IN-FOCUS:
COVID-19, UNCERTAINTY, VULNERABILITY AND RECOVERY IN INDIA

This paper addresses COVID-19 in India, looking at how the interplay of inequality, vulnerability, and the pandemic has compounded uncertainties for poor and marginalised groups, leading to insecurity, stigma and a severe loss of livelihoods. A strict government lockdown destroyed the incomes of farmers and urban informal workers and triggered an exodus of migrant workers from Indian cities, a mass movement which placed additional pressures on the country's rural communities. Elsewhere in the country, lockdown restrictions and pandemic response have coincided with heatwaves, floods and cyclones, impeding disaster response and relief. At the same time, the pandemic has been politicised to target minority groups (such as Muslims, Dalits), suppress dissent, and undermine constitutional values.

The paper focuses on how COVID-19 has intersected with and multiplied existing uncertainties faced by different vulnerable groups and communities in India who have remained largely invisible in India's development story. With the biggest challenge for government now being to mitigate the further fall of millions of people into extreme poverty, the brief also reflects on pathways for recovery and transformation, including opportunities for rural revival, inclusive welfare, and community response.

This brief is based on a review of existing published and grey literature, and 23 interviews with experts and practitioners from 12 states in India, including representation from domestic and international NGOs, and local civil society organisations. It was developed for the Social Science in Humanitarian Action Platform (SSHAP) by Justin Pickard, Shilpi Srivastava, Lyla Mehta (IDS), and Mihir R. Bhatt. Some of the cases draw on ongoing research of the TAPESTRY project, which explores bottom-up transformations in marginal environments across India and Bangladesh. The brief is the responsibility of the SSHAP.

SUMMARY

- In India, COVID-19 has acted as a **stress multiplier**, compounding existing uncertainties around food and agriculture, water and sanitation, employment and indebtedness, health, climate, and disaster response.

- The impacts of COVID-19 are **differentiated across class, caste, gender, race, religion and ethnic lines**. They have been experienced more acutely by precarious, marginalised, and minority groups – who have largely remained **'invisible'** in the trajectory of mainstream development.

- India's lockdown occurred during the critical summer and monsoon periods, when cyclones, floods and heatwaves had multiple impacts on vulnerable communities. Difficulties caused by the intersection of multiple compounding uncertainties show a need for **government, NGOs, and community groups to work together** on multi-hazard preparedness.

- In response to the pandemic, **both short-term and long-term measures** are required. While short-term measures should focus on immediate relief and protection, long-term measures must build robust processes to deliver effective responses and guarantee rights to basic needs such as food, water, health, jobs and shelter.

- India's **size and diversity** means blanket national strategies may not always work. Instead, state agencies should adopt a **bottom-up, community-based model**, allowing organisations in affected regions to adapt relief measures to the needs of the local context whilst addressing underlying social and cultural biases and inequalities.

- In responding to COVID-19 and future epidemics, the **voices and experiences of marginalised groups** must be allowed to shape government preparedness strategies, with a **stronger role for civil society organisations**.

- The return of informal migrants to rural India has presented **a window of opportunity for rural revival**. Government investment and job guarantee programmes could be expanded and re-targeted to build community assets, combatting the rural economy's overreliance on agriculture.

- Any plans for recovery must **address existing inequalities and discriminatory practices**, universalising human rights and access to basic public goods. The critical role played by informal workers must also be recognised, acknowledging and protecting their rights within labour laws.

- Failures of government relief and social security measures during the pandemic have shown the **need for bundled social protection**, including a universal, portable Public

Distribution System, with no domicile requirements, and universal entitlements to food, water, and shelter.

- COVID-19 has been used to legitimise increased government surveillance. The lockdown and **pandemic have been used to suppress dissent**, with arrests of activists and journalists undermining democratic values and human rights. It is important that constitutional values of the right to speech and dissent are upheld.

COVID-19 IN INDIA

The first case of COVID-19 in India was reported on 30 January, in the south Indian state of Kerala. The government invoked the Epidemic Diseases Act, 1897 on 11 March, and organised a one-day 'Janata Curfew' (people's curfew) on 22 March. A nationwide lockdown announced on 25 March, with four hours' notice, confined a population of 1.3 billion to their homes. Initially scheduled to last until 14 April, national lockdown was extended three times to 31 May. Initial lockdown measures entailed a strict observance of physical distancing and isolation measures while suspending movement and economic activity – even as the government failed to provide support or economic redress for those most affected.[1] Although three economic support packages, worth around 10% of India's GDP, were earmarked for COVID-19 recovery, much of the announced support was credit-based or rebadged existing spending. Those most in need faced significant barriers in accessing relief during the lockdown.[2]

Despite having one of the world's most stringent lockdowns[3], as of 27 October 2020, India had reported 625,857 active COVID-19 cases, with 7,201,070 (90.62%) discharged and 119,502 (1.50%) deaths.[4] Since March, the pandemic has compounded existing uncertainties around livelihoods and basic needs, which are only getting worse. In April, the unemployment rate hit a record high of 23.8%[5], with subsequent drops disguising large numbers exiting the job market.[6] Figures from August show that GDP fell by 23.9%[7], the sharpest contraction since the nation's independence.

While the lockdown may have been necessary given India's large population, its severe enforcement has been criticised as more spectacle than governance – geared to achieve maximum visibility for the government.[1,8] There has also been criticism of the government's failure to act earlier; in February and early March, when the focus was on consolidating power following protests against the controversial Citizenship Amendment Act (CAA), which was widely seen as discriminating against Muslims.[9,10] The lockdown and subsequent COVID 19 restrictions have also also been used to clamp down on dissent, and the controversial Unlawful Activities Prevention Act, a harsh anti-terrorism law, has

been used by authorities to arrest activists, students and journalists who had protested against the CAA earlier in 2020. COVID 19 has also been used to restrict political prisoners' access to justice.[11]

It is important to understand how these multiple impacts have been experienced by precarious, marginalised, and minority groups. The pandemic has laid bare existing structural inequalities of caste, class, religion, gender, and education. Poverty has not just been a consequence of the virus, but a precondition of its spread – the result of elite biases and unequal political and economic systems. COVID-19 and related vulnerabilities demonstrate the need for universal social security coverage, including basic shelter, food, water, and sanitation for all citizens of India.

COMPOUNDED UNCERTAINTIES

In India, COVID-19 has compounded existing uncertainties around livelihoods, food, water and climate, and has had differential impacts in in urban and rural settings.

India's economy was struggling before COVID-19. In 2019–20, GDP growth had dropped to 4.2%, and analysts fear that this year's growth will fall to the lowest level since independence, beating the sustained low growth rates seen between 1979–90.[9] Amid economic uncertainty, middle and lower-middle classes are likely to cut their spending, with clear implications for India's manufacturing and service sectors.

INFORMAL URBAN LIVELIHOODS

Lockdown highlighted how much Indian cities depend on informal, unregulated activity.[12] The suspension of economic activity immediately destroyed the earnings of an informal labour force comprising more than 80% of those employed[13], reliant on day-to-day income flows, and producing roughly half of India's GDP. Low rates of saving left 38% of Indian households able to survive the initial 21-day lockdown without work.[1] The impacts of lockdown were felt particularly keenly by those in precarious employment, including migrant labourers[14,15], sanitation workers[16], and sex workers.[17] 8 in 10 urban labourers surveyed in April and May reported having lost work.[18] Even among those employed in the formal economy, over half received a reduced or suspended salary during the lockdown,[19] and many still face unemployment at the time of writing.

The large numbers affected reflect longer histories of lopsided development, that have led to a gap between rich and poor regions, creating employment in India's top-tier cities faster than in its smaller towns and villages.[3,19] From the 1990s, many rural citizens turned

to internal migration in response to large-scale rural unemployment and agrarian distress, pursuing informal urban work opportunities in the country's urbanising centres, unleashed by the opening of the Indian economy to foreign investment.[20] While remittances were sent home, these informal urban livelihoods were insufficient to fund the relocation of workers' families. Many informal workers are tied to employers or contractors in long-term debt relations. Dislocated from democratic and representative institutions in their places of work, the majority entered lockdown on their own, isolated, with limited savings and little social support.

After lockdown was relaxed, migrant labour returned to some cities. However, in a bid to revive the economy, several state governments announced relaxations to labour laws, allowing the working day to run to 12 hours, while reducing minimum wages, and removing requirements for overtime pay. Defended by their supporters as short-term, temporary measures, these changes have been followed by further labour deregulation at the national level[21], compromising the rights and safety of informal workers, and forcing them into a more precarious existence.[22,23]

RURAL LIVELIHOODS

In rural India, the lockdown coincided with the harvest of *rabi* (winter) crops (wheat, mustard, potato, chickpea). With limited labour and agricultural equipment, and faced with strict lockdown restrictions, farmers faced difficulties storing, distributing, and exporting produce. The pressures of lockdown also highlighted the relationship between produce and credit markets, with agents taking advantage of the uncertainty to manipulate prices. Some farmers dumped perishable goods or used crops for animal feed – while others were forced to rent storage space for produce that would otherwise be left in fields, vulnerable to rain.[24] By contrast, farmers and families who had produced food for subsistence were largely unaffected by the lockdown.[25] In many parts of the country, farmers moved to subsistence crops, with access to non-market food sources and their own produce alleviating some of lockdown's pressures on food supplies.[26]

Lockdown also interrupted the sowing of *kharif* (summer) crops (rice, maize, cotton) prior to monsoon, with restrictions on activity compounded by the limited availability of labour and agricultural inputs. According to a survey conducted by PRADAN, only 31% of farmers had seeds for kharif, 19% a Kisan (farmer) credit card, and 40% access to crop loans.[27] Rural livelihoods have been badly hit in the pandemic year and with the recent passage of three Farm Bills (September 2020) deregulating and facilitating contract farming in the agrarian sector, the small and marginal may face further challenges in the absence of guaranteed price protection mechanisms.[28,29,30] Non-agrarian rural livelihoods also

experienced hardships and during lockdown came to a complete standstill.[31] The pandemic has also added new uncertainties to pastoral livelihoods all over India, as in the case of Kutch, in Gujarat.

CASE: COVID-19 IN A CONTEXT OF UNCERTAINTY – NOMADIC HERDERS IN KUTCH, GUJARAT

Pastoralism has remained largely invisible in mainstream discourse on rural livelihoods, which is usually dominated by agriculture or sedentary labour. Herding camels, sheep, and other livestock, Rabari and Jat pastoralists have made their livelihood in Kutch, Gujarat, a landscape encompassing arid drylands, desert, seasonal wetlands and coastal mangrove forests. In normal years, these herders spend most of the year in 'mainland' Gujarat, taking advantage of watered agricultural 'hotspots' to graze animals, before travelling west to Kutch for monsoon. Mobility allows them to manage their exposure to seasonal variation, including unpredictable water supplies, erratic rainfall, and climate-related uncertainties such as cyclones, storm surges, and coastal erosion.[32]

The disruption of agricultural market linkages by the pandemic threw different local groups back into abandoned subsistence livelihoods.[25] With sales of milk and other animal products suspended, and limitations and scarcities affecting inputs to livestock upkeep, COVID-19 has added to these pressures. Having cultivated positive relationships with farmers across the state, these herders were able to draw on shared histories of receiving fodder and exchanging manure, a cheap fertiliser, for cash or grain.[33] Lacking these advantages, pastoralists elsewhere in India (e.g. Gaddi, Gujjar, and Bakarwal herders in the north of the country) were caught out by lockdown, which left them unable to return to their villages.[34,35,36]

CLIMATE, NATURAL DISASTERS, AND COVID-19

The pandemic has coincided with climate shocks and stressors including Cyclones Amphan (West Bengal and Orissa)[37] and Nisarga (Maharashtra)[38], as well as flooding[39,40], drought and heatwaves. These events have challenged communities already facing lockdown restrictions. Compounded uncertainties have disrupted immediate responses to both COVID-19 and natural disasters but have also had longer term impacts on the adaptive capacity of ecological and human systems.[41,42]

For instance, the lockdown coincided with the monsoon season ban on fisheries. The effects were compounded by cyclones and storms that exacerbated uncertainties,

especially for women, who play an important role in fish processing and marketing, and were disproportionately affected by the resulting loss of income.[43]

Looking ahead, there is an opportunity for disaster risk reduction and climate adaptation researchers and practitioners to identify lessons from India's COVID-19 response, and vice versa.

CASE: CYCLONE AMPHAN AND COVID-19

In May, at the peak of lockdown, supercyclone Amphan ripped through the coast of West Bengal and neighbouring Bangladesh. The compounding impacts of the COVID-19 lockdown, returning migrant workers, and this cyclonic storm event presented a singular challenge. Although a significant loss of life was prevented by effective early warning systems, the state government's response was complicated by the need to avoid spreading the virus. This required extra shelters, protective equipment, and masks for evacuees.[37]

In the remote islands of the Sundarbans, which were among the areas worst affected by Amphan, local authorities faced additional difficulties. Several cyclone shelters had been converted to quarantine centres during the pandemic, leaving hundreds of people confined in fewer shelters than normal, in breach of physical distancing restrictions.[42] At the same time, an earlier breakdown in the area's Public Distribution System had left the population more dependent on forests and natural resources during lockdown.[44]

Those worst hit included families of migrant informal workers, who were unable to benefit from cash remittances. The destruction of embankments led to saltwater incursions destroying crops and polluting freshwater ponds, creating costs and longer-term uncertainties for the area's farming households.[45] The cyclone disrupted supply chains of essential items, the delivery of public services and humanitarian relief. It also compromised access to food, health, water, and livelihoods, for those with limited capacity and resources to face these challenges.[42] This example highlights the need to address how the pandemic has exacerbated the existing food and livelihood insecurities of vulnerable populations, especially as these intersect with disasters and seasonal uncertainties.

VULNERABLE COMMUNITIES

COVID-19 has laid bare the structural inequalities within Indian society, creating further marginalisation and stigma. A COVID-19 Relief Inclusion Assessment conducted by the

National Campaign on Dalit Human Rights (NCDHR) noted that existing caste and ethnicity induced vulnerabilities have been amplified by the lockdown, laying a 'backbreaking burden' on Scheduled Caste (SC) and Scheduled Tribe (ST) communities[46] – groups subject to protective measures and affirmative action in jobs and higher education, as set out in the Constitution of India. The impact of lockdown was felt more keenly by already marginalised and vulnerable sections of society, such as Muslims, Dalits, women, LGBT+ people, and those with lower levels of education, many of whom have been stigmatised as a result of the virus. For example, 43% of the SC and 46% of the ST households did not receive information about COVID-19 symptoms and protective measures from healthcare workers. Around 66% of SC and 79% of ST households were not aware of free testing and treatment provisions under the PM-JAY government health initiative, with only 14% registered with the scheme.[46]

In a shrinking economy, it is harder for members of marginalised groups to secure and maintain employment, access healthcare and relief. Given the sharp economic decline, experts worry about what will happen to the poorest Indians, fearing that 100 million people currently just above the poverty line will now fall below it.[47]

LIMITATIONS TO GOVERNMENT RELIEF

To mitigate the impact of COVID-19, India's government provided in-kind benefits, including grains and dal (pulses) for ration cardholders, and free gas cylinders for households below the poverty line. In addition, direct cash transfers were made to those using existing support schemes. Payments were deposited in the accounts of women enrolled in the Pradhan Mantri Jan Dhan Yojana financial inclusion programme, which had launched in 2014 to expand access to bank accounts, credit, insurance, and other financial services. Widows, pensioners, and people with disabilities received a lump sum, and an advance on pension payments. Further actions were taken by state governments, who took advantage of existing schemes and policy apparatuses tailored to local needs.

However, many groups and households faced difficulties accessing these entitlements. Some benefits were only available to those with ration cards or the Aadhaar biometric ID, active bank accounts, or who had enrolled in previous schemes administered at the village panchayat level. Only half of over 5000 rural households polled in April-May had received any government cash transfers.[27] Would-be beneficiaries were excluded at multiple levels, through non-enrollment, not receiving transfers (through administrative errors), or finding themselves unable to make withdrawals from their accounts.[48]

In-kind benefits were more widely accessed, with 80% of low-income households succeeding in making use of their entitlements under the Public Distribution System (PDS)[26], which provides subsidised goods and enhanced rations to households below the poverty line. This still left a sixth of those eligible unreached, with a sizeable minority turning to their communities for support, borrowing (24%) or receiving food in kind (12%) from their neighbours.[27]

With many entitlements unable to be transferred between states, access to similar schemes and use of the PDS proved particularly difficult for internal migrants who had since returned home. Excluded households had to make choices about whether to dip into cash reserves or borrow money, strategies only viable in the short term.[48]

Responding to these limitations and challenges, government actors should find ways to improve access to benefits. In addition to outright exclusion, participation in some government relief schemes has been held back by concerns over access and payment timetables. With adequate safeguards and greater staffing of banking and financial institutions, the use of cash-in-hand payments, as seen in the administration of rural jobs guarantee schemes in Rajasthan, Tamil Nadu, and other states, could offer a middle ground between excessive bureaucracy and technological exclusion.[49]

RETURNING INFORMAL WORKERS

With lockdown destroying urban livelihoods, an estimated 22-25 million inter-state migrants left India's cities in March and April[50], making the long journey back to their states and villages of origin – often on foot. The lives of these migrants have always been intimately tied to households far from their work, through cash remittances and regular return journeys.[51] Many remain in unregulated or on-site accommodation in their place of work for 3-11 months of the year, before returning to their villages of origin.[52]

In destroying informal workers' livelihoods, the pandemic had significant effects on households and families in migrants' source villages, damaging their well-being, access to food and nutrition, health, and education. Furthermore, with transport suspended, many workers feared that staying in cities could leave them locked in cramped accommodation with multiple occupants, often lacking adequate ventilation and running water.[14,15,53,54] In areas with histories of poor worker welfare, there was unrest among those who felt trapped by lockdown and the suspension of inter-state transport, with cases of forced roadblocks, stone pelting, and attacks on police.[55]

This mass exodus from cities to the rural areas was part of a pattern where informal workers respond to uncertainty or disruption by seeking refuge in their home villages. Though extreme in scale, the novelty in this mass migration was that those affected were moving simultaneously, while limited by restrictions on India's railway network and other forms of cheap transport that had previously made such dual household families viable.[51] Having given little thought to the impacts of the lockdown on such workers, the Indian government was unprepared to manage this level of mass migration, failing to grasp the magnitude of suffering incurred in migrants' return journeys.[56] Migrant helplines reported over 100,000 distress calls, and 38,000 relief camps were set up for migrants by state governments and NGOs.[26]

Learning from the experience of this mass movement of vulnerable people, the Ministry of Labour and Employment should make efforts to track the flows of migrants across towns, cities, and states, through a real-time registration system and provide appropriate services and support for inter-state movement. The state governments should strengthen implementation of the Inter-state Migrants (Regulation of Employment and Conditions of Service) Act (1979), which provides protection to vulnerable migrants. These moves could help the government coordinate labour engagement opportunities in various parts of the country.

STIGMA TOWARDS MINORITY GROUPS

Within India, the pandemic has seen a narrowing of social relations, often at the expense of minority groups. Physical distancing and lockdown restrictions have been layered on top of a charged cultural history of caste, contagion, and untouchability, and discrimination against religious minorities.[57] Dalits, in particular, have been at the forefront of the pandemic, at greater risk due to their social status, and discriminated against as a result of the perceived threat of contagion.[58] Boundaries have sharpened at community, state, and national levels – shifts reflected in prevailing socio-political attitudes.

An early COVID-19 cluster among members of Tablighi Jamaat, an Islamic missionary sect, received extensive media attention, following a group gathering in New Delhi in mid-March. Quickly positioned as a key factor in the virus's spread among the Indian population[1,59,60], this religious stigmatisation resulted in suicides, attacks on mosques and Muslim truck drivers, and boycotts of Muslim-owned businesses.[61,62,63] This stigma affected a community already hard hit by the pandemic, with 84% of Muslims having lost work during the lockdown, compared with 66% of Hindus.[26] Recent High Court judgements

have criticised the government for wrongly arresting Muslim foreign nationals and the media for scapegoating Muslim pilgrims.[64]

In addition to religious minorities, economic migrants from India's North-East have also been subjects of stigma. Already perceived as 'un-Indian' by locals, these individuals have fallen victim to Sinophobia, caught up in perceptions of Chinese responsibility for the origins and spread of the virus. Reports cite cases of physical intimidation, threats, and refusal of entry to shops in multiple large cities, with the stress causing several nurses in Kolkata to quit their jobs and return home.[65]

Returning migrant workers were also stigmatised as potential carriers of the virus. In Uttar Pradesh and Bihar, labourers returning from Delhi and other cities were subjected to 'social boycott', facing harassment and ostracism even after completing the precautionary 14-day quarantine.[66,67]

The stigmatisation of India's minority communities has been intensified by the outbreak and spread of COVID-19. With the Indian government failing to provide appropriate safeguards and protection, there is now a role for international and human rights organisations in monitoring discrimination in relief, loss compensation, and the administration of economic stimulus.

IMPACT ON WOMEN

Often employed in unrecognised or informal sectors, the absence of women from the labour force is less likely to be registered in official statistics.[68] Although more men than women lost work as a result of lockdown, women in work before lockdown were 20% less likely to be employed afterwards.[69] The number of women employed in April 2020 was 61% of the pre-lockdown annual average – for men, it was 71%.[69]

The lockdown also eroded farm-based livelihoods for rural women who are either cultivators or work as wage labourers, an important source of income in the lean summer period.[70] With even these numbers likely understating the full impact of COVID-19 on women's livelihoods, there is a clear need for more granular, disaggregated data collection as a precondition for interventions addressing gender-based gaps in employment and income.

With schools shut during the lockdown, it has been difficult for girls to access separate toilets. This situation has led to an increase in open defecation in villages and informal settlements, increasing opportunities for sexual abusers to attack women and girls in

abandoned spaces. The return of male family members employed in other states, and their uncertainty regarding future livelihoods, led to an increase in domestic violence and marital rape.[71]

Since frontline and community health workers were diverted to support the COVID-19 response, their availability for pregnant and lactating women and young children was limited. 42% of households with pregnant women did not get pregnancy check-ups and vaccinations during the lockdown.[53] Vaccine provision and access to sexual health and family planning services have been impeded, resulting in increased cases of unwanted pregnancies, teenage pregnancies, and unsafe abortions. It is estimated that lockdown disruptions left up to 26 million couples unable to access contraception, thus resulting in an estimated additional 2.3 million unintended pregnancies and over 800,000 unsafe abortions, which is the third leading cause of maternal deaths in India.[72]

The onus is on the Ministry of Women and Child Development to ensure that the rights of women and children and protected, especially relating to domestic violence, sexual abuse, trafficking, and school attendance. Data measuring such incidents need to be collected on a monthly basis, and shared in the public domain. The Government needs to provide direct financial support to women for childcare and household chores where COVID-19 has added an extra burden.

The role of women should be central to the design of any long-term COVID-19 recovery packages designed and implemented by state governments and the Ministry of Home Affairs. The importance of women's livelihoods should be recognised, and prioritised for aid and support.

IMPACT ON THE ELDERLY AND YOUNG CHILDREN

The elderly have been badly affected by lockdown and the pandemic, and have faced additional vulnerabilities due to isolation[73], problems accessing care, and lack of contact with loved ones who may live in other parts of the country or abroad.

With high levels of unemployment and reduced incomes, millions of children have been pushed out of school, with linked increases in cases of child labour and trafficking, as the economy opens up and industries look to source cheap labour.[74] Cases of child marriage were also reported, as lockdown provided cover for weddings with limited spending.[75]

Looking for ways to cut household expenditure, 29% of rural families had considered pulling children out of education.[27] The shift to digital education in the wake of the

pandemic has also exposed the country's class and regional divides. While children in urban centres have been able to afford to move to online education, children in villages and poor urban households have faced challenges with mobile phone access and stable network connection.[76]

At the same time, the closure of schools and *anganwadi* child care centres interrupted the regular distribution of take-home rations to combat malnutrition in mothers and young children, and the provision of mid-day meals for those of school-going age.[77] These disruptions resulted in increased levels of mortality among already malnourished mothers and children, while putting those who had been previously unaffected at risk.[78] Immunisation programs were similarly affected, with children missing BCG vaccinations and measures to build immunity against meningitis, pneumonia, diphtheria, and tetanus, leaving them more vulnerable to flare-ups of other diseases.[71]

Healthcare programmes for children should be ring-fenced so that they do not miss out on critical care and support which may have long-term effects on their growth and well-being.

RECOVERY AND TRANSFORMATIVE PATHWAYS

As India struggles to 'control' high infection rates, there are questions about measures that could move the country onto pathways ensuring economic, environmental and social sustainability. With unequal levels of access to relief measures, 'recovery' from the pandemic has proven selective and uneven, benefiting certain groups, communities, and categories of households and businesses, while further entrenching existing inequalities.[26]

As restrictions eased, responsibility for managing the pandemic was devolved to state governments and Chief Ministers, but without sufficient funding in place.[79] Despite these challenges, there are still opportunities to reimagine socially just and transformative pathways. Siloed government operations (across departments as well as central government, state, and Panchayat institutions) need to give way to agile and adaptive systems, accompanied by robust investment in key public services such as health, food, water, and sanitation. It is important that states and districts within India (often the size of European countries) are provided with the resources and latitude to develop flexible, inclusive and decentralised strategies for distributing food and essential services, and public health systems for testing, tracing, isolation, and treatment.

RURAL REVIVAL THROUGH BOTTOM-UP AND COLLECTIVE ACTION

Following the lockdown, rural demand was buoyed by rural-focused government relief spending, an early onset of summer sowing, and limited rollout of Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) employment schemes. Though a lack of ready work in villages has already fueled a return to the cities, long-distance migration is seen as risky, a perception that might lead to a rise in in-state migration for work over longer distance relocations.[80,81]

There are, however, opportunities to harness this labour pool to repair and update rural infrastructure, while promoting labour-intensive industries and activities beyond farming, including livestock management, food processing, and the construction of water management systems, plant nurseries, and seed banks.[82] Despite the pandemic and slowing down of the entire economy, India's domestic demand for goods and services remains strong. Most rural producers supply basic necessities, for which a market is readily available. However, consecutive lockdowns have weakened the supply chain, and trust between producers and intermediaries. To restore business relations, investment is needed to revive existing aptitudes and learn new skills, while making credit and supply chains available to rural producers. There are opportunities to stabilise and accelerate manufacturing activities. In addition, the revival of rural crafts, handloom and artisanal work could provide employment within villages once demand picks up in urban centres in India and elsewhere.

Retaining migrants

As things stand, rural India has struggled to absorb even a small number of returning migrant workers. Earlier rural-urban migration was partly a result of the rural economy's hidden unemployment and overdependence on agriculture.[20] While many migrants are now returning to their places of work, there are still opportunities for economic revival in rural areas.

For example, in Uttarakhand, the state government has made efforts to convince returning migrants to stay, offering interest-free loans, subsidies, and free electricity for new tourist businesses and micro-enterprises. The state's Chief Minister suggested a village cooperative model to repopulate abandoned communities and combat low levels of agricultural productivity, envisaging a scenario where the small landholdings of a village would be pooled to grow one kind of produce. However, for such rural initiatives to succeed in slowing the return of migrants, authorities will need to address long-standing inadequacies in infrastructure, healthcare and education.[83]

New agricultural pathways: leveraging local networks and solidarities

Limited access to resources, credit, and basic healthcare have left India's small farmers exposed to the crisis of COVID-19. With wholesale markets closed, and the harvest impeded by COVID-19 restrictions, there were a range of attempts to forge alternative market linkages within the existing food system – a development particularly visible in Maharashtra and western India.[84]

Many of these efforts built on the work of India's farmer producer organisations (FPOs), which provided an existing platform for farmers to work together to restore supply chains and protect agricultural livelihoods. Some FPOs succeeded in lobbying district authorities for permission to use farm machinery, move produce, or host markets during lockdown – something not possible for individual farmers.[85]

In the absence of migrant labour in Maharashtra's Satara district, a group of 37 farmers organised to protect their livelihoods. Building on an existing self-help group, the group pioneered a direct farm-to-home delivery model, using a small fleet of vans to deliver essential food and produce directly to customers.[86] Elsewhere, farmers turned to digital platforms, using Twitter, WhatsApp, or new dedicated services such as the Harvesting Farmer Network to find better prices for crops.[87] Such strategies are, however, contingent on individual farmers' digital literacy, and will take time to find a mass user base.

Farmers in these examples have benefited from working together, finding value in collaboration and collective action during the lockdown. Any programmes for rural revival, seeking to integrate return migrants, would benefit from supporting and developing these new pathways of collective action and social solidarity. Additional data collection on remaining migrant workers and their skills, by local schools and Panchayat institutions, could provide an evidence base for government decision-making and the design of new support programmes.

INCLUSIVE WELFARE POLICIES

MGNREGA and employment guarantee programmes

One opportunity for post-COVID relief and social challenges might be found in the flagship Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA). Enacted in 2005, MGNREGA provides each rural household with 100 days of paid manual work per year. The scheme has had a demonstrable impact on lifting people out of poverty, providing a safety net for rural workers during times of distress, while creating useful public assets.[88] Widely used by marginalised communities, including Dalits,

Adivasi, and women, MGNREGA has improved levels of workplace participation among these groups.[89]

MGNREGA presents an opportunity for the government to build a future-facing welfare programme capable of meeting long-term challenges. The programme could support rural revival efforts – contributing to land improvement and strengthening the creation of local assets for drought-proofing, flood management, and rural sanitation. Local labourers, especially those who lack fixed assets such as land, could be mobilised for farm work, manufacturing face masks and sanitiser, or staffing local banking and payment infrastructures.[89]

Many are also now making the case for an equivalent urban employment guarantee scheme, following recently introduced state-level programmes operating on a similar model in Odisha, Himachal Pradesh, and Kerala.[89] India's Municipal Corporations are well placed to create such schemes, contributing to slum development and urban improvements while supporting the urban poor.

Strengthening social protection

Existing government safety nets have largely focused on India's rural poor, leaving urban groups particularly vulnerable. The migrant exodus revealed the weaknesses of social protection architectures based on fixed residence and non-portable entitlements. The incorporation of biometric ID was initially implemented to improve targeting, but during COVID-19, delivering supplies to those in need has become more important than mitigating inclusion errors.[90] Having a transferable PDS and universal entitlements would have allowed migrant workers to stay put, sustaining livelihoods during the job losses caused by lockdown.[91] Entitlements such as food and emergency health services should be guaranteed to all and not tied to residence.

Looking further ahead, the trajectory of the pandemic in India has shown the need for a safety net with universal and transferable coverage. For millions of migrants, informal workers, and the self-employed, a day without work is a day without food. Without such a safety net, the additional pressures of COVID-19 and the lockdown – and any future such disruptions – are likely to push members of these groups into a debt trap. Such an outcome can be avoided by measures that would enable citizens to meet their basic needs of food, water, and shelter, while ensuring adequate provision of healthcare, education, and banking Infrastructure.[92]

An array of social protection schemes with different targeting, eligibility criteria, and operational procedures has caused confusion. The COVID-19 response has shown the

benefits of bundling such schemes, for ease of administration and a greater impact on poor and vulnerable households, particularly those currently in informal employment. There is an opportunity for the Ministry of Finance or *Niti Ayog* to review the potential for universal health coverage and social protection, with an appraisal of the fiscal possibilities long overdue.

Considering these limitations, the pandemic has seen growing support for direct benefit transfers into beneficiary bank accounts, including calls for a universal income guarantee.[93,94] Such policies could minimise targeting and administration costs, while providing a stimulus for spending and investment.[95] With universal provision earning population-wide buy-in, a basic income could reduce poverty, improve female agency, and maintain otherwise dormant *Jan Dhan* bank accounts – allowing the poor and most vulnerable to build savings.

IMPROVING ACCOUNTABILITY AND TRUST

During the lockdown, the government showed a lack of capacity and willingness to cooperate with civil society organisations – but it was civil society, neighbourhood groups and volunteers that provided relief and rations to migrant workers.[96] Exiting from lockdown, it is proving challenging to measure of the results of state policies, plans, and relief measures in ways that are transparent and accountable. In the earliest stages of the pandemic, India's government announced PM-CARES, a special additional fund for COVID-19 relief. Corporates and individuals donated generously, but as a private fund, there was no requirement for its accounts to be made public, resisting calls for such.[97]

There is a need for greater accountability around funds mobilised by the central and state governments, including auditing and publication of expenditure, and the development of standards and best practices for COVID-19 response across India. The Comptroller and Auditor General (CAG) of India has the authority to undertake such actions, undertaking a real-time or periodic review of spending.

To boost resilience and effectively coordinate responses to future outbreaks and pandemics, governance systems must be made more transparent, accountable, and open to engaging with civil society groups, humanitarian and development organisations. At the present time, the government is clamping down on the activities of civil societies, especially those working on governance and human rights. Instead, the central government should appoint a committee or body to identify ways in which government and civil society actors can work together effectively. The voices and experiences of marginalised groups, civil society need to be included to shape

government's preparedness response. The government needs to allow a stronger role for CSOs within a rights-based framework. In this, the central and state governments need to consider existing national guidelines on the management of biological disasters, which include measures to improve accountability and trust at the local level, using decentralised research-based response systems with a clear chain of command.[98]

Ultimately, a bottom-up, community-based model could underpin a faster and more robust recovery, while granting organisations and authorities working in those areas worst affected by the pandemic the flexibility to adapt relief measures to the needs of their community. The top-down approach pursued by the Centre and most states can be contrasted by responses to the pandemic in the state of Kerala, and Mumbai's Dharavi settlement, Asia's largest urban slum. These two examples show the important role of accountability and social trust in slowing transmission and containing the virus.

Case: community response in Kerala

In Kerala, a community-based response, led by *gram panchayats* (village assemblies), ward-level committees, and members of the Kudumbashree poverty eradication programme, with the support of the state government, initially succeeded in containing the spread of the virus while meeting the needs of those affected. This attracted press coverage as an early example of best practice in managing the pandemic, overcoming the additional vulnerabilities of Kerala's high population density, 2.5 million expatriates (many working in the Gulf), and active tourist economy.[99,100] The state government was quick to implement a comprehensive 'test, trace, isolate, treat' programme, mobilising 250,000 volunteers over two days in March to identify those most vulnerable.[99] Kerala's strong public health system benefitted from sustained healthcare spending, and 20 years of efforts to empower local government at the Panchayat, district, and municipality levels. The response also built on longer histories and legacies of egalitarianism, rights-based welfare, local governance, and popular mobilisation.[101]

Over time, however, even Kerala's grassroots interventions have had diminishing returns, as community-based models of contact tracing and quarantine compliance prove difficult to sustain.[101] Kerala's early successes in containing the virus also legitimated a faster and more extensive relaxation of lockdown restrictions than elsewhere in India. As a result, the state has, since July, seen a higher rate of community transmission, leading local authorities to increase daily testing and implement stronger containment measures – including possible regional lockdowns.[102]

Case: community response in Dharavi

In Dharavi, the settlement's density and informal economy created distinct challenges for those seeking to break the chain of transmission. With a large population of informal and migrant workers, Dharavi responded to the lockdown mandate with self-organised, local, and user-driven responses, pooling resources to feed stranded labourers, and organising supplies of essential rations.[103] Some small-scale manufacturing firms reconfigured themselves to manufacture masks and protective equipment, while other work spaces were converted into living spaces for the duration of lockdown.[104]

After the first case was detected in April, municipal authorities adopted an aggressive 'chase the virus' model based on robust surveillance, proactive leadership, and community engagement.[104] Rather than waiting for infected people to seek support, an army of nearly 6000 frontline health workers and volunteers went door-to-door, asking about symptoms, offering free screenings, and administering tests.[105] To build trust, these screening efforts co-opted local practitioners and community leaders, leveraging existing relationships and community-driven containment approaches.[106]

Field hospitals were erected in Dharavi's outskirts, creating a space for triage while minimising transmission.[103] Schools, marriage halls, and community centres were converted into nine dedicated quarantine and isolation facilities, to separate suspected cases from the rest of the population, and the city commandeered five private hospitals to treat high-risk patients.[104]

CONCLUSIONS

This paper has focused on how existing inequalities and compounded uncertainties during the COVID-19 pandemic have exacerbated poverty and the vulnerabilities of India's marginalised social groups. Facing future events, amplified by climate change, government agencies and organisations will need to develop new plans for preparedness, tailored to local and regional contexts, the vulnerabilities and circumstances of the population, and the diverse effects of the unfolding COVID-19 pandemic. Government agencies should not further politicise the pandemic and uphold human rights, including the right to dissent and free speech.

Despite the failures of the central government and many states, actions by local community groups, social movements, and civil society actors have provided relief and welfare to vulnerable groups during lockdown and beyond. There have been remarkable stories of solidarity, the pooling of resources and food supplies, and inspiring

conversations and dialogues across India that have sought to reimagine the country's future to address the failures that were witnessed during the lockdown and its aftermath. It is these bottom-up visions, solidarities and civic epistemologies that planners and policy makers should be seeking out as resources to address the aftermath of COVID-19, through recovery and beyond.

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ADDITIONAL RESOURCES

TAPESTRY—Transformation as Praxis: Exploring Socially Just and Transdisciplinary Pathways to Sustainability in Marginal Environments. STEPS Centre, University of Sussex. https://steps-centre.org/project/tapestry/

Indian Scientists' Response to COVID-19 (ISRC). https://indscicov.in/

Collaboration/COVID Action Support Team (CoAST) India. India Observatory. https://dp.observatory.org.in/content/migration-route-covid-19

CPR ThoughtSpace. Centre for Policy Research, New Delhi, India. https://casi.sas.upenn.edu/iit/covid-19

In Response to Corona Times. VikalpSangam, India. https://vscoronatimes.blogspot.com/

Conversations during lockdown & beyond. Centre for Financial Accountability, India. https://www.cenfa.org/webinar-solidarity-series/

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CONTACT

If you have a direct request concerning the response to COVID-19, regarding a brief, tools, additional technical expertise or remote analysis, or should you like to be considered for the network of advisers, please contact the Social Science in Humanitarian Action Platform by emailing Annie Lowden (a.lowden@ids.ac.uk) or Olivia Tulloch (oliviatulloch@anthrologica.com). Key Platform liaison points include: UNICEF (nnaqvi@unicef.org); IFRC (ombretta.baggio@ifrc.org); and GOARN Research Social Science Group (nina.gobat@phc.ox.ac.uk).

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