



# **Fluid Vulnerabilities: Narratives of Modern Slavery in India During Lockdown**

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## **Introduction**

Before and since the COVID-19 pandemic began, the impact of various forms of labour exploitation in India has been felt disproportionately among those who are marginalised or experience social discrimination, particularly on the basis of religion, caste, or gender (see e.g., Srivastava, 2019; Accountability Hub, 2021). Though this article considers how vulnerability to labour exploitation in general has changed due to COVID-19, the socio-economic and cultural context of India, a key characteristic of which is extreme gender inequality, means that to properly address this it is important to do so through a gendered lens (see Bradley, 2020) and using a woman-centred approach. As such, we focus mainly on the narratives of women who work (or had worked until recently) in two urban centres in India: Delhi and Bangalore.

It is important to note that people working in exploitative labour conditions in India are not necessarily confined against their will or forced to work. When asked, few will describe their work as slavery and many will say that they have chosen their work from the opportunities that are available to them, however limited these options may be (Mende, 2019). Much of the labour exploitation in India exists in the broad grey area between modern slavery and fair and dignified work. Though some definitions of slavery do acknowledge this gap, the modern slavery lens can, nonetheless, make it difficult to identify who is most vulnerable to being enslaved or severely exploited. For example, the UK Modern Slavery Act (2015) acknowledges that in the global supply chains on which India's economy depends there will be instances of "exploitation that, whilst being poor labour conditions, nevertheless do not meet the threshold for modern slavery"

(UK Gov, 2015, p. 18). This is the situation of many people in India, particularly migrant workers, who are in very low-income jobs where they are expected to work long or irregular hours, do unpaid overtime, or work in unsafe conditions (Hnatkowska & Lahiri, 2015). However, the extent to which this work can be viewed as a “choice” is limited because fear of job loss, being unable to find work elsewhere and falling further into poverty, or becoming victims of harassment, mean there is little space for voicing safety concerns or asserting legal rights.

This article reflects on qualitative data collected in India over an eight-week period from April to June 2020, which included listening to the accounts of twenty ‘community narrators.’ The narratives offer a rich and nuanced picture of their experiences and what was happening in the daily lives of their families, friends, colleagues, and communities. The research was part of a rapid review of the national context in India on behalf of the UK Department for International Development (DFID) and the Global Fund to End Modern Slavery (GFEMS). The aim was to listen to and document the experiences of the people whose lives were being most affected in order to inform policy responses as quickly as possible. For this reason, we have included extensive quotations to ensure that the women’s narratives are presented in their own words and to position their voices at the centre of our research. Incorporating these perspectives fully, without attempting to edit them for brevity, is vital to presenting the data effectively.

Our research, like all research at the time, was carried out amidst the chaotic circumstances of the initial international and national responses to the outbreak. That is to say, the very thing we were trying to understand made it extremely difficult to conduct research at all. We begin the article with a brief background to the context and then outline how we adapted the community narrator method to overcome the challenges this presented. We position our person-centred approach in contrast to the sectoral approach to understanding modern slavery as it allows for the narratives of individuals and groups – who may shift into and out of various sectors for a variety of reasons – to be tracked over time. Our research focusses on the longitudinal experience of the person, rather than on the industry in which they may happen to be working at any given time. This approach reveals how multiple intersecting factors, such as age, gender, or health status can lead to complex vulnerabilities that change as and when people (particularly women) shift between sectors or, as in the case of COVID-19 lockdowns, into no sector at all.

Similar vulnerability focussed approaches have been applied in the context of other types of humanitarian emergencies, most notably in considering the multifaceted impacts of and vulnerability to climate change (see e.g., Hermans, 2011; Tschakert, van Oort, St. Clair, & La Madrid, 2013; Williams & McDuie-Ra, 2018; Lizarralde et al., 2020) to diagnose the “inherent social and economic processes of marginalization and inequalities as the causes of climate vulnerability” and to identify ways to overcome them (O’Brien, Eriksen, Schjolden, & Nygaard, 2004, p. 5). By taking vulnerability as a starting point, we posit that it is also possible to better identify the marginalization inherent to specific contexts that allows certain people to be exploited, and that makes it profitable. COVID-19 has highlighted the fluid nature of vulnerability to exploitation in India, bringing into focus both the extent and complexity of the

risks people face. This in turn raises further questions, such as how can the experiences of domestic workers be followed and understood once their jobs have been lost? And how can interventions that focus on garment workers track and account for a person's shift into sex work? Approaching modern slavery using a vulnerabilities lens can help to address these questions by identifying those who might be most at risk, including when in the in-between spaces that could otherwise be overlooked by sectoral approaches to research, programming, and intervention.

### **Early Responses to COVID-19 in India**

COVID-19 has (as of March 2021) been the dominant factor in international development decision making, planning, and implementation for over a year. Much has now been learnt regarding how the virus spreads, what governments, communities, and individuals can do to safeguard against it, and how we might prepare for a similar outbreak in future. But in the first few months of the pandemic so little was understood that decisionmakers at various levels were forced to make rapid and difficult choices based on limited information. Many mistakes were made – not just in India, but in most countries, regardless of their level of development. Many people who were already vulnerable found themselves in a more precarious position than ever, while others who may have previously been relatively safe were suddenly at risk (Trautrim, Schleper, Cakir, & Gold, 2020). It quickly became apparent that COVID-19 was going to have a major impact on global development in general, including on modern slavery, forced labour, and other forms of labour exploitation (Leach, MacGregor, Scoones, & Wilkinson, 2021). In light of this, various organisations rallied to begin documenting, analysing, and seeking to understand who might be at risk and what measures could be put in place to mitigate the potential fallout of the pandemic for international development. It has been estimated that the economic and political action taken to tackle COVID-19 is among the most substantial global responses to any single event in history (see e.g., Cassim, Handjiski, Schubert, & Zouaoui, 2020).

India, like most countries, took drastic steps to control the virus. The government announced a nationwide lockdown on March 24<sup>th</sup>, 2020, which, though necessary, threatened the livelihoods of approximately 475 million people (Bremner, 2020). Closure of formal sector industries (including garment factories) coupled with the sudden drop in demand for informal services (such as domestic work, or sex work) meant many internal migrants found themselves stranded in destination cities with no work, no food, and no way of paying rent.

This triggered a sudden movement of migrant workers across the country whereby millions of people attempted to walk to their native villages, sometimes thousands of miles away (The Hindu, 2020). While many were able to reach their home states, shutdowns of transport systems and restrictions on movement meant many others were stranded en route without money or food. Some were quarantined for weeks at a time, either in camps along the way or once they arrived home (SWAN, 2020). On May 12<sup>th</sup>, 2020, the Government of India responded to the emerging humanitarian crisis with a five-part stimulus package of over 20 Lakh Crore (\$266 billion at the time of its announcement, equating to 10% of India's GDP), covering credit to

small businesses, support to shadow banks, free food for stranded migrant workers, and support for agricultural workers (Times of India, 2020).

Those who remained in or returned to urban centres after the first lockdown faced a rapid decline in demand for most types of labour, which contributed to an extreme labour surplus as the economy reopened (Kapoor, 2020). Livelihood options rapidly contracted and any collective or individual bargaining power workers once had was eroded. Legal provisions at the state level began to be rolled back and some labour laws were suspended, and the impact on informal and migrant workers led trade unions to call for nationwide strikes on May 22<sup>nd</sup>, 2020 (Mohan, 2020). In the months between the research being conducted and this paper being written, the number of COVID-19 infections drastically reduced across India and the country returned to a sense of relative normality<sup>1</sup>. The economy had expanded by 0.4% year-on-year in the October-December quarter (Reuters, 2021) and by January unemployment had fallen below 7 percent for the first time since the lockdown began, from a peak of 23.52 percent in April 2020 (CMIE, 2021). But despite the reopening of the apparent recovery, a survey by the Inter Press Service (IPS) found that conditions remained precarious and, for many workers, more exploitative than before, with the message from employers being “If you don’t like it, you can leave” (Seth, 2021).

## **Methodology**

### ***Research in the Context of COVID-19***

The outbreak of the virus meant that UK researchers conducting face-to-face data collection in India suddenly became impossible. Nonetheless, we were able to generate a snapshot of the impact of the pandemic among a small group of people, which could then be triangulated with other data in the DFID/GFEMS report to understand the immediate impact. The first step was to bring together a team of researchers in India who had existing networks that could reach into hard-to-reach communities. The team included representatives from activist organisations (the Marxist Labour Association [MLA] in Bangalore and the Community for Social Change and Development [CSCD] in Delhi) and a journalist and academic researcher based in Delhi. Under different conditions, the UK researchers would have travelled to India to conduct the research themselves and/or had more input into the selection of participants. However, the constraints meant that the value of local lived experience and existing networks became more apparent than ever. As such, the selection criteria were agreed upon by the team, but the participants were selected by the representatives of the activist organisations based on their perception of who among their networks might provide the most illustrative narratives of individual and community level vulnerability.

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<sup>1</sup> The situation has since changed again. A second wave of the virus has hit the country, and India is now the epicentre of the global pandemic. 249,992 deaths have been recorded (as of May 11<sup>th</sup>, 2021), though experts believe the real death toll could be far higher (BBC, 2021).

Nineteen female narrators (5 in Bangalore and 14 in Delhi) and two male narrators (both in Delhi) aged between 21 and 51 took part. All had worked until recently in the garment sector (12), domestic work (9), and/or sex work (2)<sup>2</sup>. These sectors and participants were chosen for three reasons. The first is that, in line with existing research on prevalence of forced labour, the garment and domestic sectors had been identified by the funding body as focus areas<sup>3</sup>. The second was that it is generally well understood that in India, especially in times of crisis, women face particularly extreme forms of exploitation and risk (Pulla, 2021). Finally, it is widely acknowledged that women working in the sex industry are among those most at risk of forced labour, trafficking, and modern slavery (Bettio, Giusta, & Di Tommaso, 2017). Narrowing our focus to these sectors and listening to the experiences of women acted as an initial filter that would then allow us to identify which additional intersecting factors leave some women more vulnerable than others. It was also the first step in applying a gendered lens (see Bradley, 2020) through which the data would be analysed.

It should be noted, however, that because the researchers in India chose participants from their existing networks (though this did include some snowball sampling), the most vulnerable people are almost certainly not represented in our findings. The participants were linked to activist networks, meaning that they were not entirely isolated and had some understanding of their rights, and a support network. Moreover, those that are most at risk within the selected sectors (especially sex work) may not have had the freedom or resources to use a mobile phone privately, even if they could usually have been identified and/or contacted face-to-face. Those who are working 'illegally', especially children or undocumented migrants, can be especially difficult to identify and reach, while those in the most extreme forms of modern slavery are practically invisible. We state this here in order to acknowledge that, although we were able to learn some important lessons during this work regarding how to research labour exploitation during a crisis, our general view is that this approach cannot, and should not, be seen as a replacement for long-term, in person, and in-depth ethnographic research.

### ***Community Narration***

The community narrator approach to researching modern slavery involves first using an intersectional lens (see Cho, Crenshaw, & McCall, 2013) to identify individuals who may be especially vulnerable to exploitation. Usually, the researchers would then conduct face-to-face, in-depth, monthly check-ins that allow changes to the situation of the narrator and their community to be better understood over time. The main difference between these check-ins and other qualitative interviews is that the narrators are encouraged to give perceptual insights into

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<sup>2</sup> One of the participants shifted from garment work to domestic work, and another had been undertaking both garment work and sex work.

<sup>3</sup> The GFEMS portfolio has since expanded to include focus areas of domestic work, apparel and manufacturing, construction, commercial sexual exploitation, ethical recruitment, and global finance in its (see [www.gfems.org/portfolio](http://www.gfems.org/portfolio)).

the experiences of their community. They are offered the opportunity to share any observations or general accounts that they believe would help to illustrate their community's experience. Who and what they talk about, and where they place their focus, is left up to them. The narratives contribute to developing a longitudinal lens through which to trace the experience of the individual, but at the same time draw out insights into vulnerability and resilience at the community level. This includes revealing how communities and networks change and move over time. Broad prompt questions are used only to ensure a flow of conversation and to occasionally probe further.

Prompt questions for this research included:

- What do you know about the pandemic?
- How has it impacted upon your life or your community's life?
- Overall, what worries you most about the next few months?

### ***Remote Community Narration During COVID-19***

The context of COVID-19 and the international and collaborative nature of this research meant that certain adaptations and compromises had to be made. For example, to overcome the restrictions on travel and face-to-face contact, the check-ins were conducted by telephone by researchers who were already located in India. The effectiveness of this approach was aided by the relationship between local communities and the organisations facilitating the data collection; participants were not being contacted for the first time, meaning development of rapport was more streamlined. This approach also strengthened international cooperation between researchers, and it led to engagement with people who have expertise outside of academia. Through online workshops conducted by the UK based researchers, representatives from the organisations in India were trained to use the community narrator method and instructed on how to rigorously record the data, in particular ensuring that the narratives were transcribed in the words of the participants (or as closely as possible), rather than simply being interpreted and summarised by the interviewer. When possible, interviews were recorded, but connectivity issues meant that restarting recordings over multiple calls became impractical. In these instances, the primary (female) interviewer and the (male) assistant took notes simultaneously and compared them to develop an accurate transcript, which they then translated into English for the report.

The local researchers brought with them contextual knowledge and an ability to respond appropriately to the trauma and risks they would encounter. For example, when they encountered sex workers who had experienced violence or were without food, they had the necessary knowledge of and access to local services to intervene. Over half of the community narrators (11 out of 20) were interviewed at least twice during the different stages of lockdown. Ideally, all of the participants would have been interviewed multiple times, but the circumstances under which the research took place made this particularly difficult. As previously mentioned, our concern is

that the experiences of the most vulnerable are also the most likely to be missing from the data. The reality is that we do not know what happened to those who could not be contacted a second or third time, or why they became uncontactable. The researchers based in India offered some insights regarding why this might have happened:

During the face-to face research the drop-off is comparatively low as there is a frequent interaction with the narrator built over a period of time. The researcher is in a position to visit their homes and explain the significance of the study. However, phone interviews are not the same and offer a number of challenges especially during the pandemic. Most migrants do not have a fixed mobile number and when they move to their villages, they often deactivate their phones. Secondly, the narrators find it challenging to talk at length over such issues over phone. They are used to normal, casual calls, and often there is a lot of disturbance at the receiver's end, leading to confusion and inconsistencies in responses.

These observations are an important reminder that, although remote community narration became a critical part of our research during India's lockdowns, it is best understood as a supplementary research method during times of crisis, rather than as a replacement for in-person community narration.

### **Narratives of Labour Exploitation in India During Lockdown**

Below we share the recurring themes that our community narrators chose to discuss most frequently. The excerpts from the narratives across the three sectors (garments, domestic, and sex work) illustrate how multiple factors intersect, both within and across sectors, to leave particular people especially vulnerable to labour exploitation.

#### ***Garments Sector***

“...everyone is locked in and all of us are in the same situation. There are thousands of women like me who work as a pieceworker, so they are equally impacted. All of us are paid on a daily basis and where I live, people are worried. Why would they not be? They have all migrated here for work.”

Sh. (Female, 30, Delhi,)

“All of us staying here came for work, and not one is able to work. We need the money to survive. So, many people have left for their villages. Now, only four families are still staying here in my compound.”

Re. (Female, 36, Delhi)



Like most of the community narrators, the two women quoted above had migrated from rural settlements. They were disconnected from family networks and, in addition to earning money to support themselves, they also had a responsibility to send money home. The ability to return to settlements of origin was an important factor in a person's resilience to the economic and personal impact of being unable to work. However, being able to do so was contingent on a number of factors. The narrators explained those who were in poor physical health or who had children were unable to make the journey, which could be hundreds of kilometres on foot, by bicycle, or on food trucks.

The Government of India recognised the need to support the internal migration and set up train services and busses to facilitate the return of urban workers to rural settlements, but for many these were too expensive. One participant (a male garment worker) was preparing to leave Delhi after his uncle had booked a '*Shramik*'<sup>4</sup> Train ticket for him (which cost Rs. 2200), and a bus to his village (costing another Rs. 500), without which it would have been impossible. At the time of the first check-in, he was already two months behind on rent, he did not have the money to travel to work, even if it became available, and he was borrowing money to buy food and other basic supplies. By the next check-in, he had arrived home and was in the middle of fourteen days quarantine. He said that everything was normal in his village, people were going to work, and shops were open.

For those who remained, reduced demand for labour was a major problem, and conditions of the work that was available had begun to change. Me., a pieceworker in the garment sector in Delhi, said that the company she worked for had resumed operations in early May, but on the day of her second check-in she had arrived at work only to be sent home. For the little work she had, the rate had gone down from between 2 and 2.5 paise to between 1.5 and 1.7 paise per piece. In eight hours, she could make 150-200 pieces, meaning of there was work she could now earn a maximum of Rs. 300 per day, providing there was work.

Location was also an important factor. Mj. (Female, 45), for example, explained in her second check-in that her workplace had not called her back after lockdown. She had been searching for work, but the closing of the border between Gurgaon (where she lived) and Delhi had made it difficult. She had spoken with a small factory not far from where she was staying and had been asked to start the next day (June 9<sup>th</sup>), but the new role was informal piecework. Mj. explained it is better to work nearby, even if it is piecework, because it was unclear how movement might be restricted in future. The changing context was narrowing options and causing a shift from formal to informal types of work, which in turn can potentially lead to new and more significant vulnerabilities to exploitation (Sengupta & Jha, 2020).

Re. (Female, 36, Delhi) shed light on how health issues, lack of work, and the cost of travel left certain people at greater risk, and how lack of money meant risk to her daughter's health was being weighed up against the risk of missing her education:

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<sup>4</sup> *Shramik* trains were put on by the Government of India to help relocate migrants who had become stranded.

“My elder daughter got sick, some kind of infection and pus came out from her back. I have to buy medicine, but I had no money at that time, so borrowed money from my neighbour [Rs. 1200 in total]. We will not be able to survive if we do not get money. If nothing happens, me and my family will go back home by foot. The train fare is Rs. 4700 to the village [...] But my daughter’s 12th exam is also nearing.”

Re. had spoken with the “Master” of the factory where she had previously worked. He told her that he could not say when or if the facility would reopen, and it would be better for her to go back home.

Na. (Female, 28) travelled home, but came back to Bangalore hoping to return to work, but she explained that pregnant women and those with young children were facing particular hardship:

“They asked me not to come as I am pregnant. [...] They asked me to apply for ESI leave and then they said they will call me when it’s time to get back to work. [...] They asked all the pregnant women not to come, and the women who have children are not supposed to take their children along. They have taken back the rest of the people.”

When asked if she would be paid anything by the factory while they would not allow her to work Na. said:

“I enquired. They said they cannot give [...] ‘If we give it to you, then we will have to give it to everyone who is pregnant. We have fourteen [pregnant women], if we give for one, then everyone will start asking’.”

Na. was also worried about how she would pay for care when giving birth, especially if something went wrong:

“If caesarean operation is needed to be done even at the government hospital, we have to pay at least Rs. 20,000.”

Ru. (Female, 50, Bangalore) explained how decreased demand for labour, combined with her age and health status gradually resulted in her losing formal piecework and instead shifting into informal piecework at home and potentially to domestic work. She described how this had begun with a “strange situation” of being made to work slowly at the factory:

“[I] don’t even have 100 pieces now. If I finish all of that, then I have to go home. I am not sure when the next pieces would come, and in the case I finish this, then they ask me not to come for work. I am doing little by little...”

“We have to work for nine hours, and now there are no pieces to work upon. I work for ten minutes and then sit and rest and then start with the next. [...] I am scared as I’m not sure when they will send us home ...”

“...if they remove me from my job, then I have decided that I will go to work in some houses as domestic help. I am not sure if they will take me for that job since I am fifty years old.”

At the next check-in, Ru.’s work at the factory had petered out. Work that was available was being given to younger workers due to the risk to older people posed by COVID-19:

“...they are asking the people who are above fifty years of age to bring their [worker identification] cards as they don’t want them to work. [...] Since we have aged more than fifty years, they say that corona may infect us soon. So, we have to stay at home safe. But none of us have taken the card back yet. I am fifty. I’ll have to sit at home without work soon.”

But the domestic work she had hoped for had not materialised, and instead Ru. had taken on informal piecework from a neighbour:

“Below my house, lives a tailor. She got it [piecework] on my behalf. I did about fifty pieces, then got back pain. Then I informed [my friend] about my back pain and she was kind enough to get me medicines...”

The issue of being forced to work extremely slowly in order to secure work, as opposed to being forced to work, does not fit within typical understandings of what constitutes forced labour or modern slavery. Nonetheless, the reduced piece rate and less pieces combine to push wages to a far lower level than before. When work became scarcer, women – especially those who were pregnant, had children, or who were older – were being disproportionately affected. Those who had been in the garment sector were seeking work elsewhere, either in informal home-based garment work or in domestic work. Little informal home-based work was available, and as shown below, many other issues were arising in the domestic sector.

### ***Domestic Work Sector***

The main concern among our narrators in this sector was that they did not know if or when their income would return to pre-COVID-19 levels. They were worried about how they would pay rent, buy food and medical supplies, and support their children. Most domestic workers are women, the work is typically informal, and this means that measures put in place to

assist workers during lockdown overlooked their lost income, which resulted in women being disproportionately affected (Jyotsnamayee, 2020).

Ja. (Female, 45, Delhi) explained how the pandemic had affected her:

“I am in deep trouble. I have been paid for March, but I have not been paid so far for April. I cannot meet my employers. The society [residential complex] is not letting us in. My employers are not picking up the call, only one madam picked up, but she asked me to come after the lockdown. All of us living here are here for work, and not one of us is able to work. We need the money to survive.”

“We have no money and no food to eat. This has been particularly difficult at the time of Roja. We got 5 kilos of wheat from the caretaker of this place – he just gave it us because of Ramadan. Everyone is suffering. I rarely go out and do not know too many people, but everyone here has come from faraway places for work. The market is nearby, but it is very, very expensive and we are not able to afford it.”

Another domestic worker, a young mother named Pa., explained that she too lost all work and was worried about feeding her child:

“... if the lockdown continues, I will not be able to work and have an income. Since I am not able to get any benefits from the government in the face of this hardship, it will be difficult to survive. Now, I and my family are not able to have vegetables and fruits for a healthy life. My child needs good food, I wanted to buy fruits, but the money which we got for the last month is almost gone and I am not able to buy milk or fruit for my baby. Eating roti or dal rice only is not sufficient. My husband who works in a private company, I am not sure if he will get his salary or not. He also does not have bank account and is paid by cash, so if the lockdown continues even if the company will pay him, how will he go to his company to collect his salary? [...] If the government cannot help, they should lift the lockdown. Please tell me, how can I survive otherwise?”

One month later, Pa. was still not working, and by this point, her husband had also lost his job, all of their savings had been spent, and they had borrowed Rs. 500 from her brother to buy food.

Ra. (Female, 41, Delhi) was unsure of what support she could access, but had been unable to collect government rations or financial support:

“Everything is in a state of uncertainty. Now we have cut down on meals. We are eating less. We use more water in pulses, eat less chapatis. Things are heating up in the community. There are homes where they have no food to eat leading to disagreements and fights between husband and wife.

Since the lockdown, things have been very expensive. Gas is more expensive too. We will not be able to survive for more than twenty days. My husband, who works as a security guard has been asked not to come to work from May 1<sup>st</sup>. If he is not paid, it is going to have a massive impact in our lives.

[Is government help available?] Yes, but no one has approached us, and we do not have local ration cards. [...] I do not have a bank account, but my husband has. We are not sure what we are entitled to [...] We have not even received a glass of water. If the lockdown extends, we will need help with food.”

Many of the community narrators either did not know what support was available to them or could not access it for various reasons including not having a bank account, having *Jandhan* Account<sup>5</sup> but not having a ‘zero-balance’, not having a ration card, or having one that was registered in their state of origin<sup>6</sup>.

At the second interview, Ra. said her landlord had been pushing her for rent and had cut off the electricity, so they paid a part with what money they had. She said that the people staying in the building, mostly migrant workers, had been supporting one another with food. There was a lot of unity and support amongst people living in her community, and this was also reflected in the other narratives collected. People from her village who had decided to return home had asked Ra. if she wanted to go, but she said she could not, “I cannot walk back on foot with my children. Even if my family eats once a day.” She and other narrators said that NGOs and CSOs had been serving food, but she also said that this was not enough: “I had to stand in the queue for nearly three hours in the heat, for about two spoonsful of food.” She had decided she would not go again and instead continued to buy on credit from the local grocery shop.

Sa. (a man whose wife worked in the domestic sector in Delhi) explained that changing hygiene practices were putting extra pressure on their family:

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<sup>5</sup> This is a government scheme designed to ensure that everyone can open a bank account, even when they do not have money to deposit money. The accounts have savings and pension facilities.

<sup>6</sup> Ration cards were problematic even before COVID-19. Enrolment is electronic, which often requires people to make long journeys to a registration hub. This had prevented many from doing so (Ratcliffe, 2019), and when the pandemic hit those who had not already registered were left without the means to access welfare support. The various systems that were put in place to attempt to address this came with further issues. For example, the ‘e-coupons’ system required a smartphone, as well as the ability to use the internet, upload photos of the family, and download the e-coupon. This inevitably excluded some of the most vulnerable people (The Wire, 2020).

“They tell us to wash our hands. I can’t afford to buy soap. We are a family of five. How can we buy soap all the time? We also share bath and toilets with fifteen households, so it is difficult. [...] I am literally begging, and I am depending on free meals and rations. This year my children will not have new clothes. We are all in the same boat. Except one or two, everyone is in the same situation. I am not from Delhi. My ration card is registered in my village.”

Mo. (Female, 34, Delhi) usually sent money to her family at home in her village. However, since lockdown began, she had been borrowing from them instead, but they had also begun to face financial difficulty and could no longer help her:

“I cannot ask anymore as my family members in West Bengal are having problems. In the neighbourhood where I am staying, I cannot ask to borrow money anymore as people are not able to give.”

“For us no work means no payment. [...] The people staying in my compound come from different places in search for work. Some have work here and there for few days. Some are not able to work. Everyone needs money to survive. I borrowed Rs. 5000 from back home. This has to be repaid.”

The same was true for Be. (Female, 24, Delhi). She had wanted to travel home but could not afford the fare. While her main concern was how to pay rent, she was also worried about food and paying for her son’s education. Her landlord was demanding rent, which was two months in arrears, and she was unable to access government financial support (she did not have a zero-balance account) or rations (her card was back home in her village):

“I used to send Rs. 3000 every month for my son’s education and other expenses [...] In April I was not able to send money for my son as there is no payment, and in May too as I have not worked.

[...] we survive by eating puffed rice and water. I once went to my neighbour to ask for some rice, my neighbour told me she had little rice herself, so how can she give?”

Individual and community resilience were being eroded because so many people were suffering at once. Families who usually depended on remittances from migrant workers were being asked to send support to the people who would usually support them. This means that the individual vulnerability was being extended outward, and longer-term needs, such as children’s education, were being put off in order to meet immediate needs, such as food security and paying rent.

The general view was that it would be better to return to settlements of origin if possible because life was less dependent on earning money and, therefore, communities and individual livelihoods were more resilient. As Re. (Female, 30, Bangalore) explained:

“Back home, they can live somehow. They were working in garments too, but now they have left. They have not faced much difficulty. They don’t have to pay any rent. Somehow, they will manage in the village. We have to pay by the 10<sup>th</sup> of this month for the last three months.”

“The shopkeepers gave a loan for purchasing. But no, we have nothing [savings]. I had money, but my mother had cancer and we had to spend a lot on her hospital expenses.”

Many of the narrators had had savings at some point, but if they had recently had an emergency, which usually meant having to pay for healthcare, savings had been spent. This left them without a safety net. As noted, this was exacerbated by multiple family members and much of the broader community losing work simultaneously.

In some instances, lockdown was reportedly being used to justify not paying wages. Va. (Female, 37, Bangalore), for example, explained that she would usually have been paid for the month of April while her employer was on holiday, but this year she was not. When work resumed and the other staff were asked to return Va. was no longer required. She said that this was because of a disagreement with her employer’s daughter over the missing pay. Va. had also been working in two other houses before the first lockdown. She had returned to working in them but was doing the same work for half the pay:

“I kept calling them and was asking again and again regarding resuming the work. I told them that some people had started going to work already and now everyone is going on alternate days, so can I also come? And they replied by saying to wait and they would observe for a week and let me know. After that, they called me, and I went. At both places they asked me to come from 1<sup>st</sup> June, but none had paid salaries during the lockdown period. [...] now the house owners are paying half salary [...] in one house I was getting Rs. 3000, but now they pay Rs. 1500.”

Va.’s earnings had fallen from Rs. 10,000/month to only Rs. 5500 in total over three months. She had stopped paying EMI (Equated Monthly Instalments of her loan) and had stopped contributing to ‘chit funds’<sup>7</sup>, meaning her situation was being compounded by growing debt. This was further exacerbated by “tension” at home and among her support network. In the narratives, terms like “tension” or “quarrelling” were used without identifying what this means; it could be verbal disagreements but could also mean verbal abuse, or physical violence:

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<sup>7</sup> A chit fund is both a savings and credit product. It bears a pre-determined value and is of a fixed duration, mostly two to three years (see Menon, 2020).

“During lockdown, quarrels happened between us [Va. and her husband], for money matters. Yes... ‘There is no work, and you are simply at home?’ I asked him and there was a quarrel.

[...] My husband drinks alcohol. During lockdown alcohol was not available, and at that time he was better. But then quarrels happened during lockdown, too. He was not drunk, but still he used to quarrel.

[...] What if schools start? About this matter most quarrels are happening at home, due to which children are sad [the narrator was crying while giving this information].”

By the second check-in, Va. had become increasingly distressed. She spoke repetitively about being unable to find work. The tension at home had resulted in her husband leaving, and her growing debt had led to issues with the Self-Help Group (SHG) she was part of:

“As husband and wife, we both used to adjust and manage everything. Now, it is me alone, so it’s difficult. I have started going to work but there is a problem for money. My husband has not come home for many days now. He will be there at his mother’s home.”

“I have to pay Rs. 2700 as I have taken Rs. 50000 from them [the SHG]. I should pay it in a year or so. [...] If one fails to pay, the entire group have to pay collectively. Later a quarrel will arise between those here and those who haven’t paid, and they will scold each other, saying ‘you did not pay’ and it’s problematic for all of us.”

“...how can we get meals? I have not even thought of that madam. We don’t think so much, madam. We go with the day how it goes. If we start thinking, we have to keep thinking.”

“Everything is a problem for me. Looking at the situation, I am most distressed. Somehow, I’m managing to eat. They have given some rice, and now ration from the society.”

“The Bank telephoned me and said if I don’t pay now for three months, I need to pay Rs. 700 extra later, and there will be interest on it. They have asked me to pay now. I do not have money now [...] Yesterday they telephoned again. When I said I will pay next month, they said no. It will be Rs. 700 per month interest extra. For three months it would be Rs. 2400. You should not say this or that and give excuses.”



Va.'s situation is the result of multiple intersecting factors leaving her especially vulnerable. She is a woman with four children of school age, she lacks support from her husband and his family, and she owes money to both formal and informal lenders, both of which are subject to interest and charges. Her need to earn money meant that she was willing to do the same work as before for half the wages. The "quarrelling" and tension at home, coupled with the evident distress caused by being unable to find work, was clearly having a significant impact on Va.'s mental wellbeing and possibly her children's. This was being exacerbated by her financial situation and by the additional tension within her support networks, particularly the SHG. As is shown in the next section, women in circumstances like this can become more likely to take risks and shift into work that leaves them more vulnerable to exploitation.

### ***Sex Work***

Due to the informal and hidden nature of their work, the social stigma attached to it, and already being at high risk of violence, coercion, and exploitation, sex workers in India can be particularly difficult to contact. It is also possible that those working in other sectors may have supplemented their wages through sex work, but for the same reasons it is very difficult to draw out this information. Even among those who are willing to talk, "sex work" is sometimes described as "that work" or "the other work", and it is not always clear what is being spoken about. This is also evident when speaking about HIV status, which is sometimes referred to as "my illness" or just being "positive" without any reference to HIV/AIDS. All of this, according to the researchers based in India, was made more difficult to understand clearly due to the interviews with the narrators being conducted remotely, which made probing for information difficult. This was partly due to communication being hampered by poor connections, making it difficult to develop trust and rapport, and partly due to an inability to ensure that the participant was in a safe and secure space where they could speak freely, especially given the context of lockdown. It also removes the opportunity to pick up on non-verbal cues such as body language and facial expressions.

The narratives provided here are from two women in Bangalore who had been involved in sex work, both of whom are HIV positive. Ha. (Female, 45, Bangalore) did not say for how long she had been involved in sex work but indicated that it had been a source of income for her for some years. She felt she had no other option: "What can I do? I have to lead this life", she said. She had left her husband twenty years ago after contracting HIV from him:

"I have to tell you about my health. I can't tell anyone else; I have to tell you, only you, this time. It has been twenty years that I have HIV. It's from my husband, I left the village, and I am surviving. It's been three years since I started taking tablets."

Ha. also had an ulcer on her head, suffered from headaches and fatigue, and had diabetes and high blood pressure. Five years earlier, her daughter had lost an eye after she became ill with

“brain fever” and since lockdown her other adult children had been unable to find work. The combination of all family members suddenly being without work, restrictions on movement, fear of COVID-19, and complex health problems meant that Ha.’s situation had become critical:

“They are giving food near my home. Two times I took it, but it was a bit spicy and salty. I have BP [high blood pressure] so I can’t have it. They are giving milk, but I didn’t get it. Sometimes it was too difficult. One time MLA gave me ration. And one time I got rice from the ration card. We were not able to get anything at that time [during the first lockdown]. My children didn’t get work, didn’t have money, we’re not able to go to the hospital. It was very difficult. I didn’t even go out for tablets.”

Ha. explained that her children had been worried about her going to the hospital in case she contracted the virus. She had been once to get treatment for her ulcer, and the hospital had suggested she be admitted, but her children had said ‘no’. She understood that she was at a higher risk than most because of her health condition:

“...we won’t know what type of patients will be there in the hospital. It [COVID-19] may come to us. So, they gave me tablets for ten days and told me to come to the hospital if it did not cure. But I didn’t go. [...] If this disease comes, I will not be cured. If we have good health, only then will it be cured quickly.”

Ha. was being forced to choose between two potential risks: the long-term risk of not receiving adequate treatment for her existing illnesses, or the acute risk of contracting COVID-19. When the first lockdown ended and businesses reopened, her children had returned to work, but she had worked very little. She explained that her type of work does not simply restart when lockdown ends:

“I can’t go because I am a *sex worker* [she whispered this], but yesterday I was able to go.”

Ha. said she could not tell her family about the work she did. Instead, she would say she was going to “the office”. She seemed relieved that her work had picked up again, but she was still very worried about working because it was impossible to take the necessary precautions to protect herself:

“There are issues with the work, I am a bit scared and careful as I don’t know what kind people they are and if I too will get it [COVID-19].

[...]

If a person is a heart patient or sugar [diabetes] patient, then they will not survive. I am scared to go for work as if we inhale the infected persons breath then it will be difficult.”

At the second check-in, Ha.’s health had begun to deteriorate and many of her co-workers had lost work, become sick, or died:

“Everything is problematic the last two/three days, I’m not feeling well. Severe headache. No sleep last two days. Little sore throat and cold. [...] I thought consulting doctors and taking medicine would help. But it did not work.

[...]

After corona, many of my co-worker’s died, many lost work, no cash in hand, food became scarce. If we stay at home, children pester us asking for money. All of us are in bad shape.”

At the final check-in, Ha. was with her friend, Sh. (Female, 42, Bangalore) who also had HIV, high blood pressure, and diabetes and had reluctantly begun occasional sex work a year or so ago. Before doing so, Sh. had questioned the character of her friends who engaged in sex work:

“I used to scold them. I used to ask instead of keeping quiet ‘why are you doing all this?’ They used to reply saying if you want to just work in one place and be like *Harishchandra* who always tells the truth, then so be it...”

In the legend, Harishchandra was a king who never lied, and in order to keep a promise gave up everything he owned and offered himself up as a slave. In contrast to this, Ha. explained, she was able to choose what work she did and when:

“No one forces me to go for work. If I am fine, I go for work, and if unwell I take rest. In the night my body aches, so I take care of my health and not the job. Without the safety condom I won’t go, even if they give me Rs. 1000 to 10,000. Whatever I have gone through, others need not go through the same.”

Although Sh. had begun sex work to supplement her earnings from the garment sector, lockdown and COVID-19 had meant that she had become dependent upon it. She had worked at a factory for six years, and hoped that once the pandemic was over, she would be taken back. However, between lockdowns she had attempted to return, but when she arrived at the factory, they had told her there were no orders:

“They are saying they will call the helpers and checkers when needed as there is no work now and have taken our phone numbers. They have not yet called, and our payments are also not given yet. They have paid for what we had worked but since the lockdown, we are at home.”

For both Sh. and Ha., sex work was relatively reliable and flexible, and while garment work depended on the demands of the factory owners, sex work (even during the pandemic) was generally available. Many of their co-workers continued working throughout lockdowns, but Sh. said this came with a risk of harassment and clashes with the police or having to pay bribes. Working as part of a ‘club’ can mitigate this, but workers have to pay the owners.

Although sex work was available, Sh. felt that the risk – even after lockdown had ended – had increased:

“I tried to go a couple of times, then I pulled back since I was scared. On the TV they were always saying that people who have sugar [diabetes], BP [high blood pressure] are at high risk, so I did not go out much at all. I thought, why take a risk? [...] It depends on us. If I make up my mind and think that I will go, then it would happen.”

These two narratives illustrate how particular circumstances can change individual perceptions on risk, resilience, and vulnerability. Although COVID-19 meant that factory work was almost impossible to secure, meaning higher risk choices were being made (including more secretive work, increased borrowing, and deciding not to seek medical support), sex work also became a crucial survival strategy, even if it meant risking exposure to the virus.

It is important to note, however, that Ha. and Sh. also had other potential sources of income, including from their families, and had connections to worker networks (such as the MLA). As worrying as their narratives are, they may have been relatively resilient in relation to other women who do not have these types of support systems or who are being coerced or forced into sex work (see e.g., Bahadur & Kaur Aulakh, 2020). They also both saw their situations as temporary and hoped to change their work in future, though the opportunities to do this had been limited by COVID-19:

“I applied for Rs. 25,000 and have to pay Rs. 1000 per month. But I haven’t got it yet [...] How much longer can do this work? [...] I want to do some other business like having a small cloth stall or vegetable stall because this work is not permanent. So, I decided that, but I don’t have any money.”

### ***Overall Risks and Resilience***

Contrary to the views associated with the neoliberal humanitarian resilience paradigm, resilience is not simply a personal attribute or a characteristic of a community. Neither is it entirely dependent upon outside intervention. Narrow understandings of resilience can potentially shift responsibility from the state to the individual, fitting the narrative of particular forms of governance that seek to decentralize the state’s functions in favour of non-state actors (Hilhorst, 2018). But conversely, placing the emphasis entirely on the state overlooks the crucial role of local and grassroots organising and the potential for ‘entrepreneurship of resilience’, which depends on a level of social-cultural embeddedness that “facilitates access to local resources and legitimacy, and creation of social value in the community” (Vlasov, Bonnedahl, & Vincze, 2018). The *lack* of resilience to these vulnerabilities is a result of a combination of factors relating to a person’s individual characteristics, the social and cultural context, and structural inequalities: i.e., the social ecology. The social-ecological perspective (Heise, 1998) emphasises the collective nature of resilience, while simultaneously reaching beyond “place-based analysis of people bound to a specific resource” (Brown, 2015, p. 79). The community narratives above show how COVID-19 has exposed and worsened existing vulnerabilities among marginalised sectors of society, especially women working in the informal sector.

In April, May, and June 2020, when little or no work was available, workers faced such dire situations that those who were able to chose to borrow money and/or return to their settlement of origin, while those who stayed in urban centres survived mainly on relief given by civil society groups. Government support was patchy, and collecting rations was dependent on having a valid ration card that registered in the state of residence (as opposed to the state of origin), while financial support required recipients to have a bank account with a zero-balance. Many of the community narrators had neither of these. Throughout the research period, most were accruing debt, which was incurring interest, and almost all were behind on rent: some had not paid it for four months. Once work was officially allowed to restart, the lenience of landlords had quickly worn thin, and they had begun pressuring tenants for rent. Some had even cut off power supplies and threatened to evict tenants.

Between and after lockdowns certain types of work had recommenced, but not all and not at the same level as before. Though some garment workers had returned to work, most of the domestic workers had not. An existing preference to hire live-in domestic workers (Agarwala & Saha, 2018) was strengthened by new concerns about house staff mixing with others, which meant that some of those who previously worked part-time, in multiple houses, or had small children were unable to return to work. Those who have returned reported that their earning

capacity had been drastically cut, either through reduced hours or reduced pay for the same hours. This was the case for both domestic workers and for garment workers.

Many of our community narrators were looking for work outside of their usual sector. In particular, formal sector garment workers were seeking work in the informal sector doing piecework or domestic work, but over the course of the narration period, most had been working in no sector at all or their work had been very sporadic. There had also evidently been slippage toward higher risk behaviours, including increased borrowing (both formally and informal), depleting savings, and choosing between crucial resources like food, healthcare, and their children's education.

In general, women working in the garment sector had been unable to earn at the same level as before the pandemic began. The impact on women was disproportionate when work resumed for a number of reasons, particularly relating to childcare. For example, those with children of pre-school age were, in some cases, no longer able to bring their children to work, while those with school age children were sometimes no longer able to pay for school. Pregnant women were also concerned about how they would pay for emergency care if needed, but because they were seen as high risk, they were no longer being hired. Like the domestic workers, some of the garment workers interviewed in the first round had left for their hometown and had not returned. But single women and families without the means to return had remained, surviving as best they could in the hope that things would get better. This finding is in-line with existing literature on the gendered impact of crises ranging from climate change to conflict and epidemics (see e.g., Lafrenière, Sweetman, & Thylin, 2019), and it illustrates the importance of taking an intersectional and gendered approach to assessing the impact of COVID-19 on modern slavery.

The community narrators who had been engaged in sex work presented a particularly significant set of intersecting factors that highlighted the compounding nature of different risks and the fluidity of vulnerabilities. The added pressure of health concerns arising from HIV, high blood pressure, and diabetes, for example, meant they were unable to eat certain rations and had to find food elsewhere. They were also unable to secure their medications; medical needs were being neglected throughout the narratives, but these women had especially complex and overlapping health concerns. Though both said they had 'chosen' sex work, they also made it clear that few other options were available, and that this lack of choice had been exacerbated by COVID-19. What was clear, however, was that sex work was available if they opted to do it, while other types of work (such as garment or domestic work) depended on the decisions of others. Sex work, then, was evidently an important component of their resilience and survival, but at the same time it also represented a major risk factor in terms of vulnerability. When they went out to work, they did so secretly, hiding their activities and locations from their families. Both women also said that their relationship with the police (which was already problematic) had worsened because it had been made illegal to go out. This meant also hiding themselves from police and paying bribes if they were caught working. Thus, the type of work they were doing left them uniquely vulnerable to contracting COVID-19 and to potential violence or exploitation.

### ***Conclusions: A Vulnerabilities Lens for Modern Slavery Intervention***

Social intimacy, as opposed to social distancing, is at the heart of much qualitative research (Fine, Johnson, & Abramson, 2020), especially in anthropology of development. As such, understanding the impact of COVID-19 is hampered by the virus itself, meaning that confronting these limitations and overcoming them as best we can and as quickly as possible represents a critical step toward addressing the crisis and its long-term effects. This article provides limited but important insights into the varied impacts of COVID-19 on vulnerability and resilience to labour exploitation over a short but critical period in India. The initial findings of our eight-week rapid review have already been instrumental in informing policy responses, particularly as part of GFEMS, and they are now being used to guide the next stage of our longitudinal study as part of a Global Challenges Research Fund (GCRF) project, which will allow for the community narrators to be revisited up until July 2021. By positioning the person and their narrative at the front and centre of the study, the community narrator approach allows for qualitative research to continue over an extended period of time, regardless of whether narrators move into or out of particular industries or localities. As such, it contributes to a more robust analysis of the rapidly changing and highly complex challenges that are emerging. This is particularly important at a time when long-term ethnographic research may not be possible (or could potentially be unethical) for the foreseeable future.

Our analysis of the data collected so far has begun to provide insights into the changing landscape of vulnerability to labour exploitation in India, as well as the new challenges that the narrators and their communities face. The narratives show how a person's vulnerability and their resilience depend on where they are positioned within a web of interconnected and overlapping social, cultural, and economic factors at multiple levels from the individual to the global. Our researchers based in India are located within such networks, and, as such, are well positioned to not only connect with suitable community narrators, but to also help build their resilience through facilitating networking and advocating on their behalf. This observation was part of the lens through which our research was designed, and we found that the social-ecological context is changing rapidly due to COVID-19, with some narrators and other members of their community shifting between high-risk sectors, such as formal and informal garment work, domestic work, and sex work. Many more found themselves without work, dislocated from support networks in their settlements of origin, and with little hope of finding any work at all in the near future. This social and economic isolation can leave particular people highly vulnerable to exploitation in general by limiting their access to the various resources that might otherwise strengthen their resilience. Importantly, a global pandemic of this kind represents a particularly complex challenge because all levels of the social ecology are being affected simultaneously, and at the community level horizontal support is eroded because so many people have lost their incomes at once.

In order to address this more effectively and to better serve the most vulnerable groups and individuals in India and elsewhere, the sectoral approach of interventions that seek to end

modern slavery and labour exploitation will benefit from a shift towards programming through a vulnerabilities lens, including taking into consideration the fluid and intersectional nature of vulnerability and acknowledging that, now especially, those who are most at risk may not be easily identified as ‘workers’ at all. By detailing the lived experience of people and their friends, families, and co-workers, the community narrator approach has the potential to bring about a qualitative change by building relationships over time, thus strengthening and expanding networks, which is a critical step in shifting from vulnerability to resilience (see Pasteur, 2011). The openness of the lines of investigation, offering the narrator space to speak about what they feel is most significant, and leaving less space for the story being scripted by the researchers, helps to identify the problems and challenges narrators are encountering in the wake of COVID-19.

Taking an approach like community narration, even after COVID-19 restrictions have passed, could also allow for a more collaborative and mutually beneficial approach to research. These benefits could include data being collected by community narrators themselves or other local actors who have greater and more intuitive understandings of the local context and whose existing networks extend into “hard-to-reach” populations and most at-risk groups, which is a long-standing challenge in social research in general (see Abrams, 2010). Without the researchers from local activist organisations and the India-based academic researchers, it would not have been possible to conduct this research. The added benefit of this was that the voices of in-country researchers were amplified, which encouraged the UK based researchers to reflect on how this can continue to be facilitated in future. By decentralising participant selection and data collection, it is possible contribute to addressing the extant imbalances of power regarding how research into modern slavery and labour exploitation (and international development in general) is conducted, which is currently weighted heavily toward the preferences of governments, universities, and researchers in the Global North (Groves & Hinton, 2004; Naylor, 2011).

Building resilience and ending slavery in all its forms means addressing the structural inequalities that make it possible and profitable (see Stringer & Michailova, 2018; Christ & Burrit, 2021). This means acknowledging and seeking to better understand how and why people flow into, out of, and between different high-risk contexts, rather than simply seeking to address incidences of abuse and exploitation in specific sectors where and when they take place (see Machura et al., 2019). The community narrator approach seeks to contribute to filling this gap in knowledge while providing a channel through which the support networks of vulnerable people can be expanded and strengthened.

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