

NCAER NATIONAL DATA INNOVATION CENTRE
ODI CHRONIC POVERTY ADVISORY NETWORK

India COVID-19 Poverty Monitor Report



AUGUST 2022

Credits

This report is prepared by NCAER National Data Innovation Centre (NDIC), New Delhi in collaboration with the Chronic Poverty Advisory Network (CPAN) which was based at the Overseas Development Institute (ODI), UK during the time of the project. This report has been made possible by a grant from ODI to NCAER. CPAN's COVID-19 Poverty Monitoring Initiative is supported by the Covid Collective, a rapid social science research response to inform decision-making on COVID-19 related development challenges. The Covid Collective research platform brings together the expertise of global partner organisations, coordinated by the Institute of Development Studies (IDS), UK.

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India COVID-19 Poverty Monitor Report

AUGUST 2022



NATIONAL COUNCIL OF APPLIED ECONOMIC RESEARCH
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Executive Summary

The burden of COVID-19 cases and deaths during the pandemic were high in India. Since the beginning of the pandemic till March 2022, India experienced a cumulative count of 43.03 million confirmed cases only next to the number of cases reported in US (80.17 million). Due to limited testing, the number of confirmed cases is perhaps a lower bound of the true number of infections. In terms of absolute number of COVID deaths till March 2022, India recorded the third highest death burden (~521,000) in the world after US and Brazil, in spite of evidence suggesting the death counts to be a gross underestimation of the actual figures. Several studies on excess mortality in India during the pandemic indicate that the number of deaths recorded in the administrative data are significantly lower when compared to other data sources, especially post wave-2 (Banaji & Gupta, 2021; Leffler & Yang, 2021; Lewnard et al., 2021; Malani & Ramachandran, 2021; Ramachandran & Malani, 2021). COVID-related treatment and world's second largest COVID-19 vaccination drive, in spite of its success in reducing the severity of the disease, seemed to impair the health system and disruptions in routine healthcare was significant due to the reorienting of the public health services in tackling COVID-19.

The burden of COVID cases, deceased family members, and disruption of routine healthcare services undoubtedly contributed to people's ill health, wage

and livelihood loss during this time. Government containment policies involving unavoidable lockdown, travel ban, and movement restrictions worsened the situation of joblessness and income loss of vulnerable households. With the imposition of sudden lockdown without much preparation, migrant workers got stranded in different urban centres with no income but only uncertainty about travelling back home, which made them mentally disturbed and agitated (Jesline et al., 2021; G. P. Singh, 2020; O. Singh, 2020). There have been numerous media reports of migrant workers travelling to their native places far off from their current location by walking or by cycling. Many have succumbed to death after reaching their destination or during their journey (Kumar et al., 2020).

From the findings of the quantitative and qualitative analysis it is evident that the urban casual wage workers and petty business owners suffered high economic stress during the lockdowns and subsequent phases. Urban poor households without ration cards or job cards did not receive much needed relief during these difficult times, once relief measures were launched by the government. Some rural households that regularly migrate from their village tended not to have a ration card before the pandemic, and were not able to apply or get a ration card during the pandemic. Such households did not benefit from the range of social protection schemes announced by the government.

Lockdown and movement restrictions affected income of rural households who were more reliant on migrant income as reverse migration of workers had led to sharp decline in remittance income for households. Workers in the rural areas experienced a shift from non-farm activities to agricultural work. Increased participation in agricultural work was largely an outcome of distress for the workers who lost work in non-farm based occupations and industries and had to fall back on agriculture for survival (Roy & Bose, 2021). Compared to the pre-pandemic period, in the initial months of the pandemic, workforce in construction and manufacturing declined significantly. Employment from non-farm economic activities in the pre-monsoon lean agricultural season collapsed (Modak et al., 2020). As per the RBI report, both manufacturing and construction are on the path to recovery in 2021-22 financial year (RBI, 2022).

The qualitative findings add to our understanding of why cultivators were more resilient than other households during the pandemic. Farm households cultivated their own land and they had the option of consuming their own produce which ensured different degrees of food security. In addition to working on their own land, they also supplemented their income by working as agricultural and non-farm casual wage workers wherever possible.

In contrast to daily wage workers, salaried workers were better off on an average. However, qualitative findings suggest that during the pandemic many salaried workers dropped from regular salaried worker to part-time worker and then to unemployment. While some family members lost their job, they could rely on the income of others in the family. However, not everyone has a large family of adult workers. In some households, women had to take the load of breadwinning when men lost their jobs during the pandemic. Moreover, labour market entrants had a tough time finding jobs in a labour market that was especially tight during the pandemic. So even salaried workers' households endured significant hardships during the pandemic.

The nation-wide lockdown and subsequent restrictions not only led to joblessness, but also affected the wage rate and the average number of workdays per month, particularly for the informal sector workers

where physical presence at work is a necessity. The sharp fall in daily wage rates in villages, particularly for states having historically higher rates of out-migration, could be explained by the fact of massive return migration and the collapse of construction and other non-agricultural employment, which led to increased labour supply at the village level.

Compared to the first wave of COVID-19 that happened at varying time points between August-October 2020 across states in India, the overall impact of the pandemic was more severe during the second wave and subsequent lockdown (April-May 2021). The second wave, characterized by the fierce Delta variant, had a massive surge of cases in both rural and urban areas, supply shortage of essential treatments, and increased deaths particularly in the young population. Moreover, the adverse economic impact was cumulatively carried forward from wave one to the second. The income for some types of businesses, including the kirana (grocery stores), was lower around the second wave of the pandemic in comparison to the first lockdown. According to qualitative interviews conducted in July 2021, the situation did not improve even after relaxation measures were initiated post second wave because people no longer had enough money at hand to purchase items from these small shops. After the first wave, people started working and saving but before they could save enough, the second wave and another lockdown started. Inflation in the cost of goods further reduced household purchasing power.

In the context of rural livelihoods and employment assurance, MGNREGS is India's flagship social safety net. However, it was not an appropriate relief measure during a pandemic requiring social distancing. In the post-lockdown phase when usual non-farm employment opportunities such as construction, petty business, and brick-making have not fully recovered, MGNREGS was hailed as an important safety net by various media reports. But there were concerns around availability of regular MGNREGS work as found in our qualitative study. It is possible that the rise in individuals needing employment outnumbered the rise in numbers working and increased budgeted amount spent by the government.



1. Introduction

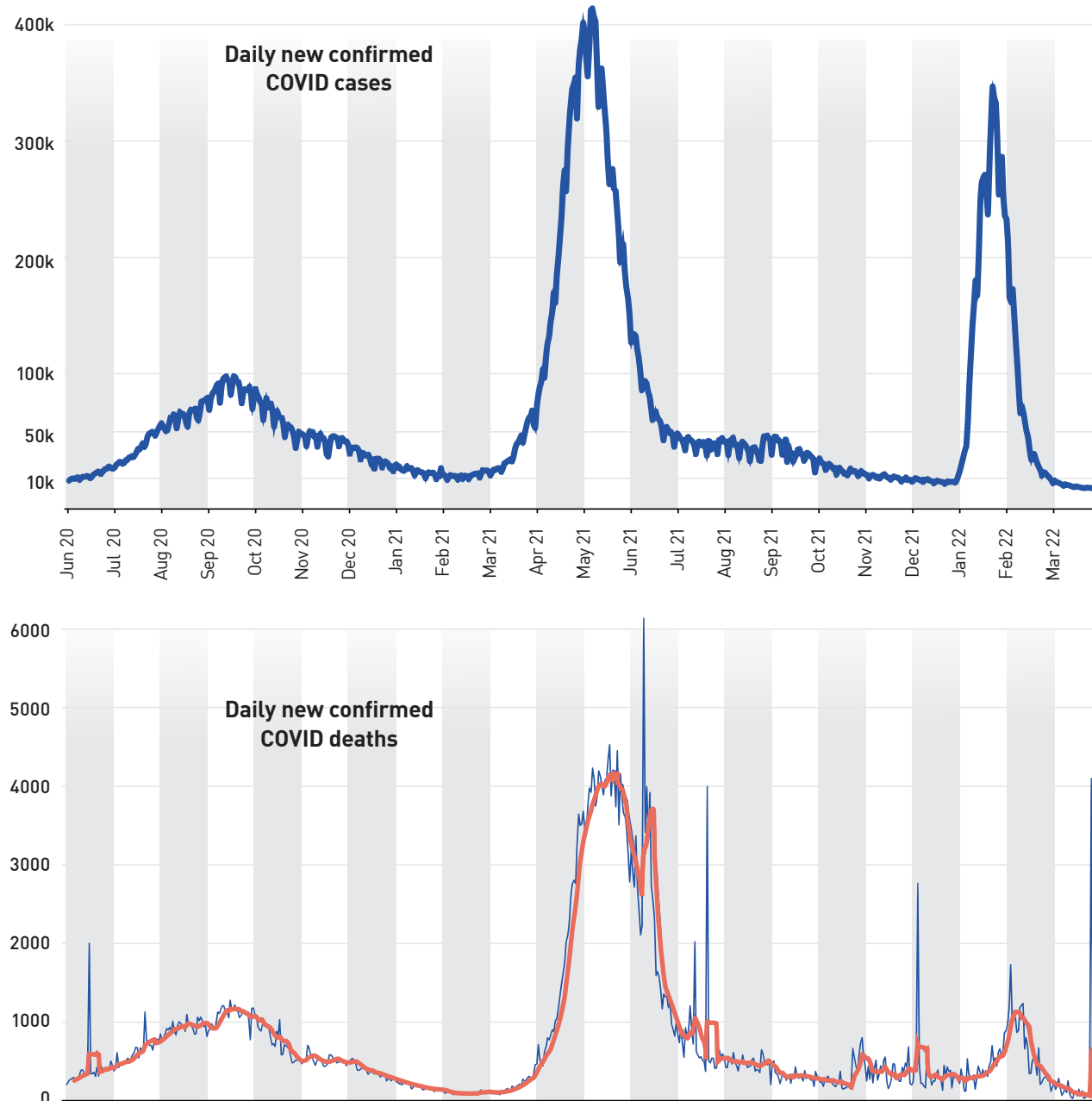
The Coronavirus pandemic turned out to be one of the most severe global public health emergencies in recent times. On 30 January 2020, India reported its first three cases in Kerala, all of whom were students who had returned from Wuhan, China. On 11 March 2020, the World Health Organization declared Coronavirus Disease (COVID-19) outbreak as a pandemic and emphasised that all countries should take immediate actions to detect, treat, and reduce transmission to save people's lives.

The COVID-19 pandemic has not only affected physical and mental health of people in India and around the world, but it has also impacted people's livelihoods, led to stagnation of economic growth and posed an unprecedented challenge to teaching and learning of students. Moreover, because of the COVID-related pressure on the health system, the disruption of routine health services turned out to be a major area of concern in the wake of COVID-19. With the availability of safe and efficacious vaccines and a high level of vaccination coverage there is a ray of hope that the pandemic may be on the decline in 2022. But the impact it has had on the people of the country due to the unexpected

deaths of family members, loss of livelihoods, decline in household income, school closures and unavailability or inaccessibility of alternative methods of remote learning by students, and lack of access to routine healthcare services may be long lasting. Based on the impact of COVID-19 on people's lives, we assess the consequences faced by India's poor and vulnerable population and their risks of impoverishment. In this report, we focus on the vulnerability of specific occupational groups, occupational shifts during the pandemic, levels of distress and hardship experienced by the households, COVID and non-COVID health burdens, limited learning activities because of school closure and unavailability or inaccessibility of remote modes of education, financial constraints to support children's education, and issues of isolation and the lack of social bonds. In addition to the policy preparedness and government containment measures, the report covers government relief efforts during the pandemic and evaluates the reach and coverage of these efforts.

The argument presented here is that these effects, when added together, represent a significant and at least medium-term challenge to and probably reversal

Figure 1: Severity of the pandemic in India as measured by the daily number of cases and deaths between June 2020 and 31 March 2022



Source: <https://data.covid19bharat.org/>.

of the poverty reduction (World Bank 2020, Sánchez-Páramo, et al. 2021) which has been in progress in India since the 1990s, both monetary and multidimensional. Furthermore, the policy and programme requirements of getting back on track are daunting, but nevertheless feasible if the fabled political will is there. An assessment of how prepared India was before the pandemic struck and whether and how that policy preparedness

changed to prevent the risk of impoverishment, which could result from such a shock, was carried out in detail in Section 3 of this report. Policy and programme implications were drawn from this analysis, and the policy analysis was carried out to outline recommendations to better protect vulnerable population during such pandemic and disasters in future.



2. Methodology

2.1 Sampling Frames

This report has been compiled using a combination of original qualitative data collected from a small number of affected people in India, interviews with local leaders and community development actors, and secondary data from a range of different sources. The secondary data was of two sorts: (i) the primary survey data which was associated with the qualitative samples (see below), and (ii) other reports on the topic focussed on in this report, including for instance the impact on urban workers, hunger and food insecurity report, from elsewhere in India, as well as global reports on relevant topics allowing a comparative perspective. Qualitative data was collected from household interviews, focus group discussions and key informant interviews.

For the qualitative sample, we considered two sampling frames. The first sampling frame consists of households from the National Capital Region (NCR) who were

surveyed pre-pandemic in the Delhi Metropolitan Area Study (DMAS) and during the pandemic in the Delhi NCR Coronavirus Telephone Survey (DCVTS). In particular, the sampling frame consists of households that participated in all four household surveys conducted by the NCAER National Data Innovation Centre. These four surveys are the DMAS baseline (March-May 2019), DCVTS-1 (April 2020), DCVTS-3 (June 2020), and DCVTS-4 (December 2020). Although it may not be apparent from the name, Delhi NCR is a diverse region including the metropolitan areas of Delhi as well as urban and rural areas of Haryana, Rajasthan, and Uttar Pradesh (UP). Rural and urban households were interviewed from three districts of UP [Ghaziabad (including Hapur), Meerut, and Muzaffarnagar (including Shamli)] and three districts of Haryana (Jind, Palwal, and Rohtak). All the selected districts are part of NCR, but none of them belongs to Delhi.

The second sampling frame includes households from the India Human Development Survey (Vanneman, Noon et al. 2006) who were surveyed in IHDS wave 1 (2004-05), wave 2 (2011-12), and again in 2017 with the objective of understanding migration patterns in three states, viz., Bihar, Rajasthan and Uttarakhand.

For this study, rural households were interviewed from Bhilwara district of Rajasthan with a specific focus on understanding the impact of the pandemic on Scheduled Castes and Scheduled Tribes (SCs/STs) population there. SCs and STs are officially designated groups, recognised in the constitution of India, of historically

BOX 1: Sampling Frames for Qualitative Surveys

SAMPLING FRAME I

Consists of households from the Delhi National Capital Region (NCR) that were surveyed in the past in the Delhi Metropolitan Area Study (DMAS) and the Delhi NCR Coronavirus Telephone Survey (DCVTS). In particular, the sampling frame consists of households which participated in all four prior household surveys conducted by the NCAER National Data Innovation Centre. These four surveys are:

1. DMAS baseline (March-May 2019)
2. DCVTS-1 (April 2020)
3. DCVTS-3 (June 2020)
4. DCVTS-4 (Dec 2020)

Rural and urban households were interviewed from 3 districts of UP [Ghaziabad (including Hapur), Meerut, and Muzaffarnagar (including Shamli)] and 3 districts of Haryana (Jind, Palwal, Rohtak). All selected districts are part of NCR, but none of them belongs to Delhi.

SAMPLING FRAME II

The second sampling frame includes households from India Human Development Survey who were surveyed in IHDS wave 1 (2004-05), wave 2 (2011-12), and again in 2017 with the objective of understanding migration patterns in three States, viz., Bihar, Rajasthan and Uttarakhand. Rural households were interviewed from Bhilwara district of Rajasthan with a specific focus to understand the impact of the pandemic on Scheduled Castes and Scheduled Tribes (SCs/STs population).

Our qualitative sample is small and non-representative. Data from these interviews are used to highlight individual's lived experiences of COVID-19 impact and to validate findings from secondary sources. Thematic analysis of the interviews was carried out using open source qualitative softwares like Taguette, Qualcoder. Direct quotes from respondents that represent key themes across the sample are reported.

Figure 2: Timeline of quantitative and qualitative data collection and their mode of survey and geographic coverage

Timeline	Survey	Type of Survey	Mode of Survey	Geographic Coverage	Data Collection Method			Sample Size
					DMAS	Quantitative	F2F	
Feb-May, 2019	Delhi Metropolitan Area Study (DMAS) baseline survey	Quantitative	Face-to-face (F2F) household survey	Delhi NCR comprises 31 districts from Delhi and surrounding areas of Haryana, Uttar Pradesh and Rajasthan- includes both urban, peri-urban and rural areas	DCVTS	Quantitative	Telephone	5,253
June-Aug, 2019	DMAS quarterly survey 1 (Q1)	Quantitative	F2F	Randomly selected half of DMAS sample	Others	Quantitative		2,381
Sep- Nov, 2019	DMAS quarterly survey 2 (Q2)	Quantitative	F2F	Q1 sample		Quantitative		2,391
Dec 2019-Feb 2020	DMAS quarterly survey 3 (Q3)*	Quantitative	F2F	Q2 sample		Quantitative		2,287
April 3-6, 2020	Delhi NCR Coronavirus Telephone Survey (DCVTS)- 1	Quantitative	Telephone	Q3 sample		Quantitative		1,756
April 23-26, 2020	DCVTS-2	Quantitative	Telephone	Same clusters (villages/ urban blocks) as in DMAS, but randomly selected new households		Quantitative		1,885
June 15-23, 2020	DCVTS-3	Quantitative	Telephone	DCVTS-1 and DCVTS-2 sample		Quantitative		3,466
Dec 23, 2020-Jan 4, 2021	DCVTS-4	Quantitative	Telephone	DCVTS-3 sample		Quantitative		3,168
April 15, 2021	In-depth interviews (IDIs) of households over phone, but after 5-6 interviews we had to stop due to surge of COVID-19 cases and deaths in Delhi NCR	Qualitative	Telephone	Haryana and UP (NCR part)- includes both urban, peri-urban and rural areas. Selected from households who participated in DMAS baseline, DCVTS-1, DCVTS-3, and DCVTS-4		Qualitative		
June 2-30, 2021	IDIs of households	Qualitative	Telephone	Haryana and UP (NCR part)- includes both urban, peri-urban and rural areas		Qualitative		30
July 14, 2021	Key informant interviews (KII)	Qualitative	F2F	Rural UP		Qualitative		2
July 14, 2021	Focus group discussion (FGD)	Qualitative	F2F	Rural UP		Qualitative		2
Aug 27, 2021	KII	Qualitative	F2F	Urban Haryana		Qualitative		7
Aug 1- Nov 15, 2021	DMAS Endline Survey*	Quantitative	F2F	DMAS baseline sample		Quantitative		4,292
Nov 23-24, 2021	IDIs of households	Qualitative	F2F	Bhilwara, Rajasthan- rural area. Selected from households who participated in the first wave of the India Human Development Survey (IHDS-1, 2004-05), IHDS-2 (2011-12), and IHDS Migrant survey (2017).#		Qualitative		9
Nov 23-25, 2021	KII	Qualitative	F2F	Bhilwara, Rajasthan- rural area and Bhilwara town		Qualitative		11
Nov 23-25, 2021	FGD	Qualitative	F2F	Bhilwara, Rajasthan- rural area		Qualitative		1

*Q4 was not administered because of the COVID-19 pandemic. DMAS endline survey was possible to administer at a much later date than originally planned because of the extended pandemic.; # Third wave of IHDS (2022-23) is currently underway.

disadvantaged people (NCST 2006). Bhilwara district is an especially interesting site as the 'Bhilwara model' of pandemic response was a precursor to the first India-wide lockdown.

Our qualitative sample is small and non-representative. Data from these interviews are used to highlight individuals' lived experiences of COVID-19 impact and to validate or extend findings from secondary sources, and to explore the processes behind what the household surveys revealed and get a deeper, more nuanced and contextually embedded causal understanding of pandemic and policy impacts. Thematic analysis of the first round of interviews in the NCR was carried out to observe trends across respondents using Taguette open source tool for qualitative research (Rampin, Rampin et al. 2021). To analyse the second round of interviews conducted in the Bhilwara district, we have used another open-source tool, viz., Qualcoder (Curtain 2021). Direct quotes from respondents that represent key themes across the sample are reported. The personally identifiable information about the respondents have been avoided as much as possible in order to preserve confidentiality of data shared by the respondents.

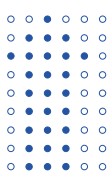
2.2 In-depth Interviews of Households

Semi-structured household interviews in the NCR started on April 15, 2021 using telephone mode of data collection. However, after 5-6 interviews we had to stop data collection because of the massive surge of COVID-19 cases and deaths in Delhi NCR during the second wave of the pandemic in India. We resumed interviews by phone again from 2 June and almost all the in-depth interviews (IDIs) in Delhi NCR were completed by 30 June. It is worth mentioning that conducting in-depth interviews over phone was not easy, particularly when households went through various forms of distress around the second wave of COVID. IDIs in Bhilwara district of Rajasthan were conducted using face-to-face interviewing during 23-24 November 2021.

An IDI-guide was prepared to assist researchers in the conduct of in-depth interviews. Background details of household members (demographic information, education, religion, and caste) and assets owned by the household were recorded as such information helps in assessing the extent of vulnerability of the household.

Specific questions focused on livelihoods before and during the pandemic; changes in it because of the pandemic and lockdown and the extent of distress felt as a result (such as food security); help received from the government and other sources to help cope with the crisis. Another question asked about difficulties/ challenges faced because of COVID, lockdown, social distancing and other COVID related restrictions and coping mechanism adopted by the household. Questions on health focused on whether anyone in the household or anyone in the neighbourhood or among relatives suffered from COVID and other COVID like illness, challenges faced in COVID treatment as well as other health services. Likewise, there were questions on the impact that school closures had on the education of children in the household. Open-ended questions were also there to capture response on the impact of COVID and coping measures that were not captured elsewhere. The interview guide (Annexure 1) was modified between the first and second round of interviews in Delhi-NCR given the intensity of the second wave as well as for the interviews in Bhilwara when COVID had subsided.

Prior to the telephonic interviews in the National Capital Region, whether the researchers would speak to an adult male or female was randomly decided for each of the sampled households. This was done to ensure participation of women respondents in the study. While it was not always possible to follow this pre-assigned list, researchers made efforts to speak with women respondents.



In-depth interviews over phone were not easy, particularly in a time when households endured various forms of distress around the second wave.

Figure 3 shows the sample characteristics of households interviewed for in-depth interviews across two rounds of data collection in Delhi-NCR and Bhilwara district of Rajasthan.

2.3 Focus Group Discussions and Key Informant Interviews

We have conducted three rounds of face-to-face key informant interviews (KIIs) and focus group discussions (FGDs) in the selected districts of UP, Haryana, and Rajasthan.

In rural UP, KIIs and FGDs were conducted on 14 July 2021 in a village in Muzzafarnagar near Shamli town. The selection of the village was motivated by the fact that in one of the in-depth interviews, the respondent informed us that there were about 60 persons in this village who were infected with COVID and another 14–15 persons died on account of it. Given the high reported mortality and COVID cases, we thought further in-depth IWs and FGDs in the village is warranted to bring out how the village was coping with the crisis. We conducted two FGDs in rural UP:

- One among *Kashyap* community, most of them were landless casual wage workers
- Another among *Jaat* farmers owning agricultural land and apparently their living conditions were considerably better

We also had couple of KIIs in rural UP:

- One with a person holding the ration dealership of the village
- One with a female *anganwadi* (rural childcare centre) worker

In urban Haryana (Palwal district), KIIs were conducted on 27 August 2021. The following key informants were interviewed in urban Haryana:

- Tobacco (*bidi*, *gutkha*) and water/soft drinks stall owners—on the highway from NCAER office to Palwal district

Figure 3: Sample characteristics of households and respondents who participated in the in-depth interviews (IDIs)

	Sample size (n)		%
Household level characteristics			
Overall	39	100	
State			
Haryana	14	36	
Uttar Pradesh	16	41	
Rajasthan	9	23	
Area of residence			
Rural	21	54	
Urban	18	46	
Primary occupation			
Casual wage work (Agricultural & non-agricultural)	11	28	
Cultivation	7	18	
Non-farm business	8	21	
Salaried work	11	28	
No current source of income	2	5	
Religion			
Hindu	34	87	
Muslim	5	13	
Caste			
Forward caste	3	8	
Other backward class	12	31	
Scheduled caste	16	41	
Scheduled tribe	5	13	
Caste not known	3	8	
Wealth quintile			
Richest	0	0	
Richer	3	8	
Middle	13	33	
Poorer	10	26	
Poorest	13	33	
Respondent characteristics			
Gender			
Female	15	38	
Male	24	62	
Age			
18-29	4	10	
30-39	14	36	
40-49	15	38	
50 & above	6	15	
Marital status			
Married	31	79	
Unmarried	4	10	
Widow/widower	4	10	

- Tea stall owner (a household)—on the highway from NCAER office to Palwal district
- Office bearer, Haryana State Warehousing Corporation, Palwal
- An experienced businessman in Palwal market
- *Pradhan* (Head), Market Association, Palwal market
- COVID vaccination nodal officer, Civil Hospital, Palwal
- City Magistrate, Palwal

In the Bhilwara district, we conducted 11 key informant interviews and one FGD in two villages and Bhilwara town during 23–25 November 2021. Bhilwara is known as the textile city because of its large textile industry. The following KIIs were conducted in the Bhilwara district:

- Two female *anganwadi* (rural childcare centre) workers, of which one was a *karyakarta* (main worker) while the other was a *sahaayika* (assistant). Both of them have been working as *anganwadi* workers for the last 20 years. They belong to different caste groups: the *karyakarta* is a Brahmin and the *sahaayika* is a Vaishnav.
- A male government school teacher who used to teach upper primary classes before the pandemic and during the time of the interview, who was working in the COVID control room³ and responding to calls as the schools were closed.
- A District Supply Officer who was in charge of ration distribution during the pandemic.
- Data Manager in the District Civil Hospital who managed and compiled data related to communicable diseases. In the absence of Chief Medical Health Officer, he participated in the KII.
- A Senior Advisor and consultant at the largest dairy producing factory in Bhilwara (Saras Dairy).
- The Senior Vice President of the Bhilwara Textile Trade Federation who has his own textile business since 1965.
- A wholesaler who sells dry fruits in the Bhilwara *mandi* (market)
- A Manager-cum-Accountant who is employed in a wholesale shop in a *sabji mandi* (vegetable market)
- A wholesaler who sells animal food in the *mandi*
- *Sarpanch* (Village head) of a village

One FGD was conducted at the house of the *Sarpanch*, *Dohriya panchayat* involving ration dealer, private school teacher, physical education teacher, the *Sarpanch* and some of his brothers who live nearby.

FGD was never part of the original qualitative data collection plan as we were not sure about the possibility of conducting face-to-face interviews given the uncertainty around COVID-19 infection and related restrictions. We planned to collect qualitative data through IDIs and KIIs as both were possible through phone survey. A couple of FGDs that were conducted happened kind of organically when we had multiple KIIs together or involving people who were present at the *Sarpanch's* house. In the KIIs and FGDs there were hardly any women participants given the gender restrictive norms in North India. In the IDIs, we ensured the selection of female respondents and captured female voices through telephone surveys.

3 The COVID control rooms at the district levels were set up in Rajasthan to ensure prompt addressal of all complaints regarding availability of beds, supply of oxygen and medicines, access to free ration, getting vaccination doses, etc.



3. Policy Preparedness in the Context of COVID-19

We estimated the level of preparedness of the country to minimise the impacts of COVID-19 on the poorest and to prevent impoverishment based on secondary data sources. The 2014-15 Chronic Poverty Report by the Chronic Poverty Advisory Network (CPAN) identified four thematic areas critical to the eradication of poverty and leaving no one behind—human development, social protection, economic growth, and progressive social change (Shepherd, Scott et al. 2014). For each of the four thematic areas, indicators of policy preparedness were considered to indicate risks faced by the vulnerable population and their risks of impoverishment in the context of COVID-19. These indicators and their relevance are discussed below.

3.1 Human Development

To determine current levels of deprivation in human

development, multiple related indicators are available to consider. We present relative position of India with respect to two different human development indices and discuss the importance of the perceived human security index.

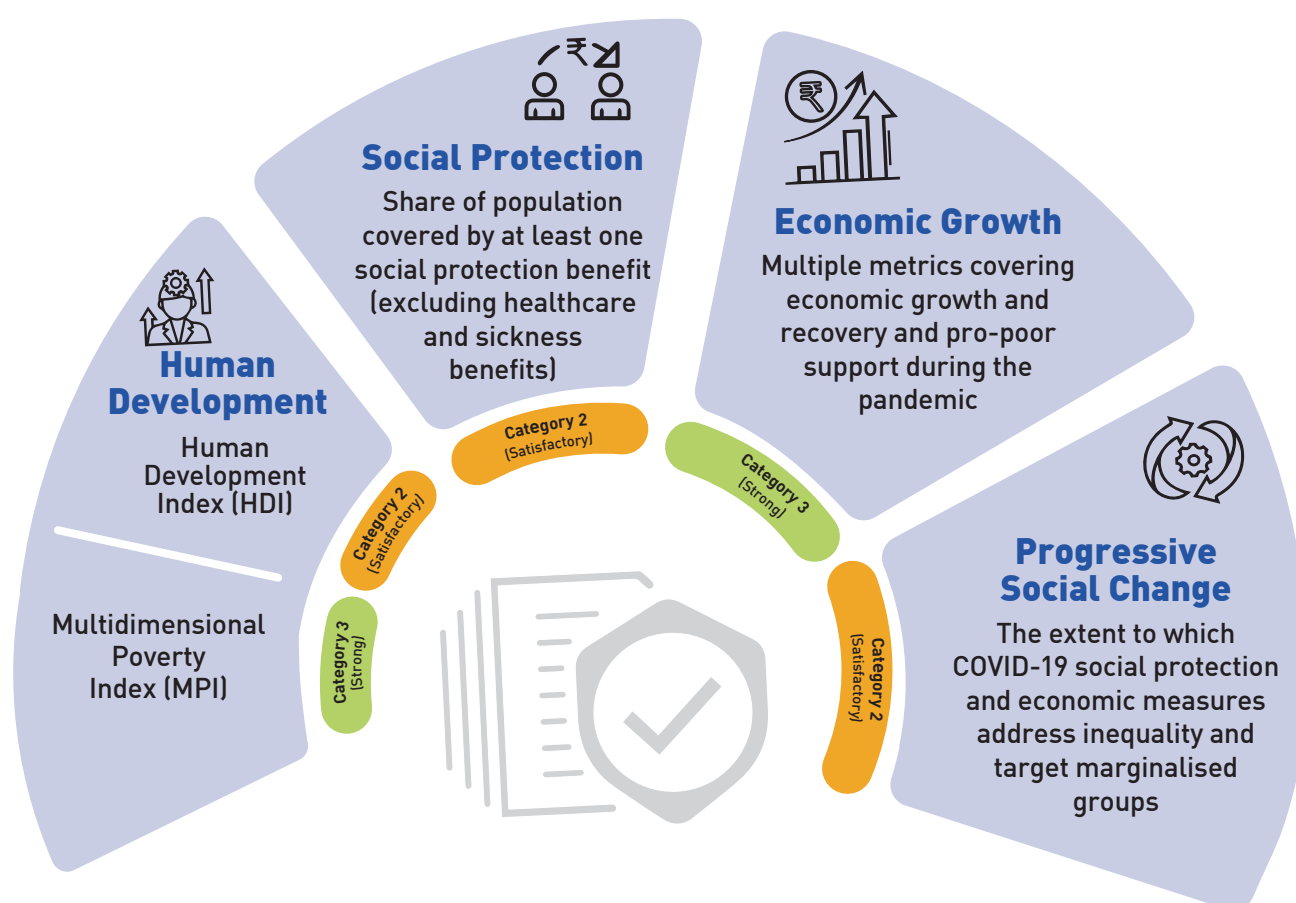
3.1.1 Human Development Index

The origin of measuring human development for a country goes back to 1990 when the Human Development index (HDI), pioneered by Mahbub ul Haq and Amartya Sen and initiated by the United Nations Development Programme (UNDP), pointed to the possibility of thinking about more significant things regarding human life than just the economic achievements of a nation. The simple HDI did not try to represent all dimensions that are required to capture to reflect the totality of human development, but it had much more

Photo Credit: Partha Protim Sarkar



Figure 4: Assessing India's policy preparedness in the context of COVID-19



to say about quality of life than the market value of commodities bought and sold as measured by the Gross Domestic Product (GDP).

HDI is a summary measure of achievements in **three key dimensions of human development**: a long and healthy life, access to knowledge, and a decent standard of living. The HDI is composite index measuring average achievement (geometric mean) of normalized indices for each of the three dimensions and includes indicators such as life expectancy at birth, expected years of schooling, mean years of schooling, per capita gross national income (GNI). According to 2019 human development index, **India's HDI value is 0.645 and the rank is 131** in the world among 189 countries for which human development composite indices are available. India is considered in the category of countries having **medium level of human development** (UNDP 2020). In other words, **based on HDI, India can be categorised among countries having satisfactory policy preparedness (category 2)**.

Since the 2010 Human Development Report, the inequality-adjusted HDI (IHDI) adjusts for inequality in the distribution of each dimension across the population within a country. The IHDI accounts for inequalities in HDI dimensions by “discounting” each dimension’s average value according to its level of inequality (UNDP 2020a). With respect to 2019 inequality-adjusted HDI, India’s rank is similar to that of HDI-based ranking. A global Multidimensional Poverty Index was also introduced around the same time to shift attention from traditional income-based poverty measures towards a more holistic view of lived poverty, as discussed in the next section.

3.1.2 Multidimensional Poverty Index

The global Multidimensional Poverty Index (MPI) measures acute multidimensional poverty across more than 100 developing countries by measuring people’s deprivations across 10 indicators in three equally weighted dimensions: health, education and standard of

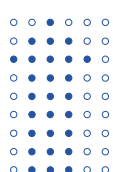
living. These 10 indicators are related to nutrition, child mortality, years of schooling, school attendance, access to cooking fuel, sanitation, drinking water, electricity, housing, assets (Alkire, Kanagaratnam et al. 2021).

According to 2021 MPI report for developing countries by the United Nations Development Programme and Oxford Poverty and Human Development Initiative, **India's MPI score is 0.123**. About 27.9% people (369.6 million) in India live in multidimensional poverty whereas 22.5% live below the poverty line as per the global monetary poverty indicator. Monetary poverty is measured as having a daily consumption less than \$1.90 in 2011 PPP (Mahler, et al. 2018). Among the three broad dimensions of MPI, standard of living component contributes the most (44.8%) towards deprivation in overall multidimensional poverty in India. Exploiting cross-sectional demographic and health survey data from India over a panel of 29 states and several socio-economic subgroups, researchers show that the reduction of multidimensional poverty between 2005-06 and 2015-16 leads to 271 million people exiting the state of poverty.

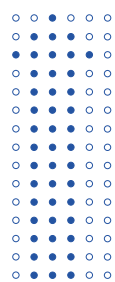
Policy preparedness ratings are scaled according to the current range of MPI scores from 0.01 to 0.59 (CPAN 2021). Low policy preparedness (1) = 0.4 to 0.59; Satisfactory policy preparedness (2) = 0.20 to 0.39; Strong policy preparedness (3) = 0 to 0.19. **By this criterion, India can be categorized among countries having strong policy preparedness (category 3)**.

3.1.3 Perceived Human Security Index

Even though people are on average living longer, healthier and wealthier lives as we move forward with time, these advances have not succeeded in increasing people’s sense of security. This holds true for countries all around the world and was in place even before the uncertainty wrought by the COVID-19 pandemic (UNDP 2022). The pandemic has increased this uncertainty. It has imperilled every dimension of our wellbeing and amplified a sense of fear across the globe.



Among the three broad dimensions of MPI, standard of living contributes the most (44.8%) towards deprivation in overall multidimensional poverty in India.



The pandemic illustrates how enormously threatening events can expose the inability of governments and the international community to empower and protect people around the world, especially the vulnerable ones.

According to the Index of Perceived Human Insecurity (I-PHI) constructed based on wave 6 (2010–2016) and 7 (2017–20) of the World Values Survey, perceived human insecurity is high across all Human Development Index (HDI) groups, with more than three-quarters of the population feeling insecure, even in very high HDI countries (UNDP 2022). But lower HDI countries register even higher perceived human insecurity, suggesting a negative association between HDI value and I-PHI value. **Human insecurity tends to be higher in countries with lower Human Development Index values.** The COVID-19 pandemic illustrates how enormously threatening events can expose the inability of governments and the international community to empower and protect people around the world, especially the most vulnerable ones. Going forward, I-PHI could be an important measure of human development and can form the basis of ranking among the countries.

3.2 Social Protection

The disease COVID-19 has affected people around the world irrespective of their socio-economic and demographic characteristics. However, the prolonged COVID pandemic and the resulting lockdowns along with its restricted mobility and reduced economic activities have exposed the vulnerability of those who are not adequately protected from its socio-economic consequences. In this context, the pandemic has underscored the vital role of social protection as a front-line policy response (ILO 2021). In responding to the crisis, governments have used social protection policies to protect public health, jobs and incomes. To understand the impact of the pandemic on poverty, it is crucial to measure the level, adequacy, comprehensiveness, and targeting of social protection. Since there is no objective indicator readily available to measure social protection during the COVID-19 crisis for countries around the world, we resort to the pre-pandemic situation of social

protection as a proxy measure.

Figure 5A presents a list of major centrally sponsored social protection schemes in India along with their descriptions, budget allocations for the last pre-pandemic financial year (2019–20) against actual expenditures for 2017–18, budgetary allocations for 2018–19, and subsequent revisions for 2018–19. These figures illustrate the relative scale and importance of various social protection schemes and their actual use and implementation. The schemes represent a few aspects of social protection—food security, employment guarantee, rural livelihood of women, specific food-based schemes to forward maternal and child nutrition, old-age pensions and disability and survivors' benefits, and health interventions such as insurance (Narayanan 2019).

International Labour Organization (ILO) routinely publishes estimates of social protection indicator based on many areas of social protection such as employment injury, old-age pensions and disability and survivors' benefits, sickness, health and maternity protection, benefits for vulnerable children and families, and unemployment benefits. According to the ILO World Social Protection Database (ILO STAT), Only 46.9% of the global population are effectively covered by at least one social protection benefit (excluding healthcare and sickness benefits), while the remaining 53.1%—as many as 4.1 billion people—are left unprotected (ILO 2021). In India, the share of population covered by at least one social protection benefit (excluding healthcare and sickness benefits) was 24.4% in 2020.

Policy preparedness ratings are scaled according to the latest measure of social protection coverage or minimum COVID-19 social protection measures adopted: Low policy preparedness (1) = 0% to 20% coverage; Satisfactory policy preparedness (2) = 20% to 80% coverage; Strong policy preparedness (3) = 81% to 100%

Figure 5A: Major centrally sponsored social protection schemes in India along with their descriptions

Programme	Key objectives of the scheme
 Food and Public Distribution	To provide food subsidy to the Food Corporation of India and states for procuring food grains from farmers at government notified prices and selling them at lower subsidised prices under the National Food Security Act, 2013 through the Public Distribution System (PDS).
 Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS)	Launched in 2005-06, the objective of the scheme is to provide guaranteed 100 days of wage employment per financial year to rural households whose adult members volunteer to do unskilled manual work.
 National Rural Livelihoods Mission (NRLM)/ Deen Dayal Antyodaya Yojana	NRLM was launched in 2011 and later renamed as Deen Dayal Antyodaya Yojana. The objective of this program is to provide sustainable livelihood opportunities by bringing one woman from each poor household into Self Help Groups (SHGs).
 National Programme of Mid Day Meal Scheme (MDMS) in Schools	MDMS, launched in 1995, seeks to address the issues of hunger and education in schools by serving hot cooked meals and improving the nutritional status of children, enrolment, attendance, and retention rates.
 Indira Gandhi National Old Age Pension Scheme (IGNOAPS)*	IGNOAPS was introduced under National Social Assistance Programme (NSAP) in the year 2007. It is a non-contributory old age pension scheme that covers Indians who are 60 years and above and live below the poverty line. All IGNOAPS beneficiaries aged 60-79 receive a monthly pension of Rs 300. Those 80 years and above receive a monthly pension amount of Rs 500.
 Indira Gandhi National Widow Pension Scheme (IGNWPS)*	Introduced in the year 2009, it provides BPL widows in the age group 40 to 59 (later revised 40 to 79 WEF 01.10.2012) with a monthly pension of Rs 200 (later revised to Rs 300 WEF 01.10.2012) per beneficiary.
 Indira Gandhi National Disability Pension Scheme (IGNDPS)*	Individuals aged 18 years and above with more than 80% disability and living below the poverty line are eligible to receive Rs 300 per month (Rs 500 for those 80 years and above). This scheme was also introduced in 2009.
 National Family Benefit Scheme (NFBS)*	In the event of death of a breadwinner in a household, the bereaved family will receive lumpsum assistance of Rs 20,000. The bread-inner should have been between 18-64 years of age.
 PM-KISAN: Income Support to Farmers	The PM-KISAN scheme was launched in February 2019 to provide income support of Rs 6,000 per year to farmer families with the aim of supplementing their financial needs in procuring inputs for appropriate crop health and yields. Earlier, only small and marginal landholder farmer families, i.e. families with total cultivable landholding of up to two hectares, were eligible. In May 2019, eligibility criteria was extended to cover all farmer families irrespective of their size of landholdings.
 Integrated Child Development Services (Anganwadi services)	Anganwadis are childcare centres started by the Indian government in 1975 as part of the Integrated Child Development Services (ICDS) programme to combat child hunger and malnutrition. Anganwadi means 'courtyard shelter'.

Programme

Key objective of the scheme


National Health Mission (Rural and Urban)

The National Health Mission (NHM) consists of two sub missions, the National Rural Health Mission (NRHM launched in 2005) and the National Urban Health Mission (NUHM launched in 2013). NHM includes various components, these include: (i) reproductive, maternal, new born and child health services (RCH Flexi Pool), (ii) NRHM Mission Flexi Pool for strengthening health resource systems, innovations and information, (iii) immunisation including the Pulse Polio Programme, (iv) infrastructure maintenance, and (v) National Disease Control Programme.


Rashtriya Swasthya Bima Yojana (RSBY)#

RSBY was launched in 2008 with an aim of: (i) providing financial protection against high health cost, and (ii) improving healthcare access for below poverty line households. Beneficiaries under RSBY were entitled to hospitalisation coverage up to Rs 30,000 per family on a per annum basis.


Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PMJAY)#

Launched in September 2018 under the Ayushman Bharat initiative, PMJAY aims to provide a cover of Rs five lakh hospitalization cost per family per year (no cap on family size and age) belonging to poor and vulnerable population.

Source: PRS Demand for Grants Analysis of Union Budgets (<https://prsindia.org/budgets/parliament>) and the I4I article by Sudha Narayanan (Narayanan 2019).

*National Social Assistance Programme (NSAP), launched in 1995, is a cluster of programmes that primarily aim to provide social assistance to individuals below the poverty line in case of unemployment, old age, sickness and any form of disability. Along with the four schemes mentioned in Figure 5A, it also includes the Annapurna scheme which aims to provide food security to meet the requirement of those senior citizens who, though eligible, have remained uncovered under the IGNOAPS. Under the Annapurna Scheme, 10 kg of free rice is provided every month to each beneficiary.

PMJAY scheme subsumed the on-going centrally sponsored schemes, Rashtriya Swasthya Bima Yojana (RSBY) and the Senior Citizen Health Insurance Scheme.

Figure 5B: Budget allocations (Rs Crores) for 2019-20 financial year against actual expenditures for 2017-18, budgetary allocations for 2018-19, and revised allocations for 2018-19 for different schemes

Programme	Budget allocation 2019-20 (Rs crore)	% change		
		Over 2017-18 actuals	Over revised 2018-19 estimates	Over 2018-19 budget estimates
Food and Public Distribution	192,240	81.6	8.1	10.4
PM-KISAN: Income support to farmers	75,000	NA	NA	NA
Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS)	60,000	8.8	-1.8	9.1
National Health Mission (Rural and Urban)	32,995	4.7	7.5	9.5
Integrated Child Development Services (Anganwadi services)	27,584	43.4	18.1	19.5
National Programme of Mid Day Meal Scheme (MDMS) in Schools	11,000	21.0	10.6	4.8
National Rural Livelihoods Mission (NRLM)/ Deen Dayal Antyodaya Yojana	9,024	108.5	56.0	56.9
Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PMJAY)	6,400	NA	166.7	NA
Indira Gandhi National Old Age Pension Scheme (IGNOAPS)	6,259	2.4	4.8	-4.7
Indira Gandhi National Widow Pension Scheme (IGNWPS)	1,939	6.7	-1.5	-14.1
National Family Benefit Scheme (NFBS)	673	26.8	-0.4	-12.9
Indira Gandhi National Disability Pension Scheme (IGNDPS)	247	11.8	-4.6	-10.7
Rashtriya Swasthya Bima Yojana (RSBY)	156	-65.8	-48.0	-92.2

Source: PRS Demand for Grants Analysis of Union Budgets (<https://prsindia.org/budgets/parliament>) and the I4I article by Sudha Narayanan (Narayanan 2019).

Note: Programmes arranged in descending order of 2019-20 budget allocation.



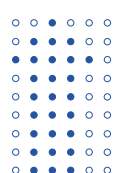
social protection coverage (CPAN 2021). By this criterion, India can be categorised among countries having satisfactory policy preparedness (category 2). In fact, India stands towards the lower end of the spectrum compared to other countries having satisfactory policy preparedness (e.g., Turkey, China, United States, Chile, Brazil, Thailand) and far behind the countries known for strong policy preparedness (e.g., Australia, Belgium, Finland, France, New Zealand, Singapore, Slovenia, Sweden, Canada, Germany, Austria, Estonia, Japan, Netherlands).

3.3 Economic Growth

The COVID-19 pandemic, its multiple waves, and the pandemic induced lockdowns have affected the economy of the country and people's livelihoods and incomes significantly. It is crucial to assess the

economic consequences of the pandemic in order to understand the impact of the pandemic on impoverishment. A qualitative assessment of economic growth was carried out of pro-poor economic measures adopted in India in response to COVID-19 using the IMF economic policy tracker. IMF policy tracker summarizes the key economic responses governments have adopted to minimize the human and economic impact of the COVID-19 pandemic based on publicly available information or as provided by the authorities to country teams (IMF 2021).

Our assessment was based on the tracking of quarterly Gross Domestic Product (GDP) growth, reopening strategies adopted by the government, fiscal support measures, and policies related to monetary and macro-financial, exchange rate and balance of payments. GDP contracted sharply for the second quarter of 2020



In the April-June 2020 quarter, there was negative economic growth of 24.4% year-on-year due to the nation-wide strict lockdowns.

(April-June 2020) with a negative economic growth of 24.4% year-on-year due to the nation-wide strict lockdowns to control the spread of COVID-19. The contraction moderated to -7.4% year-on-year in 2020 Q3, and growth returned to positive territory in 2020 Q4, 2021 Q1 (Jan-Mar 2021) and Q2, at 0.5%, 1.6%, and 20.1% respectively. However, compared to the 20.1% GDP growth rate in Apr-Jun 2021, around the time of second wave of COVID-19, the growth rate slowed down post-second wave to 8.4% and 5.4% during Jul-Sep 2021 and Oct-Dec 2021, respectively.

Based on earnings declared by 288 listed companies (constituting around 51% of the market capitalisation of all listed non-financial companies in India) for four quarters, it is evident that recovery rates are different across different industry sectors (Figure 6). For example, most industry sectors show positive growth in Jan-Mar 2021 quarter compared to negative growth during the first lockdown period (Apr-Jun 2020), except for

the Hotels & Tourism sector which continued to see a negative growth in all four quarters. IT sector and Pharmaceuticals had positive sales growth even during the first nation-wide lockdown. Moreover, recovery rates are significantly higher for sectors such as Automobile, Machinery, and Textiles compared to other sectors.

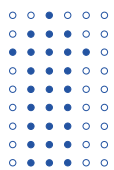
India's COVID-19 social assistance package (known as *Pradhan Mantri Garib Kalyan Yojana* or PM-GKY), announced on March 27, 2020, was designed to provide immediate relief to the vulnerable population—the scheme was extended to all food ration card holders and was designed to cover both 'below poverty line' (BPL) and 'above poverty line' (APL) card holders. The PM-GKY provided cash transfers and in-kind supports (food ration, cooking gas) through existing schemes to lower-income households. PMGKY provided insurance cover of Rs 50 lakh to nearly 22 lakh public health workers (such as doctors, nurses, paramedics and

Figure 6: Industry-Wise Year-on-Year Net Sales Growth (%) based on 288 listed non-financial companies

	Quarter ended in			
	Jun-20	Sep-20	Dec-20	Mar-21
Hotels & Tourism	-77.5	-58.8	-51.4	-37.8
Others	-23.2	1.5	2.7	6.7
Information Technology	4.3	4.5	6.3	8.0
Communication Services	-2.2	1.5	6.7	8.9
Oil & Gas	-45.8	-26.9	-23.7	9.2
Transport Services	-21.2	0.4	14.1	15.1
Construction & Real Estate	-28.5	0.4	10.7	16.7
Pharmaceuticals	15.9	16.5	15.9	20.7
Consumer Goods	-16.2	7.1	12.0	26.4
Construction Materials	-35.6	4.5	11.1	28.8
Chemicals	-22.8	0.2	11.8	30.8
Textiles	-67.6	-28.4	-1.1	32.8
Auto & Ancillaries	-66.3	7.5	20.5	35.0
Machinery	-54.9	-7.3	7.4	36.1
Metals & Mining	-35.0	10.4	20.3	44.3

Note: Sectors arranged in ascending order of growth in March 2021 quarter.

Source: Reserve Bank of India (RBI) Bulletin May 2021.



Compared to the 20.1% GDP growth in Apr-Jun 2021, growth slowed down again post-second wave to 8.4% and 5.4% during Jul-Sep and Oct-Dec 2021.

ASHA workers) who were treating COVID-19 patients. The insurance provided was in addition to any other insurance benefits being availed by the beneficiary and did not require any additional registration. The Scheme was announced in March 2020 for a period of 90 days and later extended till December 2020.

The second economic package, announced by the government and Reserve Bank of India on May 12, 2020, includes financial incentives to provide relief to both businesses and individuals during the ongoing lockdown period. It provided wage support and employment provision to low-wage workers (e.g., easy access to credit to street vendors, additional allocation under MGNREGS).

The measures that were announced later in October and November 2020 include additional public investment and support schemes targeting certain sectors. The latter includes a production linked incentive scheme targeting 13 priority sectors, a higher fertilizer subsidy allocation benefiting the agriculture sector and support for urban housing construction. In order to revive businesses, key elements of the business-support package comprised various financial sector measures for micro, small, and medium-sized enterprises and non-banking financial companies, whereas additional support to farmers were mainly in the form of providing concessional credit to farmers,

The FY2021/22 budget expanded spending on health and wellbeing, including a provision for the country's COVID-19 vaccination programme. In April 2021, in response to the second wave of infections, the central government announced that free food grains would be provided to 800 million individuals in May and June, similar to the additional food rations provided in 2020 which had expired in November 2020.

Policy preparedness ratings are scaled according to the

economic growth and recovery and pro-poor support during the pandemic as follows: Inadequate policy preparedness (1) = no pro-poor support; Satisfactory policy preparedness (2) = pro-poor support for some sectors but gaps remaining; Strong policy preparedness (3) = pro-poor support for all sectors (CPAN 2021). Based on our qualitative assessment of the extent of pro-poor economic support during the pandemic, we categorize India among countries having strong policy preparedness (category 3).

3.4 Progressive Social Change

India has a strong tradition of anti-discrimination measures designed to promote the interests of marginal and vulnerable populations from its constitution onwards (Marcus, Mdee et al., 2016), with the rights legislation of the 2000s reaffirming and extending this tradition to, amongst others, employment, food, education and natural resources (Mehta and Shah, 2001). Although implementation has been uneven across the country and over time, the measures in place would tend to suggest that India has made strong efforts to counter discrimination and marginality. For this study, secondary data sources were used to assess the extent to which COVID-19 social protection and economic measures also addressed inequality and target marginalised groups. Results from Delhi NCR Coronavirus Telephone Surveys (DCVTS) show that the impacts of the lockdown were most intense among families relying on daily wages or without secured salaried jobs (NCAER NDIC 2020b, NCAER NDIC 2020c).

The Aadhaar⁴ enabled direct benefit transfer system and the public distribution system (PDS) were already in place in India. As a result, the needy population (e.g., casual wage workers, poor households), particularly in the rural areas, were able to get some of these benefits on time when the pandemic struck, although these benefits remained modest in size. Due to a combination of

4. Aadhaar is a verifiable 12-digit identification number issued by the government to residents of India free of cost, and can be used to access services.

less stringent restrictions on accessing benefits during the pandemic and deliberately expanded government mechanisms for direct benefits transfer in rural areas, the targeting of marginalized groups was much better in rural areas. However, among urban poor households, nearly half of them did not receive additional rations in spite of their need for it, as the DCVTS round 2 and 3 findings highlight (NCAER NDIC, 2020b, NCAER NDIC, 2020c).

Since its beginning till the pandemic, the PDS has had a rural focus with more households in rural areas having ration cards than in urban areas, and has often excluded migrant workers and those with insecure housing (Mazumdar, Pramanik et al. 2020). In order to ensure expanded and effective coverage of relief measures for the most hard-hit families in urban areas, a number of measures such as the e-ration card for migrants and

availability of PDS rations to people without ration cards (e.g., in the state of Delhi) could have been initiated at a much larger scale.

Policy preparedness ratings are scaled as follows: Inadequate policy preparedness (1) = no measure explicitly addressing inequality or marginalised groups; satisfactory policy preparedness (2) = some explicit measures to address inequality and marginalised groups but gaps remaining; strong policy preparedness (3) = inequality and marginalised groups addressed in all relevant measures. Based on our assessment of the extent to which COVID-19 social protection and economic measures address inequality and target marginalised groups, we categorize India among countries having satisfactory policy preparedness (category 2).





4. Government Containment Measures

4.1 An Early Strict Nationwide Lockdown

In response to the growing threat of COVID-19, Government of India imposed a nationwide lockdown starting March 25, 2020 for 21 days that was further extended until May 31 (70 days) in multiple phases. In the early stages of this lockdown, all trains, buses and airplanes were stopped from transporting passengers, schools and colleges were closed, most offices and businesses were closed and residents were asked to stay at home and work from home wherever possible. Police strictly enforced these orders, sometimes through force. Some relaxations were granted for police, civil defence, fire and emergency services, electricity, water and sanitation services, district and municipality administrative

offices, medical establishments, and food and grocery stores. During the lockdown, the government allowed e-commerce and all farming operations to resume from 20 April 2020. From 1 May 2020, the Indian Railway started operating *Shramik* special trains to transport lakhs (hundreds of thousands) of migrants to their native places who had been stranded in different urban centres, although this initiative should have been considered much sooner, right after the first nation-wide lockdown was announced.

DCVTS rounds 1 & 2 conducted in April 2020 had found that 87% of respondents in Delhi NCR supported the complete lockdown announced on March 24, 2020 (NCAER NDIC, 2020a, NCAER NDIC, 2020b). Although this support has weakened somewhat



over time, particularly among the poor, it remained remarkably strong even when asked during DMAS endline (August–October 2021).

BOX 2: Support for lockdown

DMAS endline survey (Aug–Nov, 2021) asked the respondents, “When the pandemic began, the government announced a nationwide lockdown on March 24, 2020, which continued for more than two months. Taking everything into consideration, do you think it was a good decision or a bad decision?” More than 70% of the respondents retrospectively said that it was a good decision. Even among the poorest who were most affected by the lockdown, 64% expressed support for it (NCAER NDIC 2022).

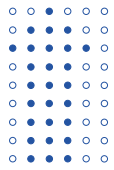
4.2 Measures around the Second Wave

Unlike the first wave, in the second wave, there appears to have been a lack of coordination between different health agencies, state governments and the government of India resulting in an inadequate response to COVID-19 during the second wave (Kar, et al. 2021).

To contain the spread of infection during wave 2, different states adopted different strategies. Some states, viz., Delhi, Punjab, Uttar Pradesh, Madhya Pradesh, Rajasthan, Maharashtra, Kerala, Karnataka, Tamil Nadu, imposed complete statewide lockdowns whereas some others considered partial lockdowns (e.g., West Bengal, Gujarat, Telangana, Andhra Pradesh). It is widely acknowledged that state and panchayat level elections in several states have contributed significantly towards the high caseloads during the months of April and May 2021.

4.2.1 Restrictions in study sites around the second wave

Starting May 10, 2021, the Uttar Pradesh government imposed complete lockdown in all 75 districts. Amid a drop in cases, UP started the unlocking process on June 1 after several weeks of restrictions amid the second wave. The process of relaxations in restrictions happened in a phased manner, depending on the number of active cases in districts. On June 1, in 55 out of 75 districts (including our study districts), shops, bazaars and other establishments were allowed to open outside containment zones from 7 a.m. to 7 p.m. for five days in a week while a lockdown would be imposed during the weekend. On 6th of June, UP lifted Covid-19



Unlike the first wave, there appears to be lack of coordination between various governments and health sectors in the second wave.

lockdown restrictions in all districts except Lucknow, Meerut, Saharanpur and Gorakhpur, as their active cases were above 600.

All districts in Haryana was under lockdown between May 3 and June 7. May 30 onwards, the shops in the market places were allowed to open from 9 a.m. to 3 p.m. according to odd-even formula. Almost all activities were allowed to resume from June 8, except in two districts (Gurgaon and Faridabad).

The Rajasthan government announced a strict lockdown between May 10 and 24. On 24th May, the Rajasthan government modified the COVID-19 lockdown to partially allow commercial activities following a decline in the infection cases. The restrictions were eased at the places where positivity rate is less than 10% and the use of medical oxygen, ICU and ventilators has been reduced to less than 60%.

Delhi was under complete lockdown from April 19 till May 30. As the cases started going down, the capital started unlocking in phases from May 31 with opening of factories within industrial areas and construction activities to resume. On June 7, the government allowed the markets, malls and the Delhi Metro services to operate with 50 per cent capacity. And then from June 14, the 50 per cent cap was removed in case of markets and malls.

4.3 COVID-19 Vaccination

In October 2020, the Ministry of Health and Family Welfare (MoHFW) started planning for the massive COVID-19 vaccination roll out and asked all states to prepare a 3-tier system (state, district and block level) for vaccine roll out. On January 3, 2021, India authorized two COVID-19 vaccines, viz., Covishield and Covaxin, for emergency use. India began its mass vaccination drive on 16 January 2021 by starting with vaccination of health workers and frontline workers. On March 1, vaccination began for people above 60 years of age and

those over 45 years with co-morbidities. Starting April 1, the vaccination drive covered all people more than 45 years of age. From May 1 onwards, it included all adults above the age of 18.

Among the two vaccines approved for emergency use, the Covishield dose schedule was revised a couple of times. On January 16, 2021, the vaccination program started with 4-6 weeks interval between doses for both Covishield and Covaxin. As per March 22, 2021 press release from the MoHFW (PIB, MoHFW, Mar22), the protection could be enhanced if the second dose of COVISHIELD is administered between 6-8 weeks instead of earlier practiced interval of 4-6 weeks, but not later than stipulated period of 8 weeks. On 13 May 2021, the Ministry further increased the gap between the first and second doses of Covishield vaccine to 12-16 weeks, as per the recommendation from the COVID Working Group (PIB, MoHFW, May13). This was in line with the evidence from pooled analysis of three single-blind randomised controlled trials in UK, Brazil and South Africa (Voysey, Clemens et al. 2021).

On 21 October 2021, India reached the milestone of administering 1 billion doses (100 crore) of COVID-19 vaccines, including both first and second dose. The goal was to fully vaccinate approximately all adults by the end of 2021. As of 3 April 2022, about 74% of Indian population had received at least one dose and 63% received both doses of COVID-19 vaccine. India started to administer the booster dose of COVID vaccines for health and frontline workers as well as for those above 60 with co-morbidities from January 10, 2022. Vaccination for children aged 15-18, using Covaxin, began from January 3, 2022 based on the drug regulator's emergency use authorisation to Bharat Biotech's locally developed Covaxin for children above 12 years of age.

4.4 Third Wave of COVID-19

In the wake of the third wave of COVID-19 in January 2022 in India, the regional governments across

Figure 7: Timeline of various data collection efforts and select policy interventions*

* Detailed list of policy interventions are given on Page xx.



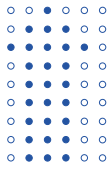
states implemented strict set of movement restrictions and partial lockdowns. Weekend and night curfews were imposed in almost all states of India, including our study districts. Private offices in India's capital were ordered to keep premises at half strength and government employees in non-essential services were asked to work from home. Similar curbs were also announced by the states of West Bengal and Karnataka. Mumbai, India's financial hub and one of the country's main transit points for international arrivals, considered a more stringent lockdown when daily infections in the metropolis were around the 20,000 mark.

4.5 Bhilwara Model

In the context of one of our study districts Bhilwara, which was selected to understand the impact of the pandemic on the SC/ ST population, it was the first district in the country to go under lockdown as a means to curb the spread of COVID even before the first lockdown was announced on March 24, 2020. The containment policy followed by the district achieved initial success and came to be known as the "Bhilwara model". The district had a peak of 27 cases on March 31, 2020; but new cases dropped significantly over the span of next few weeks. Indeed, the containment policy was so successful that the central government asked the model to be replicated in rest of the country. According

to the qualitative findings and the published literature, the Bhilwara model entailed ruthless cluster containment, aggressive contact tracing, testing, and lockdown, extensive surveillance, risk communication, isolation of infected persons, strong inter-sectoral coordination along with decentralization of authority, supplemented by community engagement and attention to the daily needs of the community in Bhilwara (Golechha 2020, Meghwal, Behera et al. 2020). Based on data from key informant interviews, some of the highlights of the Bhilwara model are outlined below:

- Bhilwara district opted for a "micromanagement system" to manage the pandemic. Mobility was limited or completely restricted in every ward or colony where a single person was infected. Authorities made sure that people of these colonies stayed inside their homes. They were provided with all the necessary services at their doorstep. For example, milk and vegetables were distributed at household's doorstep. Milkmen and vegetable vendors were given passes to enter quarantined zones at different time slots. Time management between vendors was a crucial step in order to avoid crowding. The passes of the sellers who entered the quarantined zones were regularly checked by the police.



During the pandemic's early stages, the “Bhilwara model” was so successful that the central government asked it to be replicated in rest of the country.

- Each senior level administrator and bureaucrat working in the government were given responsibility for one or two private hospitals. Outside all the hospitals, including public and private, availability of number of beds were displayed and also other useful information on availability of beds in different hospitals within the district also was displayed. This was undertaken in order to save people's time during emergency.
- During the first wave, about three to four thousand hotels were converted to quarantine centres and were acquired for use by the government. Government staff was employed for COVID related duties in those hotels. In June-July 2020, schools were also used as quarantine centres as the number of cases started to increase.
- During the early stage of the pandemic, as the infections started to rise, the administrators involved government employees, for example, teachers who were not necessarily part of the frontline workforce, in controlling transmission of the virus. During the time of our interviews (November 2021) as the schools started to reopen, these teachers were gradually released from their COVID duties so that they could join the schools. Although this strategy was implemented in the whole of Rajasthan, it was not adopted in most other states of India, even though many teachers were not involved in any teaching during the school closures. The teachers in Rajasthan were not paid any additional salary for COVID duties, they received their regular salary.
- Checkpoints were in place at different entry points of the Bhilwara district. At the checkpoints, everyone's travel history was recorded. In some districts of Rajasthan, teachers were employed at the checkpoints. COVID-duty location of teachers were depended on their place of residence.
- Special trains, buses, matadors, lorries were arranged for transporting people who had migrated to Bhilwara for work and had to go back to their native place during lockdown and afterwards.
- The district wanted to be self-sufficient in terms of availability of oxygen cylinders during the crisis. In coordination with the state government, they set up an oxygen generating plant at the Mahatma Gandhi district hospital that produces oxygen for 100 cylinders everyday. The objective was to have one cylinder for each COVID bed in the district and they achieved the goal successfully. Even if they ran out of beds for COVID patients, but did not face oxygen shortages. The hospital has made a makeshift arrangement outside the main building after running out of beds to ensure supply of oxygen to those who are in need of it.

Government containment measures to curb the spread of COVID-19 around the world can be seen along a spectrum of zero-COVID on one end and letting the virus spread on the other. For the most part, India followed a middle path with some inter-state variation. While some places such as Kerala, Bhilwara, Ramganj had initial success with stricter containment, testing and tracing policies, those policies had relatively less success during wave 2 and 3 in halting the transmission due to a higher R_0 (the basic reproductive number) of the Delta and Omicron variants and a larger pool of the population having no immunity and being susceptible to the virus.





5. Economic Impact of the Pandemic

The COVID-19 pandemic and the consequent lockdowns and containment measures triggered widespread economic insecurity across India. A majority of the households in the Delhi NCR area suffered some sort of economic hardship, with a significant proportion reporting extreme economic hardship between April to May 2020 following the nation-wide lockdown implemented in March 2020. Although economic activity picked up as the lockdown got lifted gradually since June 2020, economic stress continued to be felt across households over the next several months as evidenced from the COVID-19 Trends and Impact Survey (CTIS, April 2020–June 2022), various rounds of the Delhi NCR Coronavirus Telephone Survey (DCVTS), Delhi Metropolitan Area Study (DMAS) endline survey (August–November, 2021), and qualitative interviews (June–November, 2021) conducted in Delhi NCR and Rajasthan. Figure 8 shows the proportion of households in India who were worried about household

finances throughout the duration of the pandemic. The proportion was the highest (more than 50%) during the first lockdown period and gradually become lower as the unlocking process initiated and then again become higher (around 50%) during the wave 2 in India.

5.1 Impact on Jobs and Household Income

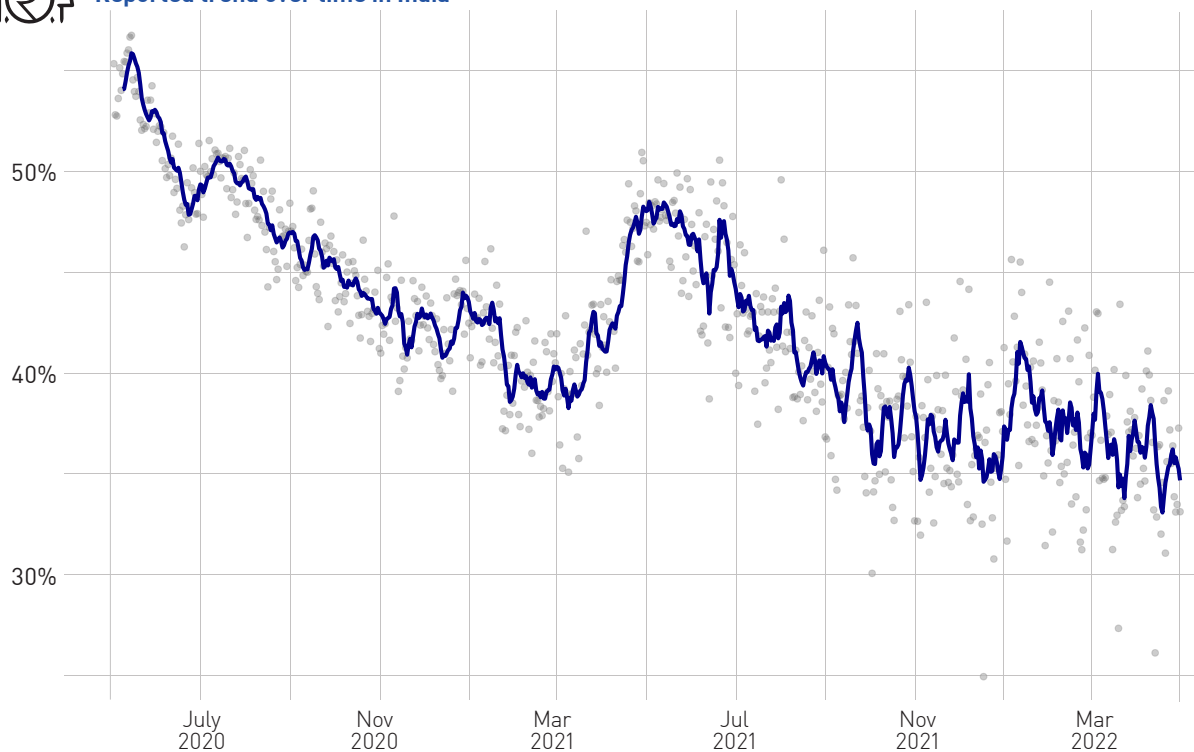
According to DCVTS survey rounds, more than 80% of the households in the Delhi NCR area experienced income loss, with about 50% reporting significant level of income loss between April to May 2020 following the nation-wide lockdown implemented in March 2020 (NCAER NDIC 2020a, NCAER NDIC 2020b, NCAER NDIC 2020c). The DCVTS questionnaire enquired whether households faced income loss, capturing the severity of such loss on a scale of 3: ‘very much’, ‘somewhat’, and ‘no loss’. Significant income loss includes ‘very much’ income loss responses. Another



Figure 8: Distress in household finances: % of respondents who are worried and somewhat worried about themselves and their household's finances



Distress in Household's Finances
Reported trend over time in India



Source: COVID-19 Trends and Impact Survey (CTIS, April 2020–April 2022)

Notes: 1. Distress in Household's Finances is measured as a percentage of respondents who are very worried or somewhat worried about themselves and their household's finances. 2. Dots indicate daily weighted percentage and the blue trendline shows the 7-day moving average of the indicator.

er study of about 1,500 households from five districts of Delhi found that men's monthly earnings declined from an average of approximately Rs 12,300 pre-pandemic (May to July 2019) to Rs 1,259 during the first lockdown (April to May 2020), a drop of 89 percentage points (Afridi, Dhillon et al., 2021). The biggest impact was on casual and wage workers, who experienced a reduction of 98%, followed by self-employed (93%) and salaried workers (82%).

Between April to December 2020, 31% households from Delhi NCR (interviewed for DCVTS-4; sample size 3,168 households) reported that someone in their family lost their job, while 36% of households were faced with decreases in salaries and wages (Figure 9). Households reporting workers engaged in informal employment reported higher levels of economic distress compared to other occupational groups (NCAER NDIC 2021).

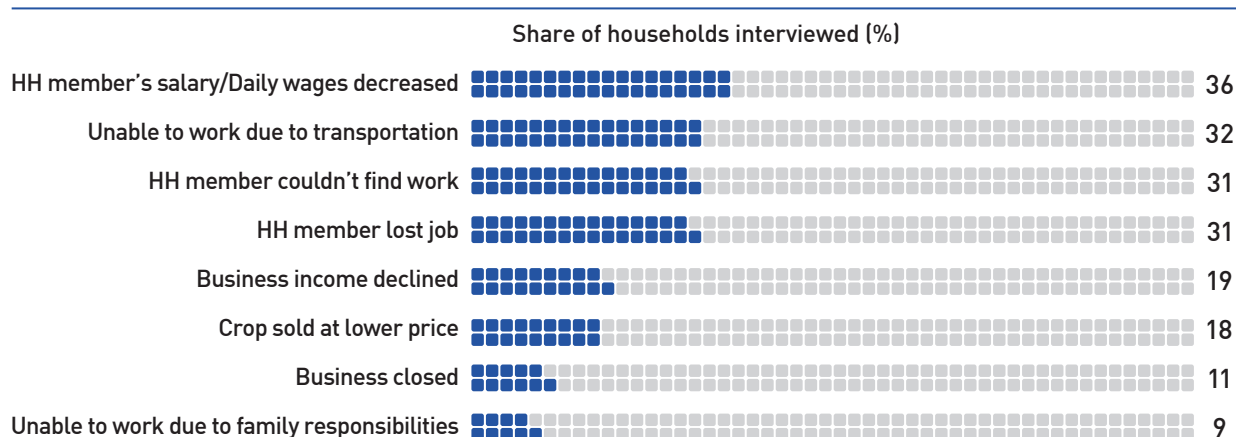
Results further show a deeper wedge between rural and urban areas, with significantly higher proportion of urban households (36%) reporting job loss versus 27% in rural areas, between April to December 2020. Similarly, 39% experienced a salary decline in urban areas versus 33.5% in rural areas. These findings closely match with the overall trend from the Periodic Labour Force Survey (PLFS) for April–June 2020, which show that the unemployment rate shot up to 20.9% from 9.1% in Jan-Mar 2020 in urban areas across India and to 35% from 28.4% in Delhi (MoSPI 2020).

Data from the DMAS endline survey, carried out between August–November 2021, indicate that approximately 73% of households in Delhi NCR suffered from some form of income loss since the beginning of the pandemic in April 2020—these stemmed from losses incurred from household businesses, jobs lost, or losses incurred from agricultural activities for cultivator families (NCAER NDIC 2022). These numbers, however, vary across social groups, with a higher proportion of Muslim and Scheduled Castes/Tribes (SC/ST) households reporting income loss, followed by Other Backward Classes (OBC), and General Castes (Figure 10).

Moreover, we observe that, 65.4% of SC/ST households suffered from job loss, followed by 60.3% of Muslims—these include both primary and secondary sources of household income. Further, 31.6%, 28.2%, and 23.6% of OBCs, Forward caste, and SC/STs reported incurring losses from household business. In terms of farming activities, a much less proportion of Forward caste and OBCs, 11.8% and 9%, respectively report they suffered from losses stemming from agricultural activities.

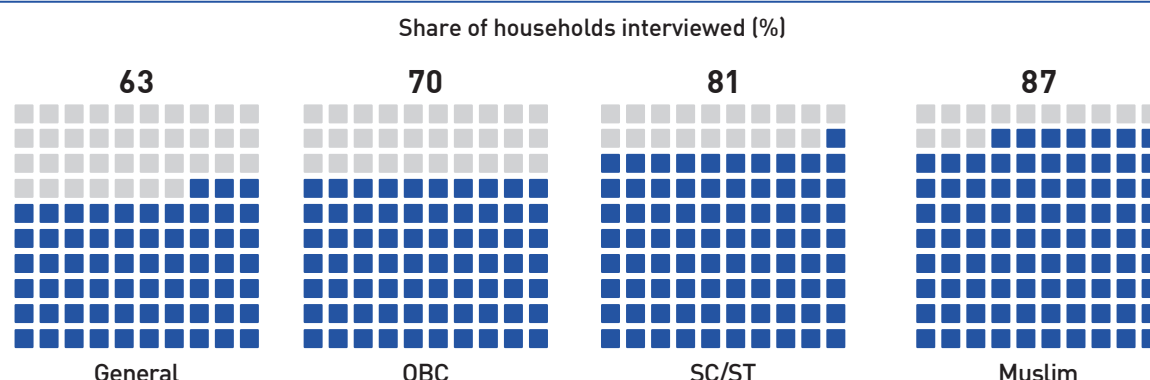
Findings from qualitative survey: Most of the respondents of the qualitative survey suffered from joblessness and some level of income loss. The village head from one of the study sites noted that the financial situation of the public worsened during the COVID-19 period, as a result of which villagers faced difficulties. Some illustrative findings related to joblessness and income decline from the in-depth household interviews are presented below:

Figure 9: Difficulties faced during the initial pandemic months (April–December, 2020): Percentage of households in Delhi NCR



Source: DCVTS-4, December 2020–January 2021

Figure 10: Percentage of households in Delhi NCR reporting income loss since the beginning of the pandemic across social groups



Source: DMAS endline, August–November 2021.

Sample size across social groups: Hindu-General (1,217), Hindu-OBC (1,313), Hindu-SC/ST (1,193), and Muslim (491).

“I stitch ladies’ clothes at home. During the lockdown I received very few orders. I did not get any order in April [2021] and only got two orders in May, and four in June, priced at Rs 200 per item. I am thinking of exploring other job opportunity at school once it reopens. I requested multiple people to help me get a BPL card and job card, but no one could provide any guidance or support.”

Female respondent, 32, wife of household head, IDI of household with 4 members, urban Haryana.

“Life was good before the pandemic. The three men in the family together would earn about 500 to 700 rupees per day, working as daily wage labourers in the factory. The earnings were sufficient to manage household expenses. But since last year, earnings have reduced. They have been mostly sitting at home. Now daily wage earnings are much lower at about 50 rupees per day [this is unusually low wage rate reported by the respondent, however, the interviewer did not get a chance to verify as the respondent was quite distressed with his wife’s death].” *Male respondent, 54, household head, IDI of household with 7 members, rural Haryana*

One of the respondent’s eldest son, who used to migrate out to cities outside the district for work before,

has not gone out for work in the past one year since the beginning of the pandemic. At present, in the village, the son earns Rs. 2000–3000 per month which helps to meet household consumption expenditure. Sometimes he also goes to Bhilwara district town for catering work depending on the food orders he receives. But he just went for 8 days in the last month [prior to the interview conducted in Nov. 2021]. On account of COVID, the income of the respondent’s eldest son has reduced by 50% since he is not being able to go outside the district for work. *Adult male, household head, IDI of family with 5 members, rural Bhilwara, Rajasthan.*

“During the lockdown, there was not any work in the village. We did not get help from anywhere else like NGOs or any social workers. Our only problem is employment as that is hard to get sometimes. We had to take loan for consumption purposes and to meet our daily expenses.” *Female respondent, wife of household head, IDI of household with 8 members, rural Rajasthan.*

5.2 Livelihood Distress

5.2.1 Daily wage workers and petty business owners suffered the most

The lockdown and the containment measures that were put in place in the wake of the COVID-19 pandemic led to severe loss in income for those engaged in informal work. The effect was acutely felt particularly by casual daily wage workers working in the non-agricultural sector, who do not have access to social security

benefits or any steady source of income. Many of such workers had no alternate recourse during the pandemic when their regular source of income dried up, and struggled to make ends meet. Such experiences were, however, not restricted to wage workers, and several of those who were engaged in micro (petty) businesses also complained that they had to temporarily suspend operations because of lockdown restrictions, or faced steep decline in sales due to lack of demand resulting from reduced purchasing power of customers.

Overall, poorer households, with irregular sources of income, especially those with casual wage earners, faced the maximum brunt of the economic shock stemming from the nation-wide lockdown, as per data from DCVTS-3 (June 2020). About 73% of households in Delhi NCR relying on casual wage work as the main source of income reported that they suffered from severe (“very much”) income loss (Figure 11), with another 22% suffering from moderate (“somewhat”) income loss during the period following the nation-wide lockdown. This figure is similar for business households (70%), based on responses from 688 households having business as the main source of income. On the other hand, less than half (48%) of the 1,245 households in which salaried workers were the primary wage earners reported a large income loss (NCAER NDIC 2020c). Further, urban casual wage workers were more likely to face an income shock than their rural counterparts by nine percentage points (Choudhuri, Desai et al. 2022).

For casual wage labourers, the economic shock perpetuated by the lockdown was felt not only in terms of decline in the number of days of work, but also in terms of the wage rate received. In the months following the partial easing of the lockdown since June 2020, the labour market showed signs of gradual recovery, and a higher percentage (93%) of casual wage earners reported at least some work during the preceding 30 days, when interviewed for DCVTS-4 in December 2020, compared to only 31.8% for DCVTS-3 in June 2020. However, there was no uplift in the wage rate. Nearly

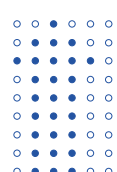
44% of the casual wage workers in the Delhi NCR reported reduction in wages during DCVTS-4, similar to the figure obtained in DCVTS-3 (42%). The economic stress was also felt continually by those engaged in non-farm businesses, with lower demand for products translating into decline in business income.

Findings from qualitative survey: Most of the respondents of the qualitative survey, especially those engaged in casual wage work and small businesses, suffered from severe income loss. Several respondents involved in casual wage work reported that they were not able to find work for sufficient number of days. The type of difficulties faced by casual wage workers and small-micro business owners are summarized below:

“I am involved in wage work in the morning, either working under MGNREGA or any other private employer based on availability. Usually, I open my shop around 4 p.m. My *kirana* [small grocery shop] business has suffered substantially during the pandemic. The average daily turnover at my *kirana* shop is Rs. 1,000, but I can hardly make a net income of Rs. 3,000 at the end of the month after adjusting material, conveyance cost, and electricity expense. Before the pandemic my profit was additional one thousand [i.e. Rs 4,000 per month].”
Male respondent, 46, household head. IDI of household with 3 members, rural Haryana

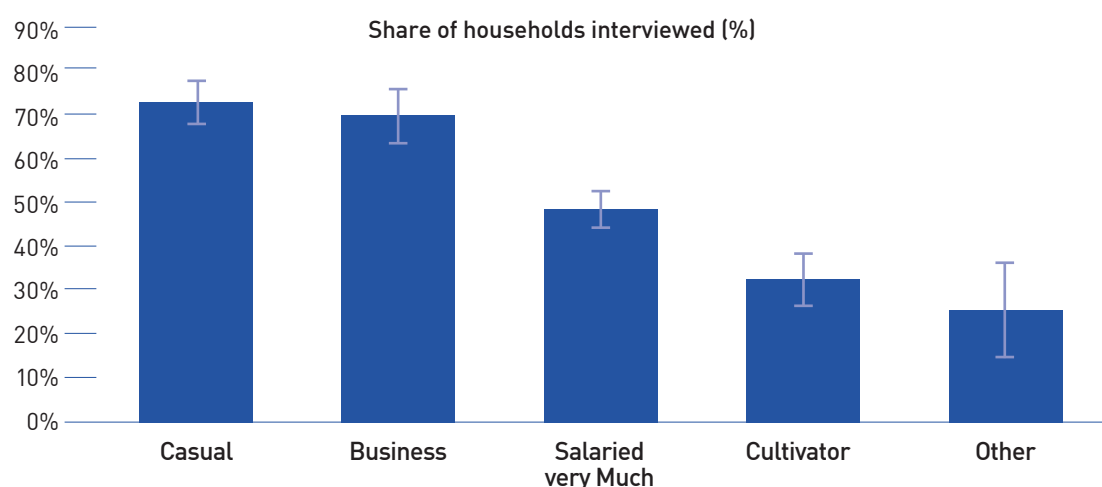
One of the key informants used to work in a cloth factory. His own salary was reduced by 20-25% for about six months during the initial phase of the pandemic. He reported that the daily wage labourers who used to work in the factory did not receive any money during this time.

Adult male who was present in the shop during the interview of the animal food wholesaler, urban Bhilwara, Rajasthan



Lockdown and movement restrictions affected rural households reliant on migrant income. Findings also illustrate how food service industry was hard hit.

Figure 11: Significant income decline as reported by households: Percentage of households across occupational groups



Source: DCVTS-3, June 2020.

“One of my sons works at a clothing shop and earns Rs 6000 per month. The shop was closed for three months during the first wave and for two months during the second wave; he did not get any money during that time. During lockdown he did not have any work and as a result of which we did not have enough to eat.”
Adult female, wife of household head, IDI of family with 7 members, rural Rajasthan

“I engage in casual wage work and get approximately 10-15 days of work per month, even that is not on a regular basis. The wage rate for such work is Rs 200 per day in this village. I do all kinds of work, whether it is related to agriculture or loading of rocks or any other such kind. I have a MGNREGA job card but the work has stopped since the lockdown; it has not started yet [when interviewed in June 2021]. My wife also engages in wage work, but of late, she has not been getting any work. Usually she does weeding and hoeing work for 5 to 6 days per month for which she is paid Rs 100 to Rs 150 per day, but rarely Rs 200.”

Tribal male, household head, IDI of family with 5 members, rural Rajasthan

“Our youngest son goes for daily wage work. He is the sole household member working as I have been sick, and hence, unable to work. My son fills rocks in the tractor and his wage rates vary between Rs 100 and 150 per day. The number of days he gets work in a month also varies but on an average he earns Rs 4000 per month.”
Male respondent, 60 years, household head, IDI of family with 5 members, rural Rajasthan

“We had good turnover in our vegetable business in the past, but income flow has reduced significantly during the pandemic due to lack of customers. This colony was earlier full of villagers from outside places [migrants] and my business was heavily dependent on them. With lockdown restrictions in place, many of the residents of this area went back to their native village. We are now struggling to meet our daily food expenses and are eating only rice and pulses. My children are finding it difficult to get jobs. We came to the city to earn money, but if the situation continues like this we would prefer to go back to our native village.”
Male respondent, 55, household head, IDI, of household with 7 members, urban UP

A focus group discussion in Rajasthan involving village *Panchayat* members and their relatives revealed that small businesses were severely affected during the pandemic. Businesses in urban areas were more affected as they had to shut down their shops because of the lockdown, although those in the villages also suffered from losses.

“My business was affected a lot because of COVID. My main business happens during marriages. Since marriages stopped during the pandemic, sales decreased. Although people bought walnuts to increase their immunity in both the waves and more so during the first wave, however, that was not enough to overcome the loss. Still people were able to buy during the first wave as they had savings that they could spend and in the second wave they didn’t have money. At present [November 2021], the market is doing better. I do not have any savings and suffered losses during the lockdown.”

KII of adult male, Wholesaler of Dry fruits, Rajasthan

“Even at present [November 2021], we do not have much work as we had in the pre-pandemic phase. Basically our textile businesses are down either because

some units were closed or where the unit of production is open there is a shortage of labour.” *KII of adult male, Senior Vice President, Textile Federation Association, Rajasthan*

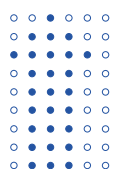
5.2.2 Access to agriculture provided relief to rural households

According to DCVTS-3 data, a relatively lower proportion of NCR cultivators (32%) reported a significant level of income loss during the 2020 lockdown phase as compared to households from other occupation. The COVID-19 positivity rate was higher in urban areas, with rural areas relatively insulated. This made it easier to relax restrictions in rural areas, and this was done to prevent the risk of widespread food shortages likely to result from stoppage of agricultural work. About 97% of the cultivators were able to continue with cultivation during the lockdown phase (NCAER NDIC 2020c). However, as the months passed by, the economic shock also began to be felt by those engaged in the farm sector. According to DCVTS-4 findings, about 20.7% of

BOX 3: Status of MGNREGA Work during the Pandemic

It needs to be noted that all economic activities including MGNREGA was put on hold due to social distancing measures in effect during the lockdown period (April–May 2020). MGNREGA activities started to resume from June 2020 as lockdown measures were gradually relaxed. Even if the work resumed in most places, depending on the severity of the pandemic across states and time points, some restrictions on maximum number of people at a worksite were in place. It is widely acknowledged that MGNREGA provided a lifeline to many in rural India during the pandemic. For example, overall administrative data show that the total number of individuals worked under the scheme is 11.19 crore for the fiscal year 2020–21. This is significantly higher than the amount of 7.88 crore across all states in the country during 2019–20, the pre-pandemic period. It suggests that the scheme was able to provide employment to urban migrants who returned to their homes in villages.

Average days of employment per household in the country was 51.5 days for the 2020–21 fiscal year, which is slightly higher than the average of 48.4 days of employment provided under MGNREGA the year before the pandemic. However, the average days of employment provided to households were much less than the guaranteed 100 days of work. In FY 2020–21, the Central government had spent Rs 1,11,170 crore for MGNREGA, substantially higher than the initial budgeted amount—the increased allocation was driven by a spike in demand triggered by reverse migration of labourers from cities and towns to villages after the first lockdown. MGNREGA was hailed as an important safety net during the pandemic, but some problems in the availability of regular MGNREGA work were found in our qualitative study. It is possible that the rise in individuals needing employment outnumbered the rise in the numbers working and the money spent by the government.



Amid extreme joblessness, ration card and job card based relief measures were not flexible enough to support those who were in need of assistance.

the farmers faced difficulty in obtaining various farm inputs for the preparation of the 2020 Kharif season, while 54% reported having received lower prices than usual for their Kharif season produce (NCAER NDIC, 2021). Difficulties in selling produce might have led to lower prices.

Results from DCVTS Round 4 (December 2020-January 2021) indicate that across all farmers, 72% reported that during the 2020 Kharif season, they hired as many workers as they usually do (NCAER NDIC 2021). This is much higher than the proportion of farmers (52%) hiring labourers during April and May 2020 (NCAER NDIC 2020c). The reasons for not hiring labourers were shortage of labour, fear of infection, financial constraints and managing with family labour.

The qualitative findings add to our understanding of why cultivators were more resilient than other households during the pandemic. Farm households cultivated their own land and they had the option of consuming their own produce which ensured food security. In addition to working on their own land, they also supplemented their income by working as agricultural and non-farm casual wage workers.

“We faced problems in going to market and for treatment due to mobility restrictions. But other than that, there was no difficulty as we cultivate our own land and faced no interruption in agricultural work” *Adult female, 28, wife of household head, IDI of household with 3 members, rural UP*

“My business [stitching work] has been suspended since last one and half year [relative to the interview time of June 2021], as people prefer to buy readymade clothes these days. I hardly earned Rs. 1,500 in some months during the pandemic. We have our own one bigha agricultural land which yielded 4-5 quintals of wheat and one quintal of paddy during the last season. This helps us sustain ourselves for 7-8 months. In addition to this, to manage our family expenses during the pandemic, I was engaged in harvesting of wheat as a contract labourer, for which I received 1 quintal of wheat. Along

with this, I was also involved in other daily wage work.” *Adult male, 40, household head, IDI of household with 5 members, rural UP*

Although farm households were more resilient to the impact of the pandemic, they also faced reduction in income to some extent. The factors that acted as depressors on their income included the following. **Firstly**, supplementary income from family members working in urban employment was significantly affected. In the FGD conducted in rural UP, people felt that those who were engaged in non-agricultural daily wage employment in the private sector outside the village, “those employed in Delhi, Noida and Shamli”, were the ones affected the most by the pandemic both in the first and second wave. The same sentiment was also reflected in response to the question on how life in the village has changed since the pandemic: “Life is going on as before. Village conditions have also remained the same. But *market work* has stopped—work has stopped for those who were working outside in towns/ cities as labourers. Work in the village did not reduce [as a result of the pandemic], it continued.” *FGD participants, rural UP*

Secondly, there was a failure in the ability of some cultivators to sell crops at the government procurement price as the registration system was not working during the lockdown and subsequent phases and government procurement process was not fully functional.

“I did not have much problem in selling crops during the COVID-19 period. However, I could not sell anything at the *mandi* at the government procurement price as there was no system of registration for those who came to sell their produce in the *mandi*. The government price is comparatively higher than the market price. Due to this missed opportunity, the farmers in my village had to face a rather large amount of loss. People of the village are very troubled as a result of this.” *Adult male, household head, IDI of household with 10 members living in village, rural Rajasthan*

Thirdly, in some areas unusually excessive rains affected crops. In Rajasthan’s districts, several farmers noted that

they suffered crop damage due to excessive rains in the year 2021. This affected both the landowners, as well as those who cultivated leased-in land for farming, leading to large losses. This affected a range of crops, such as *urad daal* (a type of pulse), chickpeas, *jowar*, corn, cotton, and others. The wheat harvest was also affected in the previous Rabi season [2020] due to extreme climatic conditions, although as the village head noted that agricultural work was going on relatively smoothly in the ongoing Rabi season.

“In 2020, we had taken in the same amount of land to grow crops as we usually do—8 *bigha* for *urad* and one and a half *bighas* for corn. However, all this was destroyed due to the weather. It rained a lot and there was no harvest. *Urad* was completely damaged. We got only 50 kgs of corn from one and a half *bighas* of land; the rest of the crop was completely damaged.” *Adult female, wife of household head, IDI of household with 8 members, rural Rajasthan*

“We usually lease out our land on a 2:1 sharecropping basis, providing the farmers with various inputs. We have a good amount of land which helps us in our daily household needs depending on the quality of the crops. However, last year due to the rains, our crops were damaged, and we suffered losses.”

Adult female, household head, IDI of household with 4 members, rural Rajasthan

5.2.3 Salaried workers also suffered income losses

In contrast to daily wage workers, salaried workers were better off on an average. Salaried workers, individuals who get paid monthly wages, are a heterogeneous group. While some salaried workers received full salary even when they were asked not to report to work, others were less fortunate, either their salary was reduced or they got laid off. Some reported that they had to accept another job with much lower pay, while others mentioned that they are looking for job opportunities and hope to find something once COVID-19 cases decline and firms start hiring again.

According to DCVTS-3 data, a majority of the salaried workers (80%) in Delhi NCR, in spite of the location being at the National Capital Region, work for private employers which includes private firms, private employer running own business, and a tiny percentage of employers hiring domestic workers. While in general, salaried workers received lower income shock and exhibit lower distress, there is considerable heterogeneity among this group. Government and public sector workers are far better off than other workers. Only 21% of government salaried workers reported significant income loss, whereas 56% of privately employed employees reported income loss in the months of April and May 2020 (NCAER NDIC 2020c).

Qualitative findings suggest that during the pandemic, many salaried workers dropped from regular salaried worker to part-time worker to unemployment. While some family members lost their job, they could rely on the income of others in the family. However, not everyone has a large family of adult workers. In some households, women had to take the load of breadwinning when men lost their jobs during the pandemic. Moreover, labour market entrants had a tough time finding jobs in a labour market that was especially tight during the pandemic. Many job-seekers had trouble finding work. Relevant quotations from the in-depth interviews are given below:

“My husband did not receive any salary for 4 to 5 months during last year’s lockdown and also during April–May this year [2021]. During May, he managed to get wage work for around 15 days, with daily wage of Rs 200 to 250”. *Female respondent, 32, wife of household head, IDI of household with 6 members, urban Haryana*

“I work as a Supervisor at a cloth printing factory. I joined this job in December 2020 and used to earn a monthly salary of Rs 10,000. But since 24 April 2021, I have been called on a weekly rotation basis (about 10 days of work in the month) and salary has been proportionately deducted. During last year’s lockdown, I was working as data entry operator at a handloom in Ghaziabad. It was not a full-time employment, and I was called as per requirement and payment was made on per entry basis. Hence, income was not fixed and it was below Rs 10,000/- per month. I was laid off by the management during the first lockdown.” *Male respondent, 23, son of household head, IDI of household with 5 members, urban UP*

"I got laid off from my gym work [as a sweep-er] and have been engaged in housekeeping work in a society [apartment complex] on salaried basis. My monthly income is Rs 7,500. My brother used to do similar work as I do, but has lost his job. He has been out of a job for the last 2 to 3 months [prior to the interview in June 2021]. My wife started working about 7 to 8 months back as a household help. Currently, she has been earning approximately Rs 4,000 per month since last month after joining a second family."

Male respondent, 23, son of household head, IDI of household with 7 members, urban UP

"I worked with a telecom company as an Executive, but got laid off eight months ago [prior to the interview in June 2021]. My earlier salary used to be Rs 25,000 per month. After being laid off, it was challenging to find another job during the lockdown. I somehow managed to get the current job through one of my friends. However, the salary is much lower and I am looking alternate job opportunities in e-commerce. I have not yet received any positive response." *Male respondent, 26, son of household head, IDI of household with 4 members, urban Haryana*

"My husband is a daily wage earner. Prior to the pandemic he used to earn Rs 400 per day. Now he earns much less and also gets work for less number of days. My daughters and I are willing to work to supplement family income, but have not succeeded in finding any work." *Adult female, 37, wife of household head, IDI of household with 7 members, urban UP*

5.3 The Impact of the COVID-19 Crisis on Wages and Working Days

It is widely recognised that the COVID-19 pandemic and the related restrictions disrupted the employment situation in India, affecting both the unorganised and organised sectors. The nation-wide lockdown and subsequent restrictions not only led to joblessness, but also affected the wage rate and the average number of work-days per month, particularly for the informal sector workers where physical presence at work is a necessity.

During the 40 days time period of the first two lock-

downs (25th March–3rd May 2020), it is estimated that 22.6% of the wages were lost for informal workers compared to 3.7% of the wages were lost for the formal workers (Estupinan and Sharma 2020, ILO 2020). The authors also estimated that during the first two nationwide lockdowns, workers informally employed in unorganized sector suffered a wage loss, amounting to Rs 635.53 billion, which is almost equivalent to annual union budget allotted for rural employment guarantee scheme MGNREGS in 2020-2021 (Estupinan and Sharma 2020). Combining aggregates from national income accounts and wage estimates from the Periodic Labour Force Survey (PLFS, 2017-18) data, one study found that the suspension of economic activities during the lockdown period of 25th March–31st May 2020 led to an estimated aggregate daily loss of USD 2.42 billion to Indian households (Paul et al. 2021). While loss to earnings accounts for 72% of the total, the rest 28% is wage loss.

The findings from a survey of around 5000 respondents across 12 large states of India, conducted during the months of April and May 2020, found that the median number of days worker worked per week fell from 3.75 to 1.8 and the median daily wage rate fell by Rs 50 (Kesar et al. 2021). A study, involving 115 returned migrants to Odisha from different parts of the country, found that the average monthly income of migrant workers was Rs 20,678 before COVID-19, which has declined to Rs 10,217 during the pandemic (Behera et al. 2021). A randomized survey of over 200 daily wage workers in mazdoor mandis in Lucknow and Pune (Mohan et al. 2021) found that mean daily wages dropped from Rs 430 per day in pre-pandemic period to Rs 360 per day in Lucknow and Rs 450 to Rs 390 per day in Pune during the post-lockdown period. Moreover, average working days fell from 21 days per month to 9 days per month in Lucknow and 12 days per month to 2 days per month in Pune.

COVID-19 also caused a lot of stress among the workers in the rural areas which saw a shift from non-farm activities to agricultural work (Roy and Bose 2021). The authors analyzed the impacts of the pandemic on the rural labour market based on the Centre for Monitoring Indian Economy (CMIE) database. They conclude that, in the rural areas, increased participation in agricultural work was largely an outcome of distress for the workers who lost work in other (non-farm based) occupations/industries and had to fall back on agricul-

ture for survival. CMIE database revealed that, between January–April 2020 and May–August 2020, workforce in construction declined by 9.1 million and in manufacturing by 4.9 million. Another study, based on telephonic interviews of 52 informants in 21 villages across 10 states in India, found that non-farm economic activities such as construction, petty business, and brick-making that usually employ labour in the pre-monsoon lean agricultural season have all stopped (Modak et al. 2020). Furthermore, reverse migration of workers had led to sharp decline in remittance income for households.

Examining data from Wage Rates in Rural India (WRRI) from July 2016 to October 2020, a study found that the real wage rates for major rural occupations at the all-India level declined drastically in March 2020. A marginal recovery was observed in July and August, but wage rates began to decline again from September 2020 (Patra et al. 2022). According to a telephone survey of 164 households from 27 villages across 12 states in India, conducted by the Foundation for Agrarian Studies in October–November 2020, showed a fall in rural wages during March to September, 2020 with a few exceptions. The sharp fall in daily wage rates in villages, particularly for states having higher rate of out-migration, could be explained by the fact of return migration and collapse of construction and other non-agricultural employment, which led to increased labour supply at the village level (Patra et al. 2022).

To address the concern of joblessness and reduced wage rate among casual wage workers during the initial months of the pandemic, the government of India has increased the MGNREGS daily wage rate by Rs 15— from Rs 187 in 2019–20 to Rs 202 in 2020–2021. This was supposed to benefit 5 crore families and the wage increase will amount into an additional income of Rs 2,000 per worker over a 12-month period. Fund allocation to MGNREGS has also been increased by Rs 40,000 crores to account for this increase in wage rate. However, it was found that the MGNREGS wages are still low and do not even match up with the agricultural minimum wage rates in 20 out of 21 major states like Gujarat, Bihar, Tamil Nadu (Satpathy et al. 2021).

5.4 Migration

In this section we discuss about the migration pattern in one of our study districts, Bhilwara and the difficulties faced by the migrants.

5.4.1 Broad migration patterns in Bhilwara

According to Census 2011 data, Bhilwara ranks high as a migration district, both in terms of in- migration and out- migration and over the short and long term as well. Long term or permanent migrants are people who changed their residence. Short term or seasonal migrants are those who go away to work when there is less work to do at home. These migrants often spent one to six months away from home for work in another district of the same state or in another state (Imbert 2020).

Migration patterns were explored in interviews with key informants.

“In Bhilwara, there are about 50,000 workers in textiles of which 10,000 belong to the district, the remaining 40,000 are migrants. Workers mainly migrate from Northeast India but also from Bengal, Bihar and Uttar Pradesh. The migration of workers from Bhilwara is there to all over the country and their maximum involvement is in the ice cream and utensils sectors. There is a lot of in-migration from Bihar considering that factory “line” labourers are needed for production of goods like clothes, strings and synthetic items. These are very popular products produced in this district.”

Key informant interview, urban Bhilwara.

“In our village there are approximately 500 households. Of these about 15–20% (roughly 100 households) work outside the village (that is, there is at least one person from these households who go outside to work in the village). They go mostly to Maharashtra to dig wells, or work in factories. Those who commute daily are also included in this”. *Sarpanch, rural Bhilwara, during a Focus Group Discussion*

5.4.2 Migration during COVID

There was a lot of migration to and from the villages during COVID. These large level of migration was an area of concern as migrants are most vulnerable to lack of ration cards and other benefits. Some of the key

informants mentioned that migration into the district was the main reason for COVID cases.

“There was a lot of migration during COVID times; those labourers who migrated to Bhilwara went back to their home during lockdown and those labourers who migrated from Bhilwara came back to the district. At present labourers who had gone back to their native towns or villages are coming back to Bhilwara and those who work outside are going back to work. It has started to be like the pre-pandemic state now [November 2021].” *Key informant interview, urban Bhilwara*

5.4.3 Livelihood impact of COVID on migrants

Some respondents thought that migrants had lost out most during the pandemic, taking big cuts in earnings. According to them, the biggest impact of COVID was that those who work outside are the ones [metaphorically] dying in the village. [All of them] have been sitting [idle] at home for the past 2 years.

“He [The eldest son] does wage labour-agricultural labour, he goes outside the village to Bhilwara too. 2- 4 days he works in [food] catering [business, presumably serving food], he puts up a *thela* [cart] for selling ice cream. If he goes outside the village, he earns 8000/- rupees for a month. In the village, he gets 3000/- to 4000/- rupees. He goes to Haryana too, where he sets up a cart selling ice- cream or kulfi. He hasn’t gone out [of the village] in the past 12 months. He had been out before COVID. He does catering work in Bhilwara, where he is paid [at the daily rate of] Rs 400. At present, he has been out for 8 days. He got work for 4 days. He will complete [his] work and return home.” *Adult male, rural Bhilwara*

“Now, during COVID when lockdown was imposed, I was there [in Maharashtra]. Yes, work was going on [even during COVID]. There was not much trouble in Maharashtra. I did not come into the village, stayed outside and worked in the fields. No one comes into the fields, who comes in the fields! We are two brothers, we went together. It was difficult to come back from there [Maharashtra] during the lockdown. But we somehow managed to come from there, what if we contracted COVID? Otherwise, we would have stayed there. We brought Rs 15,000 each from there and have not gone back since. Employment opportunities are available

there [as in Maharashtra] and here too [as in the village]. The difference is that wage labour opportunities are available in Maharashtra every day [in comparison to the village]. When I am in the village, then [I earn] 2000-3000 rupees in a month, work is available only for 10-15 days a month only.” *Male respondent, 39 years old, rural Bhilwara*

5.5 Existing Debt Adds Further Financial Burden

The households which took loan before the pandemic, it was difficult for them to repay during the COVID times. Moreover, it adds pressure on households as interest payments would have accumulated. At the same time further loans were taken out to make ends meet during COVID, which is discussed in the Coping Mechanisms Section later.

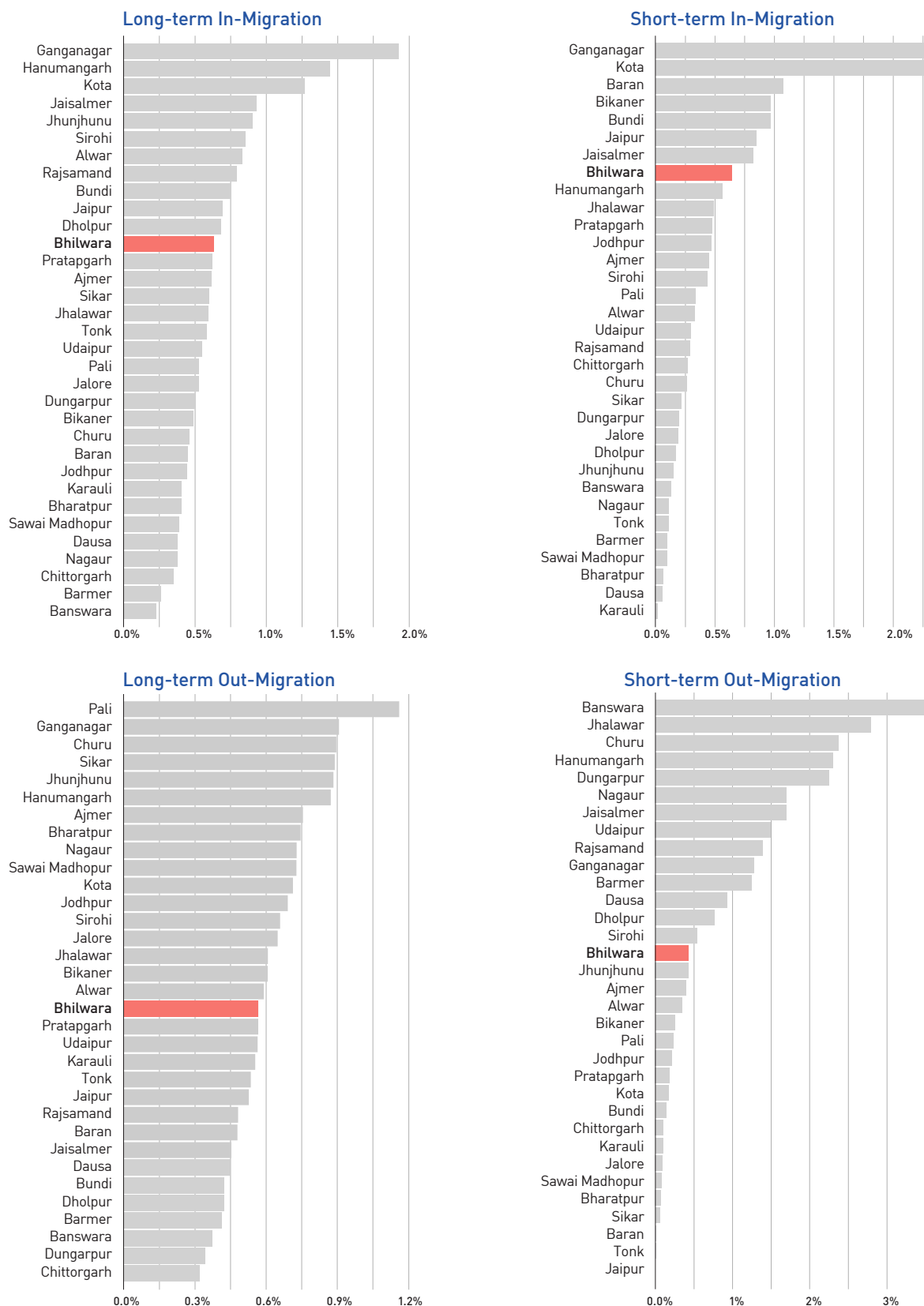
“There are no savings but there is a lot of expenses. In total there is a debt of Rs 2,70,000. One loan [I took] when I fell a little bit ill. [I fell] ill suddenly 6 years ago. How do I repay the loan? Interest is accrued every 12 months. After repaying the interest, it is back to square one. About Rs 40,000 to 50,000 was taken for building the house. I got this loan from a Jat Chaudhury. I got the loan on account of personal relations. He did not take collateral as land. Interest has to be paid every year, which is quite a lot. Interest is what is killing the farmers, otherwise there is no other problem. It’s been 3 years since I took the loan, no other loan has been taken since.” *Male respondent, 39 years old, rural Bhilwara*

The respondent’s land has been kept as a collateral since the past two years. This is due to the loan he had taken for a medical surgery that was done 8 years back. [It seems he was not able to pay it back over the years. So, he gave his land as collateral and has been doing labour work for a landowner]. With interest the total amount loan was Rs 4 lakh, and through the collateral, he got Rs 1.5 lakh and paid that amount back. So, presently, he has Rs 2.5 lakh that still needs to be repaid. The respondent does not have to pay interest on the collateral as the person to whom the land was given as a collateral grows crops on that land and takes everything. He has not taken any loan since COVID and just tried to return what he had initially borrowed that is what he borrowed before COVID. *Adult male, rural Bhilwara*

Figure 12: Short-term and long-term in and out migration across districts in Rajasthan

Migration in Bhilwara

Comparison of Bhilwara (marked in red) with other districts in Rajasthan



Source: The Socio-economic High-resolution Rural-Urban Geographic Dataset on India (SHRUG).

5.6 Increased Cost of Items

At a time when livelihood and income was widely under pressure, households also had to face rising prices of daily necessities, adding to their distress. Several respondents in the qualitative sample mentioned that the prices of regular items like edible oil, pulses, sugar, jaggery, *chai patti* (tea leaves), tobacco products such as cigarettes, *bidis* (mini cigarette), and *zarda* (a variety of dry chewing tobacco) had increased significantly. The increase in prices of food items bought from the market has been one of the major changes since COVID-19 as reported by our qualitative sample. The villagers, however, got wheat through the PDS shops at no cost or bare minimum prices, and this helped sustain consumption of food grains.

According to an *anganwadi* (rural childcare centre) worker in rural UP, a good which was “usually” priced at around Rs 70-80 was sold for Rs 100, and the price of mustard oil was reported to have increased to Rs 180 [in June 2021] from the pre-pandemic price of less than Rs 100. Vegetables came to the village from Shamli and their prices increased during the lockdown and afterwards. Landless casual wage workers who participated in the FGD in rural UP captured it evocatively, as price of *bidis* increased from Rs 10 rupees to Rs 50 while the price of alcohol increased from Rs 100 to Rs 500.

“The main reason people are not being able to pay back their loan is due to the increase in prices of essential items. For example, a person who used to spend Rs 4000 on household consumption in the pre-pandemic period is now [November 2021] spending Rs 12,000 on it; the price of edible oil increased from Rs 50-60 to Rs 180. People are distressed because of high prices.” *KII male vegetable wholesaler, Rajasthan. However, the respondent also told us that the prices of vegetables keep on fluctuating depending on the harvest and that the pandemic did not have a special effect on the vegetable prices.*

5.7 Reduced Purchasing Power

The drop in income and rise in prices adversely affected purchasing power of households, particularly for those with no savings to fall back on. As a result, the pandemic and the pandemic induced lockdown have disproportionately affected businesses. Grocery shops (*Kirana* stores) were least affected during the first lockdown in April-May 2020 as they were mostly open because of being in the essential category. During the first lockdown, most of the grocery stores actually experienced

more than usual turnover due to the hoarding of items by households. The wholesalers charged higher prices during that time so prices did increase. During the second wave and subsequent lockdown (April-May 2021), the income for some types of businesses, including the grocery stores, was lower in comparison to the first lockdown. The situation has not improved even after relaxation measures post second lockdown (July 2021), because people no longer had enough money at hand to purchase. The worst affected businesses are like the marriage halls and catering services which hardly had any business because of avoidance or postponement of social functions.

“People were not so affected by the first lockdown and hence, were not so troubled. Most of them dipped into their savings and got on with their life. However, they did not have much left when the second lockdown came into effect. The vegetable market was open but what about people who lost their work or were forced to shut down their shop? People still have not been able to pay back the loan or credit that had taken to meet consumption expenses during the first lockdown.” *KII of Vegetable wholesaler, Male, Rajasthan*

“The biggest thing is that people don’t have money. One of the reasons that purchasing power declined is because people were not able to earn in times of Corona. Things were especially worse after the second lockdown.” *KII of Dry fruits wholesaler, Male, Rajasthan*

One household has taken a loan of Rs 2 lakhs to build their house; about 4 years back. The household has taken credit from the landlord (on whose land they are working). He [as in the landlord] takes everything, he takes the crop as payment for the interest. For consumption purposes and for daily expenses of the household they take more loan in terms of cash and then buy the things they need. *Adult female, rural Bhilwara*

“Even now (August 2021), the business scenario is down. People do not have money at hand, as the household savings was exhausted during the first lockdown. After the first wave, people started working and saving but before they can save enough, the second wave and another lockdown started. Increased cost of goods adds burden to the household purchasing power.” *Experienced businessman, a wholesaler of grocery items, KII, Urban Haryana*



6. Food Security

Evidences from different sources suggest that the economic slowdown and loss of employment during the pandemic resulted in varied level of food insecurity in the population which in turn might have long-lasting effects on the nutrition status of the people (Sinha 2021). Figure 13 shows the proportion of households in India who were worried about having enough to eat in the next week throughout the duration of the pandemic. According to the COVID-19 Trends and Impact Survey (Astley et al. 2021), the proportion was the highest (more than 25%) during the lockdown period and gradually become lower as the unlocking process initiated and then again become higher (around 25%) during the wave 2 in India.

According to the fourth round of the Delhi NCR Coronavirus Telephone Survey (DCVTS-4, December 2020-January 2021), about 14% of all households in the

Delhi NCR reported that they did not have enough food to eat because of lack of money or other resources in the month preceding the survey. This proportion is significantly higher among households having casual wage work as the primary source of income (24% of 647 households) and households with no source of income (41% of 70 such households) (NCAER NDIC 2021).

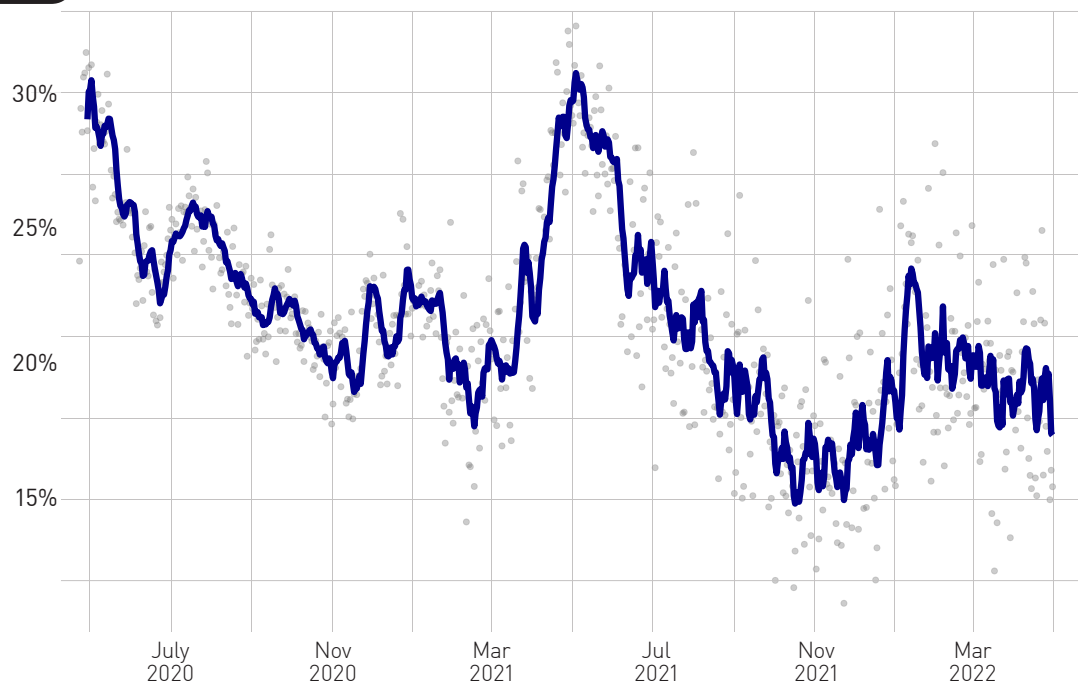
To track and document the hunger situation among vulnerable communities, the Right to Food Campaign in association with the Centre for Equity Studies and a number of other networks and organisations conducted two Hunger Watch surveys (RFC and CES 2021); one after the national lockdown (October-December 2020) and the second one after the devastating second wave (December 2021-January 2022). The survey purposively sampled marginalised and excluded communities. The sample includes households from rural and



Figure 13: Distress in food security: % of respondents who are very worried or somewhat worried about having enough to eat in the next week



Distress in Food Security
Reported trend over time in India



Source: COVID-19 Trends and Impact Survey (CTIS).

Notes: 1. Distress in Food Security is measured as a percentage of respondents who are very worried or somewhat worried about having enough to eat in the following week. 2. Dots indicate daily weighted percentage and the blue trendline shows the 7-day moving average of the indicator.

urban areas across 14 states of India and majority of their earning members work in the informal sector as casual labourers either in the non-agricultural or agricultural sector. About 79% of the respondents in Hunger Watch-I had a monthly income of Rs 7,000 or less before the lockdown. According to Hunger Watch-I, an estimated 46% of the respondents reported that anyone in the household had to skip meals in the month of October 2020. In the absence of a comparable figure during the pre-pandemic period, it is hard to comment on the severity of the problem due to the pandemic. Hunger Watch-II sought to document the hunger situation six months after the devastating second wave of COVID-19 in India. As per Hunger Watch-II, there is a 10 percentage point decrease in the proportion of households (36%) reporting that anyone in the household had to skip meals in the month of November-December 2021.

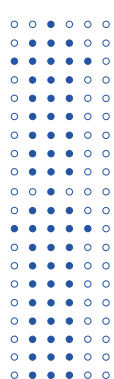
From the qualitative interviews of the households and key informants in the Delhi NCR it is evident that landless households with casual wage work or petty businesses as the main source of income experienced some form of food scarcity, particularly, in urban areas. Although none reported skipping an entire meal, but insufficient or inferior food intake and absence or lack of variety of vegetables and fruits, pulses, eggs, meat (for those who used to consume) in their diet was reported by most of the interviewed households. Increased prices of grocery items and reduced household income during the lockdown and afterwards played a major role towards insufficient food consumption. It was difficult for some of the households to manage daily food expenses.

A significant decrease in consumption expenditure was reported by many households. A comparison between

Delhi Metropolitan Area Study (DMAS) baseline (2019) and endline (2021) survey suggests a fall in real per capita annual household consumption expenditure (in 2019 prices). However, it was driven by reduction in discretionary consumption items. Real per capita consumption expenditure (in 2019 prices) in food and non-food essential items remained relatively stable while comparing pre-pandemic and pandemic period (NCAER NDIC, 2022). Most of the *rural* poor households were supported by free rations from government social safety net programmes, so they were relatively better off. *Urban* households faced relatively more food insecurity.

A female respondent, 32 years, from urban Haryana and wife of the head of family of 4 members, reported that due to work closure during the lockdown, the household was not able to manage food expenses. Before the pandemic, she was employed in stitching work at her home and her husband worked as a salaried employee in a tyre puncture repair shop. In order to overcome this situation, she reached out to her brother for help and he sent approximately Rs 40,000. Household did not receive any assistance from the government. "We faced extreme difficulties during lockdown with no food at home. My children were hungry, but we had no rice, no pulses, what to cook to feed them! We had to beg to people for money. My brothers were trying to send money but my bank account was blocked. Finally, they sent money through someone."

A physically challenged male, 40 years, head of a family of 5 members from rural Uttar Pradesh, used to stitch clothes on a piece rate basis. His work completely stopped and he hardly was able to meet household needs during the pandemic. He was surviving by har-



According to DCVTS-4 (December 2020-January 2021), about 14% households in the Delhi NCR reported that they did not have enough food to eat because of lack of money or other resources in the month preceding the survey. This proportion is significantly higher (24%) among households having casual wage work as the primary source of income.

vesting crops in other cultivator's land and doing his own cultivation from a small piece of land. He estimated his monthly expenditure as Rs 7,000-8,000 during normal times including food, conveyance, children's school fee, electricity, etc. But during the pandemic they have reduced expenses on food and other items significantly leading to monthly expenditure as low as Rs 2,000-2,500. He mentioned, "Sometimes we made rotis with more salt and didn't cook vegetables or eat rotis with *chatni* or tea. Sometimes we faced shortage of vegetables, oil, sugar, chilli, turmeric, and soap. We did not do anything and stayed at home. Since lockdown we did not go anywhere. I feel weaker physically without proper diet and nutritious food."

"Earlier we used to have meat, mutton thrice a week, often paneer was cooked but now we can't afford such items not even once a month. Earlier we used to have sufficient income, but now earning enough is very difficult. Now we had to reduce food expenses significantly by eating simple food such as *dal*, *roti*. We came to the city to earn more money, have better food and live a better life. If we have to live in a situation where we could barely survive, we would better go back to our village home."

Male respondent, 23, son of household head, IDI of household with 7 members, urban UP

Impact on rural and tribal population in Bhilwara: In rural Bhilwara, pandemic did not have much impact on food security as the food consumption and diet diversity among the tribal population was at a low level even prior to the pandemic. Living conditions of a majority of households in villages were poor before the pandemic and continued to be so throughout the pandemic and during the interview [November 2021]. The pandemic did not affect their lives much. On one hand they received more assistance from the government through

PDS during this time; on the other hand essential items (e.g., edible oil, *chai patti*, sugar, and *bidi*) became more expensive. So the effect remained more or less the same. In general, they do not have much diet diversity. Their regular diet includes roti (bread), *namak* (rock salt), *mirchi* (chilli), *achar* (pickles), and pulses (in some households, but not all). A majority of the households could not afford vegetables even during normal times let alone during the pandemic. All these aspects were reflected in the in-depth qualitative interviews.

One of the respondents, having cultivation as the livelihood, said that there is not much problem related to food intake. He has homegrown wheat. When asked what they usually eat, he replied, "pulses and some other home grown things such as gram flour, wheat flour, milk, ghee". However, they hardly eat vegetables. Usually no one comes to the village to sell vegetables.

Another male respondent, head of household of an agricultural household of size 5, said that "*The food intake has not changed since COVID*". They kept on eating in the same manner as before.

In another interview, a respondent said "life before and after Corona remains the same". She further complained that their situation is "really bad" and they [the family] have so many problems, how is she supposed to resolve them? Whether it is food, debt or crops they have problems related to everything and no one gives them [lends] money.

In another instance, a respondent from a village in Bhilwara, who used to migrate to Maharashtra for casual wage work in the pre-pandemic period, told us that he did not have a ration card. He did not receive anything from ration shop while also commenting that those who received assistance ended up getting "a lot". He has not been getting ration for the past 6 years. He talked about it to the panchayat. He was told that applications are closed online so it cannot happen right "now". Inaccessibility to ration is more bothersome for him now as he is not being able to go to another state for work as he used to do in the pre-pandemic period.



7. Health Impact

On 30 January 2020, India reported its first three cases in Kerala, all of whom were students who had returned from Wuhan, China. The pandemic continues its assault in India even after two years since the first cases were reported, though with much less severity now. As of 31 March 2022, about 4.302 crore (43 million) COVID-19 confirmed cases had been reported in India. About 521,000 of these cases resulted in death. Moreover, because of COVID-related pressure on the health system, the disruption of routine health services emerged as a major area of concern in the wake of the COVID-19 pandemic in India along with economic impact (WHO 2020).

7.1 COVID Cases and Death Burden

Compared to the first wave of COVID-19 that hap-

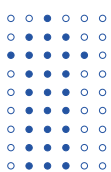
pened at varying time point between August-October 2020 across India's states, the second wave (April and May 2021) mostly caused by the delta variant, had more severe consequences in the form of a massive surge of cases in both rural and urban areas, supply shortage of essential treatments, and increased deaths particularly in the young population. Moreover, during the second wave in India, many cases of mucormycosis, also known as the black fungus, were reported in patients with diabetes and patients with COVID-19, as well as patients who were recovering from infection (Asrani, et al. 2021). The excessive use of steroids in the treatment of COVID-19 and immunosuppression by the virus perhaps led to the emergence of this fungal infection (Dyer 2021).



The third wave of COVID-19 hit India in the month of January 2022 and was caused by the SARS-Cov-2 variant known as Omicron. Omicron variant is characterised by its high level of infectiousness compared to the earlier variants but milder level of severity of the infection, which could be an artefact of the higher percentage of population level vaccination coverage (Christie 2021, Ranjan 2022). India's third wave (January 2022) resulted in almost similar levels of daily COVID-19 cases as identified during the second wave (April and May 2021), however, the daily number of deaths were 10 times lower on an average.

In the Omicron-driven third wave of the COVID-19 pandemic in India, a higher percentage of younger population was infected and hospitalised, a study by the Indian Council of Medical Research based on data from 37 hospitals reveals. The study highlights the key differences between the two waves as follows:

- 1) Breathing difficulty and loss of smell or taste were not the primary symptoms in the Omicron wave. Sore throat, fever, and cough were the predominant symptoms among the infected individuals.
- 2) All symptoms were milder in the third wave relative to the first and second wave.
- 3) The average age of infected and hospitalised patients in the third wave was 44 years compared to 55 years during wave 2.
- 4) Even though the 3rd wave hit the younger population, almost half of the infected individuals had comorbidities.
- 5) Lesser use of drugs was observed during the third wave and there were lesser complications among the infected individuals.



The second wave saw a massive surge of cases in both rural and urban areas, supply shortage of essential treatments, and increased deaths.

Summary findings from the qualitative data suggest that the pandemic was not well managed from a health point of view. During high level of transmission in specific locations and time points, the preventive measures were not enough and nor was the health system preparedness, particularly during wave 2. People had difficulties managing their food expenditure, and hence, they preferred to stay away from hospitals once they realised that hospitals are often the source of infection.

“Two of my relatives died of Corona recently, my brother-in-law and wife of my nephew; both of them belonged to the same family. They were hospitalised but did not receive oxygen facility on time and succumbed to death as the hospital did not have enough supply of oxygen. In their village, around 10-12 people were infected with Corona and 2-3 people passed away.”

Unmarried male, 45 years, IDI, rural Haryana.

In the FGD with farmers in rural UP, the participants painted a stark picture: “Many people had COVID. We did not keep a count, but there was [almost] no house that did not have COVID. Every household had fever or cold. Now, whether they got tested for COVID or not is a different matter. The situation was quite bad in the month of May [2021]; it is better now [July 2021].” As per this group, “about 40 persons in the village [having voting population of around 5,000- 6,000 persons] died due to COVID. The poor people took medicines for the fever and were not tested. Some recovered, while others did not.”

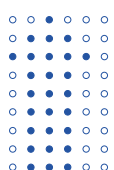
The *anganwadi* (childcare centre) worker from the same village mentioned, “The second wave had quite an impact in the village. About 5-10 persons in the village have ‘certainly died’ because of COVID. In contrast, last year [2020] only 1-2 males who came from out-

side the village had COVID. The fear of COVID in the second wave was such that even if someone died for a reason other than COVID, people assumed that the death was due to COVID.” From the focus group discussion, it was apparent that UP *panchayat* (village local body) elections precipitated the spread of infections in the village. Even the village *Pradhan* was infected with COVID in the midst of the panchayat elections in this village. Also one COVID-infected person lost his eye due to Black Fungus infection.

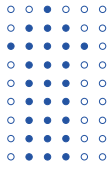
From another village of Rohtak district, Haryana, the story emerged, “Every household in the village suffered from fever [during April–May 2021]. Those who had diabetes, breathing issues could not survive. Those who went to the government hospital, [most of them] passed away. They put the patients in one room, threw medicines from distance, and did not provide meals and other services. This was the situation in the Rohtak district. Out of 3,500 voters of the village, 58 people passed away. During April–May 2021, on an average 1-2 people died every day. [When they came to know about the situation] people avoided government hospital for treatment.” *Unmarried male, 46 years, IDI, rural Haryana.*

“Those who went to either the Civil Hospital or “Medical”, did not come back [alive].” *Widower, 54 years, daily wage worker, head of a family of 5 members, IDI, rural Haryana (Rohtak).* Respondent’s wife died in May 2021 in the Rohtak civil hospital on the account of COVID (RT-PCR tests showed negative, but CT scan revealed signs of COVID).

“We had trouble managing our family expenses, particularly non-food expenses. We did not have money when I fell sick as there is no one else in the family to work. Business transactions have been less and I could not open my shop for two months on account of my illness.” *Unmarried male, 45, household head who runs a Kirana shop, IDI of household with 2 members, rural Haryana, tested positive for COVID-19 and had to close down the grocery shop for two months.*



The qualitative interviews indicate that, at the early stages, many respondents and their family members did not go for vaccination due to fear of side effects.



As more and more people started getting the jab, the fear of side effects reduced and vaccination coverage improved significantly in both rural and urban areas.

One key informant from the Bhilwara COVID control room mentioned that during the second wave from May to June 2021, the district had at least 400–500 cases per day. He also said that the staff who were in charge of COVID management, mostly teachers, got infected even after two doses of vaccination. He himself and his wife were also infected. In his own words, “First, I got infected in the course of my work [in the COVID control room], so I had to home quarantine myself. I tested positive in the district hospital. My children were sent to another place [so that they can be safe]. After 10 days, my wife also got infected. I received both doses of Covishield vaccine with the second dose of vaccination in March as a frontline worker. I got infected in May, about one month after getting the second dose during the second wave of the pandemic. My wife’s condition was severe, her chest CT score was quite high as she did not receive any of the vaccine doses. Both of us were taking our medication at home and continuously consulted doctors. My wife had severe cough and breathing problem, which subsided 10 days after she recovered from COVID.” *Key informant, Bhilwara COVID control room, Rajasthan*

During the KII with a city magistrate in Palwal, it was shared that, “During wave 2 [April–May 2021], there were many more number of cases [compared to the first wave]. There was no shortage of oxygen, however, but there were shortages of ventilators during wave 2.” Although one of the key objectives of the first lockdown was to build health infrastructure to prepare for COVID surges, she acknowledged that during the first lockdown and afterwards not much effort went into building infrastructure, as there were not many cases in the district. They did not feel the need for expanding on COVID related healthcare services. However, the second wave opened their eyes and they realised the need for building COVID-specific infrastructure. Now [August 2021] they a 70-bed hospital to accommodate only COVID patients in the district town.

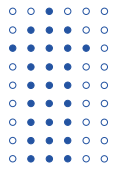
7.2 COVID Vaccination

India started its vaccination drive on 16 January 2021 with two vaccines approved for emergency use, viz., Covishield and Covaxin, both being manufactured in India. From the qualitative interviews, it was evident that many respondents and their family members did not go for vaccination because of fear of vaccination side effects. During the initial phases of the vaccination drive, there were a lot of apprehensions about the safety and efficacy of the vaccines. However, with time as more and more people actually started getting the jab, these concerns reduced and the rate of vaccination improved significantly in both rural and urban areas. Some respondents suggested that home-based vaccination or vaccination camp in the neighborhood would be more effective and generate a higher level of coverage, as that would reduce hesitancy and help avoiding crowd at the vaccination centre. The following quotations from the study participants summarise the apprehension people had towards the beginning of the vaccination drives.

“People were saying that those who have breathing troubles if they get vaccinated then they would die. Someone died here too. He [the dead person] had breathing problems, he got vaccinated and died. I too have had breathing ailments for a long time, but nothing happened to me. He [the dead person] had to die, so he died. As of date, I have had only one dose. Everyone is getting vaccinated now [July 2021].”

FGD participant, rural UP.

“Three-four older people 80+ age from our locality and neighbouring areas were healthy before vaccination. But after taking the vaccine, they had fever for 10–15 days and then passed away. That’s why people are apprehensive of taking the vaccine and very few people from our area got the vaccine.” *Unmarried male, 26 years, IDI,*



Many key informants from the government acknowledged the efforts of the NGOs for the success of vaccination drive in districts of Haryana.

rural Haryana [none of the four household members were vaccinated by the interview date in June 2021].

“People spread rumours that after vaccination participants get high fever, breathing troubles in ten days, and other strange side effects in twenty days...God knows what else! Our neighbours were not taking vaccine. When we got the shots, some of the neighbours enquired about the side effects. We said that we got mild fever only. Then two other people received the vaccine.”
Married female, 32 years, wife of head of household of four members, IDI, urban Haryana.

“After vaccination some villagers including me had discomfort in the injection hand, as it was difficult to lift heavy items and even now after one or two months the hands get numb sometimes. It still pains occasionally. After the first dose, people had fever and they were given medicine for that also. These were case specific; as some people did not even feel that they were injected with COVID vaccines and some did not even get fever.”

*Married male, IDI, rural Bhilwara.
Other people sitting around during the time of the interview also voiced similar opinion about vaccination.*

During one of the in-depth interviews, one female respondent from rural Bhilwara mentioned that they were threatened on the account that their pension will stop coming to their bank account if they do not get vaccinated. They were told to get vaccinated even if they are worried about side effects as their pension is dependent on it. She further elaborated that if their pension is stopped they will die anyway, so they opted to get the vaccines even if they were worried about dying after vaccination. She did not have fever after vaccination but

after a few days her hands started aching.

In a key informant interview with the vaccination nodal officer in a district civil hospital, Haryana, the respondent cited supply constraints as a reason behind the sub-optimal vaccination coverage in the district. He acknowledged the effort of the NGOs for the success of vaccination drive in the districts of Haryana.

“The vaccination programme is going very well in the district. However, due to supply constraints, we are getting only half of the required doses from the Centre. In most districts of Haryana, the vaccination is going well, except for the Nuh district. There are a lot of hesitancy among the residents of this district. Things were worse at the early phases of vaccination drive. Now with the help of the religious leaders and NGOs, acceptance for vaccination is increasing. Also now people can see that the side effects of vaccination are mild, hence, they are more forthcoming.”

Vaccination nodal officer, male, district civil hospital, Haryana, KII.

7.3 Disruptions in Routine Healthcare

Secondary data sources such as Delhi NCR Coronavirus Telephone Survey-Round 4 reveal that non-COVID routine healthcare services that are commonly used and are generally available closer to home, e.g., access to medication, treatment of minor illnesses like fever, cough and cold, diarrhea, pregnancy and delivery related services, childhood immunization, the level of disruption was low (NCAER NDIC 2021). During the KII with the anganwadi worker in rural UP, she mentioned that services rendered by the ASHA worker such as immunisation, pre-natal and post-natal care

were not affected by the pandemic. However, specialised services that often require the patient to travel outside the village or the local neighborhood, e.g., care for cardiovascular diseases, cancer, chronic respiratory illness, and kidney disease were more difficult to make use

of. However, due to their rarity this affected a smaller proportion of households. Our qualitative data did not reveal much insight on the disruption of non-COVID health care needs.





8. Educational Impact

The adverse impact of the COVID pandemic has not been limited to the economy and public health, the education sector too has been majorly affected by it (Banerji, et al, 2021). About a week prior (16 March 2020) to the lockdown being announced in the country (24 March 2020), the government closed down schools with the objective of preventing the spread of infection among children. Since then for majority of children over a period of one and half year or even more in some states, schools have remained physically inaccessible. School closure has major implications for children—academic and other wise. In this chapter, we unravel some of the educational impact of the pandemic on children, particularly in the elementary age group of 6-14 years based on secondary data sources and our qualitative data.

8.1 Non-enrolment of Young Children

The fourth round of the Delhi Coronavirus Telephonic Survey (DCVTS-4) that incorporated a module on learning disruption as a result of the pandemic was conducted between 23 December 2020 and 4 January 2021 with a focus on children in ages 6-14 years ($n = 1,530$). If a household had more than one child in this age group, information was collected about the youngest child in this age group. Closure of schools on account of the pandemic meant that many children who were in the ages of 5-6 years at the time when the national lockdown was announced could not enroll into school. If there were no pandemic and schools were not closed, they would have followed the regular schooling trajectory and would be enrolled in schools. According to DCVTS-4, about 10% of children in the age group 6-8



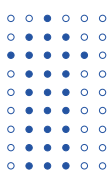
years in the Delhi NCR had not yet enrolled (NCAER NDIC 2021). The comparative percentages for other age groups 9-11 years and 12-14 years are lower at 6% and 5%, respectively, with overall enrolment among 6-14 years students being 88%. There is a substantial 9 percentage point drop in enrollment between DMAS baseline survey (February-May 2019) and DCVTS-4 from 97% in 2019 to 88% in 2020.

8.2 Limited Learning Activities because of School Closure and Online Education

In the absence of formal face-to-face teaching with schools being closed, live online instruction by teachers using various digital platforms is perhaps the best substitute. DCVTS-4 asked respondents about their participation in various alternate online and offline teaching-learning methods during October-December 2020,

3 months duration preceding the survey. About 63% of the surveyed households in NCR reported participation in online teacher-led instruction. However, only 39% were participating “regularly”, which was defined in the survey as at least 3 days or more in a week. The remaining 24% participated “sometimes” or “rarely”. A substantial 37% did not report participating in online teacher-led learning sessions. Our qualitative findings also suggest that children were not involved in worthwhile activities during the time of school closure.

“The biggest impact of COVID has been on education. Those who are older are smart and can study online; can study on their own. But young children cannot study on their own. Because of school, they would study something, even attend private tuitions. When schools are closed, why would they [young children] attend private tuitions?” *Female, Anganwadi (child care centre) worker, KII, Rural UP*



Young students were affected more than older ones. One, some were not enrolled at all. Two, it is more difficult for them to participate in online teaching.

"No children are engaged in any worthwhile activity now [July 2021]. Whatever they learned [while in school], they have forgotten." *Adult male, FGD, Rural UP*

"Children are given assignments [online] to complete. But they do not understand it much. Children do not have textbooks and schools have not opened. From where will children complete their tasks?"

Female, 31 years with children enrolled in private school, IDI, Rural Haryana. Online here refers to sending assignments digitally via the phone. Children complete these assignments and send back pictures of their completed tasks.

"When schools are closed, what will the teachers teach? [Teaching-learning] does not happen through online mode. Here [in this village] even adults cannot understand teaching via the online mode. Now, you are teaching via phone, but [you] do not know whether children are able to understand [the study material] or whether they are paying attention." *Adult male, FGD, Rural UP*

"Studies are getting severely affected. Online teaching is nominal...What is the school doing? They are merely sending copies of textbooks, pictures of the textbooks, children have to complete the task and send it back.....Children are kept busy [in this] while I have to bear the burden of internet charges. Children are not studying; they play [online] games. This is a matter of concern." *Male, 35 years with children enrolled in private school, IDI, Urban Haryana.*

"Madam, please tell me if adults cannot understand [online classes], how can children [understand]?...Tasks assigned as part of online classes, I get it completed by the child. But the child will benefit only when there is face to face teaching." *Female, 40 years, IDI, Urban UP*

"The boy studies [in a near-by town; He is pursuing M.A.]. He stays here and there [as in the near-by town where he studies]. He came back, everyone came back [from the town]. [He] would be roaming about [in the village]. Once [studies] stopped, it stopped. Online studies were ongoing. He must be studying over the phone. I have not studied much, so I can't say but there were studies. My niece, who is young, is not yet enrolled in school. Studies of children who are enrolled in school have stopped completely, they were enrolled in private school and their studies were completely stopped.... Now schools have reopened." *Adult male, rural Bhilwara*

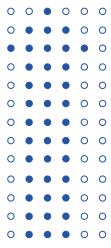
"Who studies at home? Everyone leaves for the fields. There are online studies. But once you give the phone to the child, he starts playing games. I bought a phone for Rs 8000 for online studies so that [the child] can study at home. But I go out and he starts playing games. Neighbours in the vicinity were teaching 10-15 kids. Once schools stopped, I sent him there on a monthly expense of Rs 200 as a private tuition. He studied for 3 months. He used to go at 7:00 in the morning and come back at 9:00. Now that schools have opened, I have discontinued it."

39 years old, Male, rural Bhilwara

"Children's learning level [during this time] is close to zero." *School teacher, rural Bhilwara*

"His [13 years old boy] studies has been affected, he has fallen behind. He has forgotten [what he had studied]. He has to study all over again [what he was taught earlier]." *39 years old, Male, rural Bhilwara*

Remedial measures are being taken to help children cope with the learning loss and were explained thus by a



Some poor students could not attend school for 2 years because they could not afford smart phones or computer. Poor children are excluded from school, for lack of school fees (exacerbated by pandemic job loss).

key informant in Bhilwara: “[As the schools reopened] Children are being taught from the beginning, right from the start. For grades 1 to 5, they are being taught counting and all other arithmetic operations such as addition, multiplication. Those who are older [in higher grades], they are seated separately. This is being done because of all those who have come weaker [from the lockdown]. Extra classes are being taken. We also give homework... There were no studies during Corona, but now there is. There is pressure too now: copies are checked, homework is checked. So children do [these tasks seriously] out of fear.” *School teacher, rural Bhilwara. It seems in this school grades 1 to 5 are taught together. But this is not the case for children in higher grades, who are taught separately as per their grade.*

too are okay. They are conducting online classes, but I do not have a “big” smart phone, I have a small phone. That is why, for the time being, I have stopped his [the child’s] education.” *Male, 48 years whose business suffered during the pandemic, IDI, urban Haryana*

“My children are not going to school this year because we have not given them anything [paid fees]. Last year when schools were open they asked for fees for the full year even though they were open only for 3 months. We did not pay because we did not have money. Children have not been going to school since the first [national] lockdown.” *Female, 30 years whose husband lost regular salaried employment during the pandemic and is now a vegetable vendor, IDI, urban Haryana*

8.3 Financial Constraints on Support for Education

One other way in which children’s education has been affected is when they were withdrawn from school or they stopped going to school because parents could not afford to support their education. Results from a series of multi-country survey commissioned by Malala Fund in Ethiopia, Nigeria, Pakistan, and India found that about 20% of those who were “not sure” about returning to school post opening of schools reported financial constraints as the reason for not being able to do so (Akmal et al. 2020).

“My child has not gone to school for 2 years. He studies in a private school, it’s a small school, not a big one- fees

“For two years, since Corona, I have not paid school fees. Now, I have to pay Rs 11,500. I have not paid since lockdown. The school is waiting. There is no money, what to do? Now, they [as in the school] are saying for two months that you have to pay the fees. [I have told them] wait for some time, let the cotton [sown in the fields] grow, let me take care of agricultural work then I will pay after borrowing from here and there. Once I explained in this manner, they agreed. The school is in the neighbourhood, it is nearby.”

39 years old, Male, rural Bhilwara



9. Social Cohesion

From the onset of COVID-19 pandemic, social distancing was the major policy tool in preventing the spread of the virus. Governments at the national, state and local levels as well as local Non-Governmental Organisations (NGOs) helped spread awareness on the transmission mechanism of the virus and how the spread can be combated using measures such as *do gaj ki doori* (maintaining six feet distance), only meeting people when necessary, avoid crowded places and large gatherings, among others. As a result, almost all of the respondents in the sample were well aware of these measures and most of them have reported to be following these especially during the first lockdown in April 2020. The respondents also mentioned the infeasibility of following these measures within the household but reported following the measures with people from outside the household. In a few cases, there were reports

of infighting among the household members, children quarreling due to inadequate house space and members of the household having to stay together for longer times than usual. However, despite the adaptation to this new reality, respondents when further probed mentioned issues of isolation and the lack of social bonds especially with near and distant relatives. Marriages and other social festivities which form a major part of social life in India were postponed or were done within the family only.

Tensions grew in families crowded together with out-of-school children and unemployed breadwinners. A married female, aged 37 years, wife of head of household, living in urban Uttar Pradesh with seven members in the household including her 80-year-old father reported “the fact that her husband was sitting idle at



home without work was a matter of concern for all of them. The children used to quarrel sometimes among themselves.”

“Increased tension within the household members happened in “all” households. If [people] do not go out of the house, then they are likely to get irritated”. There were *nok-jhok* (arguments) between his parents.” reported a 30-year-old male living in a household of five members. He elaborated further saying that his father was used to being outside the house; and then when he is confined within the house, he would be irritated because he wished us to go outside the house.

Inability to gather with family members led to sense of disconnectedness from extended family. A married male, aged 32 years, head of the household of a 5-member family including 3 young children reported that they did not visit any relative’s house during this pandemic. His cousin brother got married in last March

[2021], but they did not attend the event due to Corona pandemic. No relative visited them recently. So he feels disconnected from the relatives.

Those suffering from COVID and their families could be stigmatised by communities, which added to a sense of social isolation. One unmarried male respondent from rural Haryana, aged 45 years, who tested COVID-positive and received satisfactory treatment from a government health facility, reported facing social stigma which has an impact both on his family’s lives and livelihood. He has been going through difficult times for the past few years after his father expired and his brothers formed separate households leaving him and his 79-year-old mother to survive on their own. After testing positive on 20 April 2021, he was in isolation for one month. Once he started going out after one month, he was stigmatised in the neighborhood and people were avoiding him, not sitting close to him, even his relatives stopped talking to him over phone.



10 Coping Strategies

10.1 Government Relief Measures

India's COVID-19 social assistance package, known as *Pradhan Mantri Garib Kalyan Yojana* or PM-GKY), was designed to provide immediate relief to the vulnerable population. The PM-GKY provided cash transfers and in-kind supports (food ration, cooking gas) through existing government welfare schemes to lower-income households. In April 2021, in response to the second wave of infections, the central government announced that free food grains would be provided to 800 million individuals in May and June 2021, similar to the additional food rations provided in 2020 which had expired in November 2020. The other pan-Indian relief mea-

sure was a cash transfer to 500 rupees to women who held Jan Dhan accounts. The latter was less successful as compared to free ration distributed under PM-GKY. Similarly, limited implementation of MGNREGS in the pandemic period suggests that it has been inadequate as a relief measure to help poor households cope with the income loss.

The Aadhar enabled direct benefit transfer system and the public distribution system (PDS) were already in place in India. As a result, the needy population (e.g., casual wage workers, poor households), particularly in the rural areas, were able to get some of these benefits rapidly, although these benefits remained modest



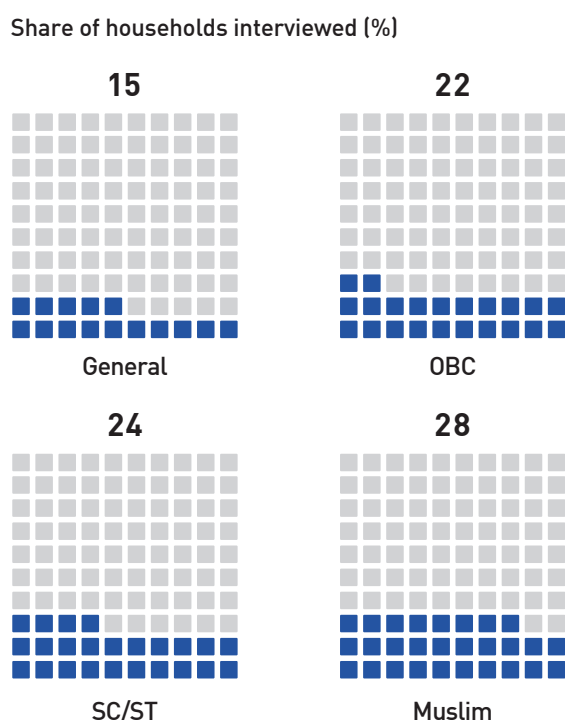
in size. Due to a combination of less stringent restrictions during the pandemic and expanded government mechanisms for direct benefits transfer in rural areas, the targeting of marginalised groups was much better in rural areas. This support was immensely helpful for many households in managing food expenses, mitigating hunger and ensuring food security. However, among urban poor households, many of them did not receive additional rations in spite of their need for it, as the findings from DCVTS round 3 and 4 data (NCAER NDIC 2020c, NCAER NDIC 2021), DMAS endline survey (NCAER NDIC 2022), and qualitative data highlight.

The Mid-day Meal Scheme programme (MDMS), which is another government programme aimed at

providing nutritious food to school children was affected because of the school closures during the pandemic. Guidelines from the central government to the states was, however, to continue providing hot cooked meals or equivalent allowances to all eligible children (Devikrishna and Mishra 2021). In Bhilwara, we found that children in government schools were provided mid-day meal in the form of a dry ration kit.

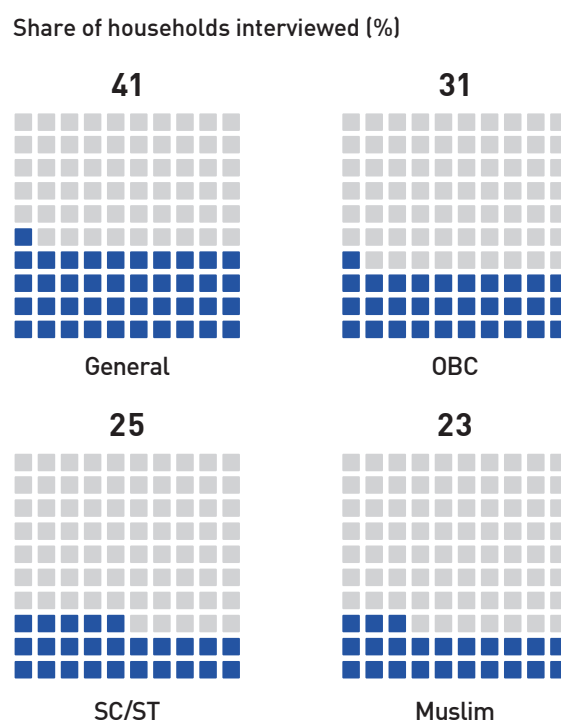
There is evidence that the PMGKY programme has been successful (Drèze and Somanchi 2021), though there are cases as well where those who needed additional grain support did not receive it. Data from the DMAS endline survey show that of those social groups that suffered most from income losses, Muslim and SC/ST households, benefitted the most from the food

Figure 14: Percentage of households across various social groups that suffered from income loss and received cash support



Source: DMAS Endline (August- November, 2021).

Figure 15: Percentage of households across various social groups that suffered from income loss and needed food support but did not receive



Source: DMAS Endline (August- November 2021).

and cash support extended by the government, followed by OBCs (Figure 14). Figure 15 shows percentage of households across social groups that suffered from income loss and needed food support but did not receive.

Relevant findings from the qualitative survey are summarised below:

Most of the rural households received sufficient ration during the pandemic. Moreover, the anganwadi food distribution services which continued during COVID and were fairly regular.

“The initiatives taken by the government helped in ensuring that peoples’ life continued [during the pandemic]. The government took good initiatives, such that there was no difficulties in the village. In no village did a situation arise that people died due to hunger. Everyone got “sufficient” ration as per government norms, which they will continue to receive till March 2022. Schools have not started mid-day meals yet. But students are receiving dry ration kits.” *Focus group discussion, rural Bhilwara*

“About 20-25 children were coming to the *balwadi* (childcare centre for children between ages 3-6 years) before the pandemic hit the country. Now [during the interview in July 2021] the *balwadi* is closed (like the school) because of COVID. However, [food] rations have been distributed regularly or as and when received from the government to the beneficiaries of the anganwadi program—young children and pregnant and lactating mother during the pandemic. *Sattu* (pulse flour) packets were distributed when the lockdown was first announced in March 2020. This was done till September 2020. No ration came in for October 2020. In November, wheat, rice and *chana dal* was distributed. For the next three months - December, January and February, nothing was distributed. In March 2021, milk and ghee packets were distributed followed by refined oil and *chana dal* in April. Mid-day meal kit was distributed to children during the April-May 2021 lockdown [in lieu of cooked meal], which includes three kilograms of wheat, two kilograms of rice, one kilogram of *chana dal* every month.” *Anganwadi worker, UP rural, KII*

In a tribal household of seven members including two children studying in Class 3 and Class 4 respectively, the respondent informed us that the grandchildren got “dry” ration delivered at their home from the school. Each kid got one kit, so two kids got two kits. Each kid got 10 kg of ration kit in which there was pulses, rice, salt, chillies, oil and spices from their school. They got it twice in the second lockdown but not in the first one. Additionally, the households received about 20 kg of wheat from PDS. They have 4 names on the ration card. – *Interview with an adult male, rural Bhilwara*

The head of a household of five members belonging to Bhil community reported that he gets ration from the PDS, which means for five people in the household, he gets 25 kg of wheat. During COVID times, he got 50 kg of wheat and had to pay Rs 25 for it. In other words, he got double the ration for Rs 25. This was enough for their family. – *Head of household of a tribal family, Rajasthan*

The difficulty with the ration programme is that many migrant workers or households didn’t have ration cards. Some cohesive communities coped by supporting those without ration card. On the other hand, many urban workers didn’t get any support from either ration cards or cash transfer despite multiple attempts. Even in rural areas with more successful ration distribution before and during the pandemic, those without ration cards suffered and missed out on other benefits they should received.

“Those in the village who are well-off would reduce their share of ration, which would then be distributed to those who needed it, but did not have the ration card. There were about 10-15 persons who fell in this situation.”

Ration dealer, UP rural, KII.

“We were in dire need, but we did not receive any government support during this time, neither ration nor cash transfer. I requested multiple people to get the

BPL card and *Shramik* card, but did not get any guidance and support.” *Female, 32 years, Married, IDI, Urban Haryana, wife of head of household of 4. She expressed complete distrust in government welfare schemes as they did not receive anything even after multiple attempts.*

In another interview, the respondent told us that he did not receive any grains from PDS and he did not receive anything even during COVID. He added “Those who have received [ration] are getting a lot” while he has not been getting ration for the past 6 years. The main hindrance appears to be the absence of a ration card. He explained “I have talked to the panchayat but I have been told that online applications are closed now and it cannot happen right now.” The respondent’s wife does not have a Jan Dhan account nor does he have a health insurance card. But he does have an MGNREGA card and he also works on it. For MGNREGA he only gets work for 30-40 days in a year. All in all, the respondent did not receive any help during COVID from the government. He reiterated expenses are weighing him down and “there is a need for the help kit [distributed by the government]... Even if the government provided [free] wheat, it would be helpful.” It is to be noted here that the respondent is a daily casual labour who used to migrate to villages in Maharashtra for work for about six months in a year. The remaining six months, he used to live in the village. *Interview with a 39 years old, Male, rural Bhilwara*

Though households in rural areas like rural Bhilwara received sufficient rations, they suffered from insufficient accesses to employment, to cash transfers, etc. which bypassed some vulnerable rural workers.

One respondent has a “job” card too but MGNREGA work has not been going on since the lockdown, it has not started yet [during the time of the interview in November 2021]. He did not get any cash in his account from the government during COVID. His wife has the zero-balance account (also the Jan Dhan account) but she did not receive the 500/- rupees that people have been getting during the lockdown. They also did not receive the amount for the gas cylinder in their accounts under the PM Ujjwala Yojana, a scheme to provide cash concessions to poor households to facilitate LPG connections. *Interview with an adult male, rural Bhilwara*

10.2 Social Support from NGOs, Federations and Cooperatives

Qualitative interviews reveal that different non-government organisations, cooperatives and other voluntary associations came forward and extended their support on multiple fronts. Some of the key findings are summarized below:

"We used to collect ration and other essential items from Lions Club on our own and after that prepared packets containing wheat flour, pulses, rice, salt, spices and edible oil. We distributed them to the needy people in the Palwal city. I also used my Tempo vehicle free of cost for distribution of ration. About 70-80 packets were distributed each day for a month"

Head Palwal market association, KII, urban Haryana, in response to the availability of government welfare scheme in the urban area

One of the key informants in Bhilwara district told us that he is part of the Agarwal Samaj (a social and religious charity organisation), which was involved with the distribution of cooked food items during the lockdown. Approximately, 3,000-15,000 packets of cooked food was distributed daily. To reach out more beneficiaries, they had opened a kiosk and anyone could come and take a food packet from there. It was open 24 hours a day and area-wise food distribution was done as well.

Key informant, Vice President, Textile Federation, Bhilwara

The textile federation in Bhilwara acquired 100 oxygen cylinders with the help of its members when the second wave was at its peak and there was a shortage of cylinders. They gave these cylinders to the government free of cost. The federation was also involved with other public services such as setting up vaccination camps or if swab/blood samples had to be collected in remote areas, it sent its vans to help in the collection. Help was also extended to migrant workers in the district. The key informant, Vice President, Textile Federation, Bhil-

wara, informed us that in the first lockdown, some of the migrant labourers did not go back to their native town or village and instead stayed back in Bhilwara. The association or factories did what they could for their daily needs. The trade association met with the administration and arranged to give the migrant some cash. As for food rations, they distributed it to everyone and if they had to deliver they did that also. They took care of their workers and other textile factories also took care of their workers.

One of the biggest cooperative dairies in Bhilwara, Saras Dairy, reported that during COVID, sales of milk reduced by as much as 50% and stocks piled up; yet they did not stop buying milk from the farmers as it was one of the ways they could support the farmers and milkmen. Although there was less demand for milk due to closure of hotels, tea stalls and postponement of marriages, still the cooperative dairy firm continued purchasing milk from all farmers. The fact that most of the private dairies stopped purchasing milk also contributed to the excess accumulation of milk in Saras Dairy. They transformed all excess milk into ghee (clarified butter) and powdered milk—both having a much longer shelf-life. Overall, the dairy business was not affected much; sales decreased by as much as 50%, but then picked up slowly and by the time of the interview [November 2021], it's at par with sales of previous years.

10.3 Livelihood Transition

Livelihood transition was one of the coping mechanisms adopted by the households. However, proportion of households reported livelihood transition during the pandemic is relatively small. Short-term emergency associated with lockdown has lasting consequences for some occupations. Small businesses and salaried workers were most vulnerable to business and job losses and their households had to look for other sources of income or rely on borrowing (NCAER NDIC 2021). Households subsisting on remittances, rents, and pensions grew from 4% to 6% and about 2% households have no source of income in December 2020. There is a downward shift from salaried work and business to casual labour which is worrisome (Figure 16).

"Rickshaw pullers started selling vegetables in the lockdown. Vegetable selling was necessary for their survival

but pulling a rickshaw provides them better income. There were too many people selling vegetables, hence, the income was lower. This was during lockdown only and when market started opening and they started getting work, they returned to their previous work.” *Palwal Market Association Pradhan sharing his experience as per his observation, KII, urban Haryana*

“In the pre-pandemic period, my husband used to work in a shop. However, it has been a year since when he was dismissed from the job. He was dismissed when lockdown was announced in March 2020. He used to earn about Rs 7,000 a month. Since then, he has been working as a vegetable vendor. He puts up his *thela* (vegetable cart) sometimes once in two days and sometimes once in three days. As a result, his earnings have dropped and become erratic as well. He earns about Rs 100 to 200 a day. Whatever is earned, is spent immediately.” *Female, 30 years, married and lives with her husband and 3 daughters, IDI, Urban Haryana*

10.4 Borrowing and Reduced Expenditure

Borrowing as a coping strategy was used even prior to the pandemic to meet daily or emergency expenses and emerged quite often as a topic of conversation during interviews and focus groups. During the first and second lockdowns and afterwards, households which could

not manage daily expenses tried to cope with the situation by borrowing from friends, relatives and other informal sources or purchasing from local grocery shops on credit. Where loans were taken the burden could be substantial as illustrated in the following examples:

“I had no work during the lockdown and had to take loan for Rs 30,000 to meet expenses during this time. Other than that, there has been no change in income or decrease in wage rate”. *Male respondent, 26, household head, IDI of household with 4 members, rural UP, a daily wage earner.*

“Since my income has reduced significantly, I manage family expenses by taking small loans, buying goods on credit from local shop. Moreover, we had to reduce expenses. We did not attend the marriage of a relative to reduce spending.” *Unmarried male, 26 years, main earning member of the household, earlier used to earn Rs 25,000 per month, but for the last 5 months he is earning Rs 8,000 to 10,000 in a new job as he was laid off from his previous job. His mother's widow pension is another source of income.*

There were more instances of borrowing in the second wave [April-May 2021] as compared to when the first national lockdown was announced. Moreover, people found it difficult to repay existing loans. Inflation, uncertainty and anxiety in the second wave of the pandemic were among the other distressing factors.

Figure 16: Livelihood transition between pre-pandemic period and during April-December 2020

Primary Income Source Before Pandemic	Primary Income Source Now						Total
	Cultivation	Non-farm Business	Salaried Work	Casual Wage Labour	Rent, Pension, Remittance	None	
Cultivation	98.0	0.6	0.5	0.0	0.3	0.2	100
Non-farm business	1.3	88.0	3.1	3.3	1.3	2.8	100
Salaried work	3.8	2.1	86.0	3.2	1.9	3.3	100
Casual Wage Labour	1.9	1.6	0.5	94.0	0.3	1.6	100
Rent, Pension, Remittance	0.0	0.0	0.7	0.0	97.0	2.7	100
Total	22.0	18.0	32.0	20.0	5.5	2.2	100

Source: DCVTS-4 (Dec 2020-Jan 2021).



According to a key informant from the Bhilwara Textile Federation, during the second wave of COVID and right after it, the situation was very tough. People were worried about how long will COVID last. Consequently, a lot of credit that was taken has not been paid back. If someone has to return the money that was borrowed, then that person will first keep the amount needed for own security and only thereafter will give [back] the money. This sentiment was understandable given the uncertainty after the second wave.

“As compared to the previous lockdown, people were more distressed in the [second] lockdown. In this [second] lockdown, they were worried about money. There was not much of a difference [in the first lockdown], there were no troubles. There were savings, so [people] were able to manage that time. This time around, [savings] were zero. My [vegetable] mandi was open [during the lockdown], my work was going on. But those whose

work stopped, they took loans of Rs 25,000, Rs 30,000, and Rs 40,000 on interest or borrowed [without interest]. They are yet to return those loans. One reason for not being able to do so is things are more expensive now. If a person was spending Rs 4000 on household expenses, he is now spending Rs 12,000. The price of oil has increased from around Rs 50-60 to Rs 180. In these two years, increase in prices have added to peoples’ distress”. *Key informant from the sabzi mandi, urban Bhilwara*

“The economic situation is down. The financial situation of the public was not good; they did not have enough time to return the credit they have taken. People say that they themselves have not received their own money [that is, the money owed to them], how will they pay back someone else’s; there are too many problems.” *Key informant interview of animal food wholesaler, urban Bhilwara*

"Suppose someone has a stock of 10 sacks [of grains], then he gave 2 sacks to those who work outside the village [that is, migrants]. So, till the migrant workers stay in the village for 2-3 months they could manage. And if the migrants go back to work outside, then they can earn enough to return the sacks [of grains] borrowed. There was cooperation and understanding among the villagers [during the pandemic crisis].

Sarpanch, rural Bhilwara

Even those who were economically better off and who lent money to family, friends, workers, sharecroppers, etc., they didn't yet get their money back which may have affected their own ability to invest in income generating activities.





11. Policy Recommendations

11.1 Rights of Informal Workers

A worker is considered to be most affected by lockdown measures or even at risk of job loss if he/she is working in a non-essential industry and unable to work from home (Estupinan and Sharma 2020). Using PLFS (2017-18) data, the authors found that a much higher proportions of formal workers (51.5%) are employed in non-essential industries in comparison to informal workers (28%). This uneven distribution is due to the fact that a high number of informal workers are engaged in the agriculture sector which was categorised predominantly as an essential activity by the Ministry of Home Affairs in their lockdown guidelines. On the other hand, 44% of the formal workers in comparison to only 15% of informal workers can work from home.

This implies that in a country like India, where 90% of the workers are informally employed (PLFS, 2017-18) either in the organized or unorganized sector, the adverse impact of COVID 19 pandemic on the jobs and wages, due to lockdown restrictions, are significant.

Even in the pre-pandemic period, India's troubled employment scenario can be labelled as more of a wage problem than a job problem, given the pervasive pool of low-quality employment as a share of total employment in the country (Satpathy et al. 2021). Hence, simply creating more jobs is not enough in the Indian context. As argued by labour economists (Kapoor 2020), these jobs of millions of low-wage workers need to be secured and offer a basic minimum level of social protection regardless of the nature of their employment status or

contract. Providing social security to informal workers in line with the recommendations of the National Commission for Enterprises in the Unorganised Sector (NCEUS 2006a, 2006b, 2007) is more important today than ever before. The Commission made recommendations for national minimum social security covering life, health and disability, maternity and old age protection for all workers in the informal economy, a minimum set of conditions of work which included no more than eight-hour working day and a national minimum wage.

The statutory minimum wages through its transmission mechanism and MGNREGS wages as an effective fiscal stimulus could help alleviate the hardship faced by the workers and returnee migrants (Satpathy et al. 2021). The increase in the purchasing power of low-income workers with a high propensity to consume is likely to boost aggregate demand, catalysing private investment, and give significant momentum to the economic recovery process. However, for wage policies to act as an effective intervention, wage levels and their adequacy along with full implementation are of paramount importance. In reality, recommended wage policies and labour codes are far from being implemented. For example, the Uttar Pradesh government suspended 35 out of 38 labor laws in May 2020 (Doshi 2020). One of the crucial laws that was suspended was the Minimum Wages Act. The suspension was done to ensure that economic activities come back on track quickly. But this suspension could have been very damaging on the lives of the labor. As there was already a reduction in wages during the pandemic period compared to the pre-pandemic wage rate, the suspension of this act will put the laborers' lives in jeopardy and may push them into bonded labor (Khobragade and Maurya 2021). Another state, Punjab, has reversed an order announcing a hike in minimum wages of workers (May 12, 2020), in a bid to help companies overcome the economic crisis caused by the Covid-19 pandemic. However, the Punjab government had increased the dearness allowance (DA) component of the minimum wage over 4% on May 1, 2020. For unskilled workers, the monthly minimum wage in Punjab was increased from Rs 8,776 to Rs 9,178 from April 1, 2020 for a period of six months. But later the state Government reversed its order on increasing minimum wage.

The prevalence of informal labour markets calls for a larger change in the social protection framework for the

workers in the unorganized sector to deal with the uncertain economic situation faced today (Drèze and Sen 1991; Estupinan and Sharma 2020; Pandey 2020). In this context, implementation of India's new labour laws (GoI 2021), recently passed in the parliament, is crucial. The Central Government has taken a historical step of codifying 29 laws into 4 codes, so that workers in both organized and unorganized sectors and their families can get security along with respect, health and their welfare measures with ease. These four broad category codes are: 1) Code for ensuring worker's right to minimum wages, 2) Code to ensure security for all workers by ensuring right of workers for health insurance, pension, gratuity, maternity benefit, 3) Code providing better and safe environment along with occupational health and safety to workers at the work place and 4) Industrial relations code safeguarding the interests of trade unions as well as the workers. While simplification of new labour codes to overcome the multiplicity of labour laws in India is a welcome step by the central government, addressing the practical constraints and reducing the structural barriers would be necessary in order to remove implementation bottlenecks (Chen 2016). Otherwise, new labour laws would not be able to deliver welfare results.

11.2 Protecting Migrant Workers

It is undeniably true that the situation of migrant workers during the lockdown and throughout the crisis of the pandemic was very poorly handled by the government. With the sudden announcement of nation-wide lockdown and no immediate plan for transportation of migrant workers from their work places to their native lands, hundreds of thousands of migrant workers attempted to travel back home on foot only to be shuttled into shelters and relief camps hastily set up as a last-minute response to the migrant crisis (Suresh et al. 2020). As all the workplaces were shut down, there was an increasing uncertainty about whether and when they would be reopened. There was a lingering fear in the minds of the displaced migrant workers that the recession in the aftermath of the pandemic would result in major layoffs. This fear and distress accompanied the migrants who travelled to their native lands and at the same time restrained some of them from going back to their native lands (Nanda 2020). There was an urgent need for on-the-ground support in the areas of humanitarian aid and health care (Suresh et al. 2020). This

mismanagement had severely impacted the health and lives of the migrant workers. Moreover, there were severe disruptions in livelihoods, jobs and income, along with cascading social implications (Jesline et al. 2021). Many studies also found that the series of unfortunate events led to mental health issues among this vulnerable section of the population (Kumar et al. 2020).

After about 40 days of announcing the lockdown, from 1 May 2020, the Indian Railway started operating *Shramik* special trains and also buses to transport lakhs of migrants to their native places who had been stranded in different urban centres without job. The special trains were limited in number and operated between various states only based on requests from the State governments. Even with this lifeline presented to the stranded migrant workers, which could have been organized much sooner, many migrant workers had a difficult time to arrange the train fare to avail the service since the sleeper class fare was not waived by the central government. The Supreme Court of India intervened with an order stating that the migrants would not pay any fare, with Indian Railways to bear 85% of the train ticket cost and state government to cover the remaining 15% (Rajan and Bhagat 2022).

The apathy of the government on the migrant crisis was evident when they did not have an answer in response to the question asked in Parliament about the data on the number of migrant workers who suffered job losses during the pandemic and those who died during their journey home. This shows the long-term negligence of the migrant welfare issue and exposed the larger issue of non-inclusive development in India. Even though migrants form an integral part of both urban and rural landscapes, their welfare has often been relegated to the periphery of policy discussions (Rajan and Bhagat 2022).

Even in normal circumstances, people migrating for work often face the following challenges: 1) lack of social security and health benefits and poor implementation of minimum safety standards law at workplace, 2) lack of portability of state-provided benefits especially food provided through the public distribution system (PDS) and 3) lack of access to affordable housing and basic amenities in urban areas (Iyer 2020). During the pandemic-triggered migrant crisis, the food insecurity of migrant workers emerged as the most visible depri-

vation, along with shelter (Rajan and Bhagat 2022). Government responses with regard to migrant labour during the lockdown and the subsequent policy recommendations from the researchers and activists around the country can be summarized as follows.

11.2.1 Portability of PDS entitlements

Ration card required to access benefits under the PDS is issued by state governments and is not portable across states. This system excludes inter-state migrants from receiving PDS benefits unless they surrender their card from the home state and get a new one from the host state. It is imperative to ensure food security through portability of the ration card in the PDS schemes in the future. As a follow up measure, the Central Government announced the 'One Nation, One Ration Card' to ensure portability of food security entitlements across India. If implemented successfully next year as proposed, it will go along way towards providing food security for the needy migrants (Rajan and Bhagat 2022).

11.2.2 Availability of affordable housing and basic amenities in urban areas

According to census 2011 data, the proportion of migrants in urban population is 47%. In 2015, the Ministry of Housing and Urban Affairs (MoHUA) identified migrants in urban areas as the largest population needing dignified affordable housing in cities. There is inadequate supply of low-income ownership and rental housing options. This leads to the spread of informal settlements and slums with poor infrastructure and resultant poor living conditions. *The Pradhan Mantri Awas Yojana* (PMAY)-Urban, launched in 2015, is a central government scheme to help the economically weaker section and low-income group including the slum dwellers access housing by the year 2022, when India completes 75 years of its Independence. Assistance under the scheme includes: i) slum rehabilitation, ii) subsidised credit for home loans, iii) subsidies up to Rs 1.5 lakh to either construct a new house or enhance existing houses on their own and iv) increasing availability of affordable rental housing units in partnership with the private sector (Iyer 2020; MoHUA 2017). Since housing is a state subject, different states approach the urban housing problem differently. During the pandemic, on 13 May 2020, the Central Government announced a series of much needed assistance

measures as part of the *Aatmanirbhar Bharat Abhiyaan* which includes a scheme for affordable rental housing complexes for migrant workers and urban poor under PMAY. The scheme proposes to use existing housing stock under the Jawaharlal Nehru National Urban Housing Mission (JnNURM) as well as incentivise public and private agencies to construct new affordable units for rent. This long-term solution, if implemented, can go a long way in providing better living conditions to the migrant workers who make a large contribution to the Indian economy and society.

11.2.3 Registration of migrant workers

In late 2015, the Government of India, through the Ministry of Housing and Urban Poverty Alleviation (MHUPA), formed the Working Group on Migration to examine laws covering migrant workers. One of the key recommendations made by the working group in its report in early 2017 was registration of migrant workers. The lack of political will in solving the migrant worker's crisis is evident from the absence of reliable real-time data on migrants in the country. An obvious way to ensure this is to have migrants voluntarily self-register at their destinations. To this end, the initiative taken by the government in launching the *eSHRAM* portal (www.eshram.gov.in) in August 2021 and the National Tribal Migration Support Portal (<https://shramshakti.tribal.gov.in/>) in January 2022 is commendable. The objective of the *eSHRAM* portal, launched by the Ministry of Labour & Employment is to create a National Database of Unorganized Workers including construction workers, migrant workers, gig workers and platform workers, street vendors, domestic workers, agriculture workers, among others. The goal of the *shramshakti* tribal portal is to capture

information about migrant workers across four modules, viz., Demographic profile, Livelihood, Skill mapping and Migration Pattern. The data is supposed to be electronically available and visible via dashboards at Village-Block-District-State and National level for different tiers of government authorities. Completeness and accuracy of such important administrative data can be useful in handling similar migrant crisis in future as experienced during the COVID-19 pandemic. However, a support system like Common Service Centres (CSCs) need to be available to help the migrant workers to register themselves in the portals.

This administrative data can be complemented with large scale datasets like the Census, the National Sample Survey, the Kerala Migration Survey (Rajan et al. 2020; Zachariah and Rajan 2020) and the Indian Human Development Survey (Vanneman et al. 2006) to gain a disaggregated temporal view of migration including seasonal and circular migration.

Along with the recommendations mentioned above, there is an immediate need to push for a pro-migrant attitude in the general society, a better acknowledgement of the contribution of the migrants to the society, and the adoption of a proactive role in educating them and safeguarding their labour rights (Jesline et al. 2021). Often the migrants are only entitled to vote in their home constituency and not in their migrated states, hence, their political clout is limited and therefore their voices are rarely heard (Deshingkar and Akter 2009). In order to present their demands and concerns to the governmental agencies, they have to be a part of a legitimate political system that represents them in the migrated lands.





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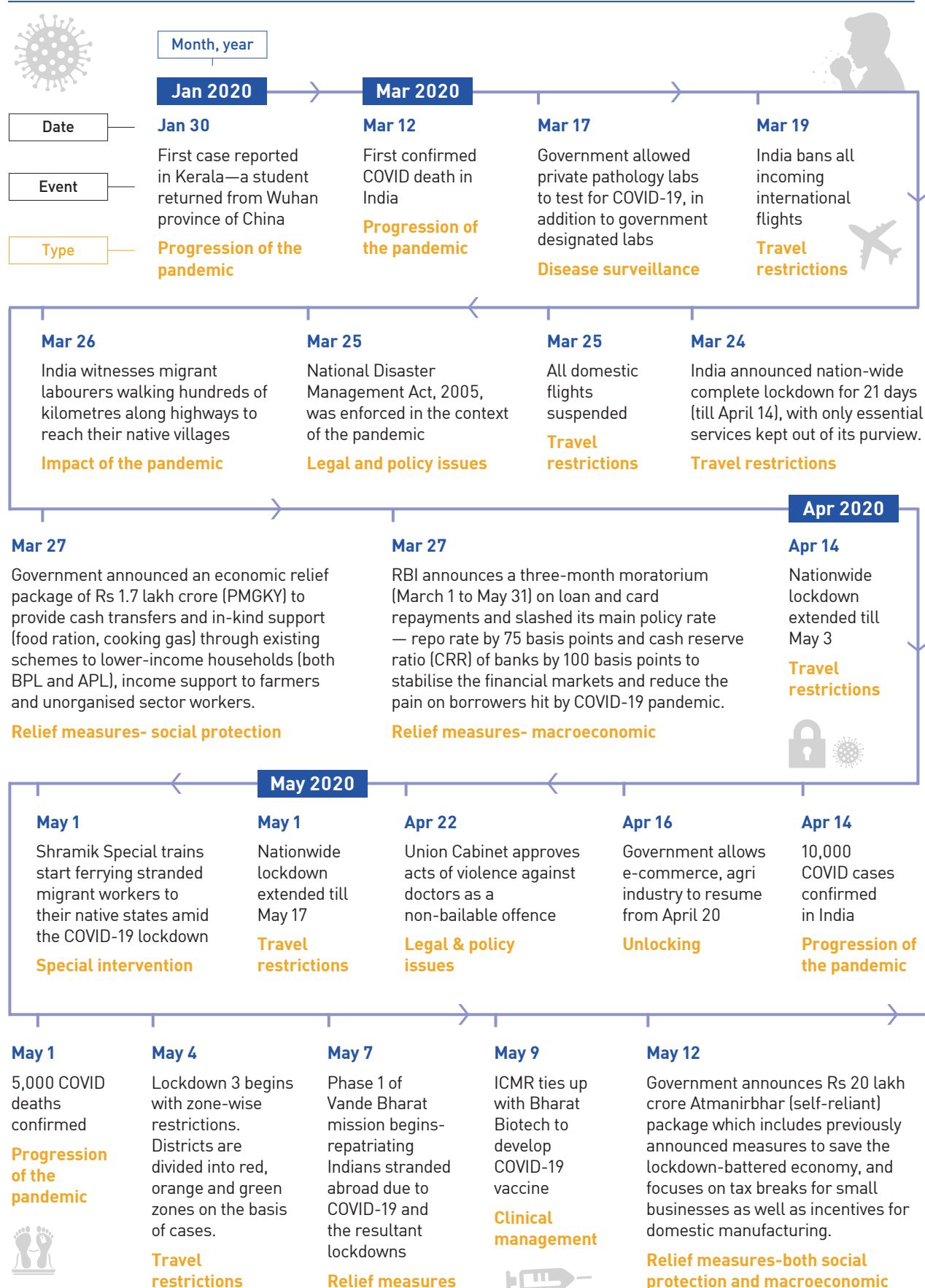
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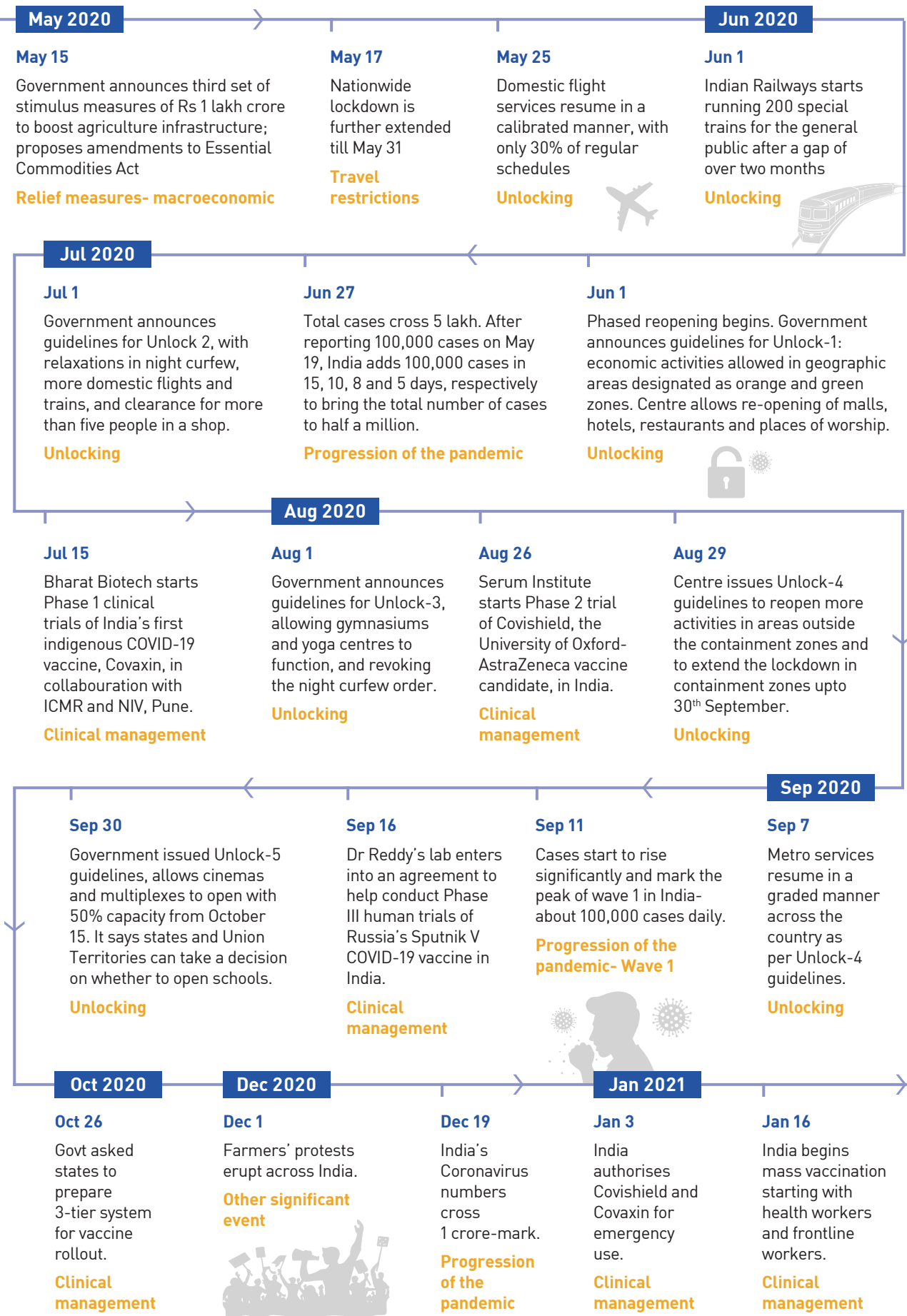
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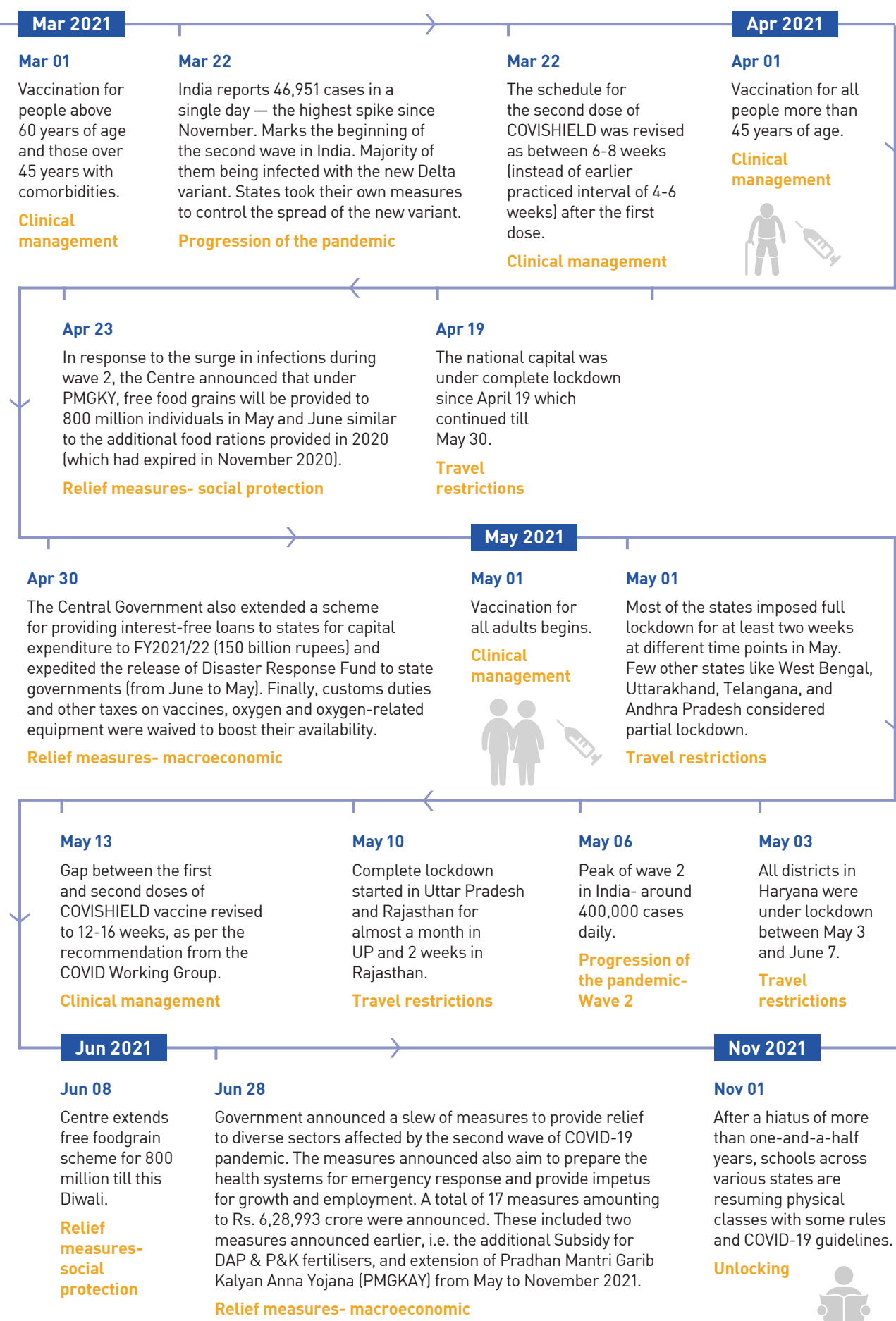
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Annexure 1: Events, policies related to COVID-19: Timeline







**Jan 2022****Jan 03**

COVID-19 vaccination for children in the age-group of 15-18 years started with Covaxin.

Clinical management**Jan 2022****Jan 10**

Third dose of vaccination (precautionary dose) started for adults starting with the health care workers and frontline.

workers Clinical management

India COVID-19 poverty monitor report has been compiled using a combination of original qualitative data collected from a small number of affected people in India, interviews with local leaders and community development actors, and secondary data from a range of different sources. The report is an attempt to assess the consequences of the pandemic for the vulnerable populations and the risks of impoverishment faced by them.

This report is a product of the research staff of NCAER. The findings, interpretations and conclusions expressed herein do not necessarily represent the views of NCAER or those of its Governing Body.

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