INTRODUCTION

Poverty is characterized by human suffering and subjugation in an environment that is having marked crunches of availability, accessibility, and affordability of resources essential for human development and a nation's progress. The devoid living of the poor is more or less consistent condition for generations, termed as "cycle-of-poverty" that victimize the poor by raising the number of barriers in the path of progress, may it be for gaining the education, health facilities or assessing any government schemes, perceiving secured dignified living, or pursuing safe, adequate stable livelihood options. These barriers are socially disabling and economically disempowering and politically retained over years. The social disabling factors included the wide range of caste divisions, class-based subjugation, lack of facilities for education, basic services for securing safe housing, water supplies, and sanitation facilities, leading to poor health and well-being. Further, wide-geographical disparities and geo-positioning of the villages in the extremely secluded locations and difficult terrain with low connectivity often put a halt on the developmental initiatives. It will not be justified to consider all the social barriers with an equal degree of intensity, but their contributions are crucial for recognizing the vulnerabilities that are embedded and get exposed during the disasters, crisis, or emergency situations like COVID-19. While the caste system is a critical factor in Indian society where poverty is largely concentrated among the poor marginalized lower caste...
sections of the society, they also have a poor holding of resources and living on menial jobs in a hand-to-mouth situation (Agoramoorthy & Hsu, 2020). With industrialization and urbanization, a large section of these poor people also migrates to the urban areas for better economic fortune and livelihood options. The socially disabling factors are closely associated with the economic deprivation too, where the poor lived with little and could not accumulate enough to be an entrepreneur or having an independent stable income through a secured livelihood practice that maintained their dignity and well-being (Azeez et al., 2021). Lack of resources often made them incapable of gaining financial loans or learning new skills that constantly pushed them toward financial crisis at a personal or familial level. Often the harsh, unpredictable environment leading to crop loss, unfavorable financial situation, unplanned financial policies like demonetization, and suspension of work (Lockdown) to carve the spread of coronavirus caused a serious financial crisis for the rural poor. Ultimately in a democratic welfare nation, poverty is a clear systemic failure, and by default, it exists shamelessly. The politics of poverty clearly demarcated that poverty is not just only a reflection of political apathy but also an administrative failure, a result of poor governance and systemic abuse of power (Harbers et al., 2019; Roy, 2021). Poverty is an agenda in every election, in the manifesto of any party, as well as a number of programs designed over years, in the name of eradication of poverty, increasing the income of the rural poor families, or ensuring benefits to the poor sections of the society. But often, the promises made in the election manifesto and the programs designed for poverty reduction are having a limited impact at the grassroots level. The rights of the poor are often denied (Schuftan, 2012), and in disaster situations, they become double victims due to pre-existing vulnerabilities added to the disaster-induced difficulties in daily life (Have, 2018).

India is the second-largest populous nation with the crown of having the largest democracy of the world is not often as glorious as it would have been while the sufferings of the poor and the reality of poverty surfaced often in various national and international indicators measuring different parameters of human life, growth, and development. Poverty remains a chronic problem in rural India, for almost 30% of the population. Chronic poverty of the poor family inherited by the next generation showed the genetic nature of poverty in the “aspirant districts,” which are the main target of the poverty alleviation program. Though at times pulled the poor families out of the poverty line but could not keep them as the job loss, inflation, economic slowdown came on heavily on the rural poor by the end of 2019. The report of Oxfam clearly showed the critical issues related to poverty and income inequalities in India. Increasing cost of health care has pushed many Indians into the deepest poverty (Oxfam International, 2019). As an impact of poverty, people stay hungry or do not have enough to eat complete meals every day. India ranks 102, in the Global Hunger Index among 117 countries. It represents that India is having a serious level of hunger. It is reported that fifty percent of India’s poor are chronic poor, where poverty is inherited by the next generation (Mahapatra, 2020). Further, 76% of the rural poor cannot afford adequate nutritious food (Raghunathan et al., 2020, p. 54). The situations became worse following the outbreak of the pandemic. Different reports have forecasted that the poverty will become severe and “COVID-19 may double the poverty in India” (Saini, 2020).

## 2 | The Issue of Rural Poverty and COVID

The recent pandemic has critically unveiled the pathetic condition of the poor sections of the society. The marginalization of the poor families is having different threads of marginality continuing over years and increased subsequently during the pandemic that will have a long-term impact on the life of the individuals, families, and community as whole. The deepening poverty started negatively impacting the economy by pulling down the growth rate, income, and production (Ghosh, 2020; Worldbank Group, 2020, 2021). The total number of populations in rural areas was 833463448, lived in 593643 villages as per the census of 2011, representing that 68.85% of the population lived in the rural areas. The majority (56.63%) of the rural population lives in six states of India, namely Uttar Pradesh, Bihar, West Bengal, Maharashtra, Andhra Pradesh, and Madhya Pradesh (Ministry of Rural Development, GOI, 2021). As per the report of NITI Aayog (2019) about the achievements of India toward Sustainable Development Goals indicated that 21.92% of India’s people are living below the poverty line, whereas in Bihar 33.74%, in West Bengal 33.40%, in Madhya Pradesh 31.64%, and in Uttar Pradesh 29.43% of the population are living below the poverty line. The distribution and concentration of the poor people also underscore the specific vulnerabilities of certain States in the midst of COVID-19 disaster. The crisis in the life of the rural poor is connected with the following facts that played an important role in worsening the socio-economic status of the poor.

### 2.1 | Biological nature of the disaster is quite unknown to the community

Unlike natural disasters, there are no visible threats. Thus, warning is often diluted and not taken seriously in various social sense and practicality purposes. In the case of a pandemic, the threat of virus is absolutely invisible, and its biological characteristics are unknown. Therefore, how the situation will unfold in immediate and in long-term is quite unknown. As the basic preventive measure to spread the virus was imposing restrictions recommended by the WHO, like other countries, India too decided to enforce lockdown. This put the situation in standstill and the sudden imposition and subsequent extension of the lockdown period caused a severe survival crisis for the poor marginalized sections of the
society as they are largely dependent on daily income. This section of the people neither had a resource to sustain nor had an option to earn. In such situations, many time, the poor had to move out of the safe zone for fulfilling the basic needs that increased the spread of disease in the rural areas. It was also reported that many poor families felt that they would die out of hunger rather than COVID-19. The obvious reality surfaced, which is more dangerous COVID-19 or poverty. In the face of such critical context as the advisories were diluted, similarly, the problems increased, but the poor became the worst victim of the situation, as they had to take risk for making a livelihood and also had to face the punishment for breaking the rules of lockdown. In the phase of unlocking, the income opportunities were very limited within the village, and previous job opportunities were also quite less in the big cities.

2.2 | Lack of disaster preparedness at the grassroots level

After the enactment of Disaster Management Act in 2005, the disaster response is quite organized in India, and different patterns of disaster preparedness measures are adopted considering the threats prevalent in various regions. For example, the coastal zones have developed a number of disaster preparedness measures to deal with cyclones; similarly, the school teachers and children in different parts of India have participated in a number of school safety and disaster preparedness drills for earthquake, flood, fire, or cyclonic storm. The CBRN (chemical, biological, radiological, and nuclear) disasters and preparedness for the same are yet to be taken up at full scale. Pandemic is a biological disaster, and the preparedness for the same at the community level was absolutely nil. The initial emphasis was made to ensure medical preparedness, but the community awareness, practices, and measures were neither clear nor well-defined. Though there is a guideline on Management of Biological Disaster (NDMA, 2008), yet the management of the pandemic at such a wide level was quite new and the systems were not prepared to deal with the emergency. In the guideline, it is mentioned that pandemic causes socio-economic difficulties, stagnation, and recession. Thus, its negative impact on the poor section of society was obvious, but lack of socio-economic preparedness pushed the poor and marginalized sections of the society toward further critical situations.

2.3 | Lack of resources for a minimum decent living

It is not that only COVID-19 is the enemy or the reason for all suffering of the poor. There were enough pre-existing problems such as poverty, unemployment, exploitation, and corruption. that all have been aggravated due to the crisis situation. Indian growth rate and economy are in major crisis from 2016 to 2017 onward, and the slowdown is unprecedented in 70 years of independent India (Chakravarty, 2019). These situations further worsen due to COVID-19, and India’s aspiration is greatly shattered by a pandemic that is pushing many people toward poverty by increasing the crisis of survival (Gettleman, 2020). While the pre-existing problems coupled with problems due to crisis and emergency start flaring up, a very strong political will and robust welfare-oriented policy is required to uplift the poor that could increase the capital access in the hands of the poor individuals and families. The livelihood crises faced by these families are quite multi-dimensional, as there was a sudden influx of population due to reverse migration in the rural areas. Many of these migrant families were working in various cities and were actually contributing to the village economy as they used to send money to their families or spend while visiting their native places. But, the reverse migration was due to the survival crisis in the cities because of lockdown and lack of income opportunities. While these populations depend on daily wages or on small businesses in the cities were out of income, and almost exhausted their savings, they had no other choice except returning back to home in rural areas. Returning home was mainly to have basic security and an expectation to secure some livelihood options. But, the poor sections of the villages did not have any resources or capital to maintain the basic standard of living.

2.4 | Gendered impact of COVID in relation to rural poverty

Feminization of poverty explained the various reason for the concentration of poverty among women. It is known that 70% of the poor are women either living alone, deserted, widowed, or having higher family burden or responsibilities to maintain children, old, sick family members. Most of these women do not have landholding, resources, or other capital to maintain a well-being. COVID-19 made a serious negative impact on these poor women who lost mobility, income sources, job opportunities, and even exhausted their savings. At home, women were facing increasing demands from the family members and also facing domestic violence. While spending more time at home with the male members, their personal time and space almost evaporated. Even some of the women in rural areas explained their difficulties that they are unable to move in the community as male members are always at home. During lockdown and subsequently, the family atmosphere is highly stressful. Many times, the financial crisis is taking a toll on the family atmosphere, and domestic violence also increased. Similarly, unwanted pregnancy increased, and experiences of teasing by the adolescent girls were also on raise. Adolescent girls in rural areas said that they are just unable to continue their studies and are facing the family pressure to get married. Parents explained that arranging marriage of the girls during the
pandemic is less costly, and demand for dowry is quite less, and cost of hosting guests will also be saved (Girls not brides, 2020). Ultimately, the pandemic has shattered the aspirations, prospect, and opportunities for many young girls in rural areas who will never be able to back to school and in risk of child marriage, and early pregnancy thereafter. The situation is worse in developing countries and in rural areas where getting an education is itself a struggle (Burzynska & Contreras, 2020). A study by Room to Read an international humanitarian organization reported that 1 in every 2 girls included in the study is at the risk of never returning to school (Room to Read, 2020). UN Women aptly described the current pandemic as a profound shock on the women as it destroyed the socio-economic stability of the society and particularly for poor women (UN Women, 2020). Women in different medical and paramedic professions and in the community are the major frontline worker and caregiver at institutions and at home. Women have less information access, as well as less covered by medical insurance. There is no doubt that in rural areas such problems are quite severe. With increasing family demand and rising poverty, the women in rural areas are also experiencing a number of psychological issues ranging from feelings of depression, body pain, hopelessness, tiredness, and so on. At the same time, the maternal and healthcare provisions, normal immunization process, are greatly hampered.

2.5 | Loss of job in formal and informal sector among women

The job loss is much higher in the informal sector due to COVID-19 lockdown. In the informal sector, 94% of the employees are women, who were forced to go without a job and no payment (Bill & Melinda Gates Foundation, 2020). Thus, the low-income women in both the rural and urban areas were hit hard. It was not just an economic crisis, rather it pushed them toward social and personal difficulties. Women’s economic security is traditionally less powerful, and they suffer more than men in case of job loss. Thereafter, during the unlocking period, the women’s return to job is even much less due to multiple socio-cultural restrictions and lack of opportunities. Due to lockdown, more women than men lost jobs as per the report of a survey conducted by civil society organization group “ActionAid Association Group.” About 79% of the women were left unemployed and most of them were engaged in the informal sector. Thus, 51% of the women reported receiving no wage or income (Herald, 2020). The existing gender inequalities further widened due to the pandemic. “Women employees and entrepreneurs continue to suffer the impact of layoffs and business losses to a greater extent than men” (Tejaswi, 2020). For women, losing a job is also closely associated with loss of safety and security, and in many cases, they become vulnerable to various exploitations (ILO & ADB, 2020).

2.6 | Loss of income opportunities

The poor became further impoverished during the pandemic. Immediately after the lockdown, the loss of jobs was a major crisis that the Indian poor families have faced, as the poor live on their daily wage and do not have savings to sustain. After 1 month of lockdown, about 121 million people were out of job, and the younger generation was highly affected as they had less job security and opportunities (Biswa, 2020). In India, agriculture is the largest informal sector of employment that provides income to the poor sections of the community. Due to lockdown, the supply chain of food was absolutely choked, and many fruits and vegetables were spoiled in the ground or could not be sold. Many of the small and marginalized farmers faced the brunt of loss of income and investments (Ali & Khan, 2020). Though subsequently, the rural job guarantee program and the firm-based agricultural work helped in clawing back of the economy to some extent in the rural areas, still the problem of the rural economic group is far from over. It is being debated that Indian lockdown was one of the most unprecedented in the world; most hasty and unplanned that made the economy suffer the most and the poor became the worst battered population both in rural and urban areas. The consumer pyramid household survey carried out by the Center for Monitoring Indian Economy reported a steep raise in the unemployment rate from 8.35% to 23.52% during April to August 2020 (Singh, 2020) and again in April 2021 (Reddy, 2021). But, there is an urgent need to ensure livelihood opportunities at the rural areas that can ensure enough income in the hands of the poor to live beyond just fulfilling the basic consumptions for survival.

2.7 | Migrant labor and other invisible population

The lockdown absolutely destroyed the demand and supply chain of all products. Subsequent, job loss, and plight of the migrant labors were in the forefront. The process of migration from rural to urban areas happened through decades with the development of industrialization and urbanization with increased economic opportunities at the urban centers. The sudden imposition of lockdown and economic activity cessation left these sections of the individuals and families with no income sources (Ghosh, 2020). The whole world was stunt to witness the plight of the migrant labor while traveled hundreds to thousand miles back home. Many people died on their way back and faced severe threat toward

1https://consumerpyramidsdx.cnie.com/
safety while walking back. The reverse migration was a major setback to the rural economy. After reaching the rural settlements, they were mainly dependent on agriculture or PDS system and also worked in NARGEGA Scheme. Other groups of sufferers were the bar dancers, sex workers, and people associated with the entertainment and tourism industry through various low-paid jobs. Typically, the profession of sex workers and bar dancers are highly stigmatized, and while these populations returned back to their home, encountered severe difficulties to gain assess of the government support. The Nat community of Rajasthan faced the brunt of the lockdown and still at great confusion about their future prospect. The Nat community is considered as Scheduled Caste, termed as “Dalit” placed at the bottom of the Hindu Caste hierarchy (Jangir & RajNat, 2020). Similarly, other lower caste populations in the villages were at severe survival crisis, as mostly they were dependent on various day-labor job in the farm, and other daily wage employment available within the rural economy or in the nearby towns. Often, the lower caste families have no or very less landholding or other livelihood resources that pushed them to the edge of survival crisis during the lockdown and thereafter. The majority of the victims of lockdown in India were the poor, marginalized, tribal, and the “Dalit” communities, who are socially, culturally, and economically oppressed for generations. The whole situation during the pandemic has made the poor section further impoverished, and the pandemic has widened the social inequalities further in multiple dimensions (Agoramoorthy & Hsu, 2020).

2.8 The second wave of the pandemic in rural areas

The spread of COVID in rural areas became intensive during the second wave, which typically highlighted the lack of medical services and absolute dilapidated health infrastructure in the rural areas. The second wave is four times higher and spread like wildfire that pushed the rural people to the edge of survival crisis. In the month of May 2021, 52% of the new cases and 53% of the deaths were reported from the rural districts (Mohan V, 2021). The political and religious events marked as the reason for the uncontrolled surge of the cases further showed the severe vulnerabilities of the rural poor, as often many could not afford medical care, or even perform the minimum death rituals (Das & Ravikumar, 2021). With fragile economic health reimplementation of localized lockdown from March 2021 onward, further become a nightmare for the poor households with job losses, closedown of business opportunities, lowering of wages with added burden of death and illness (Inani, 2021).

3 The State Responses to Deal with the Rural Poverty Due to COVID-19 and Limitations

The lockdown imposed in India has been criticized as one of the stringent and unplanned that caused a humanitarian emergency and survival crisis rather than being effective enough for restricting the spread of the disease. India with its wide demographic variations, diverse economic activities, and multiple social hierarchies never could be tackled with one yardstick of lockdown and this fact was completely ignored. As a result, large group populations become the real victims of emergency situations not because of COVID, but due to unscientific approaches. These groups include the poor across the nation largely of the daily laborers, the “Dalits,” indigenous communities, marginalized, and oppressed sections of the society. Thus, the economic and social devastation was unprecedented as cessation of all economic activities severely impacted the 95% of the laborers engaged in unorganized sectors. These sections of the labor are not having any coverage of legal and social security measures and faced the severe survival crisis from the time of lockdown and still continuing with little improvement. The economic slowdown of the pre-corona period further worsened through the unplanned measures and lockdown and further inappropriate planning of recovery and financial packages that largely did not reach the worst affected poor of the country (Ghosh, 2020). After the first wave, ignoring the scientific warning for the second wave showed the serious lack in preparedness and planning not only in the health sector but also in the economic and social sector that made the living of the people extremely difficult. On May 31, Government of India announced that the economy contracted by 7.3% in 2020–21, and it is the worst performance in the past four decades (Inani, 2021). The various economic packages announced in the name of corona Pandemic for ensuring the recovery of the economy in fact had nothing extra that could ensure availability of money in the hand of poor people that will enable them to have a better purchasing capacity and achieve well-being. Over the month of April or May during the period of harsh lockdown and serious crisis of survival, the poor people got only 33,176 Crore in hand, as declared by the Finance Minister. Out of this amount, the women of Jandhan Account received 10.025 Crores, advance payment of funds through PM Kishan Yojna, 10,394 Crores (without any additional allotment for the same), and additional payment of 2807 Crores, to the aged, disabled, and widow pension holders, and lastly, 3,950 Crores paid to the construction workers, from the available funds of Building and Construction Worker’s Cess Welfare Fund, without any additional investment. In other way, the “atmanirbhar” (self-reliant Indian) pushed them to fend for their own fate (Iyer, 2020). The financial packages have mainly supported the corporate houses and businesses to borrow more that are expected to have some trickle-down effect on the poor. Ultimately, the poor have got less than 1.5 thousand crores from the huge fat 20 thousand crore relief package promised by the Prime Ministers in May 2020. Despite the stimulus package, the data revealed that the government is actually spending less, not more (Alavi, 2020). This ultimately pushing the poor into further critical challenges and the social issues such as
malnutrition, unemployment violence, criminal incidences, stress, and suicide are continuously on rise. The financial measures have absolutely ignored the rights of the poor and the government denied the responsibility to establish economic and social justice paradigm in its response strategies as the country sailed through the first to second waves, with apprehension of the third wave (Inani, 2021).

Inadequacies of the government-supported program to deal with emerging needs are evident through the continued suffering, increasing rate of unemployment, decreased growth, and financial crisis. India is among the worst-performing major economies (Prasad, 2020). With COVID crisis, India now entered the phase of recession with back-to-back GDP contraction (Beniwal & Sundaram, 2020). Though pandemic is the crisis of 2020, India’s economic and developmental crisis was looming from the last few years that got further worsened as religion become the core driving force of national politics. Further, the regionalisms, casteism, number of administrative, economic political decisions, and events have weakened the social system. These increasing vulnerabilities of the economy, social, and political system were imposing severe restrictions on the poor families to manage their daily life with shrinking income and opportunities for livelihood. Some of the crucial responses by the Government of India are given in the table below, with subsequent critical reflection about its implication.

| Schemes                                      | Basic information                                                                 | Added measures during the pandemic                                                                 |
|----------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Pradhan Mantri Garib Kalayan Yojana (PMGKY)² | Started in 2016, and provide multiple social security services, such as food security during the lockdown, special cash package, insurance, and ex-gratia | More than 80 crore poor families were provided some food grains till November 2020, and further started in May 2021 during the second wave of pandemic |
| Pradhan Mantri Jan Dhan³ Yojana               | Started in 2014, for the purpose of financial inclusion and facilitating universal access to banking facilities to every household | Account holders to receive Rs 500 every month for April, May, and June 2020. For 3 months in 2021 during the second wave. |
| Pradhan Mantri Kisan Samman Nidhi (PMKS)⁴    | Started in December 1, 2018. Under this scheme, the small and marginalized farmers supposed to receive Rs 6000/- per year in three equal installment as income support | During the lockdown, money is distributed twice to the beneficiaries. |
| MNREGA (Mahatma Gandhi National Rural Employment Guarantee Scheme)⁵ | Mahatma Gandhi National Rural Employment Guarantee Scheme is a demand-driven wage employment and mainly provides unskilled job opportunities, started in 2005 | Just 3 days before lockdown as per the regular measures, the wage rate was increased to Rs 202 from Rs 182 per day by ministry of rural development. Additional allocation was done to ensure job creation |
| DBT (direct Benefit Transfer)                 | Ujjwala Scheme for Giving LPG connection for free to women                         | Under the Ujjwala scheme, the beneficiaries belonging to BPL received free LPG cylinders for 3 months in 2020 and 2021 |
|                                              | There are existing SHG groups that receive government support                      | Double amount of collateral-free loan was disbursed to the SHG groups and similar provision in 2021 |
|                                              | Social security schemes such as widow, aged, and disabled pension were existing    | These beneficiaries were given an ex-gratia of 1000/- in two installments over 3 months in 2020 and in 2021 |

² https://www.indiabudget.gov.in/pmgky/
³ https://pmjdy.gov.in/
⁴ https://pmkisan.gov.in/
⁵ https://nrega.nic.in/netnrega/home.aspx
The pandemic indicated the poor health infrastructure of the South Asia countries and the vulnerabilities of the poor. Particularly, these nations have high burden of non-communicable disease and addition of the corona-virus made the situation further worrying. The health crises increased multi-fold, and many time, the spread of the disease became uncontrolled. Though the younger population demographics to some extent helped in keeping the rate of death is lower than the developed nation, yet the challenges at socio-economic front are much higher, that requires a massive investment in rebuilding the public health system and to facilitate socio-economic recovery (Babu et al., 2021). The UNICEF (2021) report mentioned that during the second wave the South Asian region became highly affected with rising deaths and severe crisis of medicine, basic equipment, and facilities. The low vaccination rate in these countries is also a matter of concern. Children are disproportionately affected as infection is spreading among the children. Many children become orphans or single parents. The increasing social vulnerabilities of the South Asian countries require keen international attention and strategic response by the governments and other civil society organizations.

5 | THE REQUIREMENTS OF ADDITIONAL FOCUS FOR THE POOR AND MARGINALIZED PEOPLE

The COVID response strategies implemented by the government were a temporary relief (Kühner et al., 2021), becoming evident while the second wave strike and the problem intensified again. It was seen that job opportunities through MGNREGA were the major source of income among the poor in the villages. It was seen that many educated youths, skilled labor (such as mason, plumber, electricians, and others) after losing a job, had no other opportunities in the villages except joining in the unskilled job. There is a need to facilitate technical job opportunities in the villages in the short and long term. The use of the skilled workforce for improving the health and sanitation facilities at the villages will help to build a better resilient environment in the rural areas (Vasudevan et al., 2020). Further, as a caution, it is essential to keep in mind that NREGA is not for any sustainable solution, rather this is a temporary measure to encourage supportive income opportunities. Thus, restoring livelihood opportunities that produce definite goods and services is more crucial to deal with economic development, well-being, and future prospects of the poor.

Ensuring food security to Indian poor is an important entitlement that was initiated through NFSA (National Food Security Act) 2013 (Gol, 2013), and it was an important move from the welfare approach to the right-based approach for the poor living in a democratic nation. During the pandemic, the extension of the same by ensuring higher entitlement of food grain to the marginalized section through PMGKY at the PDS system came as an immediate relief, but the supplies and initiative were limited in providing basic food, rather than looking into the holistic requirement of nutrition and diet. Specific dietary needs of children, pregnant women, or geriatric population were not taken into the consideration. PDS must include pulses, oil, and initiate decentralized procurement of supplies, and restart food support through ICDS and mid-day-meal to target issues of food insecurity and malnutrition (Sinha, 2021).

Agriculture is the highest informal sector in India that provides job opportunities to the poor and marginalized section of the society. Further, a large number of farmers are the owners of small landholdings and do not have access to formal banking or marketing systems. Low income of the farmers is a continuous political agenda with promises to increase their income, easy loan facility, loan weaver etc. Under PMKS, money was distributed as a temporary relief but yet to have any sustainable strategy for the small and marginal farmers. The supply chain was totally disturbed, and markets were closed, subsequently due to non-availability of regular transportation facilities the agriculture-based families were at severe financial crisis. It was felt that the system is absolutely not resilient enough to deal with such crisis situations, and there is a need to restructure the agriculture market system to deal with such unprecedented risks in future (Ali & Khan, 2020).

A provision of temporary basic income was suggested for the poorest communities by UNDP to prevent the surge of the COVID cases and to empower the people to stay at home (UNDP, 2020). Accordingly, DBT came as a relief to many poor families, but it is a matter of debate whether DBT would be able to shade-away the economic damage due to the pandemic and the economic fall that started even before the pandemic. In case of DBT, selection of beneficiaries is important to facilitate appropriate services to the most marginalized sections of the society. In reality, large sections of the marginalized population are not yet connected with the formal banking system, or do not have an active bank account. There are migrant, illiterate, living alone, disabled, aged, and homeless people within the most vulnerable groups who are absolutely disconnected from the information network and suffer silently. Therefore, undoubtedly, a large section of the typically vulnerable sections of population did not receive the benefits of DBT (Sengupta, 2020). Even many had to return from the bank because of procedural issues. Thus, it is highly essential to reach out to the people who do not have a voice to raise their claims and lives at the end of socio-economic hierarchy.

The long-term impact of the pandemic in the next 10 years would push another 200 million more people to extreme poverty as predicted by UNDP. It is also being emphasized that commitments toward the implementation of the SDGs are most crucial for restricting the growth of poverty rate among the extremely vulnerable. Achieving SDGs would also be important in reducing the gender gap in poverty and a clear path for other developmental activities (UN News, 2020). Thus, proactive measures considering the social and economic justice perspective and activating the welfare mechanisms are crucial for economic recovery of India.
A strong focus for improving health facilities for all should be a priority in the rural areas for dealing with such health emergencies in future. Though there is continuous mutation of the virus and new strains are emerging, universal vaccination is important at this moment. There is much misconception, resistance, fear, mistrust, and rumors about vaccination (India Today, 2021) that require intensive public health awareness building, particularly in the rural areas.

6 | CIVIL SOCIETY ENGAGEMENT TO DEAL WITH PANDEMIC

The NITI (National Institution for Transforming India) Aayog, Government of India during April-May 2020 constituted an empowered group to engage NGOs, CSOs, industries, and international organizations in India’s fight against COVID-19 pandemic (NITI Aayog, 2020). This committee has given due importance to the wider engagement with the civil society organizations to strengthen all the responses, such as distribution of relief materials, providing medical kit, awareness generation, and the use of volunteers in the government program. Each of the State governments was asked to appoint a state-level Nodal Officer for the coordination of such activities by the civil society organizations. Initially, the NGOs took active part in identifying the hotspots, setting up health camps, working with the migrant laborers, distribution of food, awareness campaigns about prevention, hygiene, sanitization, social distancing etc. The private sector health service facilities were engaged in the management of the emergency situation, though it will always be questionable whether these private facilities were ever within the reach of the poor. Further, the empowered group engaged the new start-ups in the technology-driven innovations to bring various innovative solutions for dealing with the challenges imposed by the pandemic. Besides the effort of the government, the NGOs and individual volunteers have played various crucial roles all over India.

7 | LEARNING FOR MANAGEMENT AND SOCIAL WORK PRACTICE FOR SUSTAINABLE EMERGENCY RESPONSE

The pandemic COVID-19, which took the civilization hostage during 2020–2021, actually sparked many questions about the efficacy of management of the crisis. The disease spreads all over the world, and the challenges to respond to the crisis also increase for different professionals, politicians, administrators, and for the common mass. The emergency situation due to pandemic given a wider learning opportunity and at the same time pinpointed the serious lacuna in the system of public health, disaster management, and emergency planning. The pandemic has equally challenged the practice of social work professionals that upholds the human rights and social justice in the forefront. There are some important learning discussed in the following points, which are essential for developing sustainable emergency response for social work practice.

1. The reality of marginalization and their problems are often lost within the power dynamics, where suppressing the voice, identity, rights, and liberty are common phenomena. Majority of the voiceless victims were the poor in the rural villages, the laidoff unemployed employees, the migrant laborers, and others. Essentially, oppression leading to marginalization is a product of ages but during a crisis ensuring required service is the responsibility of the elected democratic government. In such a situation while the responses are inadequate, delayed, or disturbed, the sufferings and violation of basic rights of the marginalized section become evident.

2. A well-functioning democracy always has higher abilities to manage the eventualities of any disaster and ensure freedom. Autocratic rise of majoritarianism, callous disregard of public welfare, weakening of media, and submissive judiciaries, all in combination contributed to the current massive wave of COVID. During the pandemic, many such democratic voices were suppressed, and rights were undoubtedly denied by the power structure, may it be social, political, or administrative (Mohan D, 2021). The plight of migrant workers or soaring unemployment in every sector, increased incidences of gender-based violence, massive public health crisis indicated the lack of planning, and overall inefficiency of the government and administrative system. Effective response denotes taking the appropriate steps with a foresight to deal with the emerging and upcoming issues, by strengthening public institutions, and overall democratic functioning. The recognition of social claims endorsed and advanced by political actors is essential for a well-functioning democracy. Thus, deepening democracy is crucial (Roy, 2021).

3. The efficiency of all the measures adopted to manage the pandemic situation was largely limited. Further subsidy-driven measures are always a drag on growth potential, if it lacks a long-term sustainable vision (Sinha, 2021). Often, the measures were too short sighted. Such as, there was no immediate plan for the poor marginalized sections or for the daily wage laborers while hastily lockdown was imposed. Even, there were no measures to ensure job security both in organized and unorganized sectors. The economic packages and measures did not give any direct access to the resources in the hands of the common people. Rather, the economic policy makers expected the spillover effects are enough for recovery, and therefore, more financial resources were made available to the corporate sectors. Thus, as a whole, the social and economic recovery from the pandemic is still lagging behind.
Social and health inequalities in India become visible and wide exposed during the pandemic, as often poor marginalized sections did not have access to health services. Though gradually testing facilities of COVID-19 and community monitoring increased, the situation was quite grim as the cases reached almost four lack every day with an increasing number of deaths for few days in April-May 2021. A lot of focus is being made even in the pre-COVID period about providing access to adequate healthcare services and insurance by Central and State governments. Ayushman Bharat and Pradhan Mantri Jan Arogya Yojana (PM-JAY) are important such programs, but in reality, their reach and coverage are much less. A report of September 24 mentioned only 32 thousand patients received COVID care treatment under PM-JAY (HT Correspondent, 2020a,2020b). Practically, these schemes of insurance are attention seeking to gain political advantages, but adequate focus is not given on increasing the health facilities, such as hospitals, healthcare centers, health education, and appointment of health care professionals. Even during COVID at different points of time, it was reported that the health professionals, front line workers were overworked, inadequately paid (HT Correspondent, 2020a,2020b) and had to work in the medical set-up without adequate protective clothing (Dutta, 2020). As a result, many healthcare professionals died being infected by the virus while on duty.

The vaccination era has given hope of ending pandemic. Scientists all over the world researched at different corners, and the participation of common people as health volunteers in the multi-stage trial process of developing the vaccine has shown the hope for humanity with the development of the vaccine. But, the process of making vaccines is costly and has a huge profitable market to tackle the problem. The vaccination process started from health workers, frontline workers and reaching out to the common people now. The vaccination for below 18 years is still on trial. The process of registration through a mobile-app indicated the digital divide of India, where half of the people do not have a smartphone (Rana, 2021). The political parties and government already started taking the claim of success and ultimately using it as a tool for political gain in recent elections. Vaccination as a public health measure must be free from political tussle, yet the debate is on whether the vaccination certificate is promoting personality cult (Thewire, 2021).

8 | CONCLUSION

The pandemic of 2019, has unearthed multiple professional challenges that social work as one of the fastest-growing professions of the 21st century need to introspect seriously (Redondo-Sama et al., 2020). It is proven that while investment is made in various social service sectors through engagement of professional social workers, the positive economic return is better assured. When social workers are actively engaged in the community either through NGOs or government programs, it tends to have a positive impact on various social problems such as unemployment, low school attendance, health issues, and crime rate (Truell, 2018). The corona-virus pandemic is an event that specifically has critical social, economic, political, international, and environmental dimensions impacting the life of rural poor quite seriously in India. Most of the measures taken to deal with pandemic emergencies were temporary, in the wide array of rigid welfare landscapes (Kühner et al., 2021). It has been experienced during lockdown that the environmental condition improved, lowering the level of pollution all over the world. Similarly, incidences of accidental death, injuries suddenly reduced. Some of these atypical positive outcomes of the pandemic evoked the question of ensuring a healing time for nature. Ultimately, facilitating sustainable measures for dealing with such emergencies is more crucial. Thus, social work needs to look at all these dimensions and few possible roles are discussed here keeping the emerging challenges of the 21st century in perspective.

1. Revisiting curriculum of Medical and Psychiatric Social Work: In India, the medical and psychiatric social work is often considered as a specialization and not a generic course in many social work undergraduate and postgraduate programs. Further, the curriculum has a main focus on generic roles of medical and psychiatric social workers in various common diseases. Now, it is pertinent to include within the curriculum the role of social workers during epidemic and pandemic. It needs to highlight the role of social workers in prevention, management, and rehabilitation considering the specific challenges that an event of the pandemic could cause in the life of the masses. Consolidating the social work researches, responses during the pandemic designing a syllabus is required. Pandemic is not just a health emergency, rather a socio-political, economic, and environmental emergency, which demands professional knowledge about understanding and analyzing the consequences. While revisiting the curriculum, human rights, gender, sustainability, and democratic welfare dimensions should be unscored.

2. Social work in emergency and crisis intervention needs to be strengthened further: Social workers in India are largely engaged in the welfare and service sector through the government and non-government organizations, and engagement in crisis management or emergency is still in its infancy. There is no social worker engaged in emergency medical care in hospitals. Social workers need to work in facilitating health access for all and reducing the gap in the provisions of health services. In India, there are well-developed guidelines by the National Disaster Management Authority6 on various emergency situations, but social workers need to be engaged actively in the implementation to ensure community mobilization and empowerment.

6https://www.ndma.gov.in/Governance/Guidelines
3. Establishing a prominent role as a member of a multidisciplinary team: In health emergencies like the pandemic, the social workers are often not included as members of the multidisciplinary team. In hospitals, social workers worked as tele counselors or as in some other office jobs in keeping records or in field survey. But, social workers with professional knowledge and skills can play an important role in the decision-making and implementation of the emergency management, while keeping the human rights and social justice in the forefront. Unlike other disasters, the pandemic due to COVID-19 impacted the whole country, and everyone becomes survivors directly or indirectly. In such situations while medical professionals focus on the health management, social workers can play an essential role in addressing the social, emotional, and economic consequences of the emergencies. Within the medical setup too, the social worker has an important role in dealing with the families of patients, the stress of the health workers, and facilitate well-being.

4. Establishing a community care mechanism to deal with emergencies: In Indian traditional culture social network, neighborhood and informal support systems are quite natural. Such community support is quite prevalent in the rural communities. During the emergency, usually, there is a breakdown of the natural, and formal support system. Thus, social workers have important roles in rebuilding the support mechanisms especially for the vulnerable population, by mobilizing the strengths of the community and utilizing the available resources. During COVID-19, there are many examples where individuals and organizations have taken up a number of welfare and social services. Therefore, developing an organized community response and support system is very much essential to deal with unprecedented health emergencies like the pandemic. Presently, the national disaster management program focused on skill training in the community to deal with various natural disasters, but the preparedness for the chemical or biological disaster at the community level is absolutely zero.

5. Advocating for social policy to deal with nation-wide emergencies: India is equipped with number of disaster management policy guidelines and with the Disaster Management Act, 2005, but the recent pandemic has raised the question about its efficiency and adequacy, as the negative long-term impacts went quite deep inside the socio-economic life of the poor people. A uniform measure for the whole India was not well appreciated as the world witnessed the crisis of Indian migrant workers, and the severity of unemployment across nations. Subsequently, people had to fend for food and basic survival bearing risk of disease and torture of police. The recent pandemic thus, called for looking in detail at specific social policies to deal with the nation-wide emergencies. It is essential to prioritize the welfare of the vulnerable sections, safeguarding human rights, and social justice in the core value framework. Thus, it can focus on adequate planning according to the vulnerability profile of the population and the spatial distribution across India.

6. Maintaining the purity of the environment and sustainable environmental resolution: Enough number of environmental resolutions are implemented, and discussions have been made, yet the efforts have minimal impact to bring positive changes or reduce pollution level. The lockdown showed some positive impact on the environment. Though it was very temporary and gradually, the pollution level increased as the economic activities resumed. Thus, questions remain about ways of ensuring purity of the environment and adopting sustainable solutions for the same. Social work needs to focus on the reflexive development model and reduce the usage of every element that has a potential negative impact on the environment (Des Marais et al., 2015). Thus, a change in the way of thinking, practicing, and further adopting environmental sensitive practice within the developmental paradigm is required (Dominelli, 2021). Though it is a long way to go, the pandemic experience has shown the need of prioritizing environmental sustainability over the economic demands.

7. Vaccine to be treated as global public good and avoiding vaccine nationalism: Health is a basic right, and in similar tune, health inequalities need to be resolved for all Indian. Thus, vaccines are an important step for ending the pandemic. At this juncture, considerable social action and advocacy are essential that vaccines should be treated as global public good, and in India, it has to be free for all marginalized, high-risk groups, vulnerable groups, and be most affordable for others. The Central and State government has made specific budget allocation for universal vaccination. Now, social workers have an important role to facilitate the process by engaging the community through health education and awareness building. Facilitating access to the poor in the rural areas, by overcoming the digital divide is crucial. Partnership with the local role players, NGOs, COBs, local youth groups, SHGs are all essential to bring a sustainable pattern of health care and participatory development. As a Good Samaritan, the vaccine is also given to the neighboring countries by India, but at a global level, a wider cooperation is required to ensure universal access of the COVID vaccine in every corner of the global village. At the same time, improving health access, scientific research, and development is of paramount need as the threat of such pandemic is looming and COVID-19 is not the end of it.

8. A legislation to establish a professional council for Social Work: In India, social workers are yet to be recognized as a professional, in the absence of a legislation to establish a professional council that can control and regulate the professional education, registration, and ethical practice. There is a constant demand from the last two decades for the same to bring a resolution at the parliament and establish a professional council for social work. During the pandemic, the massive role that the social workers have performed are not even consolidated, neither the death of social workers on duty during the pandemic are recorded as frontline workers. A professional council is essential for standardizing practice, fixing the duties, rights and responsibilities of social workers engaged in various sectors (INPSWA, 2020).

The vulnerability of the poor in pandemic is the obvious reality of age-old subjugation and systemic denial of rights. The pandemic has brought the issue on surface and again demanded accountability from all the stakeholders starting from government, professionals, corporate house, civil society, and international community. The democratic leaders of a nation need to elevate from the political issues, and ideological control, toward commitments for holistic well-being for the citizen, particularly for the poor. It is most essential to ensure that the crisis should
not be used to weaken democracy and the tradition of inclusive pluralistic identity by taking steps that further deeply divide the society. In a democratic welfare nation, the thrust should be on establishing social justice, ensuring dignity, social security, facilitating equality, easing the distress, and promoting better life chances for fulfilling the potentials. Thus, it is time to design and develop a response that is not limited to this specific pandemic crisis. The wider sustainable goal is essential to keep in forefront to deal with the challenges that are constantly making the human civilization vulnerable to multiple crises and disasters over and again. Social work as a practice-based profession has now bigger responsibilities to deal with the public health emergencies and making a safer sustainable environment. In India, a major change in the focus of priority is required to ensure public health care, various public services, and providing public goods for overall vulnerability reduction in the population, by increasing the basic standards of living.

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