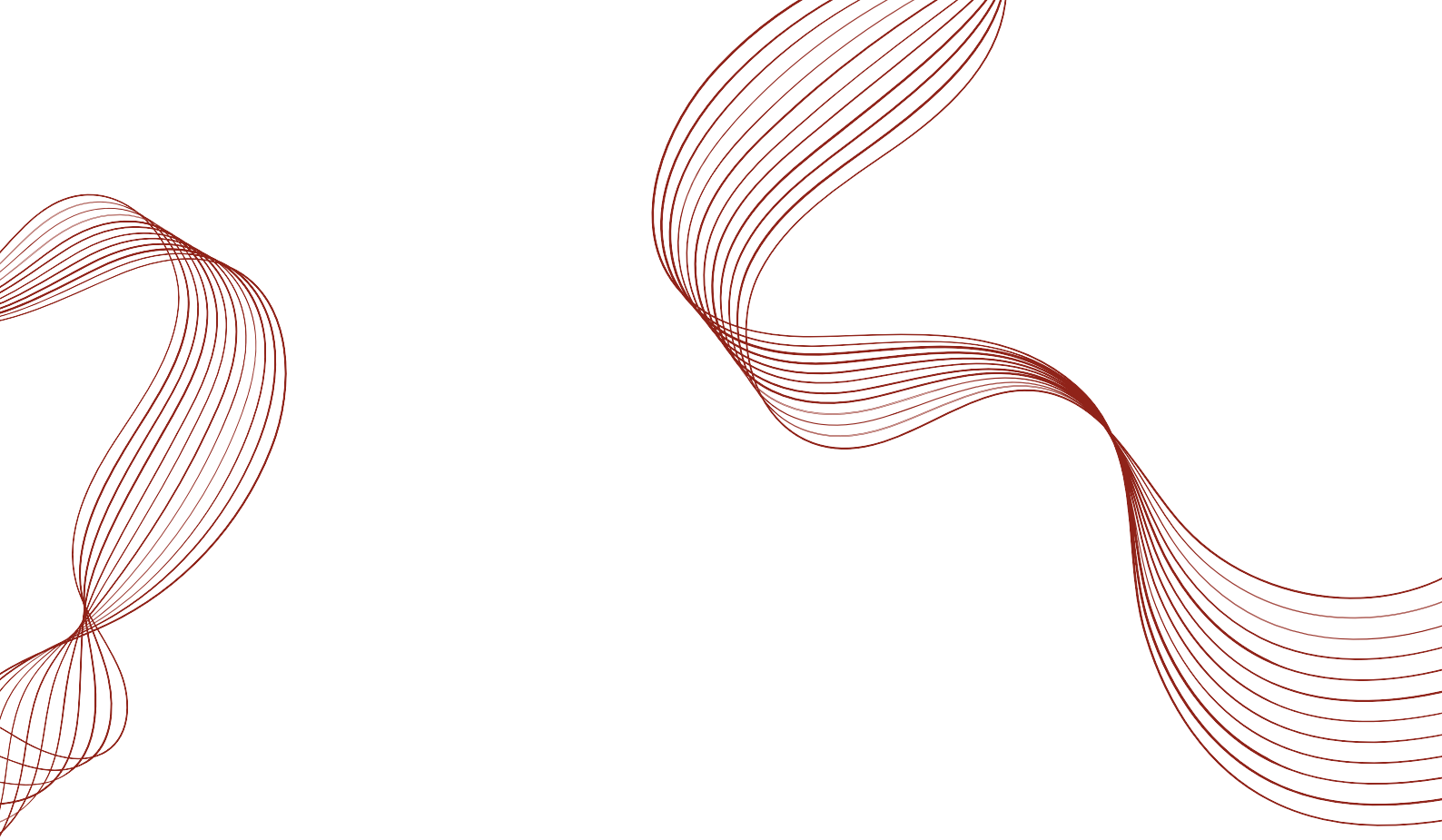


Study of Pre & Post Covid-19 Changes In Livelihood Situation





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LIST OF ABBREVIATIONS

KPP - Kusumpur Pahari

GDP - Gross Domestic Product

PHC - Public Health Care

MGD - Mini Group Discussion

ARHC - Affordable Rental Housing Complexes

IDI - In-depth Interview

FGD - Focus Group Discussion

CAPI - Computer-Assisted Personal Interviews

NGO - Non-governmental Organizations

NDMC - New Delhi Municipal Committee

ESI - Employee State Insurance

ASHA - Accredited Social Health Activist

MSDE - Ministry of Skill Development and Entrepreneurship

PMKK - Pradhan Mantri Kaushal Kendra

PDOT - Pre-Departure Orientation Training

NAPS - National Apprenticeship Promotion Scheme

MEA - Ministry of External Affairs

IISC - India International Skill Centres

PKVY - Pravasi Kaushal Vikas Yojana

Executive Summary

Brief Background

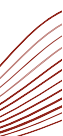
COVID and the consequent lockdown has created a completely new situation. The moratorium on economic activities created an adverse situation for the economy. The GDP growth rate of the quarter April to June of 2020 was 24% less than that of the same quarter of the previous year. This study is a case study on the impact of COVID and the subsequent lockdown on the lives and the livelihoods of the migrant labourers. In doing, apart from economic indicators like income and expenditure, various social indicators were also incorporated. This study was conducted in the locality of Kusumpur Pahari – an urban slum of migrant workers in South Delhi.

This study uses a mixed method approach for data triangulation. For primary data collection in employed sample survey method, in depth interviews of the key informants and Mini Group Discussion of the slum dwellers.

The Major Findings of the Study are:

Livelihood

1. The Inflow of migration during the lockdown months decreased significantly.
2. There was a considerable reverse migration of migrated workers.
3. A significant number of the migrant workers lost their jobs during the lockdown.
4. Even those who could retain their jobs, had to face a reduction in their payments.
5. The families of the migrated workers had to compromise on their regular consumption pattern because of this income drop.
6. Those who migrated to their home town were no better off, they too had to face joblessness.
7. The relief materials supplied by the Government were significant, but not adequate according to the workers.



8. There was effectively no relief from the landlords in terms of rent relaxation during the lockdown.

Healthcare and Hygiene

9. The healthcare service inadequate in this region, and there is a need and expectation for better health care facility.

10. Cases of child malnutrition is not rare.

11. There is a presence of malnutrition among women.

12. The demand of sexual and reproductive health is not properly met.

13. The local PHC is nonfunctional.

14. The newly established Moholla Clinic was closed during the period of lockdown.

15. There is acute problem of drinking water.

16. Drainage system is in disarray, causing further detriment to the hygiene situation. However, some improvement has been taken place because of setting up of toilets by the government.


Skill

17. There is a history of skill enhancement programmes run by the Rotary club

18. Some of those programmes, especially the beauty-culture and embroidery training programmes successfully provided alternate income opportunity to a significant number of women.

19. The homeopathy clinic established by the Rotary club was acknowledged and appreciated by a the senior members of the community

20. The community as a whole, expressed the need for skill enhancement programmes and expressed their desire to join such programmes.



21. The most sought after skills were Spoken English, Computer literacy.

22. Interventions like coaching centres for the school going students might be an important intervention.

Background of the Study

COVID and the subsequent lockdown has brought about an anomalous situation in our public life. The lockdown was a completely alien element to our collective memory. It created a strange crises' situation for which the planners and the administrators never had a prior escape plan to deal with. Long-standing moratorium on public gathering and productive activities sent shock waves through the economic structure of the country. Economic activities came to a dead stop. And remained so for a period of four months. The GDP growth rate of the quarter April to June of 2020 was 24% less than that of the same quarter of the previous year. The migrant labourers faced the worst part of this jolt.

This research is a case study on the impact of COVID and the subsequent lockdown on the lives and the livelihoods of the migrant labourers. Not only the economic aspects but other social cultural dimensions were also incorporated in this study in order to capture a 360-degree view of the topic. That is why, without constricting to the economic indicators, this study has attempted to envisage a broader framework that incorporates different social and livelihood yardsticks.

Under its Atma Nirbhar Bharat Abhiyan (Self-Reliant India Mission), government has taken several initiatives boosting scope of private participation in many sectors. Some of the initiatives that would benefit migrants in urban areas include, but are not limited to, extension of an employment guarantee scheme in the urban areas that was done only in rural areas so far, converting government funded housing in the cities into Affordable Rental Housing Complexes (ARHC) and incentivizing manufacturing units, industries, institutions, associations to build those houses, providing loan for small businesses, credit facilities for street vendors. Making all these initiatives successful requires concerted efforts in ensuring that it reaches to the people it is meant for.

Objectives

The objective of this study is to gauge the impacts of lockdown on the life and the livelihood of the migrant workers. It simultaneously engages in mapping the skills of the migrant workers, and the feasibility of skill enhancement programmes in terms ameliorating the livelihood situations of the individual workers; and as a stimulus to reinvigorate the overall economy which went out of gear because of the lockdown.

This study also aims to undertake a community needs assessment study for a comprehensive understanding of the most affected domains due to livelihood disruptions among these slum community of the Kusumpur Pahari and the domains that need urgent attention and intervention.

This study, through a mixed methods approach wherein a quantitative methodology will be employed following a statistically robust and scientifically designed survey protocol, and qualitative enquiries will be done for a deeper understanding of the prevalent issues. While conducting the study in Kusumpur Pahari, would draw a representative sample from each section of the slum community. It will develop a study design and contract a survey research agency to conduct the study. Through analysis of the survey data will be conducted by us to identify domains for urgent attention. This survey will also help us estimate the number of beneficiaries to be reached through the proposed intervention. Appropriate personal protection measures, as per government guideline, will be taken while conducting this study.

This study is mandated to evolve around the following objectives:

- » To assess the impact of COVID and the lockdown on the lives of migrant workers, through the lenses of the following items:
 - Income
 - Expenditure
 - Migration pattern
 - Health and nutrition indicators
- » Skill mapping of the community.

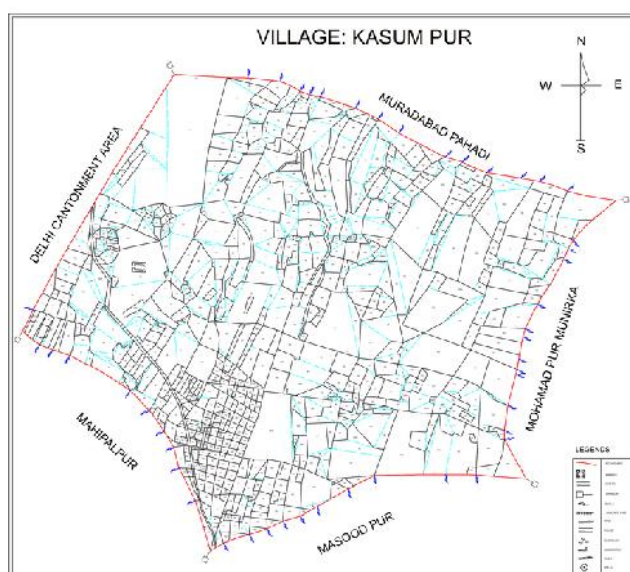
- » Evaluation of the existing skill enhancement programmes.
- » To assess the possibility of skill promotion.

Study Area/ Field (on KPP)

The locality of Kusumpur Pahari was selected for the study. Kusumpur Pahari is an urban slum in South West Delhi. Interlocked between suave residential areas of Vasant Vihar, Mahipalpur and Vasant Kunj, this is one of the biggest urban slums of migrated workers in South Delhi. The population of this slum is around 1 lakh (one hundred thousand). Migrated workers started thronging into this locality around mid 1980s when the city of Delhi started expanding rapidly. As migrant workers started thronging into Delhi, a few of them started residing in the rocky part of the Aravalli ridge. Over the period of the years, the population swelled. And this locality evolved into its present shape.

Today, this locality is inhabited by almost one lakh migrant workers with their families. Though people from all the states of India can be found here, but, Rajasthan, Haryana, Western Uttar Pradesh, Punjab are the major source states of the residents of this place. In terms of occupation, most of the residents are engaged in informal sector. Jobs like working as gardener, courier boy, housekeeping employees, sweepers, auto drivers and etc. a sizable section of the women residents were found to be engaged as domestic workers in the local households.

Figure 1: Map of Kusmpur Pahari



(Source: Wikimedia commons)¹

¹Link: https://upload.wikimedia.org/wikipedia/commons/4/41/273_f.gif

Methodology

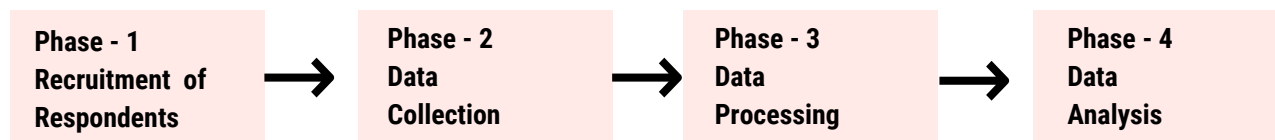
The study uses mixed method approach for data collection. For a proper triangulation of data, both qualitative and quantitative data collected. Apart from that, the study also used secondary data, acquired through desk research.

Primary Data Collection:

The methodology related to primary data went through four phases. (ref: Figure 2). despite having used different methods of data triangulation (see Figure 3), the phases of them remained same whatsoever.

- 1 The first stage, the screening agents visited the locality in order to search for potential candidates for the particular method of data collection. The duly filled screening forms were then studied to prepare a proper representative pool of possible respondents. After rounds of deliberation and consultation, the finals list was prepared for each of the data collection methods (viz. Sample survey, IDI and MGD). All these lists contained an excess of 10% respondents in order to deal with situations like nonresponse from a scheduled potential respondent.
- 2 The Second phase was the act of data collection. Three methods were collected for data collection, (sample survey, IDI and FGD – details in the subsequent sections).
- 3 In the next phase, the collected data was processed. For the sample survey, it was simpler, as the responses were collected in CAPI; but for FGDs and MGDs, the interviews were first transcribed, then translated, and then tagged properly according to their thematic orientation.
- 4 In the last and final phase, the collected information was analysed, and collated for the final report.

Figure 2: Phases of Primary Data Collection



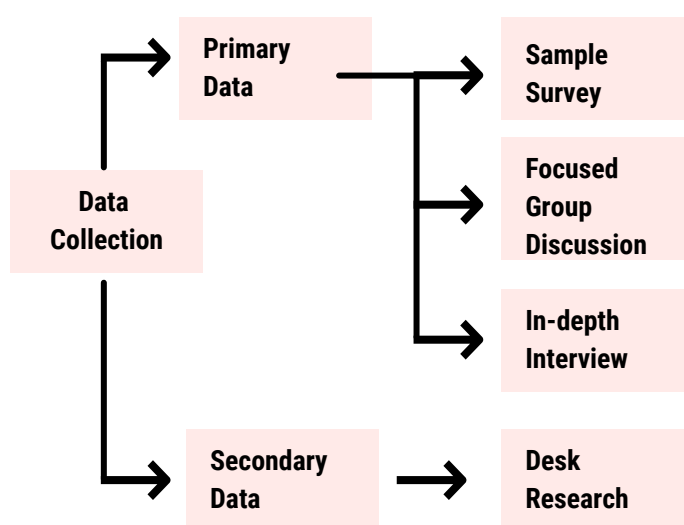
**Photo 1:
Team of Screening Agents Enumerators**



Scheme of Data Collection

For the collection of primary data three methods were used. For quantitative part, the study used sample survey, while for qualitative data, IDIs (In-depth-interview) and FGDs (focused group discussion) were used (Ref Figure 3).

Figure 3: The Data Collection Scheme



In the next level, the data collection tool was finalised. As a part of the mixed method, it was decided that three major methods would be used for this task. These methods were:

**Photo 2:
Enumerators Conducting Sample Survey**



» Sample Survey:

Firstly, it was decided that sample of fifty would be selected for the survey. For this purpose, screening agents, first screened the area. (a copy of the screening form for the sample survey has been attached in the annexure). Based on the screening forms, a pool of 50 potential candidates were selected for the survey. These respondents were then interviewed by a group of trained enumerators, with a structured questionnaire. (a copy of the questionnaire has been attached at the annexure). In order to save time and avoid any possibility of human error in data feeding, the survey was conducted through CAPI (Computer Assisted Personal Interviews). This enabled the collected data to be tabulated in excel format directly.

» Mini Group Discussion:

From the same pool of potential respondents of sample survey, twelve candidates were selected for the Focused Group Discussion. All of them were divided into four focused groups. Each group contained three members each. Following measures were taken during creating the groups:

- 1- One of the groups were women only groups; this was done multiple reasons, first, it is often been noted that women do not/ cannot / hesitate to express their opinion in the presence of the male members or even their mother in laws. So, in order to grasp their opinion, these women only group was formed.
- 2- Similarly, a senior citizen only group was created. The idea behind this was to find the age specific opinions related to the life, livelihood and skills.
- 3- The rest of the two groups were mixed groups: consisting of people from different age group and gender.

Photo 3:
Mini Group Discussion (of the Women's Group)



In-dept Interviews

In dept Interviews of the Key informants are one of the instrumental methods of qualitative data collection. This is used before initiating the quantitative data collection, since it gives a proper framework to design the close ended survey tools. At the same time, it provides a wholesome information about the area, topic and intricate details about and around the theme of the study.

This study conducted a total number of sixteen (**16**) IDIs. The first twelve interviewees were selected from a pool of screened social influencers local political leaders, font line health workers, government employees, local NGO activists etc. (the screening form has been attached in the annexure.)

The next four IDIs were conducted on the members of Rotary club, who were closely associated with interventions made by the club in this locality.

Photo 4:
In depth Interview of the Stake Holders



Protocol for the Data Collection

In order to ensure proper quality control and representation, a data collection protocol was prepared and circulated among the enumerators.

Protocol for the Survey

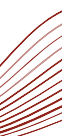
1. Screening Agents would map the area, locate the probable candidates for the survey with the screening form.
2. The filled screening forms would be graded, according to the information collected from them. As per the requirement of the survey, fifty households are to be surveyed, With the final inputs from Rotary Club researchers, we would finalise a list of 70 households for survey, from the pool of the screened households.
3. A training session of the enumerators would be conducted to discuss the perspective of the study. This session would also train them to follow methods of social distancing and sanitisation.
4. Then our enumerators would visit those households, along with the screening agents, to conduct the survey.
5. All the structured interviews would be conducted through CAPI.
6. The number of surveys uploaded to the cloud would be checked and validated on everyday basis

Protocol for In-Depth-Interviews

- 1- Screening Agents would map the area, locate the probable candidates for the IDIs.
- 2- We would try to prepare a list of stake holders and Key informants from the stake holders and influencers.
- 3- In the next step would share the list with Rotary researchers for validation
- 4- In the next level, interviews would be conducted.
- 5- Specific attentions would be paid to the details like
 - 5.1- Interviews are conducted at a place where the Interviewee feels confident and comfortable
 - 5.2- The interviews would start only after properly filling the consent form.
 - 5.3- Each interviewing team would have two members, one to conduct the interview, the other one would work as back up.
 - 5.4- Interviews would be recorded (with the consent of the interviewee).
- 6- The recording of the IDI would be sent for transcription and Translation, so that it can be used for qualitative data analysis.
- 7- The consent forms would be submitted during the data submission.

Protocol for MGDs


1. We would use the same procedure as survey for recruitment. Study of Pre and Post Covid-19 Change in Livelihood Situation Page 14
2. From the same list we would sort out a groups of household heads coming from different social and cultural background. We would try to ensure a proper gender representation in these groups.
3. A total of sixteen individuals would be recruited in this process.
4. In the next step would share the list with Rotary researchers for validation
5. In the next level, interviews would be conducted.
6. Specific attentions would be paid to the details mentioned in the last subsection

- 
7. The recording of the MGDs would be sent for transcription and Translation, so that it can be used for qualitative data analysis.
 8. The consent forms would be submitted during the data submission.

Secondary Data Collection

For secondary data collection, we depended on various research reports on similar topics. Extensive research over the internet was conducted for this study.

The major thrust area of this research was -

1. The condition of workers
 2. Condition of the migration workers in India
 3. Lockdown and reverse migration in India
 4. Slums in Delhi
 5. Kusumpur Pahari
 6. Skill Deveopment in India
- 


Findings

This section represents the analysis of the data collected through quantitative and qualitative methods mentioned in the previous section.

Demographic Pattern:

Caught between shiny malls and sprawling bungalows, the working class in this shanty town of Kusumpur Pahari. This is a large slum like the many tucked into unseen crevices of Delhi.

The colony has 15,000 homes and approximately 100,000 inhabitants. The colony is organised on the basis of informal blocks based on cultural familiarity. 'A' block is for people from Haryana, 'B' block for Uttar Pradesh, 'C' block for Rajasthan, and so on.



Migration Pattern:

State of origin: Kusumpur Pahari is an urban slum of migrated informal workers. Today, most of the workers are from the neighbouring states of Haryana and Rajasthan, Uttar Pradesh. In some of the interviews, the respondents mentioned the state as 'Madras', which means, there is a considerable representation of migrant workers from South Indian states as well. During the phase of screening, it was found that there is a small section of residents hailing from *Andhra Pradesh* and *Telangana*.²

In terms of social background, a sizable section of the population hail from *Khatik* and *Valmiki community*.³

The sample survey conducted by the IGPP enumerators mostly corroborate with this evidence.

Livelihood Pattern

According to the sample survey, the nature of occupational pattern was:

1. 56% Contract worker
2. 2% Government employee
3. 19% Irregular/ seasonal
4. 23% Daily wage earner

from this, it is evident that the predominant majority of the residents here are engaged in informal sector. The information collected during the IDIs also substantiate similar opinion. The collated information regarding the occupational pattern. According to one of the key informants, more than 90% of the residents of this locality is engaged in informal sector. The commonest occupations being gardener, driver for the car owner in the nearby posh localities, courier boys, shopping mall attendants, domestic help for the surrounding neighbourhood, house- keeping stuff, cooks, hotel or restaurant attendants etc.

²Source: IDIs with the key informants.

³Source: IDIs with the key informants.

Community Needs

This section delves with the different community-based need associated with the residents of this locality. Separate subsections will deal with issues like health, education, skill formation, occupational patterns and skill mapping. We will also reflect the possible impacts caused by the COVID and the subsequent lock down over these indicators.

HealthCare:

Healthcare is a crucial indicator for livelihood. The importance of indicator has only further increased after the pandemic. This section summarises the response pattern collected through the sample survey, IDIs and the MGDs in the health related questions.


- 1- 40 out of 52 respondents in the sample survey: Unsatisfied with the existing health facilities.
- 2- Primary Health Centres PHCs had a cold if not bad reputation among the residents.
- 3- 'Moholla Clinics', one of the flagship projects of current State Government of Delhi have created some sense of hoe among the residents. They open ('Moholla Clinic') open once a week, offers free medicine.

It was opened recently. Now we can get medicines from here; but the testing facilities unlike the ones in Munirka Moholla Clinic isn't started yet. They are saying it will start soon. The clinic was closed due to lockdown but now it has opened again. (IDI Response)

There are almost no PHC, only an ASHA dispensary, an NGO ⁴has been working for 30 years. They check pregnant women, give vaccines to children but does not cater to adult health needs. Now Delhi government has opened a Mohalla Clinic for the last 6 months. There is only one but they give medications to everyone from the infant to the old. (Another IDI Response, on the existing healthcare situation of the locality)

- 4- But it was found that the Moholla Clinic had opened a few months before the outbreak of the pandemic; and remained closed for most of the period of the lockdown.

⁴ After the discussion it was found that the NGO dispensary is run by Rotary Club

- 
- 5- Charak Palika Hospital in Moti Bagh, Delhi (NDMC run hospital) is one of the major hospitals, frequently visited by the local residents.
 - 6- Safdarjung is the nearest super specialty government hospital.
 - 7- Less than 10% of the respondents have ESI cards, though majority of them are working population.
 - 8- No Dedicated facilities for women to deal with general and reproductive health related problems.
 - 9- No special medical facility for the older or the new-born.
 - 10- No special facility for the work-related diseases, or to deal with cases of industrial accidents.

Nutrition

This section collates the responses regarding issues related to public nutrition among the residents of this locality.

1- Stunting :

Stunted growth rate is of the major indicators of malnutrition. In order to measure the presence of stunting and other nutritional measure, we had to depend on the feedback of the Key informants during IDIs. In one of the IDIs conducted with an ASHA worker, we receive a glimpse of the nutritional scenario here. The major findings were

There are cases of stunting, however the exact number or share of population under stunting is not clear.

"There are cases of stunting. Even you may find them if you roam around this area few days. You can see few of the toddlers with bloated abdomen (Kwashiorkor ⁵), or rounded legs (Osteomalacia ⁶) . Those case are not very frequent, but they are there. We have been trying to address them, succeed to some extent, but not completely... (IDI with ASHA worker)

⁵ Kwashiorkor is a form of protein-energy malnutrition (PEM) that occurs when there is not enough protein in the diet (source: <https://www.physio-pedia.com/Kwashiorkor>, accessed on 1 December 2020)

⁶ Osteomalacia is softening of the bones. It most often occurs because of a problem with vitamin D, which helps your body absorb calcium. Your body needs calcium to maintain the strength and hardness of your bones. (source: <https://medlineplus.gov/ency/article/000376.htm>, accessed on 1 December, 2020)

2- Wasting :

Cases of wasting is rare.

3- Underweight :

3.1 Underweight among young babies are common; especially on cases where the income of the parents are on the lower side

3.2 Underweight among women, is common.

4- Other Nutritional Aspects :

Other than this, cases of anemia, iron deficiency, underweight is common among women. (source: IDIs, MGD)

Public Hygiene

This section collates the information and opinion collected on topics around public hygiene. Issues like sewerage and drainage system, water supply, drinking water, and other related topics were asked in different research tools. From the collation of the data, following summary is charted out:

1- Drainage:

The drainage and sewerage system are a common of cause of concern for the local residents. It was found that:

1.1 Most of the drains are open.

1.2 Deposition of garbage on the roadside is a common practice; and because of the absence of the proper sewerage, and cleaning mechanism, this creates water logging a related problems.

"Local people clean the road along with other scavengers but by evening again the road becomes filthy. Local people throw their garbage in sewage then it consolidates and cannot pass water." (Source: MGD)

1.3 Only main drains on the main road are cleaned by the MCD worker. The narrower ones are not cleaned by them. This creates a problem.

"People from MCD come here regularly 'and clean the main road and main drains. They don't get into the lanes or alleys though." (Source: IDI)

"The drains that are in our alley, we clean it by ourselves. And some workers come after every 2-3 days to clean the drains on the main roads. Along with that, whenever we call people from MCD for cleaning purposes, they come instantly." (Source: IDI)

1.4 Drains are not cleaned on a regular basis

"Some people do it themselves. In average, the condition of sanitation is not good. Drains are not cleaned on a regular basis, causing diseases. One day in a year they come to clean in the name of Swach Bharat, click photos, etc and that's all" (source: IDI with an Key informant, on being asked about the frequency at which the drains are cleaned) (Source: IDI)

**Photo 5:
Open Drains in the Locality**



1.5 The Condition becomes much more Severe during the Monsoon Months

"There was not things like sewage system they uses nalas (drain in hindi).I would like to recall that 10 or 20 years back we had a journalist team visited here who wanted to build a sewage system but the government did not allow that.

Clean drinking water was absolutely zero they use tanks for water, young girls wasting their time in carrying the water, it was very difficult.

Government has built some toilets in that area but I haven't seen people using them. During rainy season water logging and many thing not much has changed, there is no proper sanitation"(Source: IDI with Rotary club member)

2- Drinking Water :

2.1 The residents of this area are dependent on the water tankers provided by the Delhi Jal Board, for drinking and other purposes.

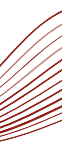
2.2 The water supply is irregular. Albeit with some improvement over time, the scarcity of water is still an alarming problem for the residents of this area.

"No, in some cases, the water comes in about days. The condition has improved a bit, and earlier the tanker was available once a month. The condition is better now, and the tankers are now available once a week." (Source: IDI)

"The tanker comes once in a week. Some even get theirs once in fifteen days. There are two or three pipes in a tanker. Two or three families can take their water from one pipe. Around 20-30 families take their water from one tanker". (Source: IDI)

"Everyone is depressed with the situation of water. That is the reality. You can see water cans in front of every house. Everyone is concerned with water. We wait for the tanker all day. Some days it comes so late our entire day gets wasted." (Source: IDI)

2.3 The quality of water is contestable: There has been cases, where the water of the tanker was of compromised quality. Corpses of animals were also found on some occasions.



"Sometimes the water is a bit greenish which we can't drink. So, then we borrow from others who got cleaner water." (Source: IDI)

"There is no system at all for drinking water. I'm living here from 2007 and I know that this area is used only for the purpose of vote bank. The water comes from Delhi government's Water department. Kejriwal is both the Chairman and the Chief Minister. The tanker distributes water daily from 6 AM-6 PM. Water worth of 4-5 lakhs is distributed here". (Source: IDI) '

"Once someone saw a dead deer (check) in the tanker and another time a kid saw a dead pigeon in it. Who knows for how long have they been dead ? We didn't drink the water that time. When the tanker comes everyone starts fighting. I am an Anganwadi worker. I have to dash to fetch water when the tanker comes. If we don't attach our pipes fast then we would not get water. So who has so much time to climb up and check the tanker ? It isn't possible. Like the kids are home during lockdown but as soon as the lockdown ends they will be off to schools and colleges. This is a big problem." (Source: IDI)

Problem of storing the water: The residents are not always aware of the possible methods of preserving and storing the water. The cans are often not cleaned properly on a timely manner.

"(T)he problem arises when the people store the water because the water is stored in cans. So it depends on the people how they are storing the water, whether or not they are keeping the water in sunlight once a week. Many use the same utensils for storing drinking water (which comes from the tankers) and cleaning water (which comes from the bore), so the problem of hygiene arises from these factors, as the bore water is not that clean.

Long queues, bitter altercation or bickering is a regular phenomenon regarding the water collection. In some of the cases the slum dwellers complained of reaching late to work because of water related complexities in family and locality.

Photo 6:
Water Stored (To Deal with the Water Crisis)



3- Toilets :

- 3.1 This area had a problem of open defecation for a very long period of time. With the passage of time, with assistance from various agencies and organisations, the households have gradually constructed their own toilets.

"Basically, there was no toilets in this area, so everybody had to go to outside open toilets. Then people started making their own toilets at home with septic tanks. Only last year, government too built like a hundred toilets for people. So, the cases of open defecation may still be found here." (Source: IDI with a Rotary member)

- 3.2 Recently, newly toilets are being made under the Swach Bharat Abhiyan. The residents have started using them.

Impact of COVID and Lockdown

Basic indicators like income, expenditure, saving, and pattern of migration has been dealt in this situation.

COVID impact on income and expenditure:

The lockdown wrecked havoc on the Indian economy. The contemporary empirical literature is replete with such evidences. And the workers of informal workers were the worst sufferers. They had to face job losses, their incomes dwindled, savings eroded, and times had to take loans. Having lost their jobs, and not seeing any possibilities to getting back to their work soon in any near future, the informal workers in India traveled long ways in the middle of the lockdown, when all sort of transportation was put under moratorium. In cases they had to meet accidents. People died on their way back. There were cases where people walked done thousands of kilometers to reach their hometown. This study made attempts to gauge the impact of COVID and the lockdown on the life and livelihood of the migrant workers. The main findings from the survey are listed here: (Ref Figure 4)

- » 37 of the respondents (71%), suffered a reduction in income during lockdown, another 13 of the 52 respondents (25%) reported to have reduced their remittances to their hometown (Source: survey)

The IDIs and the MGDs too had similar observations.

"The same (unemployment) happened in my family - my husband's younger brother is unemployed since the beginning of lockdown.

I: Was he sacked from his job?

R: Not officially. But he doesn't get any salary or work from there. Nothing is happening at all".
(source: IDI)

Study of Pre and Post Covid-19 Change in Livelihood Situation Page 23

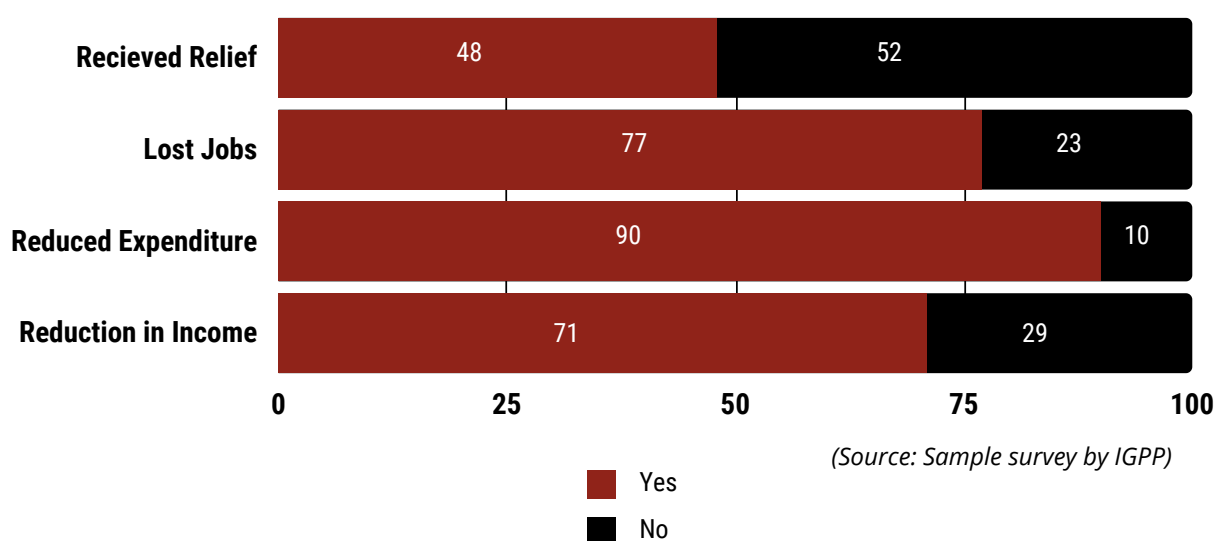
"Some people have received some of their wages, whereas others have received nothing at all. What will they eat? This is still going on." (source: IDI)

"Income was affected massively. Ninety percent of people didn't even get salary. The government policy itself got changed. It said in the circular that it's entirely up to the employer if they would like to give salaries or not and no one can sue them in court So. Most of the people didn't get salaries." (source: IDI)

"It's really bad. Especially after corona, a lot of people have left for their villages. So many people have lost their jobs. There is almost no income." (source: IDI) (emphasis added)

- » 47 of the respondents (90%) reportedly reduced their expenditure during the lockdown; Of those 47
 - 19 (39%) in clothing, 3 (8%) in entertainment and other heads, 15 (32%) in food items (Source: survey)
 - However, nobody had taken loan to sustain their slashed expenditure (committees⁷ not included) (Source: survey)
- » According to 40 of the 52 respondents, they lost their jobs at least for some period during the lockdown.
 - Of all the remaining 12 respondents (those who were working during the lock down) were doing so a decreased salary
- » Only 25 of the respondents have received relief from Government of any form, However nobody found during the sample survey to have received any help from NGOs.

Figure 4: Survey Response Pattern on Basic Livelihood Indicators (in %)



⁷ Committees are an informal pyramidal schemes prevalent in New Delhi and its adjacent areas. This very popular among the informal sector workers and illegal. In this small groups or 'committees' are formed in the first stage. The committee members pay a small premium to create a pool of funds. Any member who applies for the loan have to bid for the highest rate of interest.

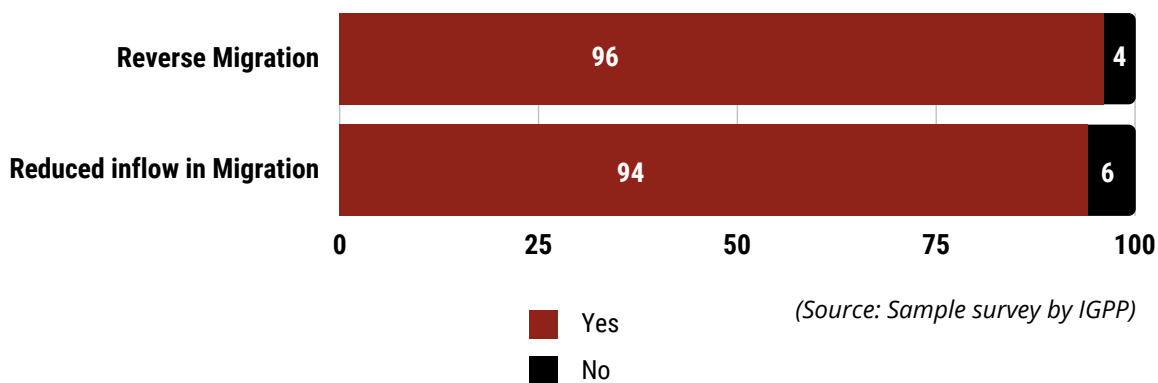
COVID Impact on Migration

The COVID and the subsequent lockdown had caused one of the biggest reverse migration of recent times. Informal workers, having lost their employment, faced various difficulties in their workplaces. In order to avoid starvation and other uncertainties, the migrant laborers of India, traversed all their way back home. The return was no less dangerous or uncertain. In absence of any public transport, railways plying, they often had to walk down hundreds of kilometers to reach their homes.

Kusumpar Pahari, being an urban slum of migrated labour witnessed similar experience.

- » 49 out of 52 respondents (94%) in the sample survey opined that the inflow of migrated labours to the camp had reduced during the months of lockdown.
- » According to 50 of the 52 (96%) respondents, a sizable section of the migrant families went back to their hometowns during the lockdown.

Figure 5: Opinion About In/Out Migration



COVID Impact on Social Life

The secondary literature suggested that during the period of lockdown cases of domestic violence have increased substantially. There are also reports suggesting that alcoholism and addictions have spiraled during this period. The study had a section dedicated to these inquiries. Figure 6 sums up the responses found during the sample survey.

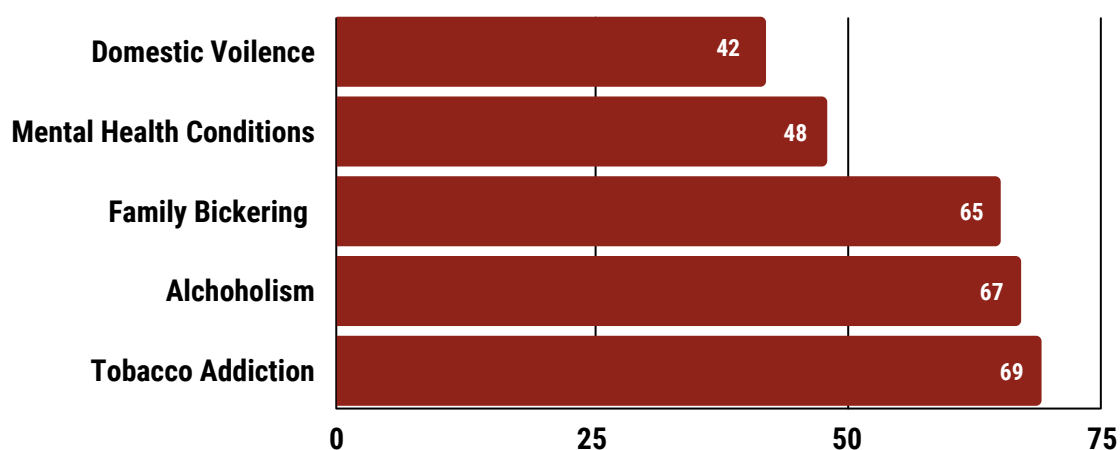
As shown in Figure 6

- » 65% said there is an increase in the domestic discords
- » 42% said there is an increase in the domestic violence
- » 67% said that there is an increase in alcoholism
- » 69% said that there was an increase in the tobacco intake
- » According to 48% there has been an overall deterioration of mental and psychological health during the lockdown .

Experience of those who returned from their hometowns

- » 11 returned. Reasons for returning:
 - There is no job
 - Even if there are jobs the wages are paltry
- » All those who came back accepted that they have been earning more here in Delhi, than in their hometown

Figure 6: Increase in Social Evil during the lockdown (in %)



(Source: Sample survey by IGPP)

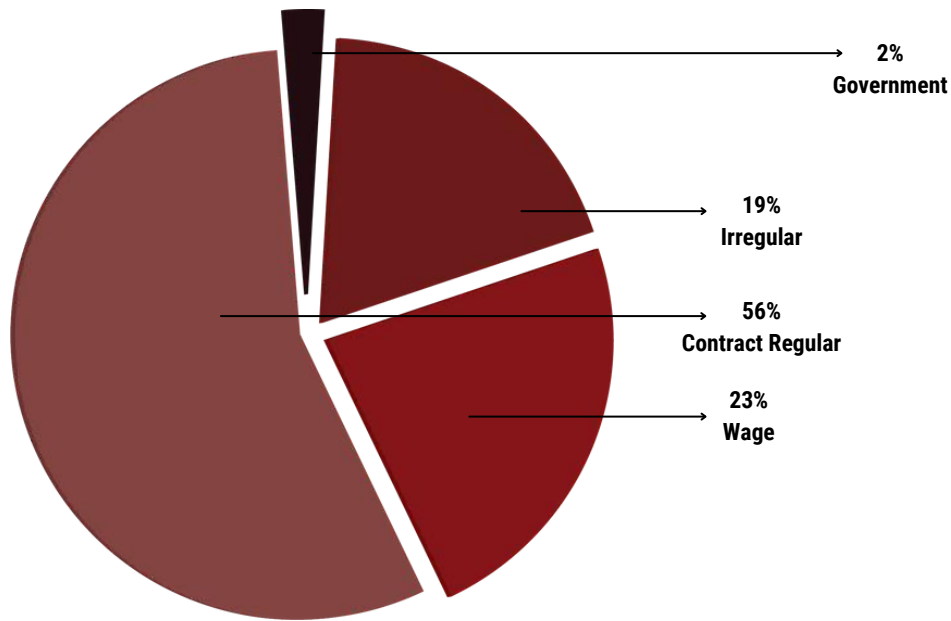
Skill Mapping

What are the main professions?

One of the preeminent objectives of this study was to comprehend the existing skill composition of the community. To understand the occupational pattern of the slum dwellers and envisage the demand and supply situation of skills in this area. The COVID lockdown had a cataclysmic impact on the livelihood possibilities of this area. Jobs squandered, income dwindled, saving decimated. In this situation of quandary, a specific skill imparting programme may have lasting impacts by rendering them with alternative and skillful sources of income and self-reliance. According to the sample survey component of the data collection, the major occupational patterns were:

- » Daily Wage Earner
- » Driver
- » Gardener
- » Guard
- » Housekeeping/ Sweeper
- » Office Helper

Figure 7: Profession Wise Distribution of the Sample Survey Respondents



(Source: Sample survey by IGPP)

However, with MGDs and the FGDs it was found that a considerable section of people are engaged as

- » Domestic Helps/ Cooks
- » Attendants in the nearby shopping malls
- » Delivery boys for the e-commerce websites

What are the existing skills set available in the community? What new skills they are compatible with?

During conducting skill profiling, the study found that the existing dwellers are engaged in a spectrum of varied trades and calling. Many of them are daily wage workers. For that, they migrate from one type of job to another with the termination of their work contracts. This kind of temporary engagement is antithetical to skill generation or skill accumulation. For those, who are engaged in trades like car driving, housekeeping, cooking in the nearby households, or attendants in the shopping malls, they conjure a wide spectrum of skill differences. So anyone-size-fits-for-all kind of settlement is unlikely to deliver any result. But the common thread that binds them is their dependence on service sector industries.

What are the existing skills sets of them?

From the previous section it is evident that most of the residents are engaged in the lower strata (unskilled or semi-skilled) of the service sector. The participation in manufacturing sector from this locality is negligible. Any service sector specific skill enhancement programme would benefit the career of the trainees considerably.

Better communication skills are prerequisite to prosper in the service sector. English being the primary language of communication in service sector, proficiency and command over English-speaking skills may improve the career prospect decisively.

Computer literacy is another instrumental skill in the domain of service sector. It not only multiplies the efficiency, it also increases communicability and hence, employability.

Other than these two, a through training of basic health and hygiene practices, will assist the domestic workers, or those who are associated in vocation of housekeeping in in the malls and other public places. These skills would also help them greatly to lead a healthy life in the post COVID situations.

Communication skills are crucial for the survival in the service sectors. It was evident that dearth of communication skills was one of the reasons behind financial paucity of the resident here. Despite being hard working, the lack of finer skills are the primary impediments to their financial advancement.

Skill Spectrum of the Upcoming Generation:

Despite being a locality of migrated workers from different states of India, it was found that most of the workers stay here with their family and children. In our survey we found that:

- » All the 52 respondents were living with their families here
- » The average number of children per family was 2.13
- » All of the households reported that their kids were attending the local government schools and were not satisfied with the quality of the education, especially their proficiency in English. Even the Rotary club members, who have been working on this area for more than two decades made similar observations

"One thing is teaching the young children English we haven't been able to develop... (O)r do something where children can go before their school where they will be taught to speak and write (English). Yes they do know A to Z ,1 2 3.....but they are not able to speak English so they need to understand and speak English. Another thing is that we need to develop for the youth so that they can learn a skill so that they can make their life."
(Source: IDI with Rotary member)

- » More than 60 % parents expressed that they wanted their children to be given extra care at an affordable rate.

"There are lots of children who cannot afford tuition. I think Rotary Club should arrange free tuition classes as well as vocational training for them." (Source: IDI with Stake holder Rotary member)

What new skills may be imparted to them?

Based on the discussion in the previous sections we can formulate, that certain skills, if imparted to the residents of this area, may improve their standard of living substantially. These are:

- » Spoken English
- » Computer literacy
- » Health and hygiene
- » Beauty culture
- » Culinary skills
- » Training for motor repairing
- » Plumbing skill
- » Strengthening mathematical skills among the school kids.

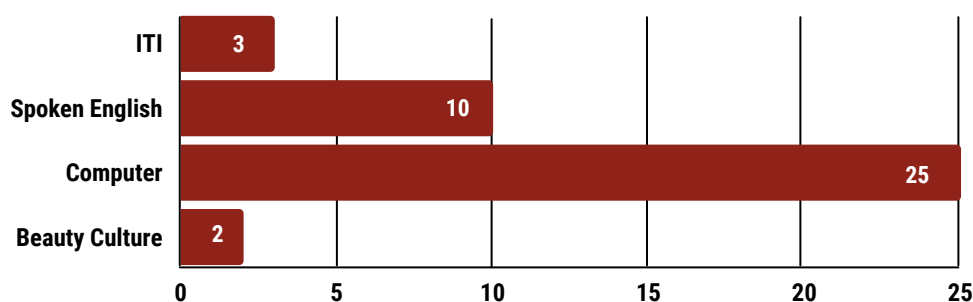
Skill Demand

The survey questionnaire meant for this study contained direct questions, asking the respondents that would they be interested to join a skill enhancement programme that may increase their employability and career prospects.

Good teachers should be there to teach children English and also computer. Children the future. This should be done for every class, spoken English. My appeal would be to start computer classes and provide a good teacher for spoken English. Rotary club will be successful too and people will also talk about it. Children do fine till 12 but face problem in getting into college." (IDI with Stake holder).

All 52 respondents answered that query in affirmative; and confirmed that they would join such programmes. They were also asked to express their opinion about the specific skills they think are most important for them! The responses are depicted in in the Figure 8. This figure corroborates with the ideas that we developed in the last sections.

Figure 8: Skill Demand in the Kusumpur Pahari⁸



(Source: Sample survey by IGPP)

Past record of skill training by Rotary

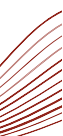
The Rotary Club of South Delhi Metropolitan has been active in this area for more than twenty-five years. Over the span of this time a wide variety of initiatives have been undertaken by this club. This long relationship between the Rotary club and this locality manifests in multiple shades. Senior members of the community had a strong recall frequency of the name of the club and its initiatives, especially those related to the beauty culture and homeopathy clinic. Initiatives like computer classes were also acknowledged by some of the community members.


As one senior member points out

*"...(W)e saw this was an underdeveloped area. And what we observed is people here were daily wage earners and babies, some of them newborns or a year old were left on the street and were being looked after by other 2-3 years old babies..We have started it with opening a **creche** (emphasis added) here. Then we've employed huge freshers to look them up, we feed them up and then (the) parents used to come at 4 to 5pm to take their children back.*

*Then we opened a **school** (emphasis added) there for the young children to be able to get the admission in the main school; because there 2-3 government schools at the nearby. So, we were trying to make sure that these children get the basic education, knowledge. Gradually we had **remedial classes**, (emphasis added) because we realised (that a) lots of students couldn't do homework. So, we employed few teachers to take classes for girls in morning and boys in the evening. That's how we started it." (source: IDI with Rotary club members)*

⁸ Source: survey conducted by the IGPP enumerators

- 
- » Training the residents to repair the hand pumps set up by Government, in 1980s
 - » Running crèche for the working women
 - » Running schools
 - » Running remedial classes for high school students
 - » Free health clinic
 - » Imparting skills of Beauty culture, (for Women only)



"Beauty culture Programme was a huge success among young girls. A lot of people got employed from there. The women who were in sewing courses, they all were given a machine as a parting gift when they passed the exam at the end of the course. This was sponsored by a Mr. Diwan from the Diwan foundation. They got employed in a lot of clothe making and shirt making factories. We always ensured that the eighty percent people who learn from us got jobs. So it was a huge success. We started a homeopathy dispensary here which is still running. We always tried that the quality of education the children get, improves." (IDI with Rotary member)

- » Distribution of necessary machines to the trainees
- » Imparting skills like stitching and sewing

"They teach us embroidery, parlour skills. Children are taught computer and given free tuition. Many girls and boys and women are taught there and still many more want to join. Because learning these helps a lot. Many families earn their livelihoods depending on these skills." (Source: IDI with stake holders)

"Yes, for instance, many women learned stitching from the stitching centre and have used that skill to generate an income for themselves. They have been giving beauty parlour training as well." (Source: IDI with stake holders)

- » Computer Training for boys and girls

"We have a vocational training institute here which helps the young women learn computer, beauty culture, embroidery etc." (IDI with Rotary member)

Conclusion and Way Forward

The lockdown is getting over gradually. However, the COVID scare is still there. The economic activities are resuming. But this is pretty clear that the restoration of the economy to the level of pre-lockdown level is going to be a time consuming affair. This would require an all pervasive effort from all the corners of the society. NGOs and CBOs would play an instrumental role in that process. This restoration would also require an army of skilled workers. Conversely, the skilled workers would definitely find edge over others in this situation, in getting a decent job or acquiring upward mobility. In the light of this, any intervention on skill enhancement can brought in a drastic improvement to the livelihood situations of a locality. The challenge lies in properly mapping the existing skill pattern of the community members and designing the skill enhancement accordingly.

This study using a rigorous method of data triangulation have conducted the skill and livelihood mapping of Kusumpur Pahari. Based on the analysis, this study infers that skill development programmes related to English speaking and writing, computer literacy and coaching the school students for their regular school curricula would be extremely helpful for the community members.

This study on community based demand generation may be used to strengthen the government efforts around livelihood and boosting demand from the community. A variety of interventions may be designed ranging from awareness building around the available schemes and services that his community is entitled to, strengthening community voices for demanding their rights and capacity building, and in collaboration with civil society organisation and NGOs working on advocating urban slums etc. (Table 1 gives a short introductory note abut some of the major skill development programmes undertaken by the Government of India.

Table 1: List of the Major Ongoing Skill Development Programmes of Gol

# Programme	Basic Feature
1- Pradhan Mantri Kaushal Vikas Yojana	<p>Enable and mobilize a large number of youths to take up industry designed quality skill training, become employable and earn their livelihood.</p> <p>Encourage standardisation of the Certification process and put in place the foundation for creating a registry of skills</p>
2 - Skill India Mission	<p>Increase productivity of the existing workforce, and align skill training with the actual needs of the country.</p> <p>Under the "Skill India Mission", Ministry of Skill Development and Entrepreneurship (MSDE) has initiated the establishment of state of the art, visible, aspirational model training centres in every district of India. These model training centres are referred to as "Pradhan Mantri Kaushal Kendra" (PMKK).</p> <p>PMKK are equipped to run industry-driven courses of high quality with focus on employability and create an aspirational value for skill development training. PMKK envisions to transform the short-term training ecosystem from a mandate driven delivery model to a sustainable institutional model.</p> <p>Investment support is provided for the establishment of PMKKs. NSDC provides the funding support in form of secured loan up to a maximum of INR 70 lakhs per PMKK.</p> <p>The financial assistance is provided towards capex support (shall not be utilized/provided for creation of immovable property) which includes the following components .</p>

3 - Pre - Departure Orientation Training (PDOT)

Given the need to orient potential migrant workers with regards to language, culture, do's and don'ts in the destination country, the Departure emigration process and welfare measures, PDOT program has been Orientation launched. Ministry of External Affairs (MEA) in collaboration with Training Ministry of Skill Development and Entrepreneurship (MSDE) is (PDOT) conducting the PDOT program. NSDC is the implementing agency for this program.

4 - National Apprenticeship Promotion Scheme (NAPS)

NAPS was launched in August 2016 by Government of India to Apprenticeship promote the Apprenticeship in the country by providing financial ip Promotion incentives, technology and advocacy support.

5 - India International Skill Centers (IISCs)

Government of India is keen to bridge the global shortage of labour International force in the coming years by reaping the demographic dividend of Skill Centres young Indian labour force. To meet gap of global shortage of labour (IISCs) forces, Ministry of Skill Development & Entrepreneurship (MSDE) under the "Skill India Mission" has set up India International Skill Centre (IISC) to provide skill training and certification benchmarked to international standards. In the pilot phase, IISCs were set up through the National Skill Development Corporation (NSDC) to implement two schemes namely Pradhan Mantri Kaushal Vikas Yojana (PMKVY) and Pravasi Kaushal Vikas Yojana (PKVY) for youth seeking global mobility for jobs. As part of IISC Program, both domain skill training on international standards and Pre-Departure Orientation Training (PDOT) are being imparted to candidates.

Limitation of the Study

This study offers a us a glimpse of the impacts of COVID lockdown on the everyday lives of the migrant workers. Migrant workers constitute the most vulnerable section of our socioeconomic hierarchy. This study may be used as a representative for case study for replication and application at different places.

This study was conducted within a span of one month of time period, with the assistance of three full time researchers and data collection team of five enumerators, three transcribers and a translator. The limited time span and limited resources were two of the major challenges. The post lockdown complications further aggravated these challenges. Some candidate interviewees denied for the interview, despite have agreeing for it, because of COVID related apprehensions. The lack of public transport restricted the mobility of data collectors. There were certain inhibitions among the slum dwellers to discuss information related to their health and income. Some of them demanded monetary compensation in exchange of their opinion. A few others expressed their cynicism about 'another' such study, which only takes their time, but does not commit anything in concrete. All such roadblocks were deftly handled by the data collection team members and their supervisors. Keeping with the norms of social distancing (wearing masks, carrying personal sanitisers, frequently washing of hands etc.) was another challenge that met professionally. It was the detailed training sessions of the enumerators, undertaken by the group of researchers, that made this data collection possible in keeping with so many challenges. Despite all these impediments, the data collection was completed in proper time. And it may be noted that this study is one of the first study on this topic based on primary data collection.


Appendix 1: Protocol for the Data Collection

Protocol for the Survey

1. Screening Agents would map the area, locate the probable candidates for the survey with the screening form.
2. The filled screening forms would be graded, according to the information collected from them. As per the requirement of the survey, fifty households are to be surveyed, With the final inputs from Rotary Club researchers, we would finalise a list of 70 households for survey, from the pool of the screened households.
3. A training session of the enumerators would be conducted to discuss the perspective of the study. This session would also train them to follow methods of social distancing and sanitisation.
4. Then our enumerators would visit those households, along with the screening agents, to conduct the survey.
5. All the structured interviews would be conducted through CAPI.
6. The number of survey uploaded to the cloud would be checked and validated on everyday basis



Protocol for In-Depth-Interviews

- 1- Screening Agents would map the area, locate the probable candidates for the IDIs.
 - 2- We would try to prepare a list of stake holders and Key informants from the stake holders and influencers.
 - 3- In the next step would share the list with Rotary researchers for validation 4
 - 4- In the next level, interviews would be conducted.
 - 5- Specific attentions would be paid to the details like
 - 5.1- Interview's are conducted at a place where the Interviewee feels confident and comfortable
 - 5.2- The interviews would start only after properly filling the consent form.
 - 5.3- Each interviewing team would have two members, one to conduct the interview, the other one would work as back up.
 - 5.4 Interviews would be recorded (with the consent of the interviewee).
 - 6- The recording of the IDI would be sent for transcription and Translation, so that it can be used for qualitative data analysis.
 - 7- The consent forms would be submitted during the data submission.
- 

Protocol for MGDs

1. We would use the same procedure as survey for recruitment.
2. From the same list we would sort out a groups of household heads coming from different social and cultural background. We would try to ensure a proper gender representation in these groups.
3. A total of sixteen individuals would be recruited in this process.
4. In the next step would share the list with Rotary researchers for validation
5. In the next ' level, interviews would be conducted.
6. Specific attentions would be paid to the details mentioned in the last subsection.
7. The recording of the MGDs would be sent for transcription and Translation, so that it can be used for qualitative data analysis.
8. The consent forms would be submitted during the data submission.

Appendix 2: Screening Forms

Survey

Parameter	Response
Name of the screenig agent	
Name of the Household Head	
Are you a Migrant worker	
Address	
Mobile	

Age	
Gender	
Monthly Income	
Nature of employment	a. Permanent, b. Contractual, c. Daily wage. d. Seasonal
Number of children in the family	
Number of senior citizens in the Family	

In depth Interviews

Parameter	Response
Name of the screening agent	
Name	
Address	
Mobile	
Age	
How are you associated with the locality	
Years of association	

Mini Group Discussion

We will use the same screening form that we used for the survey. After consulting with the Rotary, we would select a list of 16 potential candidates. And from this pool of candidates we would create four groups, each consisting three members in it.

Appendix 3: Data Collection Tools

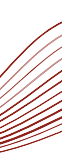
Schedule for Survey

General Information

- 1 Name
- 2 Age
- 3 Gender
- 4 Locality
- 5 Number of children?
- 6 Number of family members?

Migration

- 7 Are you a migrant worker?
 - 7.1 Yes
 - 7.2 No
- 8 For how long you have been staying in Delhi?
- 9 How many times you visit your native place in a year?
- 10 How much time you spend at your native place in a year?
- 11 Where do your wife/husband Stay?
 - 11.1 Delhi
 - 11.2 Native place?
- 12 Where do your children stay?
 - 12.1 Delhi
 - 12.2 Native Place
- 13 How much money you send each month to your native place?



14 Do you think the rate of new people arriving in this locality for the search of new work has reduced because of the lockdown?

14.1 Yes

14.2 No

15 Do you think some of the other migrant workers of this locality have gone to their home?

15.1 Yes

15.2 No



Livelihood

16 Nature of employment

16.1 Permanent

16.2 Contractual

16.3 Daily wage

16.4 Seasonal

16.5 Government

17 For how many months you had been employed in 2019?

18 What was your average monthly income in 2020?

19 Number of earning members

20 Monthly Income (last month)

21 Monthly saving (last month)

22 Monthly spending (last month)

23 Number of children going to school

24 Nature of School



24.1 Private

24.2 Government

25 Do they take any private coaching outside school?

26 If yes, then how much money you spend for that?

27 Are you satisfied with level of medical facilities in this locality? (to be measured in a Likert scale)

COVID Impact

28 Did you loose your job during the lockdown?

28.1 Yes

28.2 No

29 If no, then did you have to work with reduced salary during the lockdown?

29.1 Yes

29.2 No

30 Was you offered a 'work from home offer' in your job?

30.1 Yes

30.2 No

31 If the answer is No, did you get your salary despite not reaching your workplace?

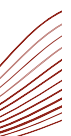
32 Was there any reduction in your monthly income during the lock down months?

32.1 Yes

32.2 No

33 If yes, then by what amount?

34 Did you scuttle any of your regular expenses because of the reduce salary?



34.1 Yes

34.2 No

35 What are the heads on which you slashed your expenditure (multiple options)

35.1 Food

35.2 Clothing

35.3 Education of children

35.4 Medicine

35.5 Recreation

35.6 Any other



36 Did you get any relief from the government?

36.1 Yes

36.2 No

37 Did you get any relief from any NGO or other organisation?

37.1 Yes

37.2 No

38 Did you take any loan to meet your expenses because of the reduced income for this period?

38.1 Yes

38.2 No

39 Did you get the benefit of e-ration card?


39.1 Yes

39.2 No

40 Did your landlord offer you any rent relaxation for this period of lockdown?

40.1 Yes

40.2 No



41 Do you think the family bickering have increased in your locality during the lockdown?

41.1 Yes

41.2 No

42 Do you think the occurrences of domestic violence have increased in your locality during the lockdown?

42.1 Yes

42.2 No

43 Do you think the occurrences of alcoholism has increased in your locality during the lockdown?

43.1 Yes

43.2 No

Skill Development Programmes

44 Are you aware of any skill development programmes currently undergoing in your locality?

44.1 Yes

44.2 No

45 Are you aware of any NGO/ CBO Philanthropic organisation working in your locality?

45.1 Yes

45.2 No

46 If yes, then what is the name of the organisation

Guide for IDI

1 How long you have been staying in this locality?

2. What is the demography of this area?

Probing suggestions

1. Level of migration (percentage of migrant workers staying here)
 2. Social Section (caste/ religion/ ethnicity/ gender)
 3. Professional engagement (Government/ private/ permanent/ contractual/ daily wage/ self employed/ unemployment status and its impact)
 4. family structure (the migrants mostly stay with their families, or they bring their families only after staying here for a while)
3. This locality of Kusumpur Pahari is primarily an urban slum of migrant workers. What is the nature of migration here?

Probing Question/ Suggestions

1. Domicile state of origin of most of the people living here?
 2. The job pattern of the slum dwellers
 3. The economic profile of the area
4. What is your opinion about the health facility of this locality?
1. Number of PHCs, do they function properly
 2. Number of Moholla clinics in the area
 3. Distance to nearest government hospital
 4. Distance to nearest ESI hospital
 5. Share of the population with valid ESI coverage
5. What is your opinion about the condition of educational facility in this locality?

Probing Question/Suggestions

1. Number of schools in the locality
 2. Which are the schools most of the children of this area go to study?
 3. How do evaluate those schools?
6. What is the impact of COVID and the Lockdown on employment and migration?

Probing Questions/ Suggestions

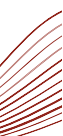
1. Was there a reverse migration?
 2. Was there a reduction in employment?
 3. Was there a wage cut?
7. What is the impact of COVID on health related indicators?

Probing questions/ suggestions


1. How many positive cases?
 2. How many deaths?
 3. Was the house of the infected people properly quarantined?
 4. Was the social distancing properly practiced in this locality?
8. Are you aware of the employment and livelihood initiatives undertaken by the Rotary club? If yes, then how would you evaluate those initiatives?

Probing Questions and Suggestions


1. Their role in generating alternative employment

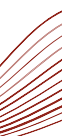
- 
2. Their role in generating wealth among the workers
 3. Has these initiatives empowered the targeted groups? If yes then to what extent?
 4. Do you think that this kind of initiatives should be replicated?
 9. Do you have any suggestion to improve these initiatives?

Guide for MGD

- 
1. How long you have been associated with this locality and at what capacity
 2. What are the major health issues of this locality?

Probing questions

1. Number/ availability/ condition of Hospitals/ health centres in the locality.
 2. Malnutrition among children: stunted growth/ underweight/ infections/ rate vaccination/ infant mortality
 3. Health condition of women : anemia/ underweight/ blood pressure/Iron Deficiency/ Menstrual health/ health related problems during childbirth
 4. ESI membership
 5. Nearest hospitals and their affordability
 6. Old age problems
 7. Alcoholism and other addictions
 3. What is the impact of of COVID and the Lockdown on employment and migration?
- 



Probing questions/ suggestions


1. Was there a reverse migration?
2. Was there a reduction in employment?
3. Was there a wage cut?
4. Health impact of COVID

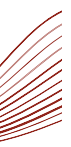


Probing questions/ suggestions

1. How many positive cases?
2. How many deaths?
3. Was the house of the infected people properly quarantined?
4. Was the social distancing properly practiced in this locality?
5. Anything else
5. Are you aware of the employment and livelihood initiatives undertaken by the Rotary club?
6. How would you evaluate those initiatives

Probing questions and suggestions

1. Their role in generating alternative employment
 2. Their role in generating wealth among the workers
 3. Has these initiatives empowered the targeted groups? If yes then to what extent?
- 



4. Do you think that this kind of initiatives should be replicated?

7. Do you have any suggestion to improve these initiatives?

Consent Form

Below is the consent form for the MGDs and IDIs.

What is the study about?

We are inviting you to participate in a study to understand your opinions on the impact of COVID on the life and livelihood of the slum dwellers of Kusumpur Pahari, Delhi.

Purpose

The purpose of this study is to the impact of COVID on the livelihood of migrant workers. From the findings of this study, we would try to design intervention mechanisms that would be replicated in other parts of India and world.

Who is doing the study?

Rotary Club of Delhi South Metropolitan, with assistance from RTI International India, have hired IGPP to conduct this study. Rotary club is an well known philanthropic organisation, which has been working in this locality for more than fifteen years.

RTI International India is a research organization, based in New Delhi. The person in charge of this study is Miss Lopamudra Roy Saraswati at RTI International India.

What will i be asked to do?

You will be asked to participate in an interview that will take about 1hour. The interviewer will ask about your ideas and views about impact of COVID on the life and livelihood of the slum dwellers of Kusumpur Pahari.

With your permission, we would audio-record and transcribe the interview so that we don't miss any information. All personal identifiable information will be removed from the notes and transcripts, and your confidentiality will be kept private to the extent we are able.

Will i benefit from taking part in this study?

You will not get any personal benefit from taking part in this study; however, you will be helping us understand people's ideas and views about impact of COVID on the life and livelihood of migrant workers.

Is the participation mandatory?

Participation in the study is voluntary. There will be no penalty and you will not lose any benefits or rights if you choose not to volunteer. You can stop at any time during the interview.

What will it cost me to participate?

There are no costs associated with taking part in this study.

Who access this information?

Your information will be combined with information from other people taking part in the study. You will not be identified in any published or presented materials. We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information or what the information is. We will separate your name from your responses and keep all information on password protected computers.

Participant statement and signature

I understand that my participation in this study is voluntary. I may refuse to participate or stop participating without penalty or loss of benefits.

I have received a copy of this consent form to take home with me.

Signature of Participant

Name of Participant

Name of person providing information to the participant

Date /

