

Covid-19 Pandemic and Social Protection in Tamil Nadu

Need to Strengthen a Life-Cycle Approach

Gayathri Balagopal* and M. Vijayabaskar†

The pandemic and measures undertaken to arrest its spread have thrown into sharp relief the importance of social protection. While the pandemic made visible the importance of public healthcare systems, efforts to contain its spread through lockdown highlighted the insecurities and vulnerabilities of the bulk of the country's workforce. Tamil Nadu has a long history of commitment to

social protection combined with strong economic performance. Using an approach that combines dimensions of promotion, prevention, and protection (Guhan, 1994) across different stages of the life cycle, social protection measures have played an important role in reducing absolute poverty and inequality in the state.¹ The pandemic has demonstrated how extreme shocks can not only undermine existing systems of protection but can also have long-term implications for sustaining and expanding human development. Disruptions in access to education, health, and livelihoods are superimposed on pre-existing vulnerabilities. In this context, the policy brief evaluates the existing social protection system in Tamil Nadu from a life-cycle perspective, highlights possible

impacts of Covid-19 on social protection, and identifies possible interventions to strengthen it both as a Covid-19 crisis response and as a long-term measure to achieve Sustainable Development Goals.

Figure 1 depicts existing social protection schemes at different stages of the life cycle in Tamil Nadu.

S. Guhan. 1994. Social security options for developing countries. *International Labour Review*, 133(1), 35–53.

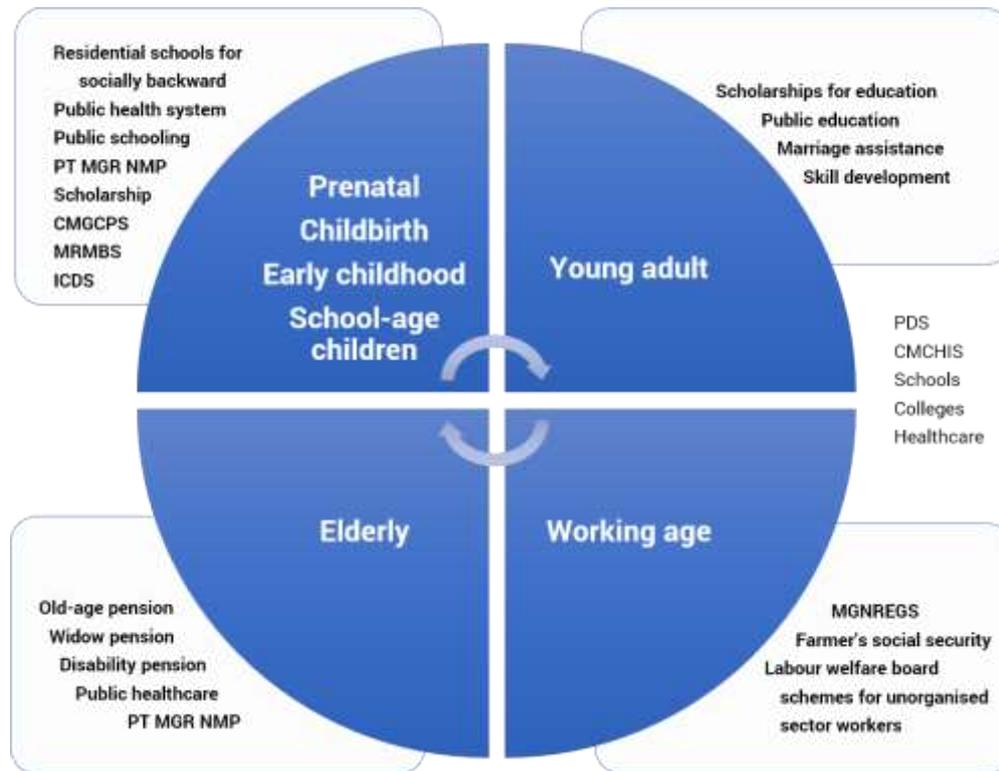
¹ In Guhan's words, promotional measures 'aim to improve endowments, exchange entitlements, real incomes and social consumption', preventive measures 'seek more directly to avert deprivation in specific ways' and protective (also referred to as safety net) measures are 'yet more specific in their objective of guaranteeing relief from deprivation' (Guhan, 1994: 38).

*Independent Researcher, Chennai > balagopalgayathri@gmail.com

† Madras Institute of Development Studies, Chennai > baskarv@mids.ac.in

Figure 1

Life-Cycle Stages of Social Protection in Tamil Nadu



Source. Adapted from Planning Commission. 2014. *National social protection strategy (NSPS) of Bangladesh*. Government of the People's Republic of Bangladesh.

Note. **CMCHIS**: Chief Minister's Comprehensive Health Insurance Scheme; **CMGCPS**: Chief Minister's Girl Child Protection Scheme; **ICDS**: Integrated Child Development Services; **MRMBS**: Muthulakshmi Reddy Maternity Benefit Scheme; **PDS**: Public Distribution System; **PT MGR NMP**: Puratchi Thalaivar M.G. Ramachandran Nutritious Meal Programme; **SC**: Scheduled Castes; **ST**: Scheduled Tribes.

We first discuss social protection systems at each stage of the life cycle (e.g., prenatal, school age) and then examine systems which cut across the life cycle (e.g., health and sanitation, food security). Each section also discusses the possible impacts of Covid-19. We conclude by suggesting short-term and long-term measures to address the gaps.

Protection during prenatal and early childhood

Tamil Nadu has various social protection schemes during prenatal and early childhood. During pregnancy, the state provides universal health services, but maternity benefits are targeted and conditional. The Muthulakshmi Reddy Maternity Benefit Scheme (MRMBS) started by the state government in 1987 comprises cash and in-kind transfers that are given to women who belong to below

International Institute for Population Sciences and ICF. 2017. *National family health survey (NFHS-4) 2015–16: India*. International Institute for Population Sciences.

Ministry of Health and Family Welfare 2019. *Rural Health Statistics 2018–19*. Government of India.

poverty line (BPL) households and meet conditions like antenatal care, institutional delivery, and child vaccination. Institutional delivery was near universal (99%) in the state in 2015–2016 (International Institute for Population Sciences [IIPS] & ICF, 2017). Full antenatal care coverage of mothers increased from 27.5% in 2005–2006 to 45% in 2015–2016 but remains low. As a result of policy emphasis on institutional delivery, improvements in maternal education and economic status, infant mortality rate and maternal mortality ratio have declined and are among the lowest in India. However, child vaccination has shown a decline from 80.9% to 69.7% between 2005–2006 and 2015–2016, which could be due to a shortage of frontline health workers. Data from *Rural Health Statistics 2018–19* show a shortfall of female health workers and auxiliary nurse midwives (ANMs) in subcentres and primary health centres (PHCs) in Tamil Nadu.

Tamil Nadu introduced the Cradle Baby Scheme in 1996 and the Chief Minister's Girl Child Protection Scheme (CMGCPS) in 2001–2002 to address the problem of female infanticide and sex-selective abortion. While there was improvement in child sex ratio between 2001 and 2011, there are districts like Ariyalur (897), Cuddalore (896), Dharmapuri (913), Namakkal (914), and Perambalur (913), in which child sex ratios are lower than the national average.

The Integrated Child Development Services scheme was initiated by the central government as an important stakeholder in child development with the objective of improving the nutritional and health status of children in the age group 0–6 years, through a package of services, such as supplementary nutrition, immunisation, health check-up, referral services, preschool education (PSE), and health education campaigns. In Tamil Nadu, 58.5% of children between 0 and 71 months received supplementary food, 46% received vaccinations, and 56.4% received health check-up from anganwadi centres (AWCs) in 2015–2016 (IIPS & ICF, 2017). Further, 58.5% of children in the age group 0–59 months were weighed at AWCs, and 82.6% of mothers whose children were weighed received counselling on food practices. In addition, 50.4% of children between 36 and 71 months received PSE through AWCs. The utilisation of AWCs was highest among scheduled caste (SC) children than other social groups. In 2018–2019, nearly 13.8 lakh children attended PSE in AWCs, nearly 29 lakh children received supplementary nutrition, and 37.9 lakh children availed vaccination, weight monitoring, and health check-ups at AWCs in Tamil Nadu (Social Welfare and Nutritious Meal Programme Department, 2019).

International Institute for Population Sciences and ICF. 2017. *National family health survey (NFHS-4) 2015–16: India*. International Institute for Population Sciences.

Social Welfare and Nutritious Meal Programme Department. 2019. *Performance budget 2019–2020*. Government of Tamil Nadu.

Impact of Covid-19 on early childhood

Child vaccination

The pandemic has diverted the health workforce to Covid-19–related activities, which could further drive down child vaccination.

Sex ratio

As a result of Covid-19 livelihood shocks, girl children face potentially higher risk of being eliminated by female infanticide and sex-selective abortion.

Anganwadi services

With the closure of AWCs during the pandemic, routine services provided through these centres are disrupted. The state government has ordered that home rations should be distributed to all the children enrolled at AWCs. But PSE, counselling of mothers, anthropometric measurement of children, and child vaccination have been stalled. Children’s health and early childhood interventions have, therefore, been adversely affected by Covid-19.

Protection during school age and adolescence

One of Tamil Nadu’s best-known social protection schemes for school children, the Puratchi Thalaivar M.G. Ramachandran Nutritious Meal Programme (PT MGR NMP), started in 1982, promotes school enrolment, attendance, and nutrition. The government provides stationery to all children in government and government-aided schools, and cash incentives to certain categories. Since 2011–2012, the state government has sanctioned laptops to all students in higher secondary classes in government and government-aided schools. To prevent dropout among girls, the government introduced free-of-cost sanitary napkin scheme in government schools in 2011. Every adolescent girl (10–19 years) who attends school and is out-of-school in rural areas is provided 18 packs of sanitary napkins (six pads per pack) in a year. These schemes coupled with well-developed school infrastructure have resulted in a massive drop in the incidence of child labour. Gross enrolment ratio (GER) was higher among girls than boys in primary, upper primary, secondary, and higher secondary stages of schooling in 2016–2017 in the state (National University of Educational Planning and Administration [NUEPA], 2018). Information shows that state intervention has resulted in a more inclusive system,

National University of Educational Planning and Administration. 2018.

School education in India: U-DISE flash statistics 2016–17.

with girls, SCs and scheduled tribes having high GER in relative terms. However, nearly one-fourth of children with special needs (CWSN) were out-of-school in the state, which suggests that there might be transportation, infrastructural, and social barriers.

Impact of Covid-19 on school-age population

Educational interruption

A major adverse impact of Covid-19 is school closure and the resultant disruption to education. Table 1 displays the enrolment of children in different stages of education, which also reflects the number of children affected by school closure.

National University of Educational Planning and Administration. 2018.

School education in India: U-DISE flash statistics 2016–17.

Department of Welfare of the Differently Abled. 2020. *Detailed report of action taken during Covid-19 lockdown period 2020.* Government of Tamil Nadu.

Nearly 131 lakh children's school education will be affected by the pandemic. In 2016–2017, nearly 1.5 lakh CWSN were enrolled in schools in Tamil Nadu (NUEPA, 2018). Due to Covid-19, these children are not able to attend school. The government has made provisions for home-based physiotherapy services and mobile van with therapy services for special children, while following safety precautions (Department of Welfare of the Differently Abled, 2020).

Table 1

Number of Boys and Girls Whose Education Will be Disrupted, by Stage of School Education in Tamil Nadu, 2016–2017 (actual numbers)

Stage of school education	Boys	Girls	Total
Primary	29,04,963	27,41,015	56,45,978
Upper primary	17,13,470	16,89,444	34,62,914
Secondary	11,45,668	11,11,038	22,56,706
Higher secondary	8,56,004	9,63,924	18,19,928
Total	66,80,105	65,05,421	1,31,85,526

Source: National University of Educational Planning and Administration. 2018. *School education in India: U-DISE flash statistics 2016–17.*

Digital divide

Children in government and government-aided schools in higher secondary classes have laptops, but access to internet is not widespread. Unless this is addressed, online classes may aggravate social divides in access to education, as only 18.1% of households had a computer and 19.6% of households had internet facility in Tamil Nadu (National Statistical Office, 2019a). However, data from the National Family Health Survey (NFHS-4) shows that 94.7% of households in the state own a television (IIPS & ICF, 2017), which could be a means to broadcast lessons. Otherwise, the digital divide combined with livelihood shocks among parents could push children into the workforce.

National Statistical Office. 2019a. *Key indicators of household social consumption on education in India, NSS 75th round (July 2017–June 2018).* Ministry of Statistics and Programme Implementation, Government of India

International Institute for Population Sciences and ICF. 2017. *National family health survey (NFHS-4) 2015–16: India.* International Institute for Population Sciences.

Limited access to school incentives

While cash transfers may not be affected, the closure of schools will prevent access to in-kind transfers like midday meal and sanitary napkins for children studying in government and government-aided schools. In 2018–2019, nearly 49.8 lakh children benefited from midday meal in school. These children are affected by closure of schools.

Protection to working-age population

The state has been a pioneer in constituting social welfare boards with a protective focus for workers in the unorganised sector, for both the self-employed and the casually employed. The aim is to protect against employment injury, death, disability, maternity, and old age. The state has 17 schemes under the Unorganised Workers Welfare Board, for the informal workforce in the state, apart from other welfare boards for workers in specific sectors. Additional cash benefits are being provided to workers during the pandemic period through the welfare boards. There are, however, gaps in both the extent of coverage and the extent of provisioning, and this has implications for informal workers, who are vulnerable to income shocks. In 2018–2019, among the employed, the share of casual workers was 31.5%, of regular employees was 34.6%, and of self-employed was 33.9% in Tamil Nadu (National Statistical Office, 2020). This pattern reinforces the need for a stronger social protection net, as nearly all those employed as casual labour did not have a written contract and are mostly ineligible for any social security benefit. Even among regular employees, 78.7% did not have a written job contract, 53.5% were not eligible for paid leave, and 46.7% did not have social security benefits in Tamil Nadu (National Statistical Office, 2020).

National Statistical Office. 2020. *Annual report, Periodic labour force survey (PLFS), 2018–19*. Ministry of Statistics and Programme Implementation, Government of India.

Impact of Covid-19 on working-age population

Livelihood shock

According to the International Labour Organization (ILO), 82% of informal workers in low- and middle-income countries will experience a decline in their earnings in the first month of the Covid-19 crisis, and 74% of them will experience a rise in relative poverty rates in the absence of any income replacement scheme (2020a). As a result of the lockdown during the pandemic, workers were not allowed to go to their place of work except those who were employed in the health sector and essential services. Even when the lockdown is being lifted in a staggered manner, certain sectors remain closed, as those are high-risk categories. While the information technology sector is amenable to work from home, this is

International Labour Organization. 2020a, April 29. *COVID-19 and the world of work*, (3rd ed.) (ILO Monitor).

not an option for those in manufacturing, construction, and several services. Data from Centre for Monitoring Indian Economy shows that monthly unemployment rate in 2020 in Tamil Nadu witnessed a sharp rise from 6.4% in March to 49.3% in April, followed by a decline to 33% in May.² Thus, vulnerable workers faced acute livelihood shocks, which would have resulted in drastic fall in consumption. Due to many informal workers not being registered under the state government's welfare boards, they would not have received cash benefits to tide over the shock.

² Centre for Monitoring Indian Economy. *Unemployment rate in India.*

Informal workers and risk of virus transmission at workplace

Once the lockdown is eased, workers who might show symptoms of Covid-19 but are not entitled to paid leave would prefer to continue working, which could then result in transmission of the virus.

Protection during old age

The Government of Tamil Nadu has social transfers and social services, which function as a form of protective social security or safety net. The old-age pension scheme for BPL elderly, introduced by Tamil Nadu in 1962, is an unconditional cash transfer and currently stands at ₹1,000 per month. In 2018–2019, 12.5 lakh elderly benefited from the Indira Gandhi National Old Age Pension Scheme, and 9.4 lakh widows benefited from national and state widow pension schemes (Social Welfare and Nutritious Meal Programme Department, 2019). Yet, a large share of the 75 lakh elderly population would not be covered under social security pensions. Among the major states, Tamil Nadu has the second-highest share (10.4%) of elderly in India, after Kerala. There is also an overlap between ageing, widowhood, morbidity, and disability among the elderly, especially women.

Social Welfare and Nutritious Meal Programme Department. 2019. *Performance budget 2019–2020.* Government of Tamil Nadu.

Impact of Covid-19 on elderly population

Temporary removal from workforce

Due to lack of universal pension for the elderly and poor access to occupational pension, 43.7% of the elderly were working in the state (State Planning Commission, 2017) As per guidelines issued by the Ministry of Health and Family Welfare, the elderly population are supposed to remain at home or be reverse quarantined. If the elderly are reverse quarantined, they will experience severe deprivations, as they lose income from their labour, and their children who would have been out-of-work during the lockdown would not be in a position to support

State Planning Commission. 2017. *Tamil Nadu human development report 2017.* Government of Tamil Nadu and Academic Foundation.

National Sample Survey Office. 2016. *Health in India, NSS 71st round (January–June 2014) (Report No. 574)*. Ministry of Statistics and Programme Implementation, Government of India.

them. Prior to Covid-19, 83.1% of the elderly in rural and 79.5% in urban areas received economic support from their children (National Sample Survey Office, 2016). The pandemic-induced economic shock could expose the elderly to abuse from family members.

Health and sanitation protection

Tamil Nadu has one of the better performing public health systems in the country. Consultations and medicines are provided free-of-cost at the point of delivery, and diagnostics are charged at highly subsidised rates. The state's population relied heavily on public health facilities for outpatient (54%) and hospitalised treatment

National Statistical Office. 2019b. *Key indicators of social consumption in India: Health, NSS 75th round (July 2017–June 2018)*. Ministry of Statistics and Programme Implementation, Government of India.

(49.9%) in 2017–2018 (National Statistical Office, 2019b). However, data from *Rural Health Statistics 2018–19* show that the public health system faces understaffing of ANMs, specialist doctors, radiographers, and laboratory technicians in PHCs and community health centres (CHCs), and doctors in district hospitals and subdistrict hospitals.

Ministry of Health and Family Welfare 2019. *Rural Health Statistics 2018–19*. Government of India.

In 2018, while 99.8% of households in Tamil Nadu had an improved source of drinking water, 68.3% of households did not treat water before drinking (National Statistical Office, 2019c). Besides, while only 15.9% of households in the state had piped water supplied into the dwelling, 34.5% had to depend on public taps for access to drinking water. Only 27.3% of households washed their hands with soap and water before a meal. Further, only 67.6% of households had access to

National Statistical Office. 2019c. *Drinking water, sanitation, hygiene and housing condition in India, NSS 76th round (July–December 2018) (Report No. 584)*. Ministry of Statistics and Programme Implementation, Government of India.

latrines for exclusive use of their household, and 21.5% of households did not have access to latrine facility. In households that had latrines, only 60.3% had water and soap. This shows that without universal provision of piped water supply into houses it would be difficult to adhere to Covid-19 norms for physical distancing, as people have to collect water from common sources. Further, handwash hygiene is suboptimal in the state.

Impact of COVID-19 on health services

Disruption of routine health services

Clearly, shortages in human resources can disrupt the routine functioning of public health services, like child vaccination, during the pandemic. Nearly one in four children missed their scheduled vaccination during the pandemic in Tamil Nadu (Narayan, 2020). This disruption adversely impacts the poor who depend on publicly-provided

Pushpa Narayan. 2020, May 9. *Vaccination rate dips in Tamil Nadu, threat of infections up*. *Times of India*.

services. Covid-19 might not be the last pandemic that the country will witness. Besides, given the chances of outbreaks like dengue, chikungunya, H1N1 annually, these shortages will expose the population to lack of healthcare and expenditure shocks arising from use of private health services. Declining revenues because of disruptions in economic activity will also adversely impact investments in sanitation and public health.

Food security: Universal and non-cash transfers

While there are suggestions at the all-India level for cash transfers to replace provision of food, events (such as the pandemic) that disrupt supplies highlight the importance of making food available to the vulnerable. Tamil Nadu has one of the

Jean Drèze & Reetika Khera. 2013. Rural poverty and the public distribution system. *Economic & Political Weekly*, 48(45/46), 55–60.

best public distribution systems (PDS) in the country. The state's universal PDS contributed to reduction of the poverty gap index (using the Tendulkar line) by 61.3% in 2011–2012 (Drèze & Khera, 2013).

Impact of Covid-19 on access to foodgrains

Protection against food shocks

As the pandemic has rendered a large number of workers in the informal economy without incomes, *universal PDS in the state is likely to have protected them against food insecurity*. Issues of access to the PDS by inter- and intra-state migrant workers have also been pointed out.

Suggestions

The pandemic has, therefore, reinforced the importance of universal floors and the pitfalls of targeting. Apart from well-recognised errors of exclusions, and issues with using a definite measure to divide the poor from the non-poor, a major factor that is seldom recognised is that the non-poor may easily fall below the poverty line due to livelihood shocks, as the ongoing pandemic tellingly illustrates. 'Expected'

International Labour Organization. 2020b, May. *Social protection responses to the COVID-19 pandemic in developing countries: Strengthening resilience by building universal social protection* (ILO Brief).

M. Govinda Rao. 2020, June 5. *States' loss of fiscal autonomy in a centralised federal system*. *The India Forum*.

poverty, that is, the extent to which people are vulnerable to fall into poverty, therefore, should become a yardstick.

There are also several examples worldwide about how national governments have sought to provide social protection for workers, particularly in the informal economy, during this pandemic (ILO, 2020b). In India, the bulk of the expenditure and interventions are being undertaken by state governments. However, as Govinda Rao (2020) points out, there has been a

reduction in the autonomy of state governments to mobilise resources and a shortfall in transfer of resources by the union government to state governments. Since social protection is primarily the prerogative of state governments, the resource crunch has repercussions in this regard. Further, conditions for borrowing are likely to erode autonomy to innovate in response to regional conditions.

We now turn to more specific interventions.

Maternity benefits

For the duration of the pandemic, the state can consider relaxing the conditions associated with the MRMBS and instead transfer the entire cash and in-kind benefit to beneficiaries as soon as pregnancy is detected. After the pandemic subsides, the state must consider transferring the first instalment as soon as pregnancy is detected so that the mother and foetus will get optimum nutrition in the first trimester.

Girl-child protection

In 2018–2019, there were only 37,014 beneficiaries under the CMGCPS (Social Welfare and Nutritious Meal Programme Department, 2019). As there is a high risk of sex-selective abortion of females during Covid-19, this scheme has to be expanded in Ariyalur, Cuddalore, Dharmapuri, Namakkal, and Perambalur districts by focussing on blocks which perform poorly on Gender Inequality Index.

Social Welfare and Nutritious Meal
Programme Department. 2019.
Performance budget 2019–2020.
Government of Tamil Nadu.

Access to education and nutrition

As educational institutions remain closed, if the state has to adopt online teaching, the government must ensure that all children can access online classes. Online classes must be tailored for CWSN. Although all students in higher secondary stage in government schools and government-aided schools have access to the free laptop scheme, students in other classes do not have access. In addition, access to internet is relatively low in the state. There must be no digital divide based on caste, place of residence, or disability. As an immediate crisis response to school closure and learning interruption, online classes should be offered to students in higher secondary classes first, and then efforts should be made to identify household access to laptops, tablets, and television. As most households in the state have television, perhaps classes for upper primary and secondary school students can be provided through this medium. The local governments can be entrusted with provision of midday meal rations along with stationery, soaps, and sanitary pads to school children during the course of the pandemic. Improving learning outcomes in the medium term too is critical for sustaining human development.

Labour welfare and income security

The ILO has argued that ‘as there is little time to design new schemes, successful programmes should be prioritised and scaled up, such as cash transfers, child allowances and programmes used for shelter and food relief’ (ILO, 2010a: 11). In the short run, there is a clear need to enrol more workers, including intra-state and inter-state migrants, in the welfare boards and also to disseminate information among members on the benefits of being a registered member. Using Census of India population projections for 2018 and share of casual workers in 2018–2019 from the National Statistical Office, based on rough estimates, there were nearly 90 lakh casual workers in the state. In 2018–2019, there were only 4.4 lakh beneficiaries under the unorganised workers welfare board (Labour and Employment Department, 2019). Clearly, even before Covid-19, coverage under unorganised worker welfare was just 5%. The immediate actionable solution is to expand coverage to at least one-third and gradually include a larger share once the state’s revenue improves. To be ready for Covid-19 emergency, occupational safety and health plans, which follow guidelines issued by the health department, have to be implemented in the industrial and service sectors. All workers should be screened at the worksite, should wear masks, and use sanitiser/soap. In rural areas, the government should expand access to the Mahatma Gandhi National Rural Employment Guarantee Scheme and provide work based on demand.

International Labour Organization. 2020a, April 29. *COVID-19 and the world of work*, (3rd ed.) (ILO Monitor).

Labour and Employment Department. 2019. *Policy note 2019–2020: Demand No. 32. Government of Tamil Nadu.*

Access to social security pensions

The central government and health experts have advised reverse quarantining of the elderly during the pandemic, which means that elderly will need to be kept out of the workforce temporarily. Although their children continue to provide the bulk of the economic support, it is clear that the state has to step up efforts to include larger sections of the elderly and widows under the ambit of social protection, as their adult children themselves would have experienced income shocks. Using the data collected by Tamil Nadu Women’s Development Corporation, the government must extend the pension scheme to elderly, especially women, with multiple deprivations.

Staffing of the public health system

The state has faced barriers in achieving universal coverage on antenatal care and child vaccination, partly due to supply-side constraints, such as shortfalls in human resources. Shortfalls have to be addressed immediately to prevent disruptions to routine maternal and child health benefits as well as to improve public health infrastructure. For instance, prior to the pandemic, in 2018–2019 in Tamil Nadu, there was a shortfall of 306 ANMs in PHCs, 181 doctors in PHCs, 1,407 specialist doctors in CHCs, 308 radiographers in CHCs, 581 pharmacists in PHCs, 1,235 lab

Ministry of Health and Family Welfare
2019. *Rural Health Statistics 2018–19*.
Government of India.

technicians in PHCs, 713 nursing staff at CHCs, 362 doctors in district hospitals, and 692 doctors in subdistrict hospitals (Ministry of Health and Family Welfare, 2019). During the pandemic, the government recruited 1,508 lab technicians in government hospitals, 1,323 nurses, and 530 doctors. The immediate task is to fill the shortfall of doctors, specialist doctors, radiographers, ANMs, and pharmacists.

Sanitation

Investment in sanitation is known to prevent diseases among children and adults. Contaminated water, inadequate availability of water in the household, and open defecation can lead to adverse consequences for child health, like stunting and wasting. Urgent attention has to be paid to ensure that households get access to piped water supply into their homes and to encourage behavioural change regarding handwash. The expansion of public works to provide piped water supply will also provide employment. The government must provide soaps and sanitisers along with the relief kit.

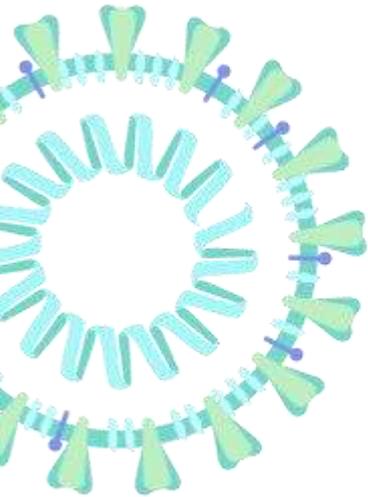
From disaster relief to disaster protection systems

At present, ‘natural’ disasters like floods, cyclones, and pandemics are seen as one-off external shocks to the economy and the livelihoods of the vulnerable. But given that such shocks and extreme climate events are recurring, mitigation measures can no longer conceive of such events as rare. For example, the state has witnessed two major floods, three cyclones, and a major drought in the 5 years preceding the pandemic. It therefore calls for better disaster management systems that emphasise preventive measures. The effects of such shocks on livelihoods are also shaped by urban and agrarian ecologies and quality of growth. Social protection can, therefore, no longer be imagined independent of the process of development itself.



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COVID-19 SERIES

We are in the midst of a pandemic shock as well as a deep economic recession. It necessitates extraordinary policy action. However, we do not have the luxury of time to carry out a new research plan. The situation calls for immediate reflection and action, based on available data. In the Covid-19 Series of Occasional Policy Papers, MIDS faculty contemplate on diverse issues of importance, contextualise their work to the contemporary challenge, draw attention to linkages with interrelated sectors and issues, and suggest short-to-medium-term policy measures. This series would be a useful input in the design of the state's post-pandemic socio-economic policy.

P.G. Babu
Director, MIDS

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79, Second Main Road, Gandhi Nagar, Adyar,
Chennai INDIA 600020
Phone: +91 44 24411574
email: pub@mids.ac.in
www.mids.ac.in