would give everyone the same amount of ration irrespective of their household size' (Frontline Worker, 2021). They also strategised the relief work and provided rations to different people every time to reach more people who needed rations. If someone was needy, they were given rations more than once.

Similarly, they provided sanitary pads to 1,200 women and adolescent girls from the community who were members/students/volunteers and had not money to buy pads. Junaid from Who is 'Hussain?' helped them get sanitary pads through Dr Shikha from AIIMS, whom he got to know through the contacts he formed at the time of the Delhi riots in February 2020. Junaid knew Action India Mahila Panchayat even before the lockdown, especially since the Delhi riots happened just before the lockdown when he was working alone to provide relief in the area and needed some support. A member of the MAKAM collective of women farmers had introduced him to Action India Mahila Panchayat at that time to get some support in his work.

Action India also provided cooked food to people in the camp during the lockdown with the help of the Sub-Divisional Magistrate and a few organisations such as the Little India Foundation. Ananya said, 'We had arranged the cooked food keeping Sanjay Camp in mind. We had thought that people such as rickshaw drivers in the area who could not earn anything would be able to eat the cooked food once a day and cook the ration that we

provided to them at some other time of the day' (Frontline Worker, 2021). Ananya was a member of the sexual harassment committee in the SDM's team and hence knew a few people in the team who could be approached for the relief work. As the cooked food was available at the SDM's office for distribution, Action India got permission to collect that food, which included *parantha* (Indian bread), *dal* (pulses), rice, *roti* (Indian bread), pickle, etc., for almost 200 people every day. The food was delivered to Sanjay Camp each day by the SDM's office, after which Meera, an Action India member and employee, distributed the food to community members. Meera said, 'My family supported me a lot. My father helped me a lot in distributing the food. My mother used to sit with me the entire day so that I didn't face any problems. It was a good thing that my family supported me. If they hadn't supported me, I wouldn't have been able to do the work' (Frontline Worker, 2021). She added, 'My father had lost his work then. He was at home, and hence he was able to help' (Meera, Frontline Worker, 2021).

Additionally, Action India provided half a litre of milk and 1–2 packets of biscuits for 10 children every day for a month, and these were supplied to different children every month for six months. The children were residing in different camps such as Sanjay Camp, Subhash Camp, and Banjara camp, and they chose different children every month because they wanted to provide relief to as many children as possible. Ananya said, 'Government schemes failed to reach the most vulnerable people during and after the lockdown. Nobody paid attention to the children and thought they also needed nutritious food at



Photo Courtesy: rural.nic.in

that time' (Frontline Worker, 2021). While the other kinds of support by Action India, especially those related to health and sanitation/hygiene, were limited, they could provide medicines to a few of their members free of cost. Meera said, 'My mother's medicine costs around Rs. 5,000 as she is a heart patient and also has a brain tumour. So, we got in touch with organisations who could help us with free medicines for my mother because even I couldn't afford them. The salary that I received from Action India went into food and rent, so we found organisations that could help us with medicines, and that is how we also helped the community members who were in need' (Frontline Worker, 2021).

There was a significant difference in the way relief was provided by the community volunteers who were not associated with Action India and those who were members and volunteers with Action India. Action India members chose to distribute the ration at their centre and distributed cooked food on the main road in front of a member's house. Since it was helping people who lived in several different camps, perhaps they found it difficult to get the food delivered to the house



Photo Courtesy: THE HINDU/ Sushil Kumar Verma

of each beneficiary. They were able to maintain physical distancing by calling only a few people to their office at a time and communicating the need to maintain appropriate physical distancing to the beneficiaries. Community volunteers, on the other hand, decided to deliver the ration and cooked food to the people's houses inside the camp because they did not want the people to congregate in a single place for fear that the virus would spread. Hence, they strategised the relief work in a way that the food could be delivered to houses.

Political leaders from the area also provided support in terms of cooked food and ration distribution. Vibhuti and Mahendra, for example, provided cooked food through the SDM's office and also provided rations through the Station House Officer. The ration was, however, offered to only a few people, especially women who had small children

and if their husbands had lost their employment and differently-abled persons who could not come to the food distribution points. They also provided more than 12,000 masks and sanitisers to people living in Ambedkar Nagar (Sanjay Camp falls within Ambedkar Nagar) through Global Fund's partner organisations. They also spent their own money to buy a few surgical masks for people in the area.

Some political leaders also worked in collaboration with local people in the area. For example, Deepika, a community resident, said that she once saw Rajeev and Subhash from AAP enquiring about people who needed cooked food in the area and distributing cooked food on the main road. So, she approached them to ask to help people, especially those with small children, who were struggling to arrange food and other essential resources for their families. So, they started giving her cooked

food three times a day throughout the lockdown, and she was also given clothes for distribution. Deepika said that she was also able to help people with cash through Rajeev to help them return to their villages.

Community volunteers also helped people at the individual level when the organisational support was absent or limited. For example, female community volunteers who were also associated with Action India as members and volunteers provided cooked food from their houses and borrowed rations from shops. Deepika said, 'We are adults. If we don't eat, it is okay. They are small children. If we have one kilo of flour and prepare and give some of the rotis (bread) to them, the children will eat and bless us. This is what I think. It is not that my family has fewer problems. The cooked food that Rajeev was providing arrived late once. So, I borrowed ration from the ration shop, cooked it and gave it to those families. We can stay hungry, but I can't let them be hungry. They have small children at home. I have older children who can stay hungry for some time. Small children cannot' (Frontline Worker, 2021). At the same time, Meera said, 'There was a woman who had four children, and her youngest child was crying as he did not have milk to drink. Seeing him crying, I also started crying because he was hungry. Then I gave money from my salary to get milk for those children. When we started distributing milk to the children, I also got her name included and then she started getting two packets of milk and biscuits for her children. I also helped her with rations and cooked food. They were the neediest family I had met and helped' (Frontline Worker, 2021).

Though it is surprising that women were found to be involved in relief work only when they were associated with Action India as volunteers/members/employees, it also indicates that the presence of women-based organisations in a slum settlement or resettlement colony could help pull in a lot of social capital to alleviate the situation in times of crisis. For example, Action India Mahila Panchayat could use its community networks to quickly identify people needing care and to mobilise resources such as food and medicines to meet their requirements. The involvement of women in the relief work also helped women community members communicate their specific needs, such as sanitary pads and milk for the children.

The study also found a common language of obligation and responsibility towards the community in the interviews with frontline workers, especially in the interviews with female frontline workers. For instance, Ananya said, 'Action India has been working in the area for so long that we have developed some bonding with the people here. People know that we would always stand with them in case of any problem, especially in a crisis like this. The relief work helped us portray an even better picture of us to them' (Frontline Worker, 2021). It confirms the argument by Gilligan (1977, 1982, cited in Vinney, 2021) about the 'ethics of care' where she said that women and men look at morality differently though they are not always mutually exclusive. Gilligan found that women looked at morality through a lens of interdependency, responsibility and compassion for others. However, this

way of looking at moral reasoning was given less importance historically in Western societies as research respondents were usually White men who looked at morality through a lens of laws and rights. She insisted that 'ethics of justice' and 'ethics of care' are two different ways of looking at sound moral reasoning, the former more common among men and the latter among women but neither exclusive to any group.

Role of other actors

There was also active participation by the police in providing relief to the community. For example, Ratan, the village leader, said that he was able to provide cooked food to the community members, especially those who did not have ration cards, with help from the SHO, O.P. Thakur. He used to get the cooked food from the police station in a police van and distribute it among community members with the help of young boys from the community. Similarly, the AAP leaders, Vibhuti and Mahendra, took help from the Superintendent and the SHO to obtain and distribute dry rations in the community.

While the role of the ICDS centres in Sanjay Camp was severely limited both during and after the lockdown, it is essential to state here that the ICDS workers and helpers had to quickly adapt to the situation and deliver food to the children's houses, exposing themselves to the coronavirus infection. They would also ask people to download the Aarogya Setu app on their visits and give instructions on how to protect themselves from the disease such as regularly washing their hands, limiting their movements outside

the house and wearing masks; this meant more time spent with the families and greater risk to both the workers and the families. As Aradhana, a helper at one of the *anganwadis* (ICDS centre) at Sanjay Camp, said, 'The work increased after the lockdown got imposed. We had to go to every house, it is even possible that some houses had Covid-19 patients, but we went to every house to give food. We also told them to download the Aarogya Setu app. We didn't see who was infected with Covid-19 and who was not; we just went to every house' (ICDS Worker, 2021).

Besides food distribution, ICDS workers and helpers also had to identify people aged 60 or older in the community and help them reach the vaccination centre on rickshaws that the government had arranged. Aradhana said that since the government made the vaccines available for older people first, their task was to identify people who were 60 or above and help them walk to *rickshaw-wallahs* waiting for them at the main road who would then take them to the vaccination centre. In those moments, while helping people access food or healthcare, ICDS workers and helpers were exposed to the coronavirus infection. However, when the community members and the other people providing relief to the community were asked about the role of *anganwadi* workers during and after the lockdown, some said they had no role, while others said that they had a minimal role in providing food to the children once or twice a month. This is probably because the centres were almost always closed and, hence, their presence in relief work was felt only when they distributed food to

the children. Another reason could be that the ICDS workers did not participate in any collaborative efforts to provide relief to the community and, hence, mostly went unnoticed by the other relief providers. An Action India member said, 'Cooked food like porridge and jaggery were available at the ICDS centres. They distribute even now. It started after the lockdown. We even surveyed during the lockdown to see if the *anganwadis* were open, but they were all closed. We went in June to see if they were open, but they were closed even in June. They opened only after June' (Frontline Worker, 2021).

Experience of doing relief work and learning

Male frontline workers usually described relief work as a fun experience, whereas the women used stronger expressions such as 'pained', 'sad', and 'relieved'. For instance, Junaid from 'Who is Hussain?' said, 'The fun that you can experience while helping others, you can't get that in anything else (Even if you earn money and do other things). Today if I have provided ration to someone and if that person sees me later, he would say, 'Son, stay happy, stay safe.' I mean to say that you get a lot of blessings' (Frontline Worker, 2021). In contrast, Meera, a female Action India member, said, 'I felt bad that there was a lockdown because people were facing a lot of challenges; however, at the same time, I was at peace thinking that people around us, unlike in other areas, don't have to sleep hungry. So many people were dying because of hunger. I was relieved, thinking

that I was able to help some of the people around me. I was feeling sad that there was a lockdown, but at the same time, I was happy that I was able to help. Somebody was able to live a decent life because of me' (Frontline Worker, 2021). These different expressions by male and female frontline workers go back to Gilligan's ethics of care (versus ethics of justice), where she says that for women, the highest level of morality is attained when she sees herself in relation with others. As she chooses to care for others, she uses a language that accurately depicts reality rather than marginalising others' voices, which is true of research and theory that is dominated by men. Such care ethics also translates into a language of obligation and responsibility towards others (Gilligan, 1982, cited in Vinney, 2021) and often involves a selfless act. For instance, Ananya from Action India said, 'It doesn't matter if people recognise our work or not. We have been able to help people in times of crisis and would continue to help them, and that is our biggest achievement. We don't need any other reward' (Frontline



Photo Courtesy: Getty Images

Worker, 2021). In contrast, men often talked about recognition of their work by others and emphasised getting blessings. While Gilligan's 'ethics of care' has been critiqued for reinforcing gendered notions of selflessness among women and their natural ability to care, it has also been defended for its possibility to extend care to public spaces (Day, 2000).

Trust was another factor that was emphasised by AAP members and volunteers. They said they were happy to see the team and external people they collaborated with have trust in their work. For instance, Subhash from AAP said, 'It was a good experience. These days, people don't trust each other. They doubt that people will misuse (sell) the food given to them for distribution or use it for personal purposes. However, the people I collaborated with believed in me, that I would deliver the food to the neediest person' (Political Party Representative, 2021). This was also implicit in the interviews with Action India employees and members; they said that they believed their volunteers would include the neediest people from the community to provide relief. It could also be seen in their work. For instance, they gave the responsibility of cooked food distribution to a single member and her family with the faith that they would perform the duty with sincerity and honesty. Similarly, the young men from the community showed trust in each other to deliver the food to the houses assigned to them daily.

In terms of learning, it was a mixed bag for frontline workers, especially the female workers. One female frontline worker said that she tries her best to help people, but there

is always some negativity that she experiences from the other side; she said this because she was abused by a female community member who did not receive help from her, and she also got her family into trouble by calling the police. Another frontline worker said that the relief work taught her to speak up for herself, especially when she is being wrongfully accused (be it by a team member or somebody else). There was also more positive learning from the relief work. For instance, a frontline worker said that she was hesitant to speak earlier, but now she can speak confidently in front of people and can also stand beside anyone who needs her, even without her family's support.

Challenges faced in relief work

Conflicts with family and community

Frontline workers faced several challenges in their relief work; lack of cooperation from community members was a major one. While Gilligan's 'ethics of care' creates possibilities for women to give and receive care in public spaces (Day, 2000), it also opens discussion around criticisms that women can receive when they cannot fulfil their feminine care duties. In the present study, we did not find any evidence that expectations from women frontline workers were different from men; both were criticised when they could not extend care to community members.

Frontline workers shared that they were criticised for discriminating in the relief work and helping only those already known to them. For

instance, a community volunteer, Shikhar, remembered how people accused his team of using funds from different organisations for their gains. In the case of serious conflicts with community members that turned into quarrels, female frontline workers also lost support from their families. Asmeen shared how a woman from the area got into physical fights with her for not including her name in the list. The woman abused her family and called the police. Then she faced opposition from her family and had to discontinue the relief work. The lack of family support was thus a major deterrent for some women frontline workers in our study, especially young women.

It also takes us back to the discussion on women's unpaid care work often reserved for the family. Ferrant et al. (2014) found that women worldwide spent 2–10 times more

time than men on unpaid care work. This stems from gender roles associated with femininity and motherhood that views unpaid care work such as cooking and child care as women's responsibility and is a major infringement of women's rights. This also relates to our findings on the lack of support for women frontline workers who spent considerable time providing care for community members. For example, a female member of AAP shared how her husband did not believe that she spent her time in relief work; instead, he thought she spent time with her friends, which led to misunderstandings and fights between them. Thus, when women extended their care to the community space, it was met with resistance.

However, there was a difference in how the female Action India members and employees and



Photo Courtesy: Getty Images

male frontline workers handled the conflicts. Action India talked with community members who were upset about not receiving support and made them understand that they could only help people with needs due to the limited funds. Sometimes, they briefly paused the relief work to calm down residents who were not receiving support. Ananya said they even had to secretly distribute the ration to avoid conflicts. She said, 'Sanjay Camp is located very close to our office. Even if we gave ration to one person, the information would spread to 50 other people who would then come to us and complain about not receiving the rations. They would say that we are also facing difficulties. These people know us because we have been engaged with the community for a long time now' (Frontline Worker, 2021). Male frontline workers, on the other hand, avoided such arguments and told people to bring their containers if they needed food. Despite adopting different approaches, both men and women frontline workers shared that

they were sometimes even cursed for not helping.

Conflicts with state actors and MLAs

Some frontline workers had bitter experiences with the police and other state actors such as MLAs during the relief work. For instance, Junaid described how a corrupt traffic officer slapped false charges of lockdown violation against him because he did not give the officer the ration kits; as a result, he had to go to court and pay a fine of Rs. 500. However, he shared other instances when some police officials helped him. For example, a police officer once helped him distribute rations at Chirag Delhi by ensuring appropriate distance between people.

The study also found that some female frontline workers faced competition and intimidation by men in the relief work. For instance, Vibhuti from AAP said that the MLA of the area did not like that she was



Photo Courtesy: Indiatimes



Photo Courtesy: Financial Express

getting popular through her relief work in the area and complained to the SDM; as a result, she stopped getting food for the distribution. Thus, the experiences of the frontline workers were not always sweet. They were often bitter-sweet, with many frontline workers gaining satisfaction and confidence from the relief work even when they lacked family support and cooperation.

Work burden

The work burden was often overwhelming for most frontline workers, with some stating that they found it very difficult to manage time. For instance, Salim, a young male community volunteer, said there were many times when food ran short while people were still waiting for their turn in the queue. Those times, he had to rush to Mr Jarwal's office at Tigri to get food for the people. At the same time, they

had to ensure that people did not return without getting their share of food; if they returned without food, team members went to their houses to deliver the food. Vibhuti from AAP echoed the work burden. She said she was severely burdened with work during the relief work because she had to coordinate food distribution between the District Magistrate and the Centre.

Exposure to Covid-19

Most frontline workers expressed fear of contracting Covid-19 due to their continuous presence in the field and also feared spreading the disease to people. Vibhuti said she got extremely scared when her husband contracted Covid-19 in the middle of the relief work. She was afraid that if she tested positive, even the residents of the community she came in contact with would have to undergo testing. She also

feared defamation for spreading the disease if anyone tested positive. She shared that it was both physically and mentally draining to do all the coordination from home since she had to be quarantined for some time.

Another AAP leader, Subhash, also said that despite having no fear of contracting the disease, he tested positive for it. Moreover, some frontline workers noted that the work burden was so much that they did not even have time to eat food on time. Hence, they feared that they did not have the immunity to fight off the disease. For instance, Asmeen said that she had her roza (fast) during that time and did not feel strong enough to fight the disease. Nevertheless, the frontline workers said that the fear of contracting the disease never stopped them from doing their part in the relief work.

Use of social media

People criticised the frontline workers for using social media to raise funds. Roshan, a young community volunteer, shared how his post in the office WhatsApp group on urgent requirements for funds to carry out the relief work met with criticism from the group members; they said that he was trying to show off the work that

he was doing for his community. Subhash, the AAP leader, also said that he was just trying to help fight the stigma against Covid-19 by posting pictures on Facebook of the exercise sessions he conducted for patients infected with Covid-19; this was met with serious criticism from the families of the patients whose pictures were posted and they stopped their interactions with him.

Suggestions

The frontline workers suggested that there should be a basic ration kit that contains all the essential items such as rice, wheat, sugar, and spices, and this should be given to the most needy people by the government every month in case of another lockdown. They also suggested that the government should maintain a register of those who are provided any kind of relief by the government and make that accessible to NGOs and groups that usually come forward in case of a crisis. This will help organisations avoid duplication and increase their reach to the most marginalised people.

They also suggested that bus fares should be strictly regulated if there is another lockdown. This is required given the massive migrations that the country saw during the first



Photo Courtesy: Reuters/Mohammad Ponir Hossain/File Photo

lockdown where there were heart-wrenching media images of people walking on foot along with their children to their villages. A frontline worker also pointed out that the government needs to control black marketing and inflation since many people took advantage of the pandemic and people's helplessness to sell items, including oxygen cylinders, at astronomical prices.

The suggestions also included provision of free food to tenants, even those without ration cards and complete waiver of rent for a few months until they could return to work. A female frontline worker said that in 2020 the landlords did not take rent from their tenants for a few months, but the tenants had to pay the rent for those months together once the lockdown was lifted. This was extremely difficult for them because they were still out of work or earning just enough to provide food for their families. It also led to a massive reverse migration of people

living in rented accommodation as soon as the lockdown was lifted because people feared that they would have to pay rent for all the months together.

Most importantly, the frontline workers appealed against another lockdown and said that people should be provided with cash to buy medicines and other essential items such as milk for children if they are not allowed to go out of their houses. A beneficiary said, 'There shouldn't be another lockdown. People have just started returning to work and problems have become manageable. If there is another lockdown, people will die of starvation. I do not think that people will help us this time. They have already done enough.' Last but not least, a Muslim frontline worker said that it is a time when relief providers shouldn't discriminate based on religion, caste, etc. because people, irrespective of their social identity, need support to survive the crisis.



Photo Courtesy: Shutterstock



Photo Courtesy: Barclays

CASE STUDY III. SEELAMPUR

Key highlights



Seelampur emerged as a re-settlement colony under the political context of the National Emergency in 1975. Since then, this region of Delhi is marked by high levels of illiteracy, low access to healthcare, and lack of employment opportunities, infrastructure and other public amenities.



Over the years, it has emerged as one of the biggest e-waste markets in the informal sector in India.



Before the Covid-19 lockdown in March 2020, Seelampur and surrounding areas were affected by communal riots in February 2020 in the wake of NRC and CAA protests, causing the loss of lives and enormous economic distress.



The communal violence further disrupted the healing process of the community during the lockdown.



The voluntary groups that came along with non-government organisations carried out relief work were active from the time of the NRC protest when communal riots broke out in north-east Delhi.



The woman frontline workers were located within the community and were aware of the local community challenges.



Women frontline workers emerged as the key players providing relief and connecting families to multiple sources of aid during the communal violence and lockdown. It accentuates the connection of women with care roles in a crisis.



Seelampur, with its unique and contemporary challenges, has been a crucial site of exploring multiple nuances of women workers' engagement with family, community, state and, most importantly, with her own self.



Photo Courtesy: indianexpress.com

Introduction

The historical significance of Seelampur goes back to the period of the National Emergency in 1975 under the leadership of Indira Gandhi. It led to various demolitions and was responsible for the displacement of close to 700,000 people in Delhi. In the name of 'city beautification and planning', Sanjay Gandhi arbitrarily ordered demolitions around Jama Masjid, Karol Bagh and Turkman Gate. The displaced population was moved to so-called 'resettlement colonies' in north-east Delhi, such as Seelampur and surrounding areas such as Welcome Colony, Shahdra and Seemapuri. These areas are mostly inhabited by religiously mixed groups, but the presence of the Muslim community in Seelampur is notably high (Savita, frontline worker, Interview, 2021).

This brief background explains why Seelampur was and still is the site of religious tension and communal riots. Communal rioting and violence are a predominant issue in Seelampur (Nagma, Interview 2021). Ashutosh Varshney and Steven Wilkinson note that between 1950 and 1995, of the 93 communal deaths reported in Delhi 30 were from Seelampur (The Print, 2020). The Seelampur area witnessed communal violence in the aftermath of demolition of Babri Masjid leading to increased 'levels of mistrust between Hindus and Muslims and increasing the sense of alienation' (Kirmani, 2008: p. 60). Nearly three decades later, in 2020, right before the national lockdown due to Covid-19 in March, Seelampur and surrounding areas were afflicted with communal violence that took place in February 2020 in the wake of protests against the announcement of the National Register of Citizens

(NRC) and Citizenship Amendment Act (CAA). This accentuated the precarity and severely affected the sense of social and political security among the inhabitants of Seelampur. Communal disharmony has resulted in the disruption of everyday lives in Seelampur and punctured the social and economic infrastructure. When the lockdown was announced a month later (in March), vulnerabilities and panic set in. As participants in this study observed, due to rioting and violence, people were too scared to step out of their homes (Savita, Rashmi, Premlata, Frontline workers, Interview, 2021).

The high level of insecurity and instability is also due to frequent episodes of violence and neighbourhood conflicts. 'Here, people keep fighting' was the expression of one respondent who was sharing her experience of living in Seelampur (Suman, Beneficiary, Interview, 2021). Another inhabitant recalled the infamous shooting incident where a teenager lost his life when his friends shot him inside a car. There is also the problem of substance abuse among adolescents and youth. Rashmi observed that due to lack of awareness parents often introduce their children to eating *sweeti supari* (scented betel nut) and subsequently children start exploring different substances under the influence of their peers. Among young girls, the school dropout rate is high and has increased during the current pandemic.

Despite being the site of political violence and instability over the decades Seelampur has made a mark on the increasing electronic waste market in the informal sector. 'Here, stripping of wires is a major

form of work' (Nagma, Beneficiary, Interview, 2021). With increased digitization and the telecom revolution, Seelampur is coming to be known as 'the largest electronics dismantling market in the country, where over 50 per cent of used computers end up for sale and recycling' (Down to Earth, 2010). Close to 90% of the e-waste is collected by the informal sector but only 10% of it goes to recycling units in the formal sector which not only gives an edge to the informal sector but also provides a livelihood to approximately 50,000 people in Seelampur (Koshy, 2019).

At present, Seelampur is one of the largest administrative districts of north-east Delhi along with Shahdra and Seemapuri. The district of North East Delhi has 92% of significant urban presence in Seelampur and Shahdra with no rural population but Seemapuri has some rural presence. There are only 12 inhabited villages in the north-east district, making it highly urbanized (Gol, 2008, p.5). The survey also notes that the north-east region of Delhi is marked by high levels of illiteracy and lack of employment opportunities, infrastructure and other public amenities and access to healthcare (Gol, 2008, p.10). However, with time and interventions by the Aam Aadmi Party (AAP), Seelampur has seen better civic amenities in the locality. Community members have noticed the new infrastructure support such as *mohalla* clinics and *anganwadi* system. In the opinion of Rashmi, a frontline worker, the government's positive role should also be highlighted. Until two years ago, people in the area were using firewood or coal as cooking fuel, but under the AAP government, people

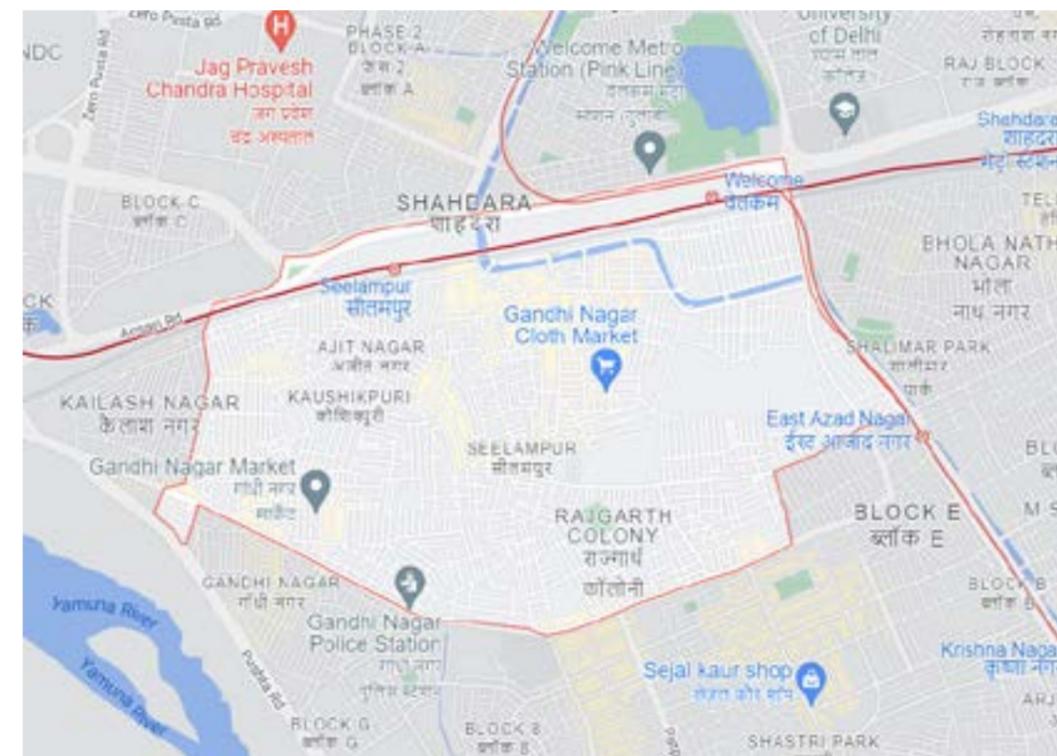


Image 1: Map of Seelampur

Source: Google Maps

have been able to access ration cards, water and electricity and, to a large extent, fuel for cooking. Most houses are connected to a government water supply along with access to water tankers. The new houses have in-built toilet facilities. Although cooking on gas cylinder still remains limited, people are able to buy fuel according to their requirements, for example, a smaller gas cylinder of 1–2 kilograms. (Rashmi, Women Frontline Worker, Interview, 2021).

Seelampur: The Site of Communal Violence

Despite having carved out a niche for itself in terms of survival and existence, the history of political violence and communal disharmony keeps raising its head in Seelampur.

In December 2019, the Government of India passed the Citizenship (Amendment) Act, 2019 (CAA), which granted safe passage and citizenship rights to religious minorities from Afghanistan, Bangladesh and Pakistan except Muslims. The Act provoked outrage and highlighted the overt anti-Muslim and anti-minority sentiments of the Indian state. It was not only a violation of Article 14 of Indian Constitution but also in stark conflict with the rights to citizenship of Muslim minorities and Adivasi communities in India.

The passage of the CAA led to large-scale protests in India and attracted global attention to the state of Indian political affairs. Multiple protests against CAA legislation erupted in metropolitan cities and universities such as Jamia Millia Islamia,



Photo Courtesy: HT Media Ltd

Jawaharlal Nehru University and Aligarh Muslim University. There was a violent crackdown and soon the violence spread to Seelampur where protesters were stopped violently. Seelampur and surrounding areas, such as Bhajanpura, Loni, Gokulpuri, Ghonda, Karawal Nagar and Kardampuri, witnessed an outbreak of violence between two groups, one supporting the legislation and the other, known as anti-CAA protestors, opposing it (The Hindu, 2020). Muslim minority universities such as Jamia Millia Islamia were targeted and students protesting the amendment, including women, were brutalised (Business Standard, 2020).

Aftermath of Delhi communal violence

Seelampur was severely impacted in the days following the protests, riots, police crackdown and clashes. Everyday life came to an abrupt halt amid the strict curfew in the area, leading schools and local businesses to shut down (Khalida, Frontline worker, Interview, 2021). Movement

within the North-East District was curtailed and entry and exit gates at adjoining metro stations were closed.

“Nor could we go somewhere neither could anyone reach out to us. Whatever provisions you are left with at home, just survive with that! People during that time were on a killing spree.”
(Suman, Beneficiary, Interview 2021)

In the span of three days, 53 people lost their lives to the communal violence, nearly 200 were injured and 800 faced arrest and preventive custody (Kuchay, 2020; The Print, 2020). Many families lost family members who were the sole income earners, women became widows at a young age and for many households

their means to earn livelihoods were disrupted as an effect of political violence (Khalida; Irfan. Frontline workers, interview 2021). Kuchay's (2020) visual reporting on the Seelampur violence highlighted the plight of people who were directly affected by the pogrom. The oldest victim of violence was an 85-year-old woman who died when her house was set on fire; equally startling was the death of a 15-year-old who was found at Guru Tegh Bahadur Hospital by his family and succumbed after a few hours.

In the middle of violent protests and communal disharmony, efforts to restore peace were ongoing by the state, civilians and civil society bodies. Many civil society and religious groups came together under a collective such as Civil Protection Committee which conducted peace march and made appeals of reinstating peace and harmony (India Today, 2020 March 2). Young people from the community came forward to help in the distribution of 'food and other essential material to the worst affected houses' (Youth for Human Rights Documentation, 2020, p. 45). Similarly, the state responded to the rehabilitation needs of the community in the riot-affected areas. The Chief Minister of Delhi, Arvind Kejriwal, announced compensation for the victims under the Delhi Government's Assistance Scheme and in Seelampur, state-sponsored relief was carried out through the office of the Sub-Divisional Magistrate (SDM). Under this initiative, several civil society organisations that were based in the community were asked to come together and join the process of relief work.



Photo Courtesy: P Photo/Manish Swarup

With the help of field workers at the grassroots level and community-based organisations, the state initiated the process of relief and rehabilitation (Radhika, Interview, 2021). One such organisation was Action India, which runs a Mahila Panchayat in Seelampur; their field workers were called in to work directly through the SDM's office in preparing lists of the beneficiaries for compensation and verifying the beneficiaries. Faheem shared that 'after the riots took place, we [Action India] received a message from the office of the SDM that they require a few social workers who can assist them in preparing the list of the beneficiaries' (Faheem, Frontline worker, Interview 2021). According to her, around 250 families were listed for compensation, and for verification they were required to visit the people, which helped them outline a first-hand account of the situation and the vulnerabilities of the people. The relief work in the riot-affected area started with the filling of forms for the compensation after which the team of Action India's frontline workers started distributing the rations and other essential material provided with the help of the SDM (Sanjeeta, Frontline worker, Interview 2021)

Although the SDM's office only fulfilled the ration and food-based needs, people affected by the riots had lost much more. Respondents outlined that they had seen houses where everything was burned down and merely walls remained. Their houses had been blasted apart by gas cylinders (Faheem, Frontline worker, Interview 2021). Several families lost their sole bread winners. Both Hindus and Muslims suffered, but the impact on the Muslim community was felt severely. Their livelihood means were destroyed, factories were burnt down, autos were broken, etc. (Irfan, Frontline Worker interview 2021). Similar observations regarding the communal bias and discrimination against the Muslim community were noticed by others (Sanjeeta, Frontline worker, Interview 2021). The outbreak of violence in Seelampur had severely hit the sense of security at material and non-material levels. While many lives were lost and property was damaged, the atmosphere was also full of fear. People were alarmed and

guarding their streets at nights. As one resident reflected, 'We won't be able to sleep the entire night and stay awake. The weather was cold and we would light a fire in the streets outside our homes. Even if we would go inside either to sleep or to pray, we would get anxious as if someone has come. It was a very dreadful period.' (Nagma, Beneficiary, Interview 2021)

Interestingly, frontline workers from Action India who had closely worked in providing relief support during the communal violence were vocal in supporting the protest against CAA. They outlined the horrific conditions and the after-effects of the violence unleashed in Seelampur. One Frontline worker, Faheem who was involved in the provision of relief work, shared that people in Seelampur had suffered dire consequences due to the political violence; everything in their houses had been burnt down and they were left with nothing. Umeed Project was another group comprising young

volunteers who worked alongside Action India in the relief drive; they noted that people required help in everything and in every way at that time from clothes to blankets to food, along with dry rations, medicines, and monetary aid. Apart from the basic needs and services, volunteers from Umeed Project also gathered volunteers to donate blood for the people who suffered physical injuries and lost blood.

During this crisis, several networks came together—the youth, volunteer groups that were formed at the time of crisis with support from the community, and non-government organizations that were already present in the community. There was an understanding between the volunteer groups and civil society networks in considering the vulnerabilities in communities and outlining the course of action at the grassroots level. Frontline workers from Action India during this process informed that after the communal violence in Seelampur

and other riot-affected areas like Shiv Vihar, Mustafabaad, Gokulpuri and Kardampuri, numerous volunteer groups and networks were formed and came forward to provide monetary, material, or food and ration relief to the afflicted people. Since the presence of Action India at the grassroots level is well known, a volunteer group from Jama Masjid called 'Youth Welfare Association' approached the frontline workers of Action India to help them access beneficiaries. Many civil societies also approached and collaborated with Action India during the relief work. 'When we used to visit the riot-affected areas, we would meet people from other NGOs but since these organisations did not work at the level of the field, they asked us to carry out the relief drive in the community.' (Faheem, Interview 2021). Hence, beyond the state mechanism, grassroots organisations and community-based voluntary groups played a significant role in addressing the immediate crisis owing to their community base and knowledge. This network of organisations was



Photo Courtesy: News18



Photo Courtesy: UNICEF/UN0455357

instrumental in redressing the needs and requirements of people who suffered the effects of the national lockdown imposed right after Delhi riots.

Socio-economic vulnerabilities in the national lockdown increased in the Seelampur area due to communal violence. In the opinion of respondents, including frontline workers and NGO representatives, the economic condition of people deteriorated due to loss of jobs and lives in the riots. According to Faheem, 'People were not able to improve their material conditions and therefore they started facing a lot of problems especially economic problems during the lockdown. If at all they could work, they could have saved something for the pandemic. After the communal violence, they did not get enough window.' (Faheem, Frontline worker, Interview 2021).

“**‘When the lockdown was imposed, for 2 to 3 days, we did not face any trouble because my father works as cobbler and I work as a home-based worker—peeling wires—so I had little bit of money with me. But after the initial couple of days everything was over. We used to get food from the schools but it wasn’t enough to survive.’**
(Anju, Beneficiary, Interview, 2021)

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Experience of National Lockdown in Seelampur

These were the words of a 19-year-old girl living in Seelampur who echoed the collective sense of inadequacy and vulnerability of people from her locality. In March, when the lockdown was announced, Seelampur was still reeling from the damage and horror of the Delhi riots., Unemployment, widespread panic and fear of being killed were some of the aftermaths of the riot in Seelampur, which resonated in the Covid-related lockdown crisis. As a result, the experience of the lockdown profoundly affected people, not only in the social and economic aspect but also psychologically and emotionally.

Socio-economic Vulnerabilities

The accounts of frontline workers and beneficiaries have helped to outline the existing socio-economic life in Seelampur. People here were primarily engaged in the unorganised and informal sector. They depend on daily wages for their livelihood and survival. Most of the people interviewed were working as rickshaw pullers, factories workers (mainly in factories making jeans) or employed at construction sites such as metro sites. Women were mostly housewives but some of them were either working as domestic workers or engaged in home-based work such as *taar chilna* (stripping wires) and *nag chipkana* (pasting stones and other decorative articles on clothes). People lived in houses built within 12.5 sq. yards or a maximum of 25 sq. yards; some of these houses



Photo Courtesy: Mansi Thapliyal/Reuters

were also given on rent. (Sanjeeta, Frontline Worker, Interview, 2021)

Financial instability has touched upon everyone’s lives but for those earning a monthly income below Rs. 15,000 were especially affected in the Covid-19 lockdown period owing to unexpected expenditure, medical expenses, payment of loans and other bills (Dey, 2021). Field data indicates the accumulation of debt and an economic crisis owing to loss of income. Another observation that came through the interviews was that the income earned from rent payments was the major source of income for the families that owned and in Seelampur. During the lockdown, non-payment of rents had economic implications for landlords too.

Migrants from Uttar Pradesh, Bihar and Rajasthan who came to Delhi in hopes of finding better employment lived on rented accommodation. The migrant community that settled here can be categorised into those who came with their families and those

who were single and primarily from Chhattisgarh (Rukhaar, Frontline worker, Interview, 2021).

The majority of the community is dependent on low-income activities for everyday survival. According to one respondent, 'Many of these people are labourers and work as daily wagers; those who are pulling rickshaws are barely making 150 rupees or 200 rupees on a daily basis. On some days, their earnings are lower than that too. Hence, these were the people who received a major blow due to the lockdown.' (Khalida, Frontline worker, Interview 2021). On the other hand, there were people who lost their livelihood in the Delhi riots. For them, the lockdown was only an extension of economic vulnerability. Economic vulnerability was also high for families where husbands were unemployed. For Simi, the economic distress was severe because her husband had been unemployed for the past year and she could not go out to work since she had to care for her two young children.

By and large, the loss of means to earn a livelihood was the major narrative round which people shared their experiences. But while income insecurity was one part of the story, another marked feature at Seelampur was the expression of fear and panic among people already reeling under the impact of communal violence on their lives. 'The effect of the Delhi riots was such that people were scared to get out of the house even during the lockdown.' (Simi, Beneficiary, Interview 2021). The sense of community has received a huge jolt in the Delhi riots while the economic distress caused by the lockdown and the protocols of social distancing further dissuaded people from venturing out. Faheem noted that in a normal scenario people in the neighbourhood come out in support of each other, but due to the peculiarities of Covid and subsequent protocols of social distancing the sense of community was diminishing.

Food Crisis

Food shortages were a striking feature of the national lockdown.



Photo Courtesy: PRD Kerala

According to Tortajada and Tortajada (2020), India which is 'one of the world's largest food producers' has been impacted by the 'hasty lockdown' and shook its 'fragmented and fragile food systems and supply chains'. Further, the World Economic Forum remarks that 'the pandemic and resulting unemployment has made India's hunger crisis worse' (Bhargava and Bhargava, 2021). Although Covid-19 has impacted the food chains worldwide, in India this has escalated the hunger crisis. During the interviews, beneficiaries highlighted the painful reality of a shortage of food and cooking in their homes. One male beneficiary shared his grief at not being able to feed his children due to lack of money, and a female beneficiary was anxious because she did not have the money to buy cooking oil. During a field visit, frontline workers from Action India heard the cries of hungry children. 'Once a child came out of his house and he was crying. We thought that kids do often cry but this one was crying incessantly. We grew a bit concerned, that maybe he is hurt or something. When we asked around, we learnt that for the past two-three days no food has been cooked at their house. And that lady was not coming out because she has never faced such a situation. Her husband was also inside and too embarrassed to come out; hence the child is crying.' (Radhika, 2021). Because essential food such as milk was not available, many people were forced to drink tea without milk and give the same to their children. Sugar was another essential item that was either difficult to buy or not included in the distribution kits in sufficient quantity.

Denial of access to healthcare and other services

Interviews with beneficiaries and frontline workers revealed that normal/regular functioning of the various system of society such as medical services, *anganwadi* centres, hospitals for non-Covid issues, and non-stop supply of other facilities had come to an abrupt halt, leading to many fatalities. Access to healthcare was denied to many cancer and leprosy patients, maternal healthcare suffered since many women could not access iron injections or contraceptives, women lost their lives during delivery due to unavailability of hospitals or risked home deliveries and young girls did not have the money for menstrual care. One beneficiary, Premlata, shared that during the lockdown her daughter fell ill and she was unable to take her to hospital for treatment because of strict police patrolling in the area. In order to get medicines from the chemist, she had to beg and convince one of the policemen (Premlata, Beneficiary, Interview, 2021). In another instance, a woman in advanced stages of pregnancy died after her husband gave her an oral contraceptive in the absence and denial of proper abortion treatment as required. A senior frontline worker from Action India, Surekha, pointed to the grave ignorance towards maternal and child care needs during the lockdown by the government. An *anganwadi* worker told her that the dry ration kits that were being provided to pregnant women and children during the lockdown were not sufficient for their nutritional needs;

it was found that the limited food that was being provided would get divided between all the members of the family. Due to Covid-19, hospitals were not admitting patients for other medical ailments, due to which many women had been found giving birth right outside the hospital and some of them lost their lives (Faheem, Frontline worker, Interview 2021).

Process of Relief work in Seelampur during the Lockdown

The process of relief and care work for Seelampur was started by the existing organisations such as Action India and small voluntary groups like Umeed Project and MEEM through funding and donations. Their frontline workers teamed up with other funding organisations and individual donors such as Save the Children, Delhi Youth Welfare Association and Imdaad Team to help them distribute food, money or clothes in the community.

Outline of Process of Non- State Frontline Relief Work

Action India has had a visible presence in the area through Mahila Panchayats in the community. Their centres engage the community in resolving domestic abuse and violence against women in families through dialogue, community support and legal mechanisms if required. Action India, as noted by the senior-most Mahila Panchayat coordinator, is a women's organisation working on issues of education, health, women leadership



Photo Courtesy: Financial Express

and violence. The motto of the organisation is to build a violence-free society, as shared by another frontline worker, Sanjeeta, who has been working as a paralegal and is herself a survivor of violence. Other frontline workers such as Asha, Khalida and Savita started their journey as volunteers and then got absorbed in the organisation.

The understanding of social issues and conflicts by these women frontline workers is noteworthy. The ability to look at systemic inequality through a wider social lens was either influenced by their personal journey or by the continuous dialogues happening inside the organisation through its ideology. Using anecdotal evidence, one frontline worker outlined her journey in overcoming violence through the support of the organisation. 'During this time, Action India instilled open mindedness and gave us wings. It made us aware about our own rights

and how to fight back', she shared. While working in the NGO sector was a livelihood, for some frontline workers it was also an inspiration. As Radhika shared, from aspiring to become a professor to deciding to work in this field came from her vivid and rich experience of associating with people at the grassroots level.

Connecting with the field

All the frontline workers, including community workers, were locally based, which not only helped them address the needs of the community immediately but also gave them the knowledge to map the process and course of relief work. The advantage of community knowledge helped frontline workers receive first-hand information about the condition of people. One frontline worker, Faheem, told us that four days after the lockdown, a woman came to her house seeking food. Similarly, others informed us that they had

been personally approached for help by beneficiaries. The work of frontline workers from the time of the Delhi riots helped to concretize their presence in the field during the lockdown. With their experience of working in the SDM's office, frontline workers had become more aware of the needs in the community, which helped them in the identification of beneficiaries. Action India Frontline workers and community representatives worked hand in hand; both were involved in preparing the list of beneficiaries, checking the background by paying visits in person and identifying the needs of the beneficiaries.

Community mobiliser Asha said that they physically visited the area and households before listing the names of the families. This would help them understand the needs and requirements. She said, 'One of us would pay a visit to their house and see the condition, after which we would decide how they can be helped. If they needed rations, we would provide rations, but if we would see that they are facing more problems, then we would try to arrange cash for them.' The presence of an NGO in the centre of the community helped beneficiaries in accessing the relief in an emergency. The networks and support groups that came forward in the aftermath of the Delhi riots further enhanced the trust and relationship between the community and social workers. Locally-based NGOs such as Action India were able to involve young girls coming to the centre in the distribution process and in the identification of beneficiaries. 'Girls who used come at the centre made a list of those people who were in need of relief support in the street

where they lived.' (Asha, Community Representative, Interview 2021).

Duplication and authenticity were a major concern for frontline workers. In the face of panic and non-availability of basic and essential items, hoarding, over-storage and sale of relief ration was common and widespread. Irfan points out that he saw people taking rations from PDS, which had been doubled at that time, and also from organisations that were distributing free rations, and then selling it further. 'People sold the oil for 12 rupees per litre, whereas its actual cost in the market was somewhere close 100 rupees.' (Faheem, Frontline worker, Interview 2021). Frontline workers from Action India also realised the need for some identification proof to avoid duplication and dissuade people from misusing the opportunity by taking rations from multiple places. One frontline worker shared that how they collected Aadhaar card as a mild threat. 'Sometimes people would give someone else's name for the relief support along with their own even when it was not needed. So, in order to check this situation, we used to tell such people that whoever will bring their Aadhaar card, their names will be struck off the list of ration card holders. This was a small lie we had to tell in order to ensure fairness. Because otherwise, we saw that people who are not in need or landlords who have the ration card to avail of the PDS scheme were also coming in and those who are poor or really in need were being again being left out.' (Faheem, Frontline worker, Interview 2021)

The autonomy given to non-state front line workers to decide the course of relief work was extremely

helpful and effective. As shared by Action India workers, in the first few days of the lockdown they were directly approached by community members in distress. Hence, the call to organise themselves, prepare lists and approach networks was first made by frontline workers. They highlighted the sense of belonging to the community, 'We thought since we are a part of this neighbourhood, we should do something for them, so we did it. Our organisation did not stop us. At the time even our organisation did not know when the lockdown would be lifted.' (Radhika, 2021)

Identification of needs, beneficiaries and distribution of relief

Although food and ration were the most important and crucial needs that emerged, both beneficiaries and social workers reported that people were in urgent need of medicines for non-Covid illnesses such as cancer, diabetes, heart problems, and thyroid problems. Action India

and other networks provided door-step services in the provision of medicines. The denial of access to healthcare and other services was widespread. Normal/regular functioning of various systems such as medical services, *anganwadi* centres, hospitals for non-Covid issues, and non-stop supply of other facilities came to an abrupt halt, leading to many fatalities. Lack of maternal care during the pandemic was rampant. As Surekha notes from the experience of ASHA workers, the dry ration that was being provided at homes was insufficient to meet the nutritional needs of children and pregnant and lactating mothers. The dry ration kits that were provided would often get divided between all members of the family.

The major crisis that unfolded during the lockdown was shortage of food and rations. But there were many other needs that social workers and beneficiaries brought out during the interviews. Imran shared that under his project they started bus services from Delhi to Bihar, Uttar Pradesh, and Odisha with permission



Photo Courtesy: smileindiastrust.org

from the Delhi government to send migrants back to their villages. Many migrants in that area were working in the jeans factory that was shut down and they had no means to survive. Highlighting the plight of the migrants, he shared that due to the sudden and absolute lockdown, people from low-income groups lost all means to survive and were left with nothing to eat. One beneficiary during an interview expressed her wish to go back to her village in order to survive.

Frontline workers with the help of networks also helped provide milk and biscuits to households with small children. Adhikar Foundation with the help of Action India distributed sanitary tissues in the community once. Frontline workers, community representative, NGO representatives and beneficiaries unanimously reported the relevance of cash in such times. They responded that while cooked meal or dry rations were being given, there was no money to buy gas cylinders, milk or vegetables. In some cases, cash was also distributed with the help of voluntary groups. Most of the respondents in the beneficiary group were tenants, who were in dire debt due to non-payment of rent. Banty, a male beneficiary, expressed his grief during the interview; he was thrown out of the house along with his family by the landlord over the rent issue. Frontline workers also provided assistance in accessing relief services. For instance, Reshma and her team helped people fill out e-coupon forms and informed people about locations where food or ration was being distributed.

The process of preparing the list and identifying beneficiaries was

crucial and exhausting. The focus was primarily on people living on rent, single women, woman-headed households, widows and disabled persons. Action India frontline workers found that in Seelampur many families had lost their sole income-earner and many women had become widowed in the Delhi riots. Most of the beneficiaries are migrants from Uttar Pradesh and Bihar who have been living in Delhi for a long time; most of them have families and there are fewer single people. The majority live in rented slums or rooms. People in Seelampur work mainly as daily wage laborers, casual labourers, home-based workers doing work such as *taar chilne ka kaam* or *nag chipkana*, rickshaw pullers, and construction labour. The majority of the population in Seelampur and nearby areas are in the low-income category and to identify the neediest of them was a tough decision that frontline workers had to make every day. It was seen that the situation of many families had worsened due to the Delhi riots in Seelampur; hence, preference to provide rations was given to families where the sole income-earner was killed or women who had lost their husbands during the riots.



Photo Courtesy: Representational/Express Photo by Manoj Kumar

“**‘There were many single women in Seelampur and other riot-affected areas who had lost their husbands in the communal violence; some had lost their sons and were left with no one to run the household.’**
(Faheem, Frontline worker, Interview 2021)

Most of the coordination over relief work involved the use of WhatsApp and phone calls, but for distribution of ration kits, social workers would select the house of a woman associated with Mahila Panchayat where beneficiaries were called. Sometimes, they would also deliver door to door according to the list, although other networks did the distribution mainly door to door because they were not based in the community. It is pertinent to note that non-state relief support was not universal and accessible to everyone in the community. Initially when Umeed project started relief work in

the community, they did not have enough means to provide ration kits to everyone. Hence, they had to re-look at the list numerous times to identify the ‘most needy’ (which was someone who doesn’t have enough to survive a day). This dilemma was also shared by other social workers where due to insufficient kits they were forced to choose the most vulnerable out of the vulnerable. As a result, the preparation of the list of beneficiaries was the most excruciating task. The identification of families to be listed for the relief support required not only geographical knowledge but also social and economic mapping of the community. As Faheem highlighted, it was up to the frontline workers to decide, but for that they had to pay visits to the families to learn about their needs. Hence, frontline workers attempted to make the list as inclusive as possible, but the decision to exclude was equally difficult and distressing.

One of the techniques to reach out to the needy population was snowballing. Faheem shared that through one disabled woman in Gokulpuri they identified approximately 25 to 30 disabled people for the provision of relief support. Another approach that helped them was support from the field office. For example, frontline workers from Action India were informed about needs through the young girls who are associated with them through their field interventions. Similarly, Irfan shared that his work in providing relief support made him accessible to the people of the community, who would then directly start approaching him; at the same time, he would get leads from his organisation too.



Photo Courtesy: PTI/Kamal Kishore

Challenges in the process of relief work

The experience of the pandemic and subsequent lockdown was full of uncertainties and challenges across social groups but particularly for the vulnerable and marginal communities. Due to these uncertainties, frontline workers often met with demanding situations, be it in procuring of ration or distribution or facing the heat of people whose needs could not be met. However, there were also many roadblocks for the beneficiaries in accessing relief.

Inadequate resources

NGOs and frontline workers had to rely on other networks and sources of funding to procure material to help people, which hindered smooth functioning. All these groups shared that in the initial stages of the lockdown they had to rely on their personal savings to fund the relief drive. Vulnerabilities around them were widespread and unavoidable, especially those related to hunger. With the passage of time, donations

started pouring in through networks and civil societies. However, there was still a shortage of relief kits and they were not able to reach out to every household.

Volunteers from Action India reported that they received support in terms of autonomy and discretion to work from their organisation. While they got money to recharge their phones, they did not get any money to cover their travel expense.

Gaps in community mapping

Although initially the frontline workers from Action India relied on their community knowledge and locals to reach out to beneficiaries, it turned out that through this strategy new migrants and tenants who were not known to the neighbourhood were being left out. Reshma shared her experience when a child’s crying called her attention to the hunger of the family, which had just arrived as tenants in the neighbourhood. From here onwards, the team decided to look for tenants and possession of Aadhaar cards and accordingly



Photo Courtesy: Danish Siddiqui/REUTERS

tried to link them to the government schemes of e-coupons or listed them for relief kits.

Wrath from the community

Social workers often faced criticism from beneficiaries. Some were beneficiaries on the list who were yet to receive relief and some were people who the social workers did not find eligible for relief.

Communal bias and anti-Muslim sentiments were also observed. Social workers were often accused of being religiously biased. Some of them were accused of discrimination and helping the members of their own religion. One frontline worker, Khalida, shared that she was often told by people from the Hindu community that she was biased because she was only distributing to Muslims, while Muslims accused her of helping only Hindus despite being a Muslim. Irfan had to resort to police intervention when he went distribute rations in a predominantly Hindu community who accused him of helping members of his community. One frontline worker, Surekha,

reported that a Muslim community mobiliser was refused entry into the colony when she revealed her name.

Erratic working hours

On many occasions, social workers were found to be providing relief kits at late hours or to far-off places and there was no arrangement for commuting. Since the frontline workers from Action India were mainly women, the challenges to their travel and commute were very visible. All the frontline workers and social workers worked tirelessly. One of the respondents informed us that she would sit late into the night, preparing lists and Google forms for thorough distribution. All the social workers said that they had responded to distress calls made to them even at night.

Problems in the relief provided by the government

The gaps in the relief extended by the state proved to be additionally challenging for non-state actors providing support to the community.



Photo Courtesy: Indian Express

After the Delhi riots, the SDM was not seen as supportive and forthcoming in helping people during the lockdown. Frontline workers made their first call for help to the SDM's office but after the Delhi riots, there was a significant drop in attending to the distress faced by the community. This was quite discouraging and the common sentiment across the networks that have come together was that the government avails of the services of non-government organisations only when it is required by them.

Physical Violence

Most of the beneficiaries and frontline workers informed us that they had to face physical violence from the police and civil defence personnel. In order to implement social distancing, the police resorted to lathi charges, etc. A boy was badly beaten by the police when he first stepped out to get a cooked meal, as conveyed by a community leader. In another incident, due to lack of income-earning opportunities many people were seen selling vegetables. A beneficiary shared that she had to step out to sell the vegetables because her men were prone to facing physical assault by the police.

Undersupply of food

There were many problems in the distribution of cooked food in government schools. Respondents from across the categories informed us that on many occasions there would be shortage of food.

Exclusions in the service

There were long queues for the meals, and people had to stand

for at least two hours prior to the scheduled time. This restricted access for many people who were elderly or unwell and pregnant women. Surekha pointed to the politics of the able-bodied in the entire service scheme of food and ration distribution in MCD schools. Those who were dependent on others such as the sick, disabled, elderly and pregnant women had a difficult time accessing the service because the queues were long and far from their homes.

There was an enormous digital divide in the provision of ration through e-coupons. People had to rely on cafes to fill the form online and pay exorbitant money for it. In some cases, people did not have access to smart phones or enough data recharge, and in some cases, people relied on frontline workers to fill out the forms.

Personal Journey and Experience

Frontline workers, NGO representatives and community representatives collectively shared the feeling of helplessness when they would fail to reach out. However, some social workers, especially women, shared a sense of confidence, recognition and leadership qualities in their personal and professional life. One respondent, Khalid, spoke at length about the transformation in her personality and in the perception of people regarding her work. She shared that not many women from the Muslim community work, due to which her working out of the home had raised many eyebrows; but during this period, when she connected

CASE STUDY III. SEELAMPUR

Key highlights



Photo Courtesy: ANI

with people and helped them meet their needs, people got to know her and started looking at her with awe and gratitude, which boosted her confidence and inspired her further. She also shared that social organisations run on the labour of workers who work at the grassroots level. Other frontline workers shared the feeling of gratitude of being able to help people in their time of need.

Relief work from a gender perspective

There were issues and conflicts related to sanitation and the fear of spread of infection. Women frontline workers, in particular, faced criticism and resistance from the community and their families. One frontline respondent said that she had to sanitise her bag and herself in front of her neighbours. She faced a lot of criticism from her neighbours because she had to go out during the pandemic. All the women frontline workers or community leaders/representatives faced resistance from

their families in pursuing field work during the pandemic. However, no such incident was reported by male frontline workers; there was general concern about their well-being, but not resistance.

Travel and commuting was another challenge noted by women frontline workers as compared to male frontline workers. All the frontline workers from Action India were women who had to walk to lanes and streets or depend on the local rickshaw puller from the neighbourhood. In contrast, the Umeed Project team was a mix of young volunteers who had access to transport that helped them in door-to-door delivery; within the team there was gender-based division of work; male volunteers were involved in the distribution and female volunteers prepared the lists and packed the ration kits. However, Imraan also noted that beneficiaries were more comfortable discussing their needs and issues, for example, menstruation and pregnancy, with

women frontline workers than male volunteers.

Women frontline workers had their own unpaid care responsibilities. Most of the women had to depend on their daughters or did it themselves. In some cases, husbands were supportive in terms of helping them transport the ration. Women often faced resistance from their families to work. With beneficiaries, there were issues of domestic or economic violence; in one such incident, an alcoholic husband sold the ration that his wife had got through the relief drive.

However, it is interesting to note that in public spaces that are generally inhabited by the male population due to systemic gender-based segregation, during the pandemic the presence of women beneficiaries was notable. One of the police personnel attributed it to the 'laziness' of women to cook at home and, according to him, the reason where there were more women in ration queues. But in the experience of beneficiaries and frontline workers, police patrolling was not strict, but also more severe on men and young boys than women, due to which

families resisted sending their male members out. Another reason for women in ration and food queues is also due to the women's care-giving role in the household.

Women also faced a penalty in the job market after the lockdown. As shared by Surekha, many women prior to the pandemic were working in factories but now only men were being hired. Women who had worked as domestic helpers were still not being called to work either due to Covid protocols or due to the economic depression caused by the pandemic.

Muslim women faced even more discrimination. One community mobiliser faced challenges due to her Muslim identity and wearing of a burqa; she had to remove her burqa while working in the community, but had to wear it when she stepped out of her house.

Elderly widows were another category that faced violence from their families during the lockdown. Sixteen widows in Delhi were thrown out of the house and were sent to old age homes by their sons due to their lack of means to provide for them.

CASE STUDY IV. BAWANA, DELHI

Key highlights

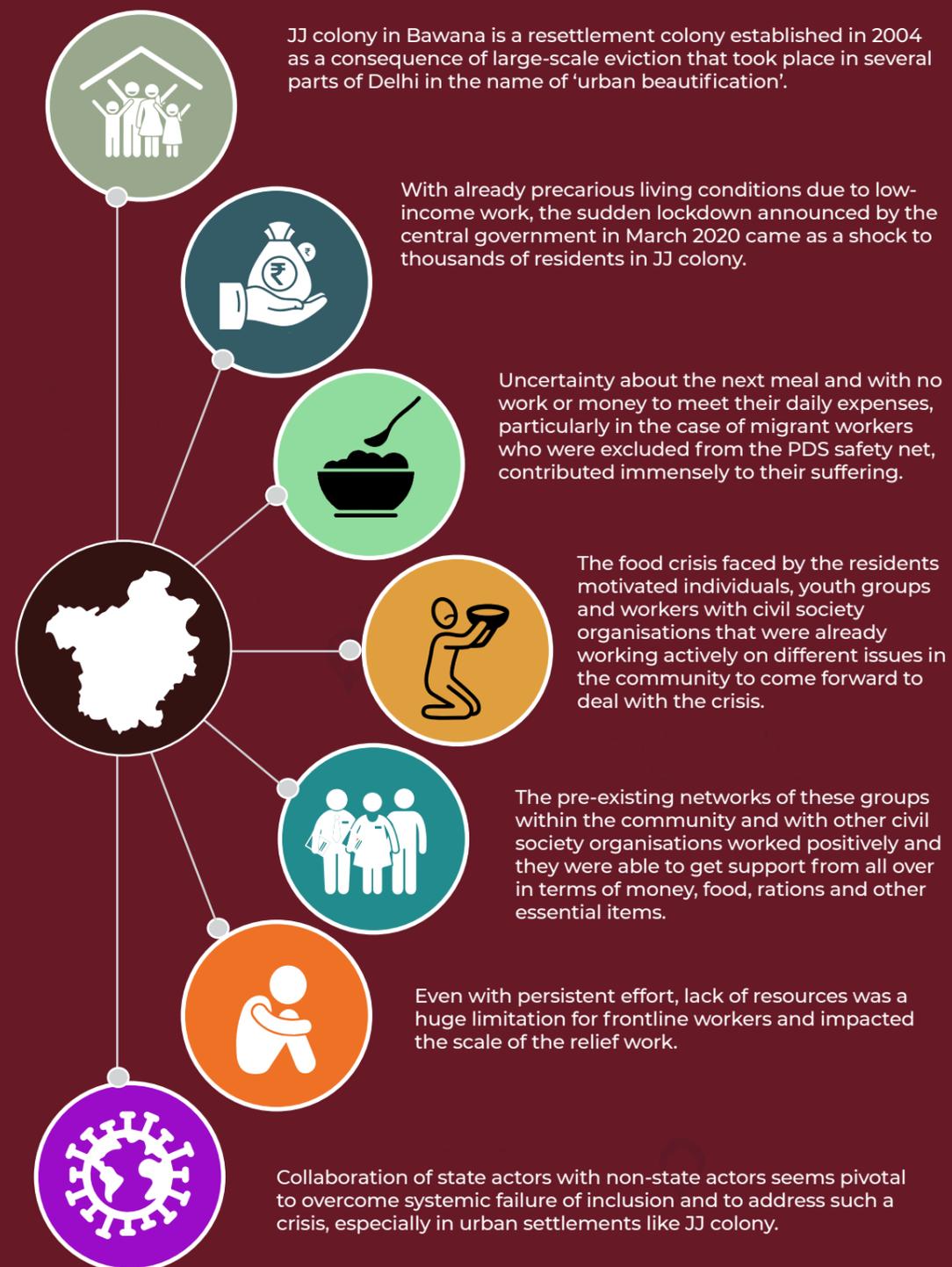


Photo Courtesy: thewire.in/Hazards Centre

Introduction

Located on the north-west boundary of the National Capital Territory of Delhi and the neighbouring state of Haryana, Bawana was historically a rural village that is now incorporated into greater Delhi. Its history goes back to 1168, when Jats came from Taoru (now in Haryana) to settle here. (Pandit, 2011) The village got its name from *bawan* (which means 52 in Hindi) because it was spread across 52 hundred bighas of land. Bawana zail (revenue unit) was constructed in the 1860s when the *zolidari* system (revenue collection) was introduced. Most of the area of the village was under farming and had fertile land, but most of this land got acquired by the Delhi government for industrial purposes. (Kumar, 2017).

J.J colony or Jhuggi Jhopdi Colony is a resettlement colony within

Bawana that was established in 2004 to absorb nearly 120,000 people who had been evicted from squatter settlements in Delhi. Eviction and resettlement have been part of Delhi's urban history for a long time, and residents of Delhi's Jhuggi Jhopdi Clusters (JJC) have experienced at least three waves of eviction and resettlement since the 1960s. At the time of their eviction from a JJC, eligible people were allotted plots in settlements categorised as JJ Resettlement Colonies. During the first wave of resettlement in the 1960s, 18 resettlement colonies were established in Delhi and JJC residents were relocated to 11 sites, mainly in north, northwest, and west Delhi. These newest resettlement colonies—which include Savda Ghevra, Bawana, Holambi Kalan, Papan Kalan, Rohini, and Narela—which brought Delhi's total number

of resettlement colonies to 55 (Banda & Sheikh, 2015).

In the 1970s, the Emergency brought a second wave of resettlement that produced another 26 such colonies. The most recent wave of resettlement was the result of evictions to make way for infrastructure for the 2010 Commonwealth Games. Community living on the river Yamuna banks (Yamuna Pushta) were specifically targeted for demolition, because the government sought to secure this land for both the Commonwealth Games village and lucrative private developments. Large-scale evictions rendered close to 200,000 people homeless between 2004 and 2010 (Ramakrishnan, 2014). Urban beautification emerged during the 2000s that Baviskar (2003) describes as 'bourgeois desires for a clean and green Delhi combined with commercial capital and the state to deny the poor their rights to the environment' (Ramakrishnan, 2014, p. 70). A survey on spatial mobility conducted in different zones of Delhi in 1995 documented a process of repeated forced mobility endured by groups of slum dwellers from one squatter settlement to another. This reflects how the destruction of slums without adequate rehabilitation leads to the creation of new squatter settlements or the densification of existing nearby slum clusters that leave informal habitants with no option but to occupy vacant lands, essentially public lands, where they self-construct makeshift housing or huts (Dupont, 2008)

The policy that established these resettlement colonies was designed to impose a measure of planning, providing basic services and shaping

settlements in contrast to the JJs they replace. Despite this intention, these colonies remain outside the ambit of 'planned colonies', and most have received basic services only years after resettlement. The people of Bawana have witnessed a series of evictions and resettlement that evidently led to their exclusion from access to basic services. In addition to the violence of the demolition process, residents who live in JJ colony, Bawana have been relocated at a considerable distance from their former livelihoods, because the colony is on average 35 kilometres away and requires a 3-hour commute due to disconnected transport links. (Ramakrishnan, 2014)

Slum clearance for the redevelopment and beautification of capital has often resulted in pushing the unwanted slums further away, without solving the issues of adequate shelter to the poor (Dupont, 2008). JJ colony, Bawana is located near the Haryana border and remains outside the urban boundaries of the latest Master Plan of 2021. Located 23 kilometres in the north-west of Delhi, Bawana comes under the urban extension Zone 'N' of Delhi; the closest metro station is Rithala, which is 14 kilometres away. It has a population of almost 1.5 lakh residents (Jagori, 2016, p. 3).

Demographic Profile

The majority of the population of JJ colony, Bawana are migrants from Uttar Pradesh, Bihar, Jharkhand, Madhya Pradesh and West Bengal. Some have also migrated from Chhattisgarh, Rajasthan, Uttarakhand, Haryana and Nepal. The residents mostly work as daily wage workers: construction workers,

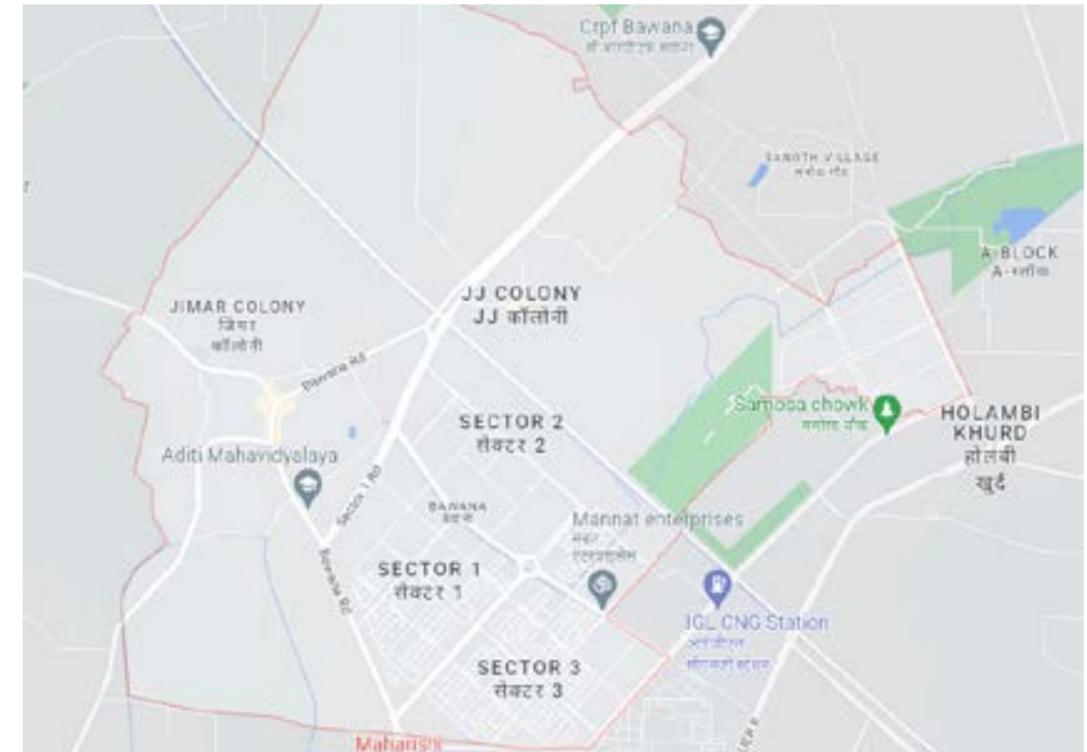


Image 1: Map of Bawana

Source: Google Maps

rickshaw pullers, domestic workers, factory workers, head load workers, hand-cart pullers and rag pickers. Some of them also work as drivers of Rural Transport Vehicles (RTV) or e-rickshaws, and as mechanics. A significant majority of women work in factories and engage in piece rate work. They also run *dhabas*, grocery stores and *paan-bidi* stalls (Jagori, 2016).

In terms of religious diversity, the majority are Muslim. The area has been organised into 12 blocks; the newer 7 blocks were built in 2009. The residents living in JJ colony have mainly been relocated from Yamuna Pushta, Dhapa Colony, Banuwal Nagar, Saraswati Vihar, Deepali Chowk, Vikaspuri, Nagla Machi, and Jahangirpuri, among others (Jagori, 2016).

Social Dynamics

According to one frontline worker, currently JJ colony has around '75% Muslim families settled here from 2005' (Rohan, Frontline worker, Interview 2021). A year later, in 2006, as more families got evicted from Yamuna Pushtar (a Hindu-dominated settlement) and relocated here, tensions between the two communities increased. 'The style of living is also different, you know. Initially, there were a lot of issues between both the religious groups. We tried to understand those issues.' (Rohan, Frontline worker, Interview 2021) The respondents expressed mixed feelings about the social relationship between the two communities. While most of the respondents insisted that there is harmony between Hindus



Photo Courtesy: Vaibhav Parmar/Zee News

and Muslims in Bawana, a contrary response was also that ‘we do not talk much to our neighbours here.’ (Nabila, Beneficiary, Interview 2021)

Residents of JJ colony had a strong perception about ‘others’ in the community. Beyond religion, the class divide between those who had access to basic resources and those who did not was quite evident. Living in a rented house versus owning a house was one such division. In the study sample, the majority of the respondents were tenants (in a *jhuggi*) and did not own their houses while a few had their own houses. Such differences in terms of asset ownership or access within a space has impacted the relationships between the different communities. As Ramakrishnan (2014) highlights, ‘In a colony where people still express considerable degree of anomie or anxiety stemming from the perceived breakdown of social norms and control, assumptions are made regarding people’s status, character, in order to make sense of one’s surroundings and demarcate belonging. Additionally,

the movement of people from left behind villages to urban slums, and then to the resettlement colony, imparts a powerful restructuring of such spaces and alters the way in which people construct home, work and community’ (p. 68). The external perception of JJ colony and its inhabitants was mentioned to be a stereotype due to which the community often faced discrimination, ‘People in JJ colony had faced a lot of discrimination; there is a general perception about JJ colony, even I was not getting a job in a private school because I was from JJ colony.’ (Rohan, Frontline worker, Interview 2021)

Even after living for more than a decade in JJ colony, people were still anguished about their living conditions in JJ colony. The quality of life, in Bawana was substandard in comparison to what they had before resettlement. The common responses of most people, in our study was that their former place of residence was more spacious and less dirty.

Condition of factories and factory workers in Bawana

Bawana is a major hub for small-scale industries. Most of the residents of JJ colony, particularly women, work in these factories. One frontline worker highlighted that there are almost 30,000 factories in Bawana, of which 18,000 factories are functional¹. He added that 75% of the residents of JJ colony, mostly women, work in these factories and earn nearly 5,000 to 6,000 rupees a month. These factories are mainly engaged in manufacturing small and large plastic jars, plastic slippers, iron, tin shades, and similar items. (Rohan, Frontline worker, Interview 2021)

There have been fires in these factories where much of the work involves hazardous products. In such places, the safety of workers is compromised and can be life threatening. (Monteiro, 2018). In 1996, factory owners across Delhi were asked to relocate to Bawana with the promise of a world-class industrial area. Over two decades later, Bawana was in news again, for a fire that claimed 17 lives which included 10 women). The fire began on the first floor and spread quickly, but the factory had only two fire extinguishers and one exit. Later, it was found that the unit had officially been registered as a plastics factory, but its owner had started stocking firecrackers and paying workers to package them just three weeks prior to the blaze (Venkataramakrishnan, 2018).

According to Delhi Fire Services (DFS), more than 1,500 fire-related

1. The respondent provided these figures.

incidents were reported from Bawana between April 2016–17, an average of four fires a day (Mohan, 2018).

In 1996, the Supreme court had ordered relocation of industries operating in Delhi’s residential areas that were in violation of the Delhi master plan. The vision of this order was to reduce pollution, enable decongestion and provide an industrial area for small-scale businesses. However, this order complicates matters by mentioning that a factory sized below 250 square metres does not need a No Objection Certificate (NOC) from Delhi Fire Services (DFS); since the majority of factories in the industrial area are only 200 square metres or less, it is hardly enough to construct safety mechanisms (Mohan, 2018).

Status of education, water, sanitation and other life conditions

Since, the status of education is abysmal and good quality education is still not accessible to most of its residents, the presence of NGOs is crucial to address this crisis. In fact, most of the NGOs we came in contact with had a background of working with children to enhance their academic skills.

Residents of JJ colony were deprived of basic facilities, such as drinking water. There was no direct supply of water in the area; respondents said that they had to go outside their home to get water or buy water. They depend on the water tanker provided by the MCD. Moreover, some parts of JJ colony came under the Delhi

“ Rohan, a frontline worker spoke about the condition of education in JJ colony.

‘Education is the main problem here. In one section, there are 75 students; with that kind of an environment, they learn less (*kaun padhega*) and teach little (*kaun padhayega*). Teachers clearly said that these students would not study. Mostly parents of these students are engaged in factory work and so they are unable to give adequate time to their children. Also, these children have additional responsibility of taking care of their younger siblings at home.’ (Rohan, Frontline worker, Interview, 2021)

Development Authority (DDA) only had provision of water, so people from other areas had to go to DDA blocks to collect water.

Most people used water from the canal running through Bawana for other household purposes, especially those who lived close to the canal. A frontline worker said, ‘Shortage of water has been a persistent problem in Bawana; people usually had to go to the canal (*nehar*) to wash their clothes; these people lived within 100 meters of this canal (*nehar*). Initially

“ A frontline worker associated with the NGO Magic bus foundation said:

‘Access to drinking water is a challenge in JJ colony; only four blocks have access to water here, the remaining seven blocks do not have any access to water; blocks under DDA have, others do not. And so, you need to get water from other blocks, I myself collect water from another block, one has to get up at 5 a.m. to fetch water.’ (Rama, Frontline worker, Interview 2021)

there was only one but now there are two.’ (Rohan, Frontline worker, Interview 2021)

Toilet facilities were also poor. Most respondents mentioned, that they had to use public toilets because they did not have a toilet at home, but the public toilets are in a poor condition. ‘There is no toilet in the house; we go out for using toilet.’ (Sunita, Beneficiary, Interview 2021). ‘Public toilets are there but not in good condition. There are a few of DDA and a few of MCD; however, there is no cleanliness being maintained in these toilets; people mostly go and use these toilets for substance abuse.’ (Rohan, Frontline worker, Interview 2021). A frontline worker also mentioned that these public toilets

“ A frontline worker mentioned:

‘JJ colony is one of the most polluted areas in Delhi. People here got breathing and respiratory issues because of the factory situated in the area. Ma’am, there is one sector 5 area in JJ colony in which there is a garbage plant that is used for generating electricity. Almost 65% of electricity requirement of Delhi is fulfilled through these plants established here. Because of these plants, the whole garbage produced in all parts of Delhi gets dumped here and when it gets recycled as part of the process, it produces a toxic smell that makes it difficult for residents to breathe and it gets worse during the rainy season.’ (Rohan, Frontline worker, Interview 2021)

usually charge, Rs 5 and even during the lockdown this fee was not relaxed.

Besides these housing challenges, pollution from the large number of factories was another issue. The Supreme Court had ordered factories to be shifted from residential colonies in Delhi to Bawana in order

to improve the living conditions of people in those residential colonies. However, now the people of JJ colony are facing the same issue with little or no attention by the state authorities.

Another major issue highlighted by a frontline worker was substance abuse by children and young adults. Rohan shared, ‘There was a dearth of employment in JJ colony because of which there were increasing problems of snatching, stealing, murder and substance abuse. Presently, in the whole of Delhi, JJ colony has the highest number of cases of substance abuse.’ (Rohan, Frontline worker, Interview 2021). A few respondents mentioned that since most parents had to work in factories for the entire day, in the absence of any care facilities the children often fell into substance abuse.

Access to the Public Distribution System

Under the National Food Security Act, 2011 (NFSA), during the lockdown the PDS doubled ration entitlements to beneficiaries for three months. Initially, this was seen as a great step by the government. However, it only covered beneficiaries who were identified, and beneficiaries were eligible for welfare only in their home states. Most of the respondents did not have a ration card because they did not have any proof of address. They only had an Aadhaar card from the village from where they migrated.

In JJ colony, a significant population did not receive any benefit under PDS because they did not have a ration card. People living in slums do not have ownership of the land because



Photo Courtesy: ABP Network

government records show them as unauthorised. (Altaf, Frontline worker, Interview 2021). This situation is not uncommon even in other parts of the country, as migrants have been facing similar housing challenges for a long time but the government has failed to address these challenges.

The exclusion of these beneficiaries from getting rations or double rations (as a relief package) from the government is a long-time systemic issue, and the pandemic only reinforced the state's incapacity to provide the majority of its citizens with basic essential services. The plight expressed by the respondents is enough to understand that there is an urgency to rethink or revamp the public distribution system which currently excludes a considerable population of the country. Beneficiaries mentioned the real challenges they faced in order to get a ration card. Nighat, a widow who is a domestic worker, said, 'Ration card was not made as everybody asked for 5,000 or 3,000 rupees to

issue a ration card. From where can I get these huge amounts of money?' (Nighat, Beneficiary, Interview 2021). She added, 'Ration card people asked for money to issue a ration card, for widow pension card they asked for additional money, how would I manage it? I am the only one to earn, there is nobody to help me, Rahul gave me ration twice' (Nighat, Beneficiary, Interview 2021). Another beneficiary Nabila, a 50-year-old domestic worker, mentioned that her ration card was mortgaged and she would not get it back until she had paid a certain amount of money to the lender in JJ colony. (Nabila, Beneficiary, Interview 2021).

Since a huge number of residents are migrants from other states, they had ration cards for their home states but not for Delhi. A frontline worker highlighted, 'I had a ration card of my place but not of JJ colony, I could not get it made here; anyway, they asked for more than a thousand rupees to get it done. (Prama, Frontline worker, Interview 2021)

Non-ration card holders faced a lot of challenges in accessing benefits announced by the central government. This exclusion aggravated people's plight during the lockdown when the Finance

Minister announced the doubling of the rations to those who had ration cards. A frontline worker said:

Another beneficiary said, 'I went from pillar to post to get my ration card, I even went to Bawana; they said the process is closed now; first, applications for 2018 would be processed and only then new applications would be accepted. After so much struggle, now I sit at home and think that if it had to be made, then it would be made anyhow.' (Khushi, Beneficiary, Interview 2021)

The issue of identification was similar for factory workers in JJ colony. Only construction workers were issued labour cards, but those involved in other kinds of work in small factories did not have a labour card. A community representative who was involved in the relief work explained, 'Factory workers fall into the category of salaried, so they do not hold a labour card. Those who are masons and involved in other types of work hold a labour card' (Suraj, Community Representative, Interview 2021). Without an ID, factory workers were unable to access the benefits of the schemes announced by the government immediately after the lockdown. A beneficiary who was a homemaker and whose husband also worked in the factory was asked why her husband still had not applied for a labour card. She explained with 'My husband did not have time to go to the court for the verification process to get a labour card made. The timing does not suit his factory work timing.' (Sula, Beneficiary, Interview 2021)

The requirement for proof of address also stood in the way of opening a Jan Dhan bank account to access

“ A frontline worker mentioned:

'Ma'am, almost 100 per cent people living in the slums do not have a ration card, I had been living here since 2006 and it is 2021 now, I grew up here; people here in slums have only one ID proof to show and that is their Aadhaar card; except that, they do not have any other identification card and so they have limited access to government-run schemes. And exactly for the same reason, when we did relief work, we only asked for an Aadhaar card, because ma'am some ID proof was needed so that we would know who we were providing relief to. Otherwise, there was a possibility that one person would have gotten ration twice and so we asked for Aadhaar card to avoid any duplicity.'

(Altaf, Interview, Frontline worker, Interview 2021)

government benefits. Very few respondents actually had a Jan Dhan account in Delhi, because the opening of any bank account requires proof of address. In this case, a ration card would have helped, but people who did not have a ration card could not open a Jan Dhan account.

Some beneficiaries who had a Jan Dhan account said that the sum of Rs. 500 that was deposited in their Jan Dhan account was not enough to survive the lockdown.



Saba, a beneficiary, said:

'In times of compulsion (*majboori*) even for 500 rupees people stood in long queues, just to get that money. Please, do not even ask about how long the queue was. We even got pushed just for 500 rupees, people were worried. With all those troubles, people still stood in queue to get those 500 rupees and used that money to fulfil their needs.'

(Saba, Beneficiary, Interview 2021)



She added that people used to stand in front of the bank as early as 3 or 4 a.m. Bank also ran out of money and so people had to come back for the money. (Saba, beneficiary,

Interview 2021). Another beneficiary said 'My daughter and I both had zero balance account, but only my daughter received 500 rupees twice and I did not receive any amount in my account, which I had expected.' (Sula, Beneficiary, Interview 2021)

Access to Health Infrastructure

There is no provision for basic health care in JJ colony. It has no hospital, no *mohalla* clinic (although there is one in Bawana) and no dispensary. In the absence of medical facilities in JJ colony, residents mentioned that they often got medicines from a private doctor who they referred to as 'Bengali doctor'. (Sunita, Beneficiary, Interview 2021).

The nearest hospital for residents of JJ colony is Valmiki hospital, which is 2-3 kms from JJ colony. For an emergency, most participants mentioned that they usually go to Valmiki Hospital. Respondents mentioned that Valmiki hospital lacked adequate facilities and was not equipped to provide quality treatment to patients. The condition of that hospital was so abysmal that was equivalent to not having a hospital. (Shikha, Frontline worker, Interview 2021).

The pandemic aggravated the existing challenges of the people of JJ colony. The study has found many incidents where the residents were not well, but they could not afford to go to a doctor. There were also incidents of doctors not giving adequate attention to patients during the lockdown or refusing to check patients if they showed mild symptoms of Covid. One respondent



Photo Courtesy: feminisminindia.com

mentioned that people died of fever and other illnesses because the hospital refused to admit or even check them.

Pregnant women found it difficult to get treatment, because doctors refused to treat them; one woman who was seven months pregnant lost her baby because doctor refused to treat her during the time of Covid. A few pregnant women had to deliver their babies at home due to the lockdown. A frontline worker said, 'A lot of challenges were faced by everyone in the community; two to four cases of pregnant women who faced some complications in delivery, had also come up. They ended up delivering in their homes only.' (Ramesh, NGO representative, Interview 2021).

Even though access to health services was unavailable, the lockdown imposed further restrictions on the mobility of residents because no transportation

services were available. (Ravi, Frontline worker, Interview 2021).

Who were the frontline workers?

Respondents categorised as frontline workers for this study were mainly youth group volunteer and people associated with an NGO such as Children International, Magic bus Foundation, Navsrishiti, Plan India, White Lotus and Pehal. Action India and Smile Foundation helped by providing funds and resources for the relief work. The main youth group involved in the relief work was Team Aalam; other youth groups either worked independently or in collaboration with Team Aalam. Most of these groups have been active in the area for a long time, mainly working on issues related to substance abuse, education, poverty, skill development, enhancing access to government welfare schemes, etc. The presence of NGOs in JJ colony is quite strong since a significant



Photo Courtesy:NDTV

number of civil society organisations have been working in this area for a long time.

Life conditions in the immediate aftermath of the Lockdown

Experience of the crisis by Beneficiaries

The crises caused by the pandemic uncovered existing conflicts among community members. There was a lot of suspicion and speculation about ‘who got’ and ‘who did not get’ the ration. Beneficiaries mentioned that a lot of people who were in a better position (in terms of handling the crises) got rations, while others could not get anything. A beneficiary said that in some instances people would not even inform each other if they had received any information regarding the food being distributed at some place.



Another beneficiary said:

‘Somebody in D block informed her that the government had distributed those rations, who else had done that, why did anybody else give that much amount of ration. However, I do not know how people managed to get those things, I tried thrice but did not receive any ration; in the other blocks, people stocked up the rations for days and are using it till now.’

(Nighat, Beneficiary, Interview 2021)



Photo Courtesy: Jagran

The pandemic and subsequent crisis made the situation extremely distressful for the people of JJ colony because most of the people depended on their daily earnings for survival. Therefore, a significant number of families were dependent on the food distributed by the government and NGOs. Besides the food crisis, beneficiaries highlighted other problems that they struggled with during the lockdown. Their needs differed; for example, some households had gas cylinders but not rations, whereas some had neither and had to rely on cooked food and not dry rations.

One beneficiary, a domestic worker, mentioned that she took a loan from a money lender to survive the lockdown. She said, ‘We basically needed ration to cook food, we had gas cylinder. We took huge amount of loan from the money lender that too at a very high interest rate of 15 to 25 per cent.’ She added that she still had to repay the loan and did not

know how she would manage that. (Nabila, Beneficiary, Interview 2021)

Even though the Delhi government had requested landlords to waive the rent, tenants mentioned that they had paid rent. However, in a few instances, landlords allowed delayed payments.

Young girls faced concerns regarding feminine hygiene. Some of them got infections because they could not afford to buy sanitary napkins. (Sarita, NGO representative, Interview 2021).

Besides these challenges, the police were harsh on the people of JJ colony. The presumption that people living in slums do not behave appropriately was reinforced by police behaviour during the lockdown. ‘Police created a lot of trouble for us, they used to beat people and also run after them, if anybody had gone out, for any work.’ (Shama, Beneficiary, Interview 2021)

Impact on work and working conditions

Some people in JJ colony are engaged in low-paid domestic work, street vending, construction work and daily wage work. With the lockdown, they faced similar challenges and were left with no income. A domestic worker, who is separated from her husband, spoke about her situation in the lockdown: 'I had been working in a house as a domestic worker for the past 20 years. After the lockdown was announced, they asked me to not come for work due to Covid. Although they gave me salary on time when I asked for some financial support, they did not support me.' (Nabila, Beneficiary, Interview 2021)

The majority of residents work in small factories in Bawana. When the central government suddenly announced a lockdown, most of the factories stopped production and told their employees not to come for an indefinite period. This created panic among the employees whose sustenance was entirely dependent on their income from the factory work.

Factory workers mentioned, that they did not receive any kind of help or monetary support from their employer.

“ A factory worker Sunita who is a migrant from Uttar Pradesh, said:

'No ma'am I did not receive any money or any support from my employer (maalik). Our employer (maalik) did not even ask if I needed money. I had been roaming here and there in search of ration; we did not receive any ration also. We were told about online e-coupon, we got it filled through somewhere and received money through that only after two months. We received rations twice from there [pointing to the dry ration that was given by the Delhi government through an e-coupon process]!' (Sunita, Beneficiary, Interview 2021)

Photo Courtesy: Express photo by Amit Mehra

“ Another respondent, a homemaker whose husband worked in a factory that makes slippers, said:

'My husband was sick in the lockdown; he has been bed-ridden for five months now. He had not received any help from the employer, he did not even ask how we were managing in the lockdown. He just gave money for the days my husband had gone for work but nothing besides.'
(Sula, Beneficiary, Interview 2021)

After the second wave of Covid-19 and the subsequent lockdown, some of the factories opened while others remained were shut. With no clear order and rules, the situation was chaotic and it was left to the discretion of the factory owners to decide whether to keep the factory open or shut.

Employers had a different perception and shifted the blame onto the government. 'The Bawana industrial area has more than 16,000 units which operate mostly in 250 sq. ft space'. Rajan Lamba, president of the Bawana Factories Welfare Association, said around '300 such units have shut since the lockdown'. Lamba attributes this to the 'imposition of an unplanned lockdown, workers leaving for their

“ Sunita said:
'During the second lockdown, it was only for weekends that lockdown was imposed here, so I went to factory on that next Monday, but my employer (maalik) told me to take leave as the lockdown was further extended. Here in factories, few workers were going to the factory and few workers were not, but I suppose lockdown is for everyone.'
(Sunita, Factory worker, Beneficiary, Interview 2021)

homes and lack of support for MSME units as financial benefits rolled out by the government benefited big industries disproportionately' (Mohan, 2021)

A community representative, who was associated with the Bharatiya Janta Party, and also actively contributed in the relief work, highlighted that the condition of factory workers was miserable even before the pandemic impacted them. Factory owners took advantage of the lockdown because workers did not have money or a job and were willing to work for less than they had been getting earlier, 'Employees who used to get 15,000 rupees earlier, the salary was cut to 8,000 rupees or 10,000 rupees now and also employers increased their working

hours and people had to accept it with unavailability or scarcity of work.' (Suraj, Community representative, Interview 2021).

At the time of the interviews in 2021, several factories in Bawana were still closed. This has led to serious concern about job losses and employment for a number of residents of JJ colony who had come there in the hope of finding work. Going back to work and getting a normal salary is still a dream and a struggle for many.

Role of the state at the time of the crisis

The central government initiative of providing cooked meal to most of the slum settlements in Delhi could be considered an important step, but it had several loopholes and could not serve the main purpose

of addressing the food crisis caused by loss of jobs as a result of the pandemic and stringent lockdown. Moreover, it exposed loopholes in the existing PDS system that is meant to address the issue of hunger for people in India who live on no or on a meagre income.

The initiative was taken by the government sometime after the lockdown was imposed, but frontline workers mentioned that when the lockdown was imposed, a lot of people did not have the food or money to survive even for another day or a week. The food distribution was not only delayed but also had some major loopholes. Most of the respondents said that the quantity of food was abysmally inadequate for the large number of people in JJ Colony. This indicates that the government had no idea about the actual requirements to feed the residents of JJ colony. While no one



Photo Courtesy: gallery.socialnews

“ A frontline worker said:
‘The government knew that JJ colony had a population of nearly three lakh people; even in three lakhs, if they had calculated correctly, the people who were in need should have been somewhat around fifty thousand. Even though all three lakhs were people who were in need and needed food, but forget about three lakhs in total or fifty thousand in need, The government, in actual, had arranged food for not more than a thousand people.’
(Altaf, Frontline worker, Interview, 2021)

” had an actual figure to share about the number of people in need of food, it was clear that the food that was distributed was not enough according to a number of people living in JJ colony.

A frontline worker, who was actively involved in relief work and identified as a community leader mentioned, ‘The government did good by distributing cooked meals to people, but where there was the need of 400 people? The food arranged was for only 150 people, and so there was so much rush and chaos.’ (Shilpi, Frontline worker, Interview 2021)

In addition to the low quantity of food distributed, the quality of

food was substandard, A frontline worker who was actively involved in carrying out the relief work said, ‘Quality of food ma’am, tell me one thing when the rice is half cooked, would you be able to eat that food?’ (Altaf, Frontline worker, Interview 2021). Another frontline worker said, ‘The government distributed cooked meals in schools; in that you could see pulses and water separately (*daal aur paani alag se*).’ (Shilpi, Frontline worker, Interview 2021)

People also had to stand in long queues for hours to collect the cooked meal, the place of distribution (schools) was extremely crowded and people got into fights while collecting the meals.

“ An ASHA worker said:
‘The crowd and queue were so long that some people thought it was better to stay hungry than stand for hours in long queues. So, according to me this cooked food by the government actually reached to a very small population because it was so crowded ma’am that people even had to stay for 2 to 3 hours and ended up getting just a bowl of food, which was anyway not sufficient to feed the whole family.’
(Saba, ASHA worker, Interview 2021)

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A similar incident was reported by a frontline worker.

‘Ma’am, ‘I went to school to see the situation, but the situation was like if someone wanted food in the afternoon, she/he had to be in queue 3-4 hours prior to the distribution, food was so less in quantity that people were unable to get it. Not everybody received that food, only those people who were residing in blocks located near the school were able to take it. For example, it was not possible for people residing in L and M Block, they went to A block and got the food because it was a lot of distance for them to commute. Also, food was too little to meet the need of everyone. Food which used to come was not sufficient to feed more than 300 people every day. (Shikha, Frontline worker, Interview 2021)

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The government decided to distribute cooked meals, but data from the study shows that it had not set up an effective distribution process. Respondents also expressed suspicions about the distribution. One respondent

said, ‘The government sent food for distribution in schools but those people who were involved in distribution, distributed to their known persons and their relations; after that, they gave it to other people and so it did not reach the actual people who were in need.’ (Saba, ASHA worker, Interview 2021)

A distribution strategy was missing and it also led to violations of Covid norms because it was almost impossible for beneficiaries to follow social distancing. Frontline workers also highlighted that the government did not involve local people or the community to distribute the cooked meals; if that had been done, the government could have got a better idea about the actual needs and requirements of JJ Colony residents.

The other initiative taken by the Delhi government to address the exclusion of people from PDS was distribution of dry ration through e-coupons that were valid for three months. Even though this was an important step, accessing it had many challenges as emerged from our study. Technical glitches were the first hurdle. A frontline worker talked about the challenges in registering for the e-coupon that most beneficiaries faced.

Quite similar to this is the experience of a beneficiary, Saba, who said, ‘One scheme which was initiated by Kejriwal. We spent 200 to 300 rupees for the ration card which was supposed to have validity for three months. However, in that I received ration only for two months (twice); the first time we received rice, wheat and pulses, the second time a few packets of spices, and the third time I did not get anything.’ (Saba, Beneficiary, Interview 2021)

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‘For accessing e-coupons, online forms were required to be filled; however people were not so educated that they could fill the forms by themselves, so they used to go to cybercafés for support. Cybercafé could have supported them by doing the registration free of cost but they started making money through filling these forms. They charged some 250–300 rupees for doing it. So, that was a situation where cyber cafes used the vulnerabilities of people and made money. People did not have any option other than paying for it. I helped some people fill the forms because I knew... From where would they have been able to get money?’ (Shikha, Frontline worker, Interview 2021)

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People also had to travel long distances to collect their rations and also had to stand for hours, ‘Even though e-coupon was initiated, but its accessibility had a lot of barriers. The queue was so long that people used to stand from 4 or 5 in the morning to collect rations and after all those efforts, they got 4 kilos of wheat and 1 kilo of rice.’ (Tehseen, Community representative, Interview 2021)



Photo Courtesy: Promise for Education

Other reasons respondents gave for being unable to access the e-coupon system were lack of a smartphone, poor network connectivity, and insufficient recharge amounts on their phones.

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A frontline worker said,
‘I had a good rapport with the vidhayak (legislator) here, and so we had received some help from him for distributing - coupons to people. So, we basically identified people who did not have ration cards or not even an Aadhaar card. We also encouraged those who did not have mobile phones and hence were unable to get themselves registered for e-coupons.’ (Rama, Frontline worker, Interview 2021)

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Collaboration between state and non-state actors was purely at the discretion of local state actors. There was some support from local leaders in providing e-coupons, but it was too little.



A frontline worker and leader of the youth group, Altaf said:

‘Ma’am, the lockdown was implemented on 24 March 2020; soon after that we were trying to reach out to local leaders for support and told them that there were poor people living here and we had no idea until when this lockdown would continue. It was announced for at least 14 or 15 days initially. They just kept saying that we are getting it done (*hum karwa rahe hai*), but they did not do anything. Just once, the SDM arranged food for the colony but ma’am we went and saw the food; the food was so bad that even an animal would not have eaten it. Also, we had asked them to provide food for at least 2,000 to 2,500 people, but the food that came was not enough for more than 50 to 60 people.’
(Altaf, Frontline worker, Interview 2021)



Also, respondents shared that the Member of Parliament (MP) made not visits either during the pandemic or the subsequent crisis. Local councils, supported a few members of the community, but they did not seem to bother much about the actual needs and requirements of people. Frontline workers further highlighted that after repeated calls to local council members, ward members, no help or support was received from anyone. A frontline worker said that some e-coupons were distributed by council members through her and another respondent added that some support was received from the SHO during the lockdown.

Most of the respondents could not think of holding the government accountable for the food crisis. A frontline worker who is associated with an NGO in JJ colony said: ‘The government was doing their work, but it was the people who were assigned with responsibility to distribute the food who were not doing their work properly and there was nobody to check or supervise them.’ (Sarita, NGO representative, Pehal, Interview 2021)



Photo Courtesy: Credit: R.V. MOORTHY

Another woman beneficiary who works as a street vendor and had a ration card insisted that her plight was no less. She said, ‘We got only rice and wheat on the ration card I have, there are a lot of other things which are also required; for that, an NGO came to our help.’ (Shalini, Beneficiary, Interview 2021)

Role of anganwadi and ASHA workers during the lockdown

The role of *anganwadi* workers was mainly limited to distribution of food items only to people listed in their regular sheet. It was meant basically for children, pregnant women and lactating mothers. The study found that *anganwadi* workers had no specific role in providing the relief to the community during the lockdown. *Anganwadi* workers said that they could provide food items only to people whose names were on the list and were enrolled with the *anganwadi*; they did not have the right to exceed their limits or serve anyone beyond their lists. An *anganwadi* worker said, ‘We got food which we usually get, like a packet of oats (*daliya*), bengal gram (*channe*) and jaggery (*gud*); this used to come in fixed numbers and we still had these items left until the 15th day of last month when we distributed some packets. We had received 90 packets.’ (Uma, *Anganwadi* worker, Interview 2021)

On the other hand, ASHA workers seemed to be burdened with a lot of responsibilities during the lockdown. They did door-to-door visits to check if someone was not well, check their oxygen levels, monitor them regularly, and referred them to the

hospital, if needed. They had to be available round the clock, would accompany patients to the hospitals, and visited community whenever needed.

ASHA workers faced challenges in convincing people to get tested for the coronavirus infection. Also, since their honorarium is incentive-based, they could not get those incentives so they received less money.

ASHA workers acknowledged that those who did not have ration cards had to suffer a lot because they could not receive any support from the government. Some ASHA workers were able to coordinate with NGOs and inform them of the need for ration kits for a few families where they regularly visited and found needs.

Since ASHA workers are in direct contact with the community, they had to hear a lot of complaints from the community, particularly during lockdown when they had to draw up a list for their own work. The community complained that ASHA workers do not provide them with rations and only get them vaccinations. To clarify this



Photo Courtesy: WHO

“ One ASHA worker said:

‘Some people asked me to provide them with rations, when we had no information about where we could get ration or how to support them with ration, so we did not say anything. We just told them that the government is providing ration on your ration card, so take it from there.’

(Gauri, ASHA worker, Interview 2021)

”

misconception, they had to clarify their actual roles and its limitations.

When asked about their salary protest during the lockdown, an ASHA worker disappointedly said that ‘whatever the government wants can happen.’

At the local level, ASHA workers were given a certificate of appreciation for their contribution to the pandemic in JJ colony as a Covid warrior, which made them feel happy and honoured.

At the same time, responses from beneficiaries showed that the involvement of *anganwadi* and ASHA workers was minimal throughout the relief work. *Anganwadi* workers did distribute a few food items to women and children as specified in their lists, but nothing more because they were not issued guidelines to

extend their support to other people in the community. ASHA workers also did not have any information on the relief package announced by the central government, which included insurance for health workers including ASHA workers. One ASHA worker said, ‘No ma’am, we only heard about this package that ASHA workers had health insurance up to 50 lakhs and doctors have one crore but nothing more. We heard this but till now, nobody has shared any further information about it.’ (Saiba, ASHA worker, Interview 2021)

While non-state frontline workers highlighted that the presence of ASHA workers and *anganwadi* workers was minimal during the lockdown and they could have been involved more to address the crisis, the low-paid job of ASHA and *anganwadi* workers who are mainly women workers and their work has never been recognised by the government. The nature of their contract with the government, which is based on incentives, sees the government shrugging off its role in providing concrete support to the community. They are important links and the backbone of the community, and need to be strengthened through providing them with adequate support from the government.

Process of relief work by non-state actors

The long presence of NGOs in the community was a support for the people living in JJ colony. The government criteria for identifying and reaching out to beneficiaries excluded a lot of people, whereas NGOs were able to address the gap

to a great extent. NGOs managed to help the community mainly because of their pre-existing networks in the area. The prior engagement of NGOs with the community on different activities mainly with children, adolescents, youth or women helped them reach out to the vulnerable population. Community representatives mentioned that since they had been living in the same area for a long time, they were aware of the situation and condition of the people. A sudden lockdown like this would definitely have an impact on people whose livelihoods depend on their daily wages, was a common response from most of them. At the strategy level, the NGOs involved local people from the community from each block specifically to identify the most vulnerable and who were in immediate need of the food. And frontline workers used social media extensively to procure resources and identify the needs and requirements of JJ colony.

Initially, individuals, groups and NGOs had come together and pooled their resources to organise food and relief

“ An NGO representative said:

‘I got a call from a foundation known as Smile Foundation, they gave me 500 kits to distribute to people who were in need, that kit was really good, it had every essential item like rice, pulses, wheat with a good amount which could have been easily utilised at least for two months.’

(Ramesh, NGO representative, Interview 2021)

”

materials to meet the needs of the vulnerable in the community. A frontline worker shared that they also received help from community members initially where somebody would give her rice, wheat, oil, sugar and plastics and other things



Photo Courtesy: NDTV

to distribute to the beneficiaries; individuals also donated money to help beneficiaries. Frontline workers cooked the food in their own houses although they did not have much space, but they managed with whatever they had. A frontline worker said, 'At the start of the lockdown, we cooked food by ourselves. We took help from the community as we did not have enough money to buy utensils, then we collected some amount and bought utensils to cook food. We used to start cooking meals from morning only, we did not have

“ A frontline worker who was associated with an NGO called Navjyoti said: **'Ma'am, we were a group of seven teachers and we started relief work at our own level. We collected money because even in the lockdown we got our salary on time; from our own salary somebody contributed 700 rupees, somebody contributed 1,000 rupees and likewise we managed to raise few amounts which we used to buy dry rations like wheat, rice, pulses and so on. We then put everything in one kit and made 60 similar kits, which we distributed to people.'** (Ramesh, NGO representative, Interview 2021) ”

the budget to hire a cook separately.' (Shikha, Frontline worker, Interview 2021). It was found that women were more actively involved in the preparation of cooked food.

Women frontline workers were asked to contact women to identify the needs of the family on the assumption that women beneficiaries would be more comfortable sharing their problems and needs with women. They also shared that the connection and bonding was stronger between women and that helped them identify who was in need of what.

Informal conversations helped frontline workers actually understand these nuances to provide better support. 'Our Magic bus foundation

“ **'I took the responsibility of identifying the needy in my community, so I made casual visits to their homes, spoke to women and asked, mausi (aunty), "What did you cook today?" and then she responded there was nothing to cook. "See your uncle [referring to her husband) he was just sitting and had been playing cards for the entire day until the police would come and beat him."** (Ramesh, NGO representative, Interview 2021) ”

had 100 volunteers in JJ colony, found in different blocks. Each block and each *gali* (lane) had at least one volunteer from our organisation.' (Shikha, Frontline worker, Interview 2021)

When asked about the strategy for distribution, a frontline worker said, 'We let nobody stand in queue for food, we had a good number of team of 25 to 30, we arranged some *redis* (carts), we went to different *galis* (lanes), took big utensils which we had borrowed from tent houses, then packed the food and distributed each packet to each house.' (Rohan, Frontline worker, Interview 2021). Some beneficiaries said that they went to NGOs centres to collect the ration. One frontline worker said that they directly collaborated with ration shop keepers for the distribution of ration to the beneficiaries.

Most respondents indicated a similar process of ration distribution where once the list of beneficiaries was made, they made receipts / tokens that they provided to the beneficiaries, and then ration kits were provided to them. These tokens were also distributed to beneficiaries through door-to-door visits and they were allotted a specific time to come and collect the ration from their centres. Frontline workers mentioned, that they usually had a target of covering around 100 families for the ration distribution in one day and the date and time was allotted accordingly.

Some NGOs distributed the ration to those who were part of their NGO. A beneficiary whose children in a programme run by Children International said, 'Yes, ma'am the presence of NGOs made a lot of

difference. Like my husband had been sitting at home for the past 4 to 5 months, I was also not doing any work, so ma'am we received a lot of help from CI, if I might say, the truth is that we are still using the rations provided by Children International.' (Sula, Beneficiary, Interview 2021)

Besides distributing cooked meals and dry ration kits, NGOs provided other support such as monetary support especially to single women during the pandemic. Frontline workers identified women who were in need of the money and raised funds for them. Further, NGOs created awareness around Covid such as washing hands regularly and wearing masks. Some frontline workers helped people fill their gas cylinders with 1-2 kilos of gas, because that need emerged during the relief work. Frontline workers helped people file their e-coupons to avail of dry rations, provided counselling support, and helped resolve conflicts in the families they met.

The data found that initially the frontline workers could not imagine the magnitude of the needs that emerged from the crisis because of the exclusion of a huge number of people from the Public Distribution System. Still, the prior presence of frontline workers and their personal connection with almost every family in JJ colony enabled them to carry out the relief work effectively. On the other hand, the government was unable to map the real needs and requirements that emerged and failed to address this crisis effectively. Their processes and formalities were so complex that people could not avail of the benefit intended by the government.

Criteria for identification of beneficiaries

Frontline worker Shikha who was associated with the White Lotus organisation said:

'The most vulnerable are the people residing in K and L blocks because people there were engaged in kabadi (scrap) work so they did not have any source of money. Since we live here, we know who were the needy in which block and that is how we selected our respective areas for doing relief. So we focused on these two blocks and ensured that relief materials should reach to them first. (Shikha, Frontline worker, Interview 2021)

Daily wagers were also identified as the most vulnerable category by frontline workers. These people would go to the labour *chowk* and get paid for the work they did that day. Rickshaw pullers were included in this group. Other vulnerable groups were tenants and factory workers. A frontline worker who was a private teacher said, 'We distributed rations to those who were the neediest, there were so many factories which are still

closed and they were not getting any salary, they had no money and so they suffered a lot. On that basis we got to know that there was an actual need of food and ration so we had identified them.; (Rashmi, Frontline worker, Interview 2021)

Some NGOs included other vulnerable categories in the community: widows, single women and persons with disabilities. Priority was given to those who did not have ration card and had been left out of government schemes under the Public Distribution System.

The range of vulnerable categories was described by one frontline worker who said, 'The criteria for identification also focused on those who had prolonged diseases and had no children to look after them. Also, like rickshaw pullers, who would cook meals only when they had earned something that day.' (Santoshi, Interview, Community representative, 2021). Another said, 'We had made few categories for identification, where we prioritized widows, single women because there was no one to look after them. Also, person with disabilities and daily wagers where only one person in the family was earning. These people were given priority.' (Rama, Frontline worker, Interview 2021)

Frontline workers also relied on volunteers from the community. One frontline worker, Altaf, shared: 'In our *gali* (lane) in the colony there were 80 houses, so we had at least one member in each *gali* (lane) and so we requested them and took their promise to provide the names of those people who were the most vulnerable.' (Altaf, Frontline worker, Interview 2021).

A frontline worker associated with Magic bus foundation said:

'There were no strict criteria for identifying the most vulnerable, I was told to identify the needy. When there was a single woman or a widow who had nobody to support, then everybody in the team had agreed to provide her relief, but there were also families with 10 members where only 1 or 2 used to earn and then that person was not left with any job or work. So, that's where conflict raised amongst team members like whom to prioritise considering that we had limited resources but then we had to decide to choose one over another.' (Rama, Frontline worker, Interview 2021)

The process of identifying beneficiaries included personal visits by frontline workers. Door-to-door visits enabled them to understand the real situation of the household and whether or not they had sufficient food to survive the next few days of the lockdown.

Networks and collaborations formed during the relief work

The study found that the NGOs collaborated with each other to a great extent to combat the crisis that emerged from the lockdown. Local level collaboration helped them maximise their resources and reach out to beneficiaries. Along with the local-level collaboration, social media like Facebook and WhatsApp were used extensively for coordination among the group and to raise funds through different networks.

A community representative said:

'All of us worked collaboratively; there were volunteers, NGOs members, social workers. We contacted each other and shared the list with each other—who were in need from each block, like for D block, for E block and so on. Then we made connections with more people. Students from Jamia Islamia University, Delhi University, Jawaharlal Nehru University also came forward, other NGOs like Magic bus foundation, Navsrishti also supported us.' (Aatif, Community Representative, Interview 2021)



Photo Courtesy: BCCL

“ A frontline worker who works in Magic bus Foundation said:

‘There was one ma’am in Navsrithi organisation named Malini (name changed). I used to talk to her a lot, means all the employees of NGOs present in JJ colony knew me really well and I also had a good personal relation with them. So, they had called me and asked if I was able to share the names of the people who were in need with them as they had got some relief materials to distribute, or else I could provide their numbers to the people who were in need. So, I did those kinds of coordination with a lot of NGOs.’

(Rama, Frontline worker, Interview 2021)

The role of frontline workers was paramount to the crisis that the community faced. Frontline workers responded that they tried every possible thing to meet the needs of the people.

She added, ‘We had been networking with these groups for a long time, like RWA and Team Aalam.’ (Rama, Frontline worker, Interview 2021)

Challenges/Limitation of the frontline workers in the relief work

Lack of resources

Lack of resources and limited funds were the major challenges for frontline workers. This forced them to prioritise some vulnerabilities over others, which resulted in a backlash from the community. Also, frontline workers faced a dilemma in deciding whether someone was just making up excuses for the ration or was in real need of it. Members of the community were hesitant about asking for food and help, which made it difficult for frontline workers to figure out who was in actual need. A frontline worker described his experience of prioritising some over others:

“ A frontline worker described his experience of prioritising some over others:

‘There were limited resources; had it been the case that there was an adequate amount of ration kits available, then there would not have been any issue only; limited resources were the main issue. Those who were excluded verbally abused us (gaali-waali diya); anyway, they would have obviously abused us. We also received a lot of good wishes (dua bhi mila); however, some people even went to the extent of saying that I would catch corona, my kids would get corona or I would rather die and things like that when we could not provide them rations. So, it was really very difficult to manage.’

(Ramesh, NGO representative, Interview 2021)

Even though frontline workers had decided on certain criterion, a lot of people who were in need of food and rations were still found to be excluded. The limited resources and funds impacted both the

procurement of materials as well as finalising the list of identified beneficiaries.

Frontline workers initially carried out the relief work with their own contribution and contributions from people who were financially better off; with that money they were able to run community kitchens for almost 1 ½ months; after that they ran out of money and resources to help the community. A frontline worker said, ‘We were able to manage for one to two months somehow; after that we started facing challenges, because ma’am it was not easy to feed 1,500 to 1,600 people in a day.’ (Sarita, NGO representative, Interview 2021)

Issues in Coordination and Collaboration

The study found that coordination within NGOs and with state agencies was missing; frontline workers mentioned that it could have been done in a more collaborative manner. A frontline worker added that the coordination between the NGOs was low because each NGO was working in their specified areas. Had there been a proper coordination between these NGOs, the relief work would have been done more efficiently through reaching out to more people across all the blocks in JJ colony.

Apart from coordination between small groups and NGOs, frontline worker believed that whatever they did was actually done at a very small-scale level. (Ramesh, NGO representative, Interview 2021). Frontline workers also highlighted, that if they had received data from the government through *anganwadi* or ASHA workers, they could have

reached out to more people in the vulnerable population, but no such collaboration happened between these groups and government agencies working in JJ colony.

Transport restrictions

The restriction on public transport and private vehicles at the time of the lockdown created a lot of trouble for frontline workers, mainly in terms of procurement of resources for distribution.



A frontline worker, who identified herself as an AAP volunteer, said:

'The biggest challenge was, ma'am, that when we had to meet people, there was no vehicle, no transportation, no facilities to commute at all. I had received a few things from the vidhayak (legislator), but commuting that much distance to collect those packages was the biggest challenge.'
(Sakeena, AAP volunteer, Interview 2021)



Photo Courtesy: WHO

Personal experience of frontline workers

It emerged from our study that frontline workers' self-driven motivation was extremely high and was a major reason why they carried out relief work. Community belonging and the desire to serve the community enabled them to look out for various possibilities in and around them.

Social cohesion in terms of having experienced similar crises in the past encouraged them to fight against the situation. Most of the frontline workers had a similar financial constraint or were slightly better off than the people they had identified as beneficiaries; in fact, some of the frontline workers were also beneficiaries.

Frontline workers worked throughout the day and night without taking a break. Respondents said that on some days, it was possible for them to go back home only at late at night because of the amount of work they had to complete.

About cooking food for the community, women frontline workers mentioned that they had seen it as an extension of their household work. Usually, they did the cooking in their homes, and so it was the same thing when they had cooked food for the community. They also mentioned that when people praised the food as tasty, it made them feel extremely happy. A frontline worker added, 'That little appreciation was enough for us to get going.' (Shikha, Frontline worker, Interview 2021). The relief work done by the women in JJ colony provided

them with a lot of recognition and appreciation; most of the people in the colony know them personally and trust them for the work they did during the pandemic.

At the same time, women frontline workers had to juggle household work and relief work. A strong sense that emerged from the study was that even though there was a fear of getting infected, their motivation to



A frontline worker said:

'Yes, we got every support from our organisation. I was the employee, so keeping safety was our own responsibility; after all, it was also about our safety, so we had to act responsibly and ensure that we were wearing masks, gloves, regularly sanitising our hands. There were a lot of things; because those things which we were asking other people to follow should have been followed by us first. We had the support of our team, as well as of our seniors; we were told that if we think we could not do it, it was not a problem, We were told to do as much as it was possible to do. The most important thing was that there was no pressure to do it.'

Interview 2021)



help the community helped them overcome the fear.

Since in this study most of the frontline worker were associated with an NGO, the most common response was that, their organisation supported them in the crisis and even paid them on time.

The study found that NGOs were also asking for accountability and transparency in the relief work. Photographs were one of the tools being widely used for this purpose. Frontline workers proudly mentioned that they had maintained accounts of every penny that they used during the relief work and it was well managed. Since they also had to report further to their respective NGOs or individual funders, they used to keep all the records, which was one of their tasks during relief work.

The responses indicate that the police created a lot of trouble for frontline workers. A frontline worker said 'A lot of times, we got beaten by the police when we used to go out for buying vegetables or something; we were even scolded by them. We have got all the experiences now.' (Shikha, Frontline worker, Interview 2021). Additionally, a frontline worker mentioned that the police regularly checked the ration packets in the name of security, which consumed a lot of their time. Fear of the police during the relief work was prevalent among frontline workers; they were afraid of the regular police beatings in the name of violation of the lockdown, which also created a huge ruckus in the community. But none of these issues discouraged the frontline workers from carrying out the relief work effectively.



Photo Courtesy: Cassar Lopez Balan/CARE 2016

Suggestions provided by frontline workers

The experiences of the frontline workers in doing relief work during the crisis enabled them to think about the real gaps in the implementation mechanisms of the government in terms of food, health, water, sanitation and so on. When talking about mapping the food requirements in JJ colony, respondents indicated that if government had worked, in collaboration with frontline workers, they could have reached a larger number of people more effectively. The government failed to involve people from the community and hence was unable to reach out to beneficiaries. The need for effective collaboration between state and non-state actors was paramount and an important recommendation of the frontline workers that emerged from our study.

A frontline worker said, 'Only a local member should have been able to provide the actual information,

about that particular area.' (Altaf, Community Representative, Interview 2021). Another frontline worker who associates himself with the BJP said, 'These government policies, or if government wants to deliver something to people, then it can only reach them through NGOs, because the government does not have any organisation (*sanstha*) to ensure the delivery of anything to the general public.' (Suraj, Community Representative, Interview 2021)

Frontline workers also suggested streamlining the lengthy process of filing e-coupons. The government's decision to provide rations to the people should not have been done through an online process, because it was a waste. Also, the government, should have taken support from the local community, ward members, counsellors, and community representatives to carry out the relief work. They should have focused more on offline mechanisms rather than making everything online and inaccessible for people.

The government could not work efficiently at the ground level, which led to the exclusion of many people from getting adequate relief. For instance, though there are *anganwadi* and ASHA workers, they have not been strengthened enough to provide support to the community in a such a crisis. An ASHA worker said, 'The work of ASHA workers is indeed a good initiative taken by the government; however, it needs to be strengthened.' (Saiba, ASHA worker, Interview 2021)

It strongly came out in the responses that food was not everything for most people even though it was the most important thing for survival. With sudden loss of jobs and no income, there were several other things that were equally important for survival. In the absence of any social security, the decision by the state to impose a lockdown and with private employers asking people not to come to work, the poor were left with no option but to rely on whatever help they received from state and non-state actors. A beneficiary said, 'The government announced lockdown, but could not see that children were dying because of non-availability of food in the house.'

Conclusion

It is evident that the pandemic uncovered existing inequalities in society and further exacerbated it. The people in JJ colony, who have already witnessed a series of evictions in their lifetime and got resettled there, had to face the brunt of the crisis; they were unable to access basic social services since they did not have an identity card to mark their existence and needs. These

people have always been at the receiving end of systemic exclusion as a harsh reality by the state.

However, in these dark times, social cohesion played an important role where individuals living in the JJ colony and facing similar crises in the past came together through small networks, groups, and NGOs, where collaboration became paramount to overcome the crisis.

On the other hand, the study also bring the role of welfare state to the forefront of the discussion. As elucidated in a research report by UNRISD, *The Care Diamond: State social policy and the market* which talks about the changing role of India as a welfare state post-liberalisation: After the neo-liberal reforms begun at the end of the 1980s, there was a further and clear shift in advocating private sector expansion in health, education and (other) 'social services' and denial of state responsibility in these areas even for the needy/poor groups with the levying of user fees'. (Palriwala and Neetha, 2009). The case of JJ colony in Bawana affirms this argument where the Indian state has not only failed to provide essential social services in a time of crisis but also reiterated the larger problem of long-term withdrawal of the state from the responsibility of providing basic services to its citizens. The welfare regime as described by Gough is piecemeal, haphazard and reactive (Palriwala and Neetha, 2009), which can be understood in terms of the overall response of the government during the pandemic by implementing such a stringent lockdown and its policies in the aftermath.

DISCUSSION AND ANALYSIS



The four area case studies in Yamuna Khadar, Sanjay Camp, Seelampur, and Bawana take a historical view to discuss a web of crises that define the life of slum inhabitants, beginning from settlement to daily negotiations and uncertainties of survival. The Covid-19 crisis was, therefore, not a one-off event, rather an event in a chain of interlinked events that struck at the core of all vulnerabilities, namely, the lack of an adequate care structure. As Duque Franco et al. (2020) emphasise, ‘informal settlements are a by-product of long-term multidimensional inequality’ (Duque Franco et al., 2020, p. 524). The case studies reflect the gaps in the care infrastructure that result in multidimensional vulnerabilities, especially care fragilities, for the slum inhabitants. The existing gaps in the care infrastructure emanating from deprivations related to social, economic, environmental, and political factors made the slum inhabitants prone to greater risks to survival, such as those experienced during the Covid-19 national lockdown crisis.



Photo Courtesy: thequint.com

Care Fragilities and the Covid-19 Lockdown

As highlighted in the case studies, life in slums is defined by precariousness and informalities. To take the discussion forward, it would be useful to reiterate and categorise some of these conditions here that had a critical influence on the Covid-19 lockdown crisis experience.

Public services and infrastructure

Public infrastructure in terms of water, sanitation, electricity, and roads were inadequate across the four slum areas; however, some parts of slum areas were worse off than others. For instance, Sanjay camp in comparison to its adjacent area Dakshinpuri had poor access to water, electricity and even a proper sewage system that could allow the



Photo Courtesy: businessinsider.com

building of private toilets. Yamuna Khadar, one of the most deprived areas, had pockets within it that were even more marginalised, colloquially called 'jungle' (forest), 'andar' (inside) and 'Yamuna paar' (across the Yamuna). Piped water facilities were negligible in Yamuna Khadar; many people had to walk long distances to collect water from tankers supplied by the Delhi Water Board. As per the inhabitants in Bawana, of the 11 blocks only 4 blocks had access to water; people in other blocks have to either buy or depend on the other 7 blocks to fetch water. A greater problem for Bawana has been the environmental pollution caused by the concentration of factories in the area, particularly the garbage-to-energy plant that produces electricity for the city of Delhi but results in toxic gases and by-products for inhabitants of the area. Across the four areas, community toilets were more prevalent than private toilets, often facing issues of inadequate water supply and resulting in unhygienic conditions.

Poor access to water, toilets and sanitation came across as prominent problems with respect to the spread of Covid-19 infection, since these were shared public spaces, which led to crowding and queues. The



Photo Courtesy: Rajanish Kakade/AP

imposition of a sudden national lockdown restricted the mobility of slum inhabitants that lived far from these shared access points. Women who shoulder a greater responsibility to collect care resources such as water, were at a greater risk of exposure to the virus. The lack of proper basic infrastructure, especially pertaining to water and sanitation that are two safeguards against Covid-19, exacerbated the already vulnerable situation of the slums (Duque Franco et al., 2020; Ghosh et al., 2020).

Housing

In unauthorised areas, such as Yamuna Khadar, people live in *jhuggis* (hutments) and are considered 'encroachers' although people have lived there for generations. Similarly, in other areas people continued to live in difficult and poor housing conditions, and yet did not have legally accepted proof of their domicile in the city, resulting in denial of crucial public services such as PDS to access food. Further, the government's persuasions requesting houseowner to suspend rent collection could not stand, because even the houseowners were often economically underprivileged and depended on the rent income. The case studies highlight the cruciality of proper housing not just

for preventing the spread of viruses like Covid, but also to be able to access other lifesaving public services and as a means of social protection.

Occupations

The majority of inhabitants in the four slum areas were daily wagers or in petty micro businesses. In Sanjay Camp, women were largely involved in the paid domestic work sector and men were mainly into carpentry, whitewashing or painting, and waste management. Some were also in low-paid, blue-collar jobs in government schools and hospitals or worked as sanitation workers under the Delhi municipality. Similarly, in Bawana, people engaged in precarious forms of work, but many including women, also worked as factory workers due to the high presence of factories in the area. However, the most vulnerable were families of waste pickers who were taken as essential workers, but nothing much was done to protect them from getting infected. At Yamuna Khadar, both women and men were engaged in farming or depended on selling farm produce for their livelihood. A sudden breakdown in market chains during the national lockdown hit the farmers and vegetable vendors alike, pushing them further into a debt trap. Other forms of work at Yamuna Khadar involved sculpting, daily wage work, paid domestic work and home-based work in the case of women. In Seelampur, families engaged in petty businesses, especially pertaining to electronic waste management; other vocations included construction and factory worker, rickshaw puller, etc. With slight differences, the livelihoods of the majority depended on informal labour and daily earnings.

Thus, the occupations that the people were primarily engaged in lacked income and job security, and resulted in rising debts to cover care and survival needs. Consequently, people in the slums faced catastrophic consequences when the Covid-19 lockdown was announced without notice. As noted by Mohanty 2020, 'within less than a month of lockdown, extensive loss of livelihoods combined with inaction by central and state governments around provision of food, emergency welfare, and economic reassurances, had resulted in the prolonged starvation of millions of urban and rural poor families, a nationwide crisis around mass attempts by rural-urban migrant workers to walk back home under physically precarious conditions, and devastating economic consequences for the one-fifth of Indians who live below the official poverty line and for the millions who work in the informal sector' (p. 47). Further, the study observed that women's unpaid care work increased exponentially because schools and worksites were shut and all family members were confined to their homes. Women were also primarily responsible for collecting food and other essential supplies for the family from government facilities or from NGOs. Studies such as ISST's micro studies (ISST 2020) with informal workers in Delhi and the UN Women survey (2020; see in Heinz et al 2021) also reported an increase in women's time spent on unpaid domestic tasks.

The Migrant Workers

The problems faced by migrant workers during the Covid-19 national lockdown was a key discussion point for respondents of this study. The key issue for the inter-state migrants



Photo Courtesy: Reuters

was their inability to produce documentary evidence of domicile in the state of Delhi that could provide access to food from the PDS shops. Seasonal migrant workers, who largely found shelter as tenants in informal settlements such as slums or temporary shelters set up around worksites, were left to fend for themselves by their employers and ignored by the state even though such workers contributed to its economy. The only social protection the migrant workers could foresee in the given circumstances was to return to their villages that could provide kinship-related reproductive care, subsistence production, job security through MGNREGA, and food security through the PDS. With negligible savings and few or no means to access essential commodities for survival, the slum areas witnessed the reverse migration of informal workers who had no choice but to return to their villages often in excruciating circumstances. The experiences of interstate migrants documented in the case studies present the struggle for social reproduction faced by informal workers. The case

studies also note that the informal workers often comprise people belonging to marginalised caste, religious and ethnic communities, resulting in increased inequalities. 'The lockdown itself has proven economically deadly for many, and it is leading to an upsurge in violence and discrimination based on caste or religion.' (Stevano et al. 2021, p. 281).

Social Capital

Social capital was found to be crucial for collective resilience against crises and the capacity to rebound. 'Social capital consists of such concepts as social networks, social contacts, social cohesion, social interaction and solidarity' (Mathbor, 2007: p. 360). Pitas and Ehmer (2020) distinguish between three types of social capital: bonding- trusting and co-operative relations between members of a similar group, bridging-relationships among people who do not find themselves similar, and linking- trusting relationships or interactions between people belonging to explicitly different groups that exercise different powers in society. While the bonding element was

presumed for families that had near and close kin living in the city, migrant workers lacked even this form of social capital and hence were eager to return to their families in their villages during the lockdown. Further, with respect to bonding as an aspect of social capital, problems of intimate partner violence and domestic violence were issues of concern.

Furthermore, in the pre-Covid scenario, social capital was found to be weak with respect to bridging (across social groups) and linking (across social power hierarchies). For example, a prominent feature of life in slums was about uncertainties relating to violence against women and girls. Respondents shared episodes of increasing sexual harassment against girls and women especially when accessing public facilities such as community toilets, which impacts women's and girls' mobility. NGOs, such as Action India, ran Safecity campaigns in Sanjay Camp to spread awareness and prevent instances of violence against women, thus bridging safe and non-discriminatory relations between genders in the community.

Besides, bridging and linking aspects of social capital were absent when religion came into the picture. Religious differences, especially between Hindu and Muslim communities, were quite palpable in the study data. Especially in case of Seelampur area where residents had experienced horrific communal violence just prior to the Covid-19 lockdown resulting in the loss of life and property and displacement largely on the side of Muslims. A Covid lockdown soon after the communal situation when people were reeling with immense loss to life and property resulted in further panic. Hence, 'some of the areas in Delhi that were worst hit by the lockdown were those same east Delhi areas that were affected by the communal violence. This is not surprising given that they were largely poor Muslim neighbourhoods, located at the outskirts of the city, and have numerous migrant worker settlements, all factors contributing to their being relatively neglected when it came to government welfare provision' (Mohanty 2020). In other areas such as in Sanjay Camp and Bawana, Hindu and Muslim communities' otherised' each other



Photo Courtesy: PTI/Manvender Vashist

and conditions following the spread of Covid-19 increased suspicion and lack of trust between communities along religious lines. Linking is a form of social capital, that is needed to build dependable relations between the state and its people. However, trust in the government care structures was already weak for people living in the slums, and the mismanagement during the Covid-19 lockdown acted as point of no return in terms of building trust with the state.

The everyday deficiencies in social capital with respect to bonding, bridging, and linking based on gender, caste, class, region or religion, and citizenship were aggravated by the requirement of social distancing to contain the spread of Covid-19; this affected reciprocity and mutual trust and weakened collective response. With the closure of schools, *anganwadis* and work sites and with restrictions on social gathering and mobility, Covid-19 further weakened the links and bridges between communities by constraining intermingling of people belonging to different sections of society.

Across the four case studies, we observed that the weakening of social capital combined with precarious living conditions and the poor state response to the community's care needs had a multiplier effect in accentuating inequalities, and was particularly hard on already marginalised communities. Women, in particular, were found to be the most vulnerable, cutting across caste and religious communities. Women were largely the ones in the villages to take on the burden of providing for the sick and tired migrant workers

returning home after covering difficult and long journeys from the cities. It has also been noted that capitalist societies deliberately cut down on social protection measures, making migrants 'vulnerable, controllable, and hence 'cheap' labour', and exploitable for maximising profits in favour of the capitalists (Shah and Lerche, 2020: p. 720).

The Invisible Micro-Economies of Care

The previous section discussed a few of the many conditions in relation to the Covid-19 lockdown that the study observed during the collection of data in selected slum areas. However, these conditions are not exclusive to these areas and will find resonance in other parts of the city (discussed in the literature review section); while the material factors are more pronounced in underprivileged areas, the non-material factors that build the social infrastructure may also be found in privileged echelons of society. What the pandemic did was to expose the inability of society to overcome deep-rooted differences, and particularly the insensitivity of the state that was observed in its ill-equipped crisis management design and implementation that catapulted a health crisis to an economic and social crisis for already underprivileged sections of society. In response to the deteriorating conditions of the underprivileged during the state-imposed Covid-19 lockdown, members of civil society, including concerned citizens, community-based organisations, and non-government organisations, were spurred into action to provide relief to the anxious communities and people. Civil society is an important



Photo Courtesy: Getty Images

institutional actor in the 'care diamond' that provides social reproduction and care to societies. However, the literature on care regimes and social reproduction is more focussed on the role of the state¹, the institutional space of family, the care burden on women, and the market from the perspective of caring for the worker, her child and family. There is not much discussion on the role of communities or civil society in providing care, especially in crisis situations. The recent literature on non-state collective action during the Covid-19 crisis has pointed to this gap and has been able to throw some light on it. In the Covid-19 context globally, civil society played a critical role in providing the much-needed support missed by the governments, including the delivery of essential services, countering disinformation and rumours, building alliances to reach out to the marginalised and protecting them from health and economic risks (Al-Ali, 2020; Brechenmacher et al., 2020; Cai et al., 2021; Duque Franco et al., 2020; Mohanty 2020).

1. See Annexure II for state schemes.

Non-state provision of care and the key actors during the Covid-19 Lockdown

In this section, we examine the relief work undertaken in the four slum areas under this study from the perspective of various actors and their motivations, which played a key role in shaping the whole experience of receiving and giving care. The study broadly divides the actors into three categories: a) frontline workers who showed leadership and skill in organising relief for the marginalised communities and were at the forefront of the entire effort in these micro-contexts; b) the beneficiaries who were largely receivers of relief and care provided by frontline workers; and c) other actors, including state-enabled actors such as the police, MLAs or councillors, ASHA and *anganwadi* workers, and politically affiliated actors. Within each context there were different kinds of actors taking predominance, but these categories were not water tight and often overlapped,

especially between community based non-state frontline workers and beneficiaries.

The actor category 'beneficiaries' were understood to be those who stood at the intersection of limited access to essential material and non-material resources such as those discussed in the previous section and dependent on external intervention for their survival needs during the Covid-19 lockdown. The vulnerability of the beneficiaries may be visualized in the form of a radar chart, where vulnerability in terms of access to resources for each beneficiary can be displayed on a Likert scale of 1 to 3; 3 denotes 'no access', 2 denotes 'some access', and 1 denotes 'better access' to basic material resources such as water, housing, PDS, job and income security and non-material resources such as access to social capital or

a caring social fabric. We could add other variables such as the number of dependents in the family, including young children, sick and elderly. In terms of the variable 'Dependents in family', a higher value indicates a larger number of dependents in the family. So, if Beneficiary 1 is a migrant construction worker, she does not have access to housing, PDS or even social capital, but has some access to income security through the cash transfer scheme of the Building and Construction Workers Welfare Board in Delhi, while Beneficiary 2 who is a domestic worker and possibly a third-generation migrant has access to a house, and therefore can access PDS, but has a large number of dependents and no income or job security.

Based on the micro contexts, more such variables may be added to the chart to understand the intensity

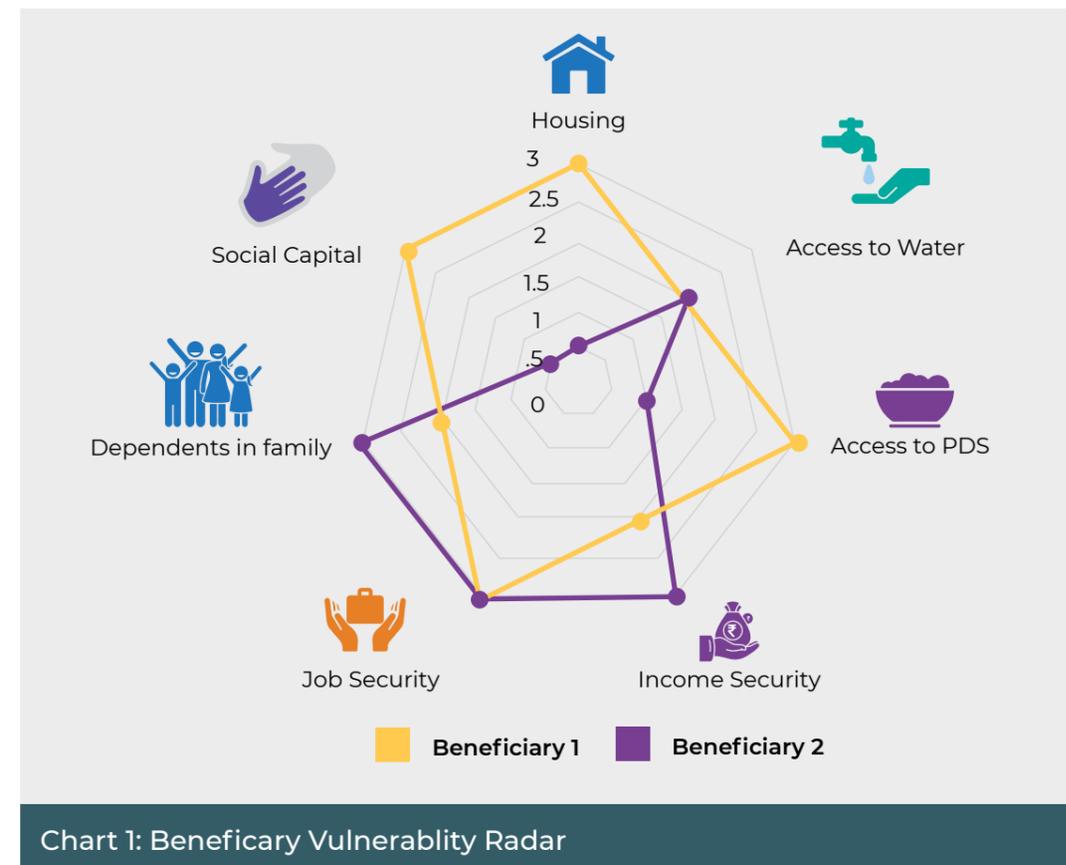


Chart 1: Beneficiary Vulnerability Radar

of vulnerability experienced by the beneficiaries. In terms of gender, the beneficiaries looking for and accessing essential materials in the public domain from state and non-state relief providers were largely women. One factor for the large majority of women seen publicly, instead of men was that women are primarily responsible for providing care for the family and, hence, were seen to be active in this space. A further reason for this phenomenon was the higher incidence of police violence against men who were seen as violating lockdown rules on mobility restrictions.

Frontline workers in the study are a loose category of people who showed leadership and played a key role in organising or taking part in the relief work at the slum sites. Based on our observations, we can draw out some distinguishing characteristics of this category of actors. One such distinguishing factor was an erstwhile or present association of frontline workers with an NGO, a collective, or a community-based organisation. Some NGOs and collectives mentioned in the study include Action India, Basti Suraksha Manch, Umeed Project, Who-is-Hussain, HAQ, Save the Children, Jagori, Delhi Youth Welfare Association, Imdaad team, Meem, Anjalam Foundation, Yuva Chetna Foundation, and Basic Foundation. These organisations and collectives were either present on the ground providing relief directly to the vulnerable in the slum areas or were funding these efforts. For instance, in Seelampur area, non-state networks of individuals and organisations that emerged to provide relief work during and after communal violence continued to be active during the Covid-19 lockdown crisis. The



Photo Courtesy: Getty Images

experience of the crisis at hand was shaped by previous sets of crises and marginalisations encountered by the slum community. The training received by front-line workers through these NGOs and collectives, knowledge and skills in social work, and their higher motivation to provide support to communities found in adverse situations enabled them to swing into immediate action even in this context. After the immediate entry of such frontline workers, more volunteers from the community were drawn in to support the relief efforts.

In terms of gender composition, although a greater number of women were interviewed for the study, it is worth noting that more men than women or people belonging to other genders were observed playing the role of frontline workers. Further, the women who acted as frontline workers were largely those who were associated with NGOs or community-based collectives and trained in such initiatives or who were already active in this field of providing care and welfare interventions in the past, highlighting the key role played by NGOs and collectives to train women

in public or community-based care roles. The gender composition of the frontline worker category to that of beneficiaries was quite a contrast, with the latter largely dominated by women. This brings into question the claim that women are natural or innate care providers; as observed in this study, women took on their prime responsibility as carers in the family space, but as they were not accustomed to this role in public it did not come naturally to them unless they had the training, knowledge and experience through their erstwhile or present association with an NGO or a collective. However, in comparison to women, there were still many men who were involved in relief work without any prior experience. Further, women frontline workers likened their relief work in the community to their role as care providers in the family, by viewing the community as an extension of their family. On the other hand, the youth participants that dominated the space viewed their role as finding gainful purpose in the absence of a career and formal educational activities.

The majority of frontline workers belonged to and lived in the same geographical community and hence were more or less aware of the community vulnerabilities, needs, and demographics and therefore were able to quickly and effectively respond to the crisis situation. The high sense of belongingness with the community could also be inferred from their individual contribution to relief work without waiting for support and directions from the NGOs or collectives they were associated with and despite the high probability of exposure to the virus due to this community work. For these acts of altruistic community

care, family support and backing was considered crucial, especially in the case of women frontline workers. Families had to reorganise care work in the household since the women frontline workers had to be away performing relief work. As per the accounts of women frontline workers, in most cases female members of the household took on the care responsibilities in the absence of the women frontline workers. However, all family members braced for the fact that they would be exposed to Covid-19 infection on account of the relief work performed by the frontline workers.

The third broad category of 'other actors' in the study comprised state agents with specific roles in the state's effort to control the spread of Covid-19 and relief work. It included local area MLA and councillors, as well as individuals or teams associated with political parties. There were some marked differences between this category of workers and the category of frontline workers, and it would be important to highlight a few of these here. As highlighted in the literature review section of this report, ASHA and *anganwadi* workers entirely comprised of women hold a key role in providing support to communities due to their decentralised presence, and last-mile delivery of nutrition, health services, and education to young children under the ICDS of the government. During the lockdown, after an initial closure, the *anganwadi* centres were reopened to deliver food to all those who were registered at the centre. This included pregnant mothers, and pre-school children. Given the need of the community during the lockdown crisis, it was observed, that the number of registrations also increased manifold to access

the service in some areas. ASHA workers were also responsible for paying home visits and checking the wellbeing of families as well as spreading awareness in the community on Covid-19. However, in the four slum sites in the study, ASHA and *anganwadi* workers were conspicuous by their absence or negligible role. Unlike the non-state frontline workers, ASHA and *anganwadi* workers were either absent due to lack of or few *anganwadi* centres, were inaccessible or worked as per the directions from the state authorities and were, therefore, limited in their role. The anxiety of working only within the limits of the state directives also reduced their capacity to aid the relief work of non-state frontline workers and volunteers. For instance, ASHA and *anganwadi* workers have a detailed list of families with young children and pregnant and lactating mothers; availability of this list with the non-state frontline workers could facilitate identification of vulnerable families in the community. However, such alliances could not take place because ASHA

and *anganwadi* workers hold a weak position in the hierarchy of the government's health system, resulting in no decision-making capacity. Nevertheless, ASHA and *anganwadi* workers were extremely useful, in fact overburdened, in organising food at schools and government-established canteens for the beleaguered communities.

The police were other key state agents mainly tasked with controlling the mobility of community members with a firm hand. The police were seen managing the crowds at food delivery points maintained by the state. Although an important role in itself, the harshness by which it was implemented against panic-stricken people became a contentious issue, striking fear in the minds of already troubled slum inhabitants. This behaviour of the police caused hurdles in the relief work undertaken by non-state frontline workers, such that frontline workers often had to dodge and hide from the police to carry out their relief activity. Frontline workers also had to face police action such as police



Photo Courtesy: PTI Photo

checking and beating, as well as registration of FIRs (First Information Reports) for breaking movement restrictions. The hurdles created by the police were particularly difficult in the case of migrant workers who needed support in the form of cash and vehicles to reach their home town and villages. In Seelampur area, the relationship between the police and the community, especially Muslims, was already strained and the lockdown created further grounds for harassment of the community by the police. However, the police also provided protection to a Muslim frontline worker who was providing relief in a Hindu-dominated area. Further, in some instances the police were also forthcoming such as in Sanjay Camp, where they organised food kits and got them distributed to beneficiaries with help from frontline workers in the slum community. The police also came to help when frontline workers faced threats or violence in the community because they could not provide relief to everyone according to their demands. There were other prominent actors in the relief being provided at the community level; these were local councillors or elected ministers who arranged food and got it distributed with help from their party volunteers and even through the non-state frontline workers. A marked difference

between these actors and non-state frontline workers was in their motivation. The MLAs, councillors, and political party workers apart, from providing the relief, were also interested in publicising their efforts towards public recognition and advertisement.

The Micro Mechanisms of Non- State Relief and Care during the Crisis

The role and positions of different actors discussed in the previous section shaped the experiences of crisis during the Covid-19 national lockdown. It also shaped people's response to the crisis in the face of the state's atrocious acts of omission and commission that deepened the gaps. As frontline workers, families and other key actors in these slum sites geared up to control the impending crisis, it took the shape of collective action with a common goal to fill the care gaps created by deficient attention from the state and the market. The frontline workers, who mostly belonged to NGOs and CBOs, channelised their existing repertoire of knowledge, skills and resources and led the collective action to provide relief, care and social services in an attempt to impede the crisis. While the previous sections touched upon the context of the crisis, in this section we discuss

the local mechanisms of relief work observed in this study in the four slums communities, with particular attention to the efforts of frontline workers during the national lockdown.

Given the caring subject position of NGOs and CBOs in the slum communities, the immediate reaction of the frontline workers belonging to these organisations was to halt their current activities and channelise existing resources to relief work. The first task at hand was to assess the situation in their localities and assess the needs. The initial understanding of needs emerged from the social groups and constituencies the NGOs and CBOs worked with. For instance, in Sanjay Camp the adolescent and girl youth group, single women, and survivors of domestic violence previously supported by Action India Mahila Panchayat approached the organisation for relief from the crisis. So, vulnerable families with young children, with no access to food due to exclusions from PDS, and lacking in income security were identified and immediate efforts were made to mobilise relief. However, confining relief provisions to their own constituency would have been disastrous; thus, the frontline workers used techniques such as snowballing, and conducting door-to-door surveys to identify beneficiaries and their specific needs due to the crisis. The NGOs and CBOs began collaborating with each other, as well as with volunteers from different parts of the community to increase their efficiency and outreach. This eventually led to a web of caring relations or a network of organisations and volunteers within these slum sites that shaped the collective action through their specific roles and agencies. In this model of collective action, there was

no central leadership, rather a diffused and decentralized mechanism of providing relief and care. Digital media, such as WhatsApp, played a key role in organising this collective action and maintaining the continuous flow of information on needs and action.

Although frontline workers had the backing of localised knowledge about specific conditions of community members, the process of identifying the beneficiaries and their needs was meticulous and intensive given the restrictions on mobility and in-person interaction. Frontline workers took the responsibility of ascertaining the needs—in terms of type and quantity—by interacting with beneficiaries personally and preparing a list with personal identifiers for effectivity and preventing duplicity. The identification of beneficiaries by type of needs and quantity was crucial since frontline workers were working with highly limited resources and funds and aimed at maximising their outreach. While the relief mainly included food kits for beneficiary families, unlike the ration provided by PDS shops the food kits provided by frontline workers incorporated the specific dietary and nutritional needs of different kinds of families, for instance, milk for families with children, or relevant spices for cooking, and medicines for the sick in family. The kits also included essential items such as soap and sanitisers and sanitary pads for women to maintain the required hygiene standards to prevent the spread of Covid-19. In response to the cash crunch faced by many families, a nominal cash transfer was also arranged in certain circumstances. When it was realised that families do not have cooking fuel to cook the dry ration collected

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from various government and non-government sources, cooking fuel or cooked food was included in the relief efforts. Over and above responding to the basic survival needs of the locals, the migrant families living in these slum areas were given cash, food and transport to assist their safe passage to their homes. The range of care activities and ever-increasing list of survival needs was a result of a decentralised and personalised approach to providing care.

Since the resources were limited, the main challenge for frontline workers was that of prioritising beneficiaries from a slum population wherein all were more or less underprivileged and impacted by the lockdown crisis. Here the orientation, training and local experience of the frontline workers mattered; for instance, women-based organisations like the Mahila Panchayats supported by Action India prioritised women beneficiaries who were widowed, survivors of domestic violence, adolescent girls, and elderly women. In Seelampur, organisations such as Umeed Project that became involved in relief efforts soon after the communal violence, focused on families that had already suffered losses in terms of life, property and livelihood during the communal violence. Yamuna Khadar, which had a higher presence of community-based organisations in comparison to NGOs, prioritised daily wagers, debt-ridden farmers, waste pickers, and so forth. Except for a few frontline workers associated with right-wing organisations that discriminated between communities, generally ideas of equality and justice marked the identification of beneficiaries. Nevertheless, the predicament

of 'whom to prioritise in relief work' amid limited resource, was excruciating for the majority of frontline workers, resulting in feelings of helplessness and fatigue.

Challenges faced by the frontline workers included reaching the most vulnerable beneficiaries far beyond the easily reachable. This was especially a problem due to restrictions in mobility and lack of transport. There were also concerns of safety as any such movement could be perceived suspiciously by the police, inviting penalties and punishment. Additionally, panic-stricken communities deprived of food sometimes turned into mobs trying to snatch food parcels for their family's survival, resulting in threatening situations for the frontline workers and the most vulnerable beneficiaries. Thus, the frontline workers worked in teams and strategically used gender, social influence, and the age of frontline workers to control crowds and avert violent situations. Besides the issue of unruly crowds, there was also the opposite issue of many beneficiaries facing shame and hesitation in seeking help. Here again, women frontline workers used their gender to break the ice with women and girl beneficiaries; similarly, religious, or regional identities helped in creating in-roads to assess the circumstances of families with similar identities and establish a trusting relationship. Several other challenges have been cited in the case studies, including the lack of protective gear against Covid-19 for non-state frontline workers and accusations of spreading the virus in one's neighbourhood. It also needs to be noted here that many frontline workers were also inhabitants of the same slum

area and they faced similar care deficiencies as the other inhabitants; even if they were employees of registered non-government groups, the foot soldiers of NGOs have modest salaries.

As much as it was a test of patience, the processes applied in identifying beneficiaries and their needs also led to maintenance of records, accountability in usage of funds and resources, and evidence building. These processes helped in raising more funds and resources, and also in advocating better local policies and interventions by the state. Through these efforts and claims by civil society organisations the state government realised the many exclusions in the PDS system, resulting in the introduction of electronic ways of applying for food ration at PDS. Evidence and records of people's plight also strengthened frontline workers' claims on local councillors, MLAs and even political parties, pushing them to provide more relief materials. These processes also instilled confidence in individual and group funders that their money was being spent in the right direction. Trust was key in raising funds, since the organisations could not receive funds from various funding organisations and individuals as a result of new government rules on receiving and spending foreign funds by NGOs. Frontline workers offered their individual and personal bank accounts or offered to connect with local shopkeepers and merchants for direct payments to buy relief materials. As can be inferred from the experiences of relief work undertaken by frontline workers, the lines between the organisations or groups they were part of and their individual contribution to the relief work had

completely blurred. As the situation demanded, frontline workers drew on resources way beyond those provided by their organisation in terms of, but not limited to, money, time, security, space, and social connections as well as knowledge and skills.

The Characteristics and Language of Care

The account of relief work carried out by frontline workers points to the labour-intensive nature of care work. As argued in feminist labour literature, 'care' is a product that unlike various other commodities cannot benefit from economies of scale; it needs a direct people-to-people relationship and the devotion of time. This study also affirms that even if the task was simply distribution of food kits, over and above the aspect of labour intensity it was also a dialogical relationship between the frontline workers and the beneficiaries. Care was interactive in that it was co-produced by the interaction between the carer's perceptions, knowledge and skills and the caree's expression of needs, the intersectional circumstances and the nature of responses. Hence, the care co-produced from this interaction was not standard or one-size-fits-all, and differed from one carer-caree relation to the other. Keeping in mind both aspects of care, i.e., the labour intensity and its dialogical nature, caring was also arduous and time consuming. Moreover, in situations of limited resources and emergencies, as witnessed in this study, caring became especially draining—both physically and emotionally. One of the factors that determined the who, what and how of caring

was the subject position of the carer (singularly or by virtue of her association with an organisation recognised for care provision) and was acquired through training, knowledge and skills in care work, a position where one was being counted on for care or expected to extend care to others. This was true for the beneficiaries as well as the frontline workers who participated in the study. Women largely appeared as collecting care resources for the household from frontline workers and other sources, as a result of their position as primary carers for their household. On the other hand, the majority of frontline workers were also those who had some prior experience of caring for different sections of society, or were associated with such initiatives and, hence, were publicly expected to perform such roles or felt the moral duty to do so. It is interesting to note here that women and girls who were traditionally trained in caring roles at the level of the household or the private sphere did not 'naturally' extend it to the community or the public sphere during relief work. This was so, since caring for the community required taking on public roles that demanded other kinds of prior exposure and training in care work. However, men who had not been in direct caring roles at the household level, but were associated with caring organisations and/or performed public roles, found it easier to move into caring roles for the community. Women frontline workers with prior experience in public care work had to additionally negotiate at the household level to be able to prolong their time or intensify their care work for the community, as it demanded reorganising care work for her own family and additionally carried

the threat of contracting Covid and passing it on to family members. Conversely, such pressures were not substantial for men frontline workers. Thus, we saw a high presence of men in the category of frontline workers, and women played a key role and showed agency where their subject position as carers in private or public roles demanded them to participate or received some form of backing from their families and/or organisations to perform such roles. Using frameworks such as the 'care diamond' (Razavi 2007), feminist economists have highlighted the dominant presence of women in care work in all institutional spaces—state, market, community, family. However, the presence of women was found to be limited in emergency care provision during the Covid crisis under study here, and the movement of women between these institutional spaces or between public and private domains, even if in care roles, did not seem smooth or easy. It demanded knowledge, skills and negotiations on the part of women at multiple levels. Based on this discussion, a further point of research inquiry could be to understand whether gender norms are stricter when it comes to vertical movement of similar roles between public and private domains in comparison to horizontal movement between different roles in the same domain.

The motivations and conceptualisation of care were varied and influenced by gender, the socio-cultural factors, and religious background. As highlighted in the Sanjay Camp case study and implied in others, women frontline workers saw relief work for the community as an extension of their primary care responsibility done for their family, while the young men saw their involvement in the relief work as appropriate utilisation of their time

given the need of the hour and their joblessness. Women also used more emotional or sentimental ascriptions when expressing their feeling on relief work alongside expressions of moral duty and responsibility. In the case of men who participated in this study, there were greater expressions of satisfaction and of being able to reach out to the aggrieved families. Even when the frontline workers were associated with women-led or rights-based organisations, their role was expressed as a selfless moral obligation or responsibility towards their community, instead of in a language that agreed with the rights-based approach often used in the NGO world and proliferated by human rights tools of the United Nations. This discussion on the nuanced gendered differences in the conceptualisation of care confirms Carol Gilligan's assertion that women's moral conception is based on caring as responsibility and reciprocity in terms of showing concern towards both the self and the other, and the obligation to use non-violent means (Gilligan, 1977).

What motivated the frontline workers in this study was an expectation of blessings (*ashirwaad* and *duas*) from the beneficiaries in return for providing care support. Thus, the dominant expression or conceptualisation of care came closest to 'altruistic care' as explained below. 'Altruistic care means here an understanding of care as (1) a selfless act, (2) provided unconditionally and (3) spontaneously (4) to particular human beings in need of care (5) for the sake of that person's best interests. This is not, one should note, tantamount to saying all these features can be found at the same time in a particular theory, or in the care provided by an altruistic carer'

(Pettersen, 2012: p. 368). Pettersen (2012) points out how altruistic conceptions of care actually impose an ethical ideal where care provision becomes the responsibility or burden of the carer, and the caree takes a passive, dependent, and vulnerable position in this relation. In this study, the overt expressions aligned with altruistic conceptions of care derived from gendered and socio-religious cultural ideas. The position of caree in an altruistic care relation was also noticeable in the expressions of shame and hesitation on the part of some of the beneficiaries receiving care. However, in the practice of care provision by frontline workers, i.e., in the identification and prioritisation of specific needs and beneficiaries, concepts of equality and justice, and structures of power were taken into account, especially when the relief work was being led by NGOs. The care-in-action, as observed in this study, was in some degree in consonance with the concept of 'mature care' discussed by Pettersen in the same paper. Mature care emphasises interaction and reciprocity, information and competence, consent and dialogue. 'One significant step in the right direction where the carer is not exploited and the caree not treated a passive receiver is to reject outright a conception of care as something a heroic self-sacrificing individual can assume responsibility for all by herself.' (Pettersen, 2012: p. 382). A combination of both 'altruistic care' and 'mature care' was found in the language and practice of care by frontline workers and beneficiaries; while the former defined the role of the carer or the frontline worker, the latter directed the evaluation of beneficiaries and their needs. It is important to note that women frontline workers had a stronger

association with altruistic care with respect to their roles, a conception that is carried with care roles she performs in different domains and institutional spaces. In this study, alongside the characteristics of care, the position of 'altruistic carer' taken on by the frontline workers made their circumstances especially depleting, and sometimes evoked feelings of shame on the part of the beneficiaries.

The 'Care Diamond', Social Capital and the Role of Non-state Actors

As part of the discussion on various precarities and informalities in the context of slums discussed earlier in this section was also the importance of social capital and its three types—bonding, linking and bridging—in building the collective resilience of communities against crisis situations; however, it was found to be further weakening in the context of the Covid-19 lockdown crisis. It is pertinent to draw attention to the important role played by the non-state actors—the CBOs, NGOs and the like—in building this social capital in these contexts and particularly during their relief efforts at the time of the Covid crisis. These non-state actors identified in the four case studies and again in this section banked upon their prior social network to raise resources for relief work and built new alliances linking people and communities and bridging gaps with the state agents and political parties.

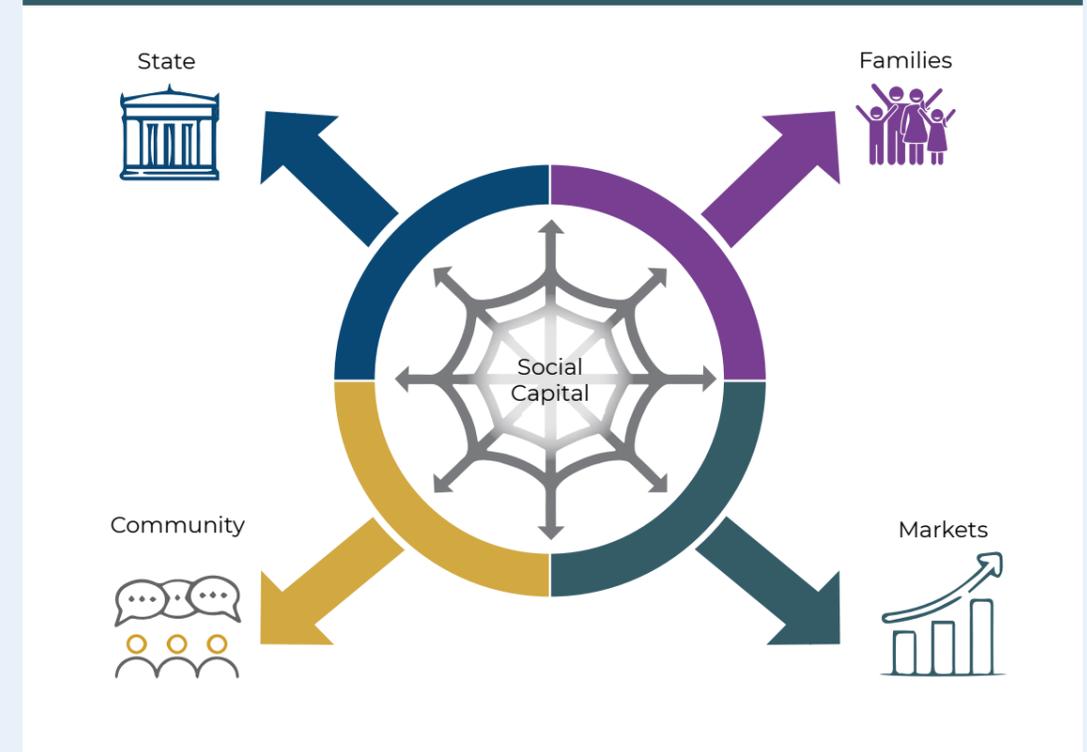
In this study, we saw that the women and youth who were collectivised and trained by NGOs and CBOs in community services became champions of emergency care work during the Covid lockdown crisis.

These women and youth used similar processes and mechanisms in relief work, learnt as part of their prior association with these organisations. The awareness and frames of analysis that were built to analyse marginalisation from a gendered and intersectional lens was brought into force when identifying and prioritising beneficiaries and addressing the specific needs of the beneficiaries. Even the simple presence of certain identities, such as women or Muslim frontline workers, broke hesitation among beneficiaries who identified with them. Most importantly, the prior involvement of these individuals and groups in providing care services to various sections of the slum community had instilled much-needed trust (in the face of limited resources) and built a bond that was further capitalised where it existed. The frontline workers also played a key role in highlighting the deep gaps created by the policies of the state and the market, while also making efforts to bridge these gaps by making evidence-based claims on the state. Thus, one of the main realisations for this study in terms of the social reproduction and care literature is that social capital is an important interceding condition between various institutional spaces (state, market, community, and family) for facilitating care provisions and making them accessible. The non-state sector plays a distinct and central role in building this social capital.

Based on this realisation, we can further add to the 'care diamond' (Razavi 2007) a stylised representation of institutional spaces involved in care provision by locating social capital at the centre.

To summarise, the social capital generated by the actions of the non-state frontline workers prior to and during the Covid-19 crisis worked at the

Figure 1: The Position of Social Capital in the Care Diamond



micro level in the institutional space of families by creating better bonds across families in the community. At the meso level, non-state frontline workers improved the links between various social groups in the institutional space of community and the market, and at the macro level they built bridges with the institutional space of the state. Further, we cannot emphasise enough the crucial role played by NGOs, and local collectives in preparing women to take on leadership roles as non-state frontline workers providing key support across all these levels. The quality of care provision in a society is dependent on the capacity of social capital to bond, link and bridge with an intersectional, gendered understanding acquired through decentralised mechanisms of care provision as seen in the praxis of frontline workers before and during the given crisis in this study.

It is also pertinent to note that over and above the mere presence of collectives and organisations, alliances between CBOs, concerned individuals and NGOs was crucial for this decentralised and intersectional approach including redistribution of caring roles, particularly at the micro and meso levels during the relief and emergency care provision directly to the affected people. However, alliances were also key for evidence-based advocacy meant for influencing state policies at the macro level. As the state ultimately has the resources, means and the scope to deliver, bridging relations between the state and the communities or building alliances with the state and civil society actors to provide an adequate care infrastructure for communities is the need of the hour.

CONCLUDING COMMENTS

This study report is a detailed account of emergency care provided by non-state frontline workers to deprived sections of the society during the Covid-19 crisis in the slums of Delhi. It was crucial to highlight their interventions that proved to be a lifeline for the many forgotten and neglected by the state and the market when imposing a strict lockdown, particularly in the first wave of the Covid-19 pandemic. Non-state frontline workers either aided the reach of government schemes on the ground or made efforts to fill the gaps left by the state and the market, using and stretching their individual or group resources. Of the many findings of the study, one key realisation was that *'care' is a dialogical relationship between the carer and caree*, and even in the provision of the very basic needs of survival, the principle of *'one-size-fits-all'* or *'first-come-first-served'* as often practiced by governments or the market is discriminatory and exclusionary. What is needed is therefore situated knowledge about the conditions of people built through a dialogical relationship of care and based on a gendered and intersectional approach that incorporates an understanding of contextual social power relations. Governments aiming to extend better care and social protection to people can benefit from the knowledge and experiences of frontline workers by building alliances with the non-profit sector, sharing resources, strengthening the sector by providing greater resources, and by recognising

this sector's criticality in enabling social protection for the beleaguered population, especially in natural and man-made crisis situations.

The study also highlights the importance of a public care infrastructure that is affordable and accessible to all. The disastrous implications of applying exclusionary conditions to access such public services meant for social protection, such as those witnessed in accessing the PDS, has been stressed in the case studies and in myriad other reports, evidence-based literature, and people's campaigns. Hence, *the need to universalize such basic services as PDS cannot be overstated*. In addition to universalising public services such as access to quality food, water, education and the like, measures to secure incomes and jobs is equally important, particularly for informal workers and migrant workers, to ensure that people do not spiral further down into destitution. The cash transfers by the state during Covid-19 lockdown was much appreciated by the recipients, also *'from a feminist point of view, cash transfers could help alleviate women's time devoted to domestic and time-intensive reproductive activities, while also addressing immediate financial needs for those who are unemployed.'* (Stevano et al. 2021, p. 284). Given the profound gaps in the care infrastructure that in effect was responsible for turning a health crisis into a man-made humanitarian one, *investments in care infrastructure*



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will serve the dual purpose of generating jobs and incomes for the people rendered unemployed due to the crisis (keeping in view the labour intensity in care work and its potential to provide large-scale employment), as well as protect the people against such future crises by establishing better care systems. Investments in better care systems, as highlighted in the feminist, will not only contain the crisis of social reproduction, but in the long run also significantly reduce inequalities between genders and social groups.

A key point that has emerged from the study is the interceding condition of social capital between the four institutional corners of the *'care diamond'*—the state, the market, community, and households—for a functioning care system in a society. The social capital with its three elements—bonding, bridging, and linking—can be represented as a web of care relations building solidarities and social cohesion, which is a prerequisite for a non-discriminatory care system. In a highly stratified society, the study findings indicate that the existing differences and discriminations

between social groups heightened during the Covid-19 crisis in some areas, further breaking down social cohesion between social groups and resulting in the degradation of collective resilience crucial to face such crisis situations. In this scenario, frontline workers played a key role in fighting disinformation and making efforts to fill the gaps. Networks of youth groups and women collectives played the essential caring roles by using their local knowledge and existing social networks. Alliances were built across individuals and social groups, and claims were made on accountable state authorities to provide essential care resources to people, thus, playing a central role in building social capital which in turn is the foundation for building a strong care infrastructure. The state should therefore also invest in efforts that enhance social capital to create bonds, bridges and links between households and social groups, going up to the state and the market (Aldrich and Meyer, 2015). And investing in such social capital-generating initiatives would mean promoting the non-profit and non-state sector that uses decentralised and localised strategies to contribute to social reproduction and care.

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ANNEXURE I: LIST OF ORGANISATIONS

Organisations that Partnered in the Study

- 1. Manthan Social Society** Registered in 2015, this Delhi-based initiative aims to provide quality education to underprivileged children, especially in Mayur Vihar area. The group works in the areas of health, hygiene and access to quality education, and conducts awareness programs around these issues.
- 2. Action India** was founded in 1976 and works with women towards empowering women to achieve equality and equity and the right to live with dignity and self-esteem. The organisation aims to enable women to access their rights as citizens of India in the field of governance, education, livelihood and health care.
- 3. Mahila Kisan Adhikaar Manch (MAKAAM)** is a national-level collective of individuals and organisations working for women farmers' rights.

NGOs, Voluntary Groups, Foundations and Trusts mentioned in the report

- 1. Basti Suraksha Manch (BSM).** It was started around 2018 by four individuals to address the challenges faced by waste pickers in Delhi. Since then, the group has worked extensively in the areas of migration, rights of informal workers and access to social security.
- 2. Rami Social Society.** Established in 2016, the organisation's focus has been on educating underprivileged children and empowering women primarily around East Delhi.
- 3. Sewa Bharti.** The organisation was founded in 1979. Supported by the Rashtriya Swayamsevak Sangh (RSS) and allied organisations and groups such as the Akhil Bharatiya Saha Seva Pramukh, they work with tribal and indigenous groups, urban slum dwellers and resettlement colonies (*sewa bastis*)
- 4. Ayesha Foundation** is a young organisation working in the space of gender and aims to build research-based development work around gender on four different axes – livelihood, psycho-social support, assistive education and mentorship.
- 5. Movement for Education and Empowerment of Masses (MEEM)** is a non-government organisation (NGO) working for the upliftment of society and spreading communal harmony. The organisation also works to provide educational upliftment of underprivileged children.
- 6. Umeed Project** is a charity organisation started as a response to the Covid-19 crisis.
- 7. Save the Children.** Registered in 2008 as Bal Raksha Bharat, this non-profit organisation works towards the goal of protection of child rights in India.
- 8. Delhi Youth Welfare Associations (DYWA)** has been working since 1990 in the field of children's education in Delhi.
- 9. Imdaad team** is a group of young volunteers working in the north-east Delhi with the youth community on issues of education.
- 10. Children International** is an NGO that addresses the cycle of poverty experienced by children and young adults through early intervention and community engagement.

11. **Magic bus Foundation** works with children and young adults by providing them with opportunities to address poverty. They have multiple livelihood and skill development programs.
12. **Nav Srishti**, founded in 1994, believes in working at both the grassroots as well as the policy level. It actively engages with local women, children, adolescents and youth to build a collaborative space for addressing community issues.
13. **Plan India** is a child rights organisation that has been working in India since 1979. It works in the areas of education, youth employment, gender-based violence, sexual and reproductive health and child and maternal health.
14. **White Lotus Charitable Trust** was started in 1993 and has been working towards equal access to quality education, especially for girls.
15. **Pehal Foundation** works towards improving health, education, environment and literacy in India.
16. **Smile foundation** works in more than 25 states in India around the issues of education, health care, livelihood, and women's empowerment. It takes an interdisciplinary approach in providing an enabling environment for the growth of children in urban and rural villages of India.
17. **Who is Hussain** is a global movement aiming to empower communities through volunteers. They distribute food to marginalised people and run blood donation camps for the needy.
18. **Belief Foundation** works in the areas of education and provides food distribution across Delhi NCR.
19. **Anjalam Foundation (Trust)** was founded in 2015 and works in the areas of education (focusing on girl education), child care, health, computer literacy, legal awareness, social welfare and women empowerment.
20. **HAQ Centre for Child Rights** works with children and engages with multiple stakeholders to safeguard the rights of children in all fields.
21. **Restless Development** has been working with partners from the government and businesses to support young people and their communities for over 30 years. They focus on securing brighter futures for young women and girls
22. **Nivedan foundation** works for the rights of under-privileged children in the direction of education.
23. **National Federation for Indian Women (NFIW)** is the women's wing of the Communist Party of India. Many women's organisations joined NFIW, united by the common goal of securing women's rights.

ANNEXURE II: List of Government agencies, bodies and schemes mentioned in the study

1. **Public Distribution System** was started as a food security scheme for the underprivileged in India under the Ministry of Consumer Affairs, Food and Public Distribution. PDS is regulated by both the central and state governments through a network of fair price shops where food and non-food products are distributed at subsidised rates.
2. **Integrated Child Development Services (ICDS) Scheme.** Launched on 2nd October 1975, this is one of the flagship programmes of the Government of India and represents one of the world's largest and unique programmes for early childhood care and development. The beneficiaries under the scheme are children aged 0-6 years, pregnant women and lactating mothers. The scheme aims to provide supplementary nutrition, pre-school non-formal education, nutrition and health education, immunisation, health check-ups and referral services.
3. **Delhi State Legal Services Authority.** This is a Statutory Body and has been constituted under the Legal Services Authorities Act, 1987 with the motto 'Access to Justice for All'. It has three primary functions: 1) Providing free legal aid, advice and services to eligible persons; 2) Promoting spirit of amicable resolution of disputes by organising lok adalats and through other forms such as mediation and conciliation and counselling, 3) Spreading legal literacy and awareness among the masses.



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