



A Policy Brief

Locating the Processes of Non-state Relief Work during the Covid-19 Lockdown in Delhi

*Lessons from the Field Towards an Inclusive
Approach to Care and Social Protection¹*

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¹ This Policy brief is based on the findings of the ISST study titled: Locating the Processes of Non-state Relief Work during the Covid-19 Lockdown in Delhi. The research team included Mubashira Zaidi, Risha Ramachandran, Ayesha Datta, Sneha Jha, and Ashmeet Kaur. MAKAAAM Delhi, Action India staff, Vikram Singh, and Rahul Gautam contributed immensely to the design and data collection for the study. The study has been supported by Bill and Melinda Gates Foundation (BMGF). Find the study report at <https://bit.ly/3OHhSOP>



Introduction

In response to widespread poverty, unemployment, health risks, and social vulnerabilities faced by the informal sector's working-class citizens, the Indian government implements diverse social protection schemes. These initiatives aim to address these challenges and uplift the lives of marginalized communities. However, the efficacy of these social protection programs was critically tested during the national lockdown enforced by the Central government in March 2020 in response to the Covid-19 pandemic. Initially a health crisis, the pandemic rapidly escalated into an economic emergency, leading to severe job losses, particularly impacting informal sector workers with little job and income security and no access to social safety nets. This resulted in experiences of hunger, malnutrition, and individuals resorting to extreme measures to cope, affecting their overall well-being. Urban areas underscored specific social assistance policies, including the Public Distribution System (PDS), Integrated Child Development Scheme (ICDS), Mid-day Meal Scheme (MDM), and direct benefit cash transfers (DBT). Notably, the first three programs operate under the framework of the National Food Security Act (NFSA) of 2013. However, their accessibility is restricted, with eligibility requirements necessitating specific criteria and documentation for availing benefits.

This policy brief emanates from an ISST-conducted study titled 'Locating the Processes of Non-state Relief Work during the Covid-19 Lockdown in Delhi,' with a focus on informal settlements. Employing qualitative case study methodologies, this research delved into the mechanics of non-state relief work conducted during the pandemic in Delhi. Four slum communities—Yamuna Khadar, Sanjay Camp, Seelampur, and Bawana JJ colony—were purposively selected as case study sites due to their varied characteristics. Data was collected via in-depth semi-structured interviews with key actors actively engaged in relief efforts from December 2020 to June 2021. The study illuminated the complex dynamics of relief efforts within the realm of the care economy. It unveiled the intricate interplay between gaps in the state's social protection systems, the endeavours of non-state entities, and the vulnerabilities faced by families residing in informal settlements. These dynamics collectively brought forth the immediate socio-economic challenges posed during the national lockdown.

This policy brief serves as a valuable resource that holds the potential to benefit both policymakers and civil society actors in their shared objective of enhancing the well-being of vulnerable populations. By distilling complex issues into actionable insights and evidence-based recommendations, this brief will prove useful to policymakers interested in increasing the efficacy of social protection programs. Simultaneously, it equips civil society actors with practical suggestions and a comprehensive understanding of the challenges at hand, enabling them to advocate effectively, design targeted interventions, and drive positive change at the grassroots level. The collaborative utilization of this brief by policymakers and civil society actors can collectively contribute to the advancement of policies and initiatives that uplift vulnerable populations, fostering social equity, resilience, and inclusivity.

The Key Observations from the Study, 'Locating the Processes of Non-state Relief Work during the Covid-19 Lockdown in Delhi'

Covid-19 Pandemic and Access to Essential Resources and Services

The study focused on urban slums, where access to basic services like water, toilets, and sanitation was already dire before Covid-19. But the lockdown worsened challenges in all four study areas. For instance, water supply disruptions in the Yamuna Khaddar area led to reliance on purchased or contaminated water. Areas lacking private toilets, or crowded community facilities such as that in Sanjay Camp and Bawana JJ colony increased Covid-19 risks, disproportionately affecting women responsible for resource collection. Housing infrastructure and conditions were similarly poor. In unauthorised areas like Yamuna Khadar, even generations of residents lacked acceptable domicile proof, denying them subsidized food from PDS. Further, the PDS system requires individuals to claim their entitlement to subsidized food in their home state or where they hold legal residence. Thus, many migrant families that resided in these informal settlements were excluded from the benefit of free and double ration announced by the Indian government to alleviate the effects of the crisis. Delhi's e-coupon scheme which aimed to extend PDS access to those without ration cards, encountered barriers due to limited smartphone usage, digital skills, and internet availability among slum residents, especially women. This exacerbated digital and gender divides, with women reliant on men for scheme access.

The Delhi government's cooked food initiative also faced several implementational issues. Some of these included short duration and supply as against the demand, fixed timings leading to long queues and people waiting for hours for their turn and limited access to the food distribution centres for old persons, women with small children and disabled people. Despite issues, government food initiatives were crucial for some, despite implementation challenges and exclusion problems.

Social Profile and Social Conditions

The study also highlighted precarious work patterns among the vulnerable population, including daily wage labour, sanitation jobs, paid domestic work, farming and micro-businesses. The lockdown's sudden imposition strained finances, forcing reliance on loans and erasing savings. A deficiency that particularly stood apart in exacerbating vulnerabilities of migrant families was the lack of social networks in the city that was essential for collective resilience against the crisis, prompting risky returns to villages, with some tragic outcomes. Weak social cohesion, worsened by previous communal violence in areas such as Seelampur, and hindered pandemic responses. Moreover, the prevailing gender hierarchies, discrimination and violence against women peaked in all four locations as more men spent time in the confines of their homes due to mobility restrictions, businesses being shut, and loss of jobs. Harassment of women and girls around community toilet complexes was reported in some of the areas, findings also showed that women's unpaid care burden of cooking, cleaning, caring for the sick as well as arranging food and other essential resources increased in all four areas. Overall, the Covid-19 pandemic national lockdown was particularly hard on the already marginalized and accentuated inequalities.

The Non-state Frontline Workers, Their Social Positions and Motivations

Non-state frontline workers during the Covid-19 lockdown mainly worked at local NGOs, community-



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based groups, and women's and youth groups, that were pre-established to address social issues and crises like communal violence in Seelampur and slum demolitions in Yamuna Khadar. Findings highlighted the role of NGOs' prior community connections in aiding volunteer recruitment for relief efforts and ensuring a localized crisis response. Local and community-based knowledge played a vital role in aligning relief distribution with the needs and vulnerabilities of different sections of the community. Frontline workers, often linked to local NGOs or community youth groups, were familiar with pre-existing inequalities, lack of access to resources, and social issues like gender violence, substance abuse, and poverty. Having already gained community trust with their previous work and association, they were motivated by their caring subject position, human rights approach, and commitment to equity and social justice. Feelings of altruism, empathy, and pursuit of justice drove their work, preserving community dignity through shared values.

Relief Work Strategies During the Lockdown Crisis

The Non-state frontline workers strategically leveraged personal, organizational, and community resources to provide care. For example, Action India, an NGO with strong community ties, quickly mobilized volunteers to identify vulnerable households in need. Collaboration played a crucial role in assessing needs and channelling resources. In Yamuna Khadar, for instance, after the non-state frontline workers placed requests for food with Zomato's Feeding India, a not-for-profit organization, it received seventy lakhs worth of ration for Yamuna Khadar alone to be distributed to its residents. The non-state frontline workers' training and social work skills were utilized to prioritize diverse groups like women, migrants, and daily wage labourers facing gender-specific and intersectional crisis impacts. Snowballing and decentralized relief efforts effectively reached more vulnerable households but required multi-level coordination. For instance, in Seelampur, a frontline worker informed that they were able to reach twenty-five to thirty disabled people through one disabled woman in the community to provide them with ration and other benefits. Frontline workers offered dry rations, cooked food, and essential items during the lockdown's early stages, however, combining resources like cash and food amplified relief efforts and proved to be more effective. Donors and organization support expanded relief benefits to

include spices, medicines, cash, and clothes. Some workers aided migrant travel, while women frontline workers addressed specialized needs, such as sanitary pads, milk, and medicines.

Role of state actors

State actors, including the Sub-divisional District Magistrate (SDM) and police, played significant roles during the crisis. Members of the ruling political party in Sanjay Camp collaborated with NGOs and community members to distribute food and ration. Independent NGOs and community volunteers also received resources from the SDM's office and police for distribution. State actors like ASHA and Anganwadi workers provided essentials to enrolled children and monitored Covid-19 symptoms, but their isolated approach rendered their contributions less visible. Lack of collaboration between ASHA, Anganwadi workers at one end and NGOs, and community-based organisations on the other, hindered valuable information sharing, such as identifying vulnerable households with young children and pregnant or lactating mothers. This lack of information led to challenges in identifying the most marginalized individuals and delayed relief efforts. However, it is essential to acknowledge that ASHA and Anganwadi workers were already burdened during the lockdown, visiting households without proper protective equipment, risking exposure to Covid-19 and potentially transmitting the virus to their families.



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Recommendations

Pandemic experiences varied across the chosen slums, shaped by past crises and marginalization. Non-state frontline workers' expertise and prior community engagement enabled resource mobilization for care. While valuable, this care was unevenly distributed, revealing resource insufficiency and sustainability concerns. Community care can supplement state protection but shouldn't be the sole provider. It is important to note that crises are multi-dimensional and therefore a singular approach worsens vulnerabilities and marginalization, as evident in this study.

Some key recommendations emerging from the study include:

Addressing Exclusions and Ensuring Universal Coverage

Exclusions in state social protection worsened care crises during the Covid-19 lockdown, as detailed in this study. To ensure inclusive access to benefits and services like those under the National Food Security Act (NFSA) 2013, universal coverage is essential. This approach prevents exclusion based on characteristics such as age, gender, disability, occupation, or location. However, vulnerable groups might still need targeted support to address poverty and marginalization within universal coverage. Expanding legal protection doesn't guarantee effective coverage, leading to gaps for informal workers and migrants. Regular vulnerability assessments are vital to identify and address barriers in social protection programs.

Enhancing Social Protection and Security for Unorganised and Informal Workers

The Delhi state's BOCW Board provided cash relief to registered construction workers during the lockdown, yet many barriers hindered access. These included incomplete documentation, limited awareness, technical glitches, and literacy issues. Women workers faced major obstacles in registering due to the frequency of registration required and the paperwork involved. Such barriers risked lives during the lockdown, demanding urgent correction. The 'Unorganised Workers Social Security Act of 2008' recommends state-level boards, particularly critical for unrecognized women workers in paid domestic and home-based work. Enforcing these provisions under the 2008 Act is crucial, and so is addressing access issues seen in existing boards like the BOCW board. The E-Shram portal is a positive step towards the recognition of unorganised workers, but its purpose, outreach and accessibility for all unorganized workers need assessment.

Intersectional and Gender-Sensitive Approaches to Inclusive Social Protection

The study's conclusions stress that care involves a dialogical relationship, rejecting "one size fits all" or "first come, first served" approaches as discriminatory. Understanding care needs requires dialogical, intersectional, gender-sensitive perspectives that consider power dynamics. Government initiatives overlooked informalities, precarity, demographics, digital divide, and safety in informal settlements, while non-state actors attempted to address these concerns. Contextual vulnerability assessments are key and need frequent updates. Non-state frontline workers showcased how intersectional and gendered care assessments integrate multiple initiatives, addressing intersecting vulnerabilities. Thus,

an integrated approach of combining cash transfers with food, healthcare, education, and even psycho-social support is essential to mitigate the effects of economic shocks. Effective social protection requires tailored, comprehensive strategies for diverse groups focused on removing accessibility barriers.

A Rights-Based Approach to Social Protection and Citizen Engagement

A rights-based approach for inclusive social protection is key and would involve empowering and engaging citizens, particularly vulnerable groups. This would require the active engagement of the affected population in decision-making, and ensuring feedback mechanisms for increasing access and relevance. Additionally, including empowering techniques in social protection programs would mean essential investments in enhancing skills, knowledge, and resources needed to access and utilize social protection programmes effectively.

The Need for Fostering Collaborative Partnerships

Non-state actors in relief work faced trust and coordination barriers with the government actors. For instance, Anganwadi and ASHA workers couldn't share vital information as they did not have the autonomy to do so. To enhance outreach, collaboration between state and non-state entities is crucial. Trustworthy partnerships among government agencies, civil society organizations, and stakeholders can synchronize strategies, pooling resources and expertise to advance social protection in vulnerable communities.

Investing in Care Infrastructure

An important recommendation emerging from the study is the need for greater investment in care infrastructure, especially for program implementers. Prioritization of improved working conditions, fair wages, skill enhancement, and acknowledging contributions of women workers in state programs has become critical. For instance, Women workers like Anganwadi and ASHA workers, often labelled volunteers, need fair pay and recognition for their extensive work. Rectifying this supports women's workforce engagement and leadership roles.

For recipients of social protection, additional investments are crucial to enhance service quality, accessibility, and public awareness about entitlements and rights. Public infrastructure investments, like affordable housing, sanitation, water, and education, are to be made integral to social protection. They alleviate vulnerabilities during crises, enhancing living conditions, reducing poverty, and promoting overall well-being.

Nurturing Social Cohesion for Building Resilience

Amid increasing societal divisions evident in urban slums, social cohesion's importance is paramount. It boosts resilience and crisis management by fostering unity, reciprocal aid, trust, and collaboration. Trust enhances communication, reduces conflicts, and enables joint decision-making, improving coordination and crisis resilience. The research found weak community social capital—resources, relationships, and networks for cooperation. The civil society actors bolstered unity, yet government endorsement is vital. Governments, civil society, and individuals all contribute to sustaining social cohesion, forming the basis for shared resilience and comprehensive social protection.



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