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# The Policy Response to the COVID-19 Pandemic: Analysing Implications for Indigenous Peoples in the Nilgiri Biosphere Reserve

DECEMBER 2022



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*The COVID Observatories: Monitoring the Interaction of Pandemics, Climate Risks, and Food Systems among the World's Most Disadvantaged Communities* project involves working with Indigenous People (IP) and decision-makers in 14 countries, including India. In India, the Indian Institute for Human Settlements (IIHS) and Keystone Foundation are drawing on the experiences of Indigenous Peoples in the Nilgiri Biosphere Reserve (NBR), across the states of Tamil Nadu, Karnataka, and Kerala. The project examines how COVID-19 is interacting with multiple stresses to affect the food systems of IPs globally, co-generating knowledge and capacity to strengthen resilience to the impacts of COVID-19 on food systems and support post-COVID recovery. The COVID Observatories (Project Reference Number: EP/V043102/1) is funded by a Collective Fund Award: 'UKRI GCRF/Newton Fund'.

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## Executive Summary

The COVID-19 pandemic was an unprecedented disruption that laid bare the existing fault lines in India. Those at the margins of society, either due to their location, livelihood, caste, or capacities to access healthcare, repeatedly bore the socio-economic and health burdens of the pandemic. This report examines the impacts of the pandemic and the policy responses to it, focussing on Indigenous Peoples (IPs) in the Nilgiri Biosphere Reserve, which spans the three states of Tamil Nadu, Karnataka, and Kerala.

The impacts of COVID-19 on IPs were typically direct, such as food insecurity, loss of livelihoods, lack of opportunities for work for return migrants, and restrictions in movement during the lockdowns. There were also less tangible impacts such as impacts on culture, primary school Adivasi students in the study sites losing almost two years of education because of the shift to digital teaching, among others.

Policy responses to the pandemic focused broadly on two categories:

- (1) control and containment measures, such as targeted vaccination drives and providing discretionary powers to district collectors under the Disaster Management Act; and
- (2) measures to address underlying vulnerabilities and ensure well-being, such as enhanced food rations and employment guarantee, or increasing the minimum support price for minor forest produce.

Key recommendations to make policy responses more inclusive and effective include:

- **Targeted, differentiated, needs-based interventions:** Policies to improve food security and address livelihood losses must involve communities, taking into account their specific socio-economic contexts and experiences of malnutrition, ill health, and inadequate health infrastructure that is common to most IP communities. This would require acknowledging differential risks and impacts within communities.
- **Poly-crises require holistic interventions:** Despite the pandemic affecting all aspects of life, medical and clinical aspects of the disease were privileged over social and economic ones. Thus, COVID-19 responses tended to focus on containing disease spread, further marginalising vulnerable communities. Healthcare access and provision are embedded in unequal power relations and mediated by socio-economic, political, and cultural contexts, which must be taken into account during implementation. Educational losses as a result of digital learning created a double burden on Adivasi students as they lacked the infrastructure and finances to access digital infrastructures. However, the policy focus on healthcare came at the cost of livelihoods and education in most cases.
- **Social protection programmes can support long-term ameliorative action:** Learning from experiences of post-disaster recovery, development policies must be reimagined. They are not stop-gap, one-time measures but instruments of deeper change to build human wellbeing, address underlying vulnerabilities, and meet development priorities. Socially marginalised groups such as IPs have a higher dependence on public infrastructure and programmes, reaffirming the value of public

institutions and reinforcing the need to secure these programmes with additional resources. It is also necessary to learn from what worked well; for example, a well-functioning public distribution system (PDS) that targeted IPs was critical to household food security during the COVID-19 lockdowns, highlighting the need for continued measures to strengthen the reach and reliability of PDS. Adivasis, who tend to be informal wage workers, faced a significant loss of livelihoods and incomes due to national lockdowns.

The pandemic and the accompanying lockdowns engendered new forms of exclusions for Adivasi communities, reproducing inequities of caste, location, class, and gender. While policy interventions helped curb disease incidence and spread, and to some extent, engaged with the multiple risks and impacts COVID-19 placed on the poor and marginalised, it came at the cost of societal wellbeing and key development needs. Few interventions attended to the structural inequities of IPs or spoke to their differential experiences and vulnerabilities. Policy responses during the COVID-19 pandemic hold several lessons and demonstrate that in times of crisis, needs-based, holistic, and contextual interventions can offer inclusive and effective solutions.

## 01 Introduction

The first wave of the COVID-19 pandemic in India entailed a migrant exodus, which brought a previously invisible group—poor migrant workers—into sharp focus. Evocative pictures of them traversing long journeys back to their villages and provincial towns on foot were reported widely by international and Indian news media (Abi-Habib and Yasir, 2020; Ellis-Petersen and Chaurasia, 2020; Chisti, 2020; Rao, 2020). The second wave exacerbated the social and material shocks of the first wave but was marked by a severe health crisis (The New York Times, 2021; Bhowmick 2021; Dutt, 2022). Dominated by the delta variant, the second wave peaked in May-June 2021 in India, with high cases and deaths in cities as well as rural and tribal hamlets.

Even pre-pandemic, Indigenous populations (IPs) were highly susceptible to viral diseases, and inadequate healthcare infrastructure put them at higher risk of morbidity. For example, COVID-19 was widely reported in Odisha’s Bonda tribes and Kerala’s tribal population (Barik, 2021; Mohanty, 2021; John, 2021). Along with livelihood losses and other economic costs, health burdens created lasting and irreversible setbacks for IPs in India.

This report examines policy responses to the COVID-19 pandemic in India at national and sub-national scales and with special reference to Indigenous Peoples (IPs) or Adivasis, as they are known colloquially. The findings draw on a policy review, where policy responses to the pandemic were analysed under four categories —food security, health, livelihoods and others (Figure 1), by examining government circulars and orders, websites of ministries and departments, media reports, and in-depth interviews with policy observers to situate these findings in the context of field realities.

**Figure 1.** Broad categories of COVID-relevant policy interventions reviewed.

Contain and control measures	Food security	Health	Livelihoods	Others
<ul style="list-style-type: none"><li>•Containment</li><li>•Vaccination drives</li><li>•Discretionary measures under Disaster Management Act</li></ul>	<ul style="list-style-type: none"><li>•Kerala’s near universal PDS ramped up</li><li>•Increased PDS supply, monetary assistance for rice card holders, free rations</li></ul>	<ul style="list-style-type: none"><li>•Containment of migrants</li><li>•Increased surveillance</li><li>•Targeted vaccination drives</li></ul>	<ul style="list-style-type: none"><li>•Increased items and minimum support price for Minor Forest Produce,</li><li>•Employment guarantee (MGNREGS)</li></ul>	<ul style="list-style-type: none"><li>•Changing land use, land titling issues under FRA, 2006</li><li>•Shifting to digital learning platforms</li></ul>

The report starts by exploring the state’s representation of different groups of IPs and their needs and how these representations shape pandemic responses and development needs (Section 2). Section 3 details the methodology used and Section 4 examines how existing and pandemic-related policy interventions exacerbated or ameliorated socio-economic marginalisation and differential vulnerabilities of IPs, triangulated through key informant interviews. Section 5 discusses the critical gaps in pandemic responses and provides recommendations to address these gaps.

The analysis reveals that the pandemic and accompanying lockdowns produced new forms of exclusions. It widened existing socio-economic fissures and brought into sharp relief social security systems which were already strained. For example, a widening of the existing digital divide that excluded Adivasi students from online education, and homogenous policy interventions that often reproduce inequities based on caste, class, livelihoods, and gender. Policy interventions have, to some extent, engaged with the multiple risks and impacts COVID-19 placed on the poor and marginalised, but few of them attend to the structural inequities of IPs or speak to their differential experiences and vulnerabilities. By privileging the physical health aspects of the pandemic over socio-cultural and economic impacts, the policy response to COVID-19 excluded and further marginalized vulnerable communities. The IP community's socio-economic marginalisation as well as the developmental state's inattention to social protection for these forest-dependent communities, has meant that the impacts of the pandemic have been especially crippling and acute for IPs in India.

### 2.1 Indigenous Peoples, tribals or Adivasis?

As per the Census of India (2011), Indigenous People (IPs) make up 8.6 per cent of India's population. There are 705 tribes officially listed as Scheduled Tribes (STs)<sup>1</sup> and these include 75 Particularly Vulnerable Tribal Groups (PVTGs).<sup>2</sup> IPs have been historically marginal to state policy- developmental projects have often displaced them (Saini, 2021; Rights and Resources Initiative, 2012) and affirmative actions have not translated into better living conditions (Xaxa, 2018). The impact of such marginalisation is most visible in economic and livelihoods-based indicators, for example, dispossession and expropriation of land due to development projects; disenfranchisement and side-lining of IP issues in mainstream politics; and impositions of majority language and traditions onto IPs (Xaxa, 2005).

Although the term 'Indigenous Peoples' was used to describe tribes in India by early anthropologists, 'tribal' or 'Adivasi' (adi = original, from the beginning + vasi = dwellers, inhabitants) became a more popular term over the years. Recently, there has been a revival of the use of Indigenous Peoples due to promotion by international agencies and its subsequent internalisation by marginalised tribes, who are using this momentum as an opportunity to assert their identity (Xaxa, 1999). In response to attempts by dominant groups to impose their language and religious practices and by the developmental state to appropriate land and control natural resources, tribal articulation of identity is visible in IP's dealings with the state but not so much in the cultural domain (Xaxa, 2005). While non-Adivasi attribute high levels of poverty among tribals to their supposed 'laziness' and state officials ascribe it to their remoteness, Adivasi themselves argue that their marginalisation is a result of their lack of control over jal, jangal and zameen or water, forests and land (Baviskar, 2001).

Adivasi struggles have long articulated their lack of control over natural resources and land and resisted the violence meted out to them by the state when attempts are made to reclaim these. The developmental state, through its imposition of categories of difference, routinizes and reaffirms such violence, which is perpetuated through and reflected in 'everyday practices of caste, capitalism and patriarchy' (Baviskar, 2001, p. 18). Urban settings and neoliberal market economies are known to grant anonymity and opportunity to all. However, the material, cultural and social markers of caste and its burdens or privileges are not erased and are, in fact, reproduced and further reinforced in these settings (Mosse, 2018). One's social location and caste in particular, has implications on one's educational attainment and access to certain types of work, labour

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<sup>1</sup> 'Scheduled Tribes' are "such tribes or tribal communities or parts of or groups within such tribes or tribal communities as are deemed under Article 342 to be Scheduled Tribes for the purposes of this constitution" as per article 366(25) of the Constitution. STs are disadvantaged communities who are outside the traditional social order— the caste system.

<sup>2</sup> 'Particularly Vulnerable Tribal Groups' are primitive tribals and are especially disadvantaged among Scheduled Tribes.

markets, spaces, and economic resources, thereby creating 'relational inequalities' (Mosse, 2018, p. 43). These inequalities lead to STs being more vulnerable to developmental displacement, having lower incomes (Sengupta & Guchhait, 2021), and reporting higher health burdens and low access to critical health infrastructures (Saini & Nancy, 2021).

While constitutional safeguards and legal protections, such as the Fifth and Sixth Schedules of the Constitution; Scheduled Tribes and Other Traditional Forest Dwellers (Recognition of Forest Rights) Act (2006); SC/ST Prevention of Atrocities; and the Right to Fair Compensation and Transparency in Land Acquisition, Rehabilitation and Resettlement or the Land Acquisition Act (2013) acknowledge differential vulnerabilities, they have proven insufficient to address IP concerns. Moreover, affirmative action, which is an emancipatory policy for correcting historical injustices, is being outweighed by the adverse effects of globalisation and development projects, e.g., by denying access to forest resources (Xaxa, 2018).

Social movements spearheaded by IPs have, over the years, adopted different ways to resist state control over natural resources, and more recently, control by a combination of state and capital. The state has adopted a softer response to tribal resistances articulated as environmental movements, which are able to tap into international movements, as compared to resistances aimed at 'tribal liberation', which receive a hostile state response, due inter alia to their being unable to articulate their struggles in a broader global context (Baviskar, 2011). Tsing, in her ethnographic exploration of how local and indigenous communities in Indonesia's Kalimantan negotiate the global forces of capitalism, and how they use the global ideas of freedom and human rights in these sites of transformation where extractive capital engages with the state and local communities, shows that this 'awkward' interaction between the local and the global entails 'friction' (Tsing, 2005). In the case of Bhil tribes, Bose et al. 2012 show through an exploration of what they call 'forest governmentality', that the independent nation-state has adopted the categories of socio-ethnic identity from the colonial state and applied rules and laws uniformly, and in doing so, ensured its domination over STs and ignored their differential practices, but the STs have used these very categories of identity to strengthen their claims to forest and to forest rights, which demonstrates how the state controls certain sections of the populace and how these groups constitute themselves and are subjectivised (Bose, Arts, & Dijk, 2012).

## **2.2 Differential access to basic services**

To understand the differential vulnerability that marks Adivasi life, it is important to attend to their access or the lack thereof to social infrastructures such as health and education. Inadequate spending and poor infrastructure are key issues facing the public health system in India (Kasthuri, 2018; Narrain, 2016). The burdens of ill health and differential access to health services are borne disproportionately by marginalised communities, with caste, gender, class, educational attainment, and geographic location determining health-seeking behaviour and healthcare access (Reddy et al., 2011; Balaranjan et al., 2011).

Socially marginalised groups such as Scheduled Tribes (STs) and Scheduled Castes (SCs) are especially vulnerable with higher reported incidence of communicable and non-communicable diseases (Balarajan et al., 2011; Shrivastava & Shrivastava, 2013). Almost 90 per cent of STs live in India's hinterlands. Inadequate access to critical health infrastructures and insufficient community representation in the medical profession often means they are unlikely to get the required medical attention to treat preventable diseases (Saini and Nancy, 2021). STs have higher mortality rates and higher incidences of undernutrition, anaemia, tuberculosis, visual impairment resulting from preventable causes, and leprosy due to inadequate access to healthcare (Shrivastava and Shrivastava, 2013). It is, however, important that healthcare access is seen in the context of larger health systems. Research examining inequalities between STs and non-STs shows that tribes in Chamarajnar's BRT have a markedly higher incidence of illness and report low utilisation of health services when compared to non-STs (Seshadri et al., 2020).

### **2.3 IPs in the Nilgiri Biosphere Reserve**

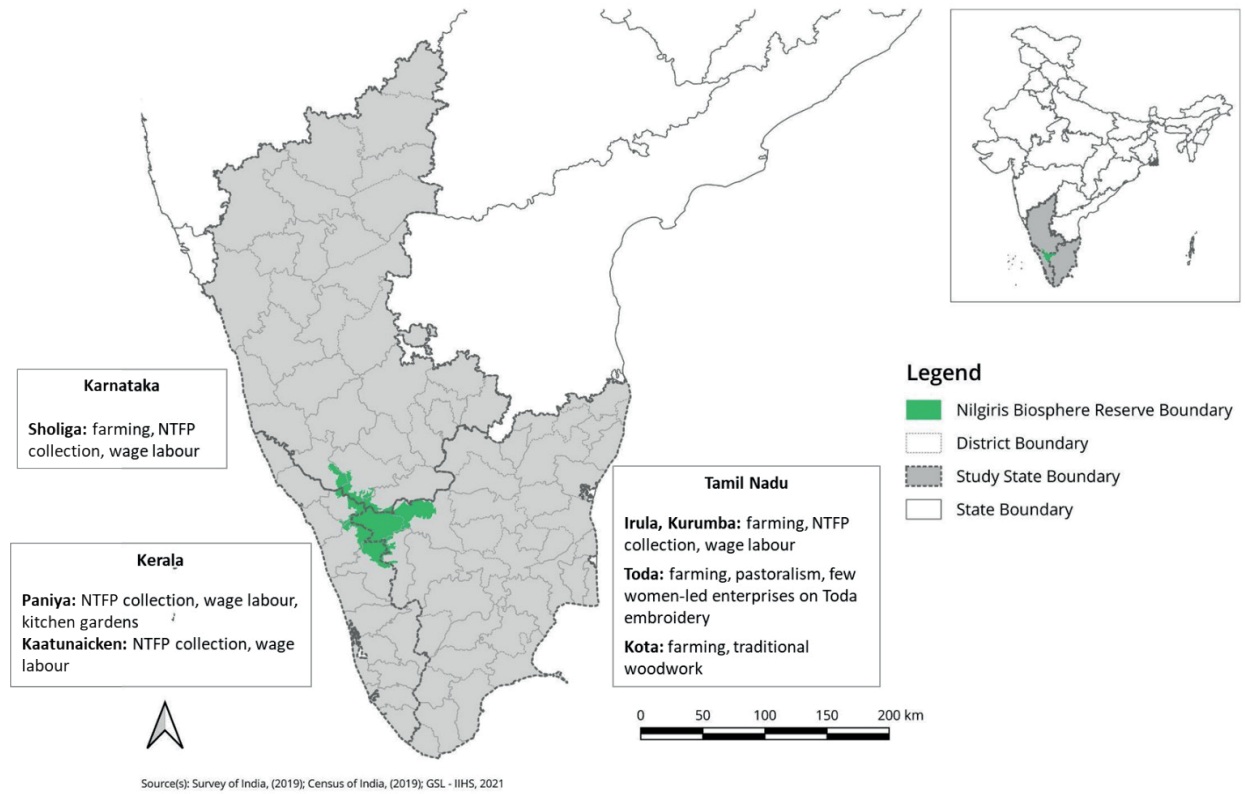
The NBR, located in the Western Ghats, spans the three states of Tamil Nadu, Karnataka, and Kerala and is endowed with several endemic flora and fauna. The NBR was set up in 1986 to preserve these species and UNESCO acknowledged it in 2000, which led to the implementation of several environmental projects. The Reserve houses several forest-dependent Indigenous communities whose concerns have not been addressed in these projects, producing tension between the state departments and IPs (Hebbar, 2018).

The common form of livelihoods for the IP communities in the NBR are Non-Timber Forest Produce (NTFP) collection and agricultural and non-farm wage work. As COVID-related restrictions resulted in livelihood losses for wage workers across the country and limited access to other livelihoods, this study sought to understand how these restrictions impacted food systems and livelihoods of IPs in the NBR (Figure 2).

This project focussed on Irulas, Kurumbas, Todas and Kotas tribes in Tamil Nadu. Typically, Irulas and Kurumbas are involved in NTFP collection and wage work, Todas are pastoralists and practice farming, and Kotas are involved in farming but continue their traditional clay, metal, and woodwork. In Kerala, the study focused on Paniyas and Kaatunaickens, communities that engage in NTFP collection and daily wage work, and in Karnataka, on Soligas—used interchangeably with Solega and Sholigas—who are variously involved in NTFP collection, farming, and wage labour. How these communities relate to land and farming is also dependent on their land ownership and whether these communities were provided land as part of land redistribution under the Forest Rights Act or not.



**Figure 2.** The Nilgiri Biosphere Reserve across Kerala, Karnataka, and Tamil Nadu.



**Source:** Dhananjayan M, Geospatial Lab, IIHS

## 03 Methodology

To examine the impacts of COVID-19 on IPs in the Nilgiri Biosphere Reserve and policy responses to the pandemic, I first mapped COVID-specific policies relating to food security, livelihoods, health, and allied themes and tracked if these mention or engage with issues of IP. I also traced IP-specific policies at national, state, and district scales to understand the responses to the pandemic. I relied on government circulars and orders, information on websites of government ministries and departments as well as media reports. The data was analysed across four time periods— pre-lockdown period (late February to early March 2020); first phase of lockdown during the first wave (25 March to 14 April 2020), second phase of lockdown during the first wave (15 April to 1 June 2020); second wave lockdown (May and June 2021); and post lockdown (July 2021 onwards).

**Table 1:** Articles shortlisted for media review

COVID-19 waves/phases	Karnataka	Tamil Nadu	Kerala
Pre-lockdown	Late February to early March 2020		
1 <sup>st</sup> wave National lockdown	March 25, 2020	March 25, 2020	March 25, 2020
	May 31, 2020	May 31, 2020	May 31, 2020
2 <sup>nd</sup> wave State lockdown	May 10, 2021	May 2021	May 2021
	June 21, 2021	June 2021	June 2021*
3 <sup>rd</sup> wave	December 2021	December 2021	December 2021
	February 2022	February 2022	February 2022

\*Kerala consistently reported higher cases than Karnataka and Tamil Nadu since the second wave, although the state handled the pandemic better during the first wave. Due to the high COVID numbers in Kerala, other states imposed stricter quarantining rules on travellers returning from the state. At different points in time, these three states imposed restrictions such as night curfews, weekend curfews, lockdowns in select districts, and curbs on the number of people congregating at social gatherings and political rallies, depending on the Total Positivity Rate (TPR).

From this preliminary phase, a long list of government responses and shortlisted policy interventions were developed based on their thematic foci —livelihoods impacts and food security etc. Finally, each policy instrument was reviewed to analyse the policy’s engagement with relevant themes. The filled-in templates were then analysed to explore patterns and outliers in terms of the representation of IPs and understand whether these interventions deepen or overcome vulnerability.

The policy review was complemented with 10 in-depth, semi-structured interviews between November 2021 and February 2022, with select 'policy observers' (8 men, 2 women) to situate these findings in field realities. These were members of the civil society and independent practitioners (n=5), community leaders, elected representatives (n=2), and government officials (n=3). Most interviews were 1.5 hours long and, in one or two cases, longer. These interviews were conducted in English or Kannada through online platforms such as Zoom and Google Meet. In three instances, phone interviews were conducted as respondents were in hamlets with poor internet connectivity.

In interviews with community leaders, the aim was to understand community experiences of the pandemic and how they perceived government programmes fared. I focused on issues such as food security, livelihoods, health, and access to digital learning infrastructures, and interventions targeted for IPs. In interviews with government officials, I focused on policy responses to COVID-19 in general, inquiring if special consideration was given to IPs. I also sought to understand the constraints officials faced in service delivery. Interviews with researchers and NGO representatives focused on understanding constraints faced by marginalised communities such as IPs and impediments in access to services.

## 04 Findings

Based on the policy review, key informant interviews, and media coverage, the next sections examine the impacts of COVID-19 on IPs in the Nilgiri Biosphere Reserve (Section 4.1), and various policy responses, whether to control and contain the spread of the pandemic (Section 4.2) or targeted instruments to reduce underlying vulnerabilities (Section 4.3).

### 4.1 COVID-19 Impacts on IPs

IPs have long faced social and economic marginalisation, through inequitable access to social infrastructures, especially for health and education, as well as through state control over forest resources and lands surrounding forests. Further, IPs have a higher dependence on public infrastructure and programmes, and disinvestment in these is particularly crippling for them. The state's promotion of extractive capital and privileging tiger reserves over the interests of IPs has only compounded their already precarious position (KII\_NGO\_01). One may argue, in this light, that the pandemic made apparent what was already broken. Below, I examine the pandemic's differential impacts on IPs.

During the first wave in India (March to May-June 2020), migrant workers were forced to return to their homes after a national lockdown was imposed on 24th March, 2020. As public transport was stopped altogether, most workers had to make the journey by foot. Evocative pictures of the exodus of migrants, who were earlier invisibilised, but brought into sharp focus as a result of the strict lockdown, were reported widely by the international and national media. Initially, only voluntary organisations were involved in relief work. Newspapers reported that tribals, including from the Soliga community were stranded in other districts/states without essential provisions and basic facilities (Kumar, 2020). In addition, there was opacity surrounding access to medical services for chronic conditions and IPs faced difficulty getting medicines and treatment for other common ailments (KII\_NGO\_01).

In a multilingual media review in the NBR (Kaur et al., 2022), we found that across language and medium, vulnerability due to COVID-19 among tribes in the region was attributed mainly to food insecurity, and health and risk-proneness were spoken about in relation to food insecurity. Further, the media reported how the remoteness of tribal hamlets and low vehicular movement resulted in low COVID-19 incidence among IPs. The media highlighted that access to formal public healthcare infrastructure was inadequate and IPs returned to traditional knowledge and especially to traditional health and food systems or dietary practices, which, media reports note, contributed to their resilience (Ibid, 2022).

Food insecurity concerns among IPs grew with the lack of opportunities for work and restrictions on movement during the lockdowns. In Rajasthan, the disruptions in supply along with limited cash in hand affected the food security of IPs in that malnourishment rose, and almost two-thirds of a sample group in a survey reported that they sometimes did not have enough food to eat (Saxena, 2021). IPs are highly susceptible to viral diseases and the lack of health infrastructure puts them at a higher risk of mortality and morbidity, as was reported through the early incidences of COVID-19 among IPs in Odisha, Chhattisgarh, and Andaman and Nicobar Islands (Agoramoorthy & Hsu, 2021).

The COVID-19 lockdowns and the accompanying shift to online learning widened the fissures in the education system and exacerbated existing inequalities at the intersections of caste, class, gender, region, and religion (Batra et al., 2021). The lockdowns and ensuing closure of schools added to the vulnerability of the already marginalised Adivasi students. A respondent observed:

*In many tribal settlements, there is no electricity or they receive power supply from 6 pm to 6 am. If there is no power during the day, how can children attend classes? Also, most tribal people are below the poverty line and cannot afford these gadgets— smartphones or TV or internet network. And laptops are out of the question. Most tribals are daily wagers and get Rs. 100-200 per day which they use for getting food and other essentials. So, they cannot buy these gadgets. Even if they have these gadgets, there is no network in tribal areas. Sometimes there is no signal for making phone calls. So online education has completely excluded tribal children (KII\_NGO\_03)*

As Adivasi communities typically lack the wherewithal to access digital infrastructures such as fast broadband, smartphones, laptops, and even mobile networks, most primary school students in the study sites lost almost two years of education.

## **4.2 Policy Responses to the Pandemic – contain and control**

### **4.2.1 Containment measures**

In the first wave of COVID-19, migrant workers returning from cities and towns were initially stopped forcefully by the police, but when their numbers on the streets swelled, it was no longer feasible to contain the exodus, and passage was granted. Institutional quarantining was made mandatory and quarantining centres were set up at district/block levels. For government officials on COVID-19 duty in districts like Chamarajanagar in Karnataka, which shares its border with Tamil Nadu, this meant setting up makeshift centres close to the check-post to check for COVID and ensure that returnees were quarantined. A Chamarajanagar-based panchayat official pointed out that government schools and other public buildings were converted into provisional quarantine centres. He noted:

*We have a total of five ashram schools here in Punajanuru. Two of those are in villages that are atop hills and three are in the plains. The ones that are in the plains were converted into quarantine centres for people returning from other districts—Mysore, Mandya, Chikamagalur as well as from other states like Andhra Pradesh and Kerala. We have a check-post here as our taluk borders with Tamil Nadu. Everyone returning had to quarantine for 15 days*

The respondents in Chamarajnar noted that migrants who were working in places such as Coorg, Tamil Nadu, and Bangalore went through a lot of distress and were forced to spend a significant chunk of their earnings to arrange the journey back to their villages. While the union and state governments came up with measures to provide monetary assistance in the form of rations and cash aid to vulnerable groups, voluntary organisations were at the forefront of relief work.

In Kerala, a state which was praised by the United Nations and the international community for its handling of COVID-19 during the first wave of the pandemic (Scroll Staff, 2020; Spinney, 2020), COVID-19 first line treatment centres—mostly schools and community centres converted into these facilities—were started by local bodies to treat people showing mild symptoms and to quarantine immediate contacts of patients who did not exhibit serious symptoms (Express Web Desk, 2020). Doctors from local PHCs were deputed in these centres, which had basic infrastructure and were stocked with necessary medicines. Some hospitals in every district were designated as COVID hospitals to exclusively treat COVID-19 patients. The government worked with some private hospitals to convert select wings or parts into provisional government health facilities to handle the COVID-19 crisis. Rapid Response Teams involving Kudumbashree<sup>3</sup> SHG members, ward-level panchayat members, ASHA workers<sup>4</sup>, Anganwadi workers<sup>5</sup>, government schoolteachers on COVID-19 duty, volunteers, officials from the Scheduled Tribes Development Department, were formed at the panchayat level in the first wave. Local self-government institutions were, therefore, integral to ensuring that people with symptoms and those testing positive were routinely tracked, isolated, and treated (Aneesa, 2021; Cris, 2021).

*In each ward, there were 25-30 Kudumbashree members. Each member was given the responsibility of closely following 10 households. In case someone tested positive, they were to inform the Health Department. So, the Health Department, Anganwadi workers, Kudumbashree, panchayat members and volunteers worked every closely (KII\_Elected Rep\_02).*

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<sup>3</sup> Kudumbashree is a community network run by women under the Kerala government's State Poverty Eradication Mission (STEM), comprising a three-tiered structure with the Community Development Societies at the local government level, Area Development Societies at the mid-level and Neighbourhood Groups at the neighbourhood level.

<sup>4</sup> The acronym ASHA stands for Accredited Social Health Activist, who is part of the National Health Mission (NHM) and is responsible for providing information about public health service and mobilising the community to access these.

<sup>5</sup> Anganwadi workers drive the Integrated Child Development Services (ICDS) programme administered by the Ministry of Women and Child Development and serve as key conduits between the community and the public health institutions. One Anganwadi centre with one worker is stipulated for a population of 800, as per ICDS norms.

During the second wave, state governments were given autonomy over deciding COVID-19 restrictions and implementing lockdowns, depending on the total positivity rate (TPR). The second wave was dominated by the Delta variant of COVID-19 in India and was much more severe when compared to the first wave. The protocol and guidelines with respect to quarantining and isolation were changed to accommodate home quarantining, which was a shift from the earlier mandated institutional isolation. Institutional isolation was no longer required for those who tested positive for the virus, and travellers returning from other states/districts could isolate at home, with the period of required quarantining depending on the state/country from where they returned.

The second wave was much more severe, and the healthcare infrastructure was grossly inadequate to deal with the COVID-19 outbreak. There were shortages of oxygen cylinders, life-saving medicines, ventilators and hospital beds, and there was a steep rise in the death rate. As of mid-June 2021, India's COVID-19 death rate had reached 3.73 lakhs, with under-reporting of cases and deaths being rampant in some states. The bulk of COVID-19 deaths were seen in five states—Maharashtra, Karnataka, Tamil Nadu, Uttar Pradesh, and Delhi, and these states recorded almost 57 per cent of all officially reported deaths (Mander, 2022). Influenza-like illness (ILI) saw a sharp rise and these patients required oxygen cylinders and special care. A Chamarajnagar district hospital witnessed 24 deaths in a single day due to lack of oxygen (Express Web Desk, 2021a). Deaths due to lack of oxygen as well as other complications were seen in almost all states, as has been mentioned earlier, but the Union government in its address to the Parliament stated that no deaths were reported due to oxygen shortage (PTI, 2021).

Moreover, measures to curb the contagion were sometimes at odds with the cultural practices and beliefs of the IPs and were hence not culturally suited, as has been pointed out in the quote below:

*We saw IPs and locals imposing restrictions on outsiders in some hamlets here. They would note down the cycles entering the hamlet and kept strict vigil on movements of passers-by. They are cut off, so the risk of contagion is more in these areas and when it spreads, it spreads faster. Also, both the disease and its treatment are alien to IPs and they are fearful because bodies of Covid deceased are not handed over to the families. They say, 'we don't want to like die like orphans.' It was difficult for health workers to understand the dilemma and the cultural context of the tribals (KII\_NGO\_01)*

Tribal hamlets also witnessed an increased surveillance by authorities— police and forest department— during the lockdowns. While their geographical isolation ensured low incidence of COVID-19 among IPs, the state's gaze and its hegemonic control continued and even increased during the lockdown. In the following quote, a tribal leader points to stray instances where Adivasis were unable to go to the forest to collect firewood, due to strict COVID restrictions imposed during the first phase of the lockdown in 2020.



*Tribals here go to the forest to collect NTFPs, especially honey and gooseberries. They could not do this during the lockdown. Initially, restrictions were placed on even going out to collect firewood. So, it became very difficult for many households to cook. Also, as they could not travel elsewhere to work, it affected their financial position as well. People here live hand to mouth. If they work today, they can buy food. They earn less and it is difficult to save out of this little money. So, they did not have resources to procure these essentials. When compared to the other communities, Soligas are more vulnerable (KII\_NGO\_04).*

While there were media reports that the IP communities, of their own accord, restricted entry to outsiders in some places, respondents reported only one or two such instances. Given that tribal communities generally have a fraught relationship with the state and the Forest Department in particular, and the wide power asymmetries between them entail that the department retains control over forest lands in case of disputes, there are anxieties over access and tenure of land surrounding forests. In this context, restrictions, even on account of the pandemic, became ways to assert power and authority and created new strains of discord.

Furthermore, public discourse has often rendered tribals as 'ignorant' or involved in unsavoury activities and has sometimes painted them as resilient due to their physical isolation, and these projections/representations are then also reified by the media. Such problematic projections have important implications as was seen in Chamarajnagar, where tribals were identified as poachers (Gowda, 2020) and involved in dealing in other contraband and as per a respondent (KII\_Academic\_01), members from the Soliga community were arrested for allegedly cultivating cannabis for commercial use. These stories were widely reported in local newspapers and media narratives, demonstrating how dominant media discourse surrounding drugs and poaching at the time was received by the local bureaucracy/police and how the figure of the tribal was seen as someone involved in nefarious activities. This brings attention to the way in which the social and political structures relate to IP communities. Speaking about the incident, the above-mentioned respondent (KII\_Academic\_01) observed that these activities are indeed illegal but the system has engaged with these illegalities in the past and that the current situation, then, emerges within a wider political context.

Additionally, long periods of isolation and, in the event of testing positive, quarantining, took a toll on the emotional wellness and social life of IPs. Cultural and religious festivals are especially popular among IPs in India and these events are known to attract large crowds. In normal circumstances, even those who migrate for work usually return to be with their families during such occasions. Instances of domestic discord and domestic violence were also reported in some IP communities.

Unlike the first wave, where cash assistance was announced, there was no monetary assistance programme by the union government during the second wave. As per the National Portal of India, the earlier free food provisions of 5-kg wheat or rice and 1 kg of

preferred pulses for 80 crore poor every month under the Pradhan Mantri Garib Kalyan Ann Yojana, was first extended till June 2021 and then till November 2021. This has been further extended till December 2022. The centre also extended the Rs.50 lakh insurance for health workers under the same programme till April 2021. The union government, after being reprimanded by the Supreme Court for its handling of COVID in the second wave, announced a compensation of Rs. 50,000 to the legal heirs of those who succumbed to the virus. The Government of Karnataka announced an additional Rs. 1 lakh to BPL families that lost a 'working' member. 'Unlocking' or relaxation of restrictions was initiated at the end of June 2021 and thereafter different state governments implemented several stages of 'unlock' to revive and boost economic activity. While the first wave witnessed some relief measures by the central and state governments, relief work was mostly helmed by NGOs during the second wave.

#### **4.2.2 Targeted drive to vaccinate IPs**

The Nilgiris district administration had noted in June 2021 that it intended to make Nilgiris the first district where all adults are vaccinated for COVID (The Hindu, 2021a). Tribals in the district were to receive special attention in this drive, the officials added. As per newspaper reports, the district had vaccinated all eligible adults with the first dose by June 2021 (Nitin, 2021; Koushik, 2021) and, as of November 2021, 80 per cent of the population was fully vaccinated (The Hindu, 2021b) Focused effort was made by the district administration to vaccinate IPs in the NBR region, and the 100 per cent vaccination target for the district's tribal groups was achieved in October 2021 (Stalin, 2021). The district administration, which worked in collaboration with the Health Department and NGOs, addressed vaccine hesitancy among IPs by holding conversations with community leaders during mobile medical camps and visits to tribal hamlets.

The ASHAs, Anganwadi workers and other officials from the Health Department and the Tribal Welfare Department were almost always accompanied by members of local NGOs and voluntary organisations, with whom the district administration in Chamarajnagar collaborated to extend the reach of their vaccination drives. As a respondent elaborated,

*The district administration made a focused effort to reach out to the IPs during the vaccination drives. This was done with the help of NGOs and other voluntary organisations working with IPs (KII\_NGO\_02)*

However, these initiatives were thwarted by difficulties in reaching tribal hamlets:

*The frequent declaration of containment zones in these villages and hamlets was a challenge. Even government officials were hesitant to go there. And then there were micro containment zones at the ward level. At times, section 144 was declared, which restricted movement. We had to carry affidavits and required special permissions to be able to move through and visit these villages and hamlets (KII\_NGO\_05)*

In many instances where the community had a strained relationship with the state and state departments, the presence of members from these organisations helped establish legitimacy (KII\_Academic\_01). Kerala also organised similar drives for the IPs (Vidyanandan, 2021; Express News Service, 2021). After Kochi witnessed the death of 110 people from an IP community, the state announced that it would conduct vaccination programmes for the community on 'priority basis' (Viswanathan, 2021).

Taking cognisance of these reports, the National Human Rights Commission, in its advisory to state governments dated 3 June 2021, observed that due to the inequities in access to health services and isolation of tribals, the human rights of PVTGs are to be protected by ensuring COVID-19 testing, vaccination, medical kits, and monitoring movements to and from tribal hamlets.

However, district administrations and NGOs could not convince some tribal communities to get vaccinated. A Chamarajnagar-based panchayat official noted, 'we have been to Soliga hamlets on many occasions to create awareness about COVID and how it spreads but our campaigns received a lukewarm response, especially in hilly tribal hamlets (KII\_Elected Representative\_01). A schoolteacher, who was on COVID duty, pointed out that there was a targeted drive to mobilise Adivasis to get vaccinated '... They used to run away on seeing us or close the door on us. Then slowly, we convinced them. Our department had instructed us to inform them that they would be much more susceptible to COVID if they don't take the vaccine. Health Department officials, government school staff, panchayat and other officials were all part of these efforts. We also performed street plays to create awareness' (KII\_Government Official\_01).

A Chamarajnagar-based tribal community's distrust for and discontent with the state institutions and state policy was reflected in their hesitancy to get vaccinated.

*The ways and means of accessing the vaccine were not culturally adapted. So, like any other mainstream service, Adivasis did not access vaccines. For example, in one settlement that has about 170 people who have not yet received their dose, we engaged with the community and had long conversations with them to try and convince them to get vaccinated. But there was a powerful assertion from them. They told us, 'You say vaccine saves lives, but roads save lives, piped water saves lives. Why aren't they here? If it is really my life that you want to save with the vaccine, why isn't a road here with the kind of urgency that you are showing to get people vaccinated?' (KII\_Academic\_01)*

The exclusive focus on COVID-19 treatment and the lockdowns to curb the spread of the virus meant that other health issues were sidelined and people could not avail treatment for other, more serious and chronic ailments. Diseases such as tuberculosis and other chronic non-communicable diseases— with higher incidence among IPs—

require special care and longer treatment. Adivasis, especially PVTGs, could not avail health services due to lack of transport during lockdowns and as the healthcare workers focused their energies on containing COVID-19.

For a few months in 2020 and 2021, some government hospitals were designated as COVID-19 hospitals. And even if hospitals were open and treating patients with other issues in OPD, a practitioner pointed out that Adivasis were anxious that they would be quarantined if they visited hospitals and did not avail treatment. COVID-19 restrictions, therefore, hampered access to quality medicines and routine check-ups, both during the first and second phases of the lockdown. A respondent noted that some Adivasi communities in the Nilgiris were unhappy with the rule of not handing over the bodies of the COVID-deceased to families, as they have elaborate cremation rituals.

It is imperative, therefore, that public health programmes consider the wider social context that influences initiatives such as immunisation by attending to the complex interactions of actors, perceptions, and ideas, and take into account social networks, other healthcare providers, and communities that are critical in determining how these programmes will be received (Varghese et al., 2014). Cultural sensitivity and safety, that is, practice and theory that allows public health practitioners and experts to reflect on their own prejudices while engaging with tribal communities, as opposed to the conventional punitive action that is employed to elicit compliance, should be the way forward in terms of COVID-19 (and other epidemic diseases) care (Srinivas et al., 2021).

Speaking about vaccine hesitancy in some tribal hamlets in Chamarajnar, a community leader and researcher observed that the community was being projected as vehemently refusing vaccines when other non-Adivasi communities too had not taken the vaccine.

*We worked together with the district administration, Health Department and Tribal Department and others. But a 100% vaccination cannot be achieved in a day. It is a long and tedious process to convince people. Even in places like Bangalore, a 100% vaccination rate has not been achieved. And there are other villages and non-Adivasi communities where there is vaccine hesitancy. But we get all the attention because we are tribals and the common perception is that Adivasis are ignorant, that we are illiterate. So, we are treated differently. Despite all this, we took vaccination seriously and mobilised our communities to get vaccinated (KII\_NGO\_03)*

Such a projection, then, serves to reinforce problematic notions that IPs are unwilling to take the vaccine while disregarding their cultural and social practices and using 'disciplining' as a way to ensure compliance. As the above quotes by respondents highlight, attending to the social and cultural context of the Adivasi community as well as involving local leaders are aspects that cannot be emphasised enough while designing public health interventions such as vaccination programmes.

### **4.2.3 Discretionary powers under the Disaster Management Act**

An order that cites the Disaster Management Act acquires urgency as those directed to carry out work under it are liable to be punished in case of failure of compliance within the stipulated timeframe. And as a result, an order invoking the Act is acted upon quickly. During disasters, the use of the State Disaster Relief Funds is made flexible, and District Collectors are granted discretionary powers under the Act.

As the public and media attention tended to focus on the District Collectors during the COVID-19 lockdowns, they routinely cited the Disaster Management Act in order to ensure full compliance by government officials. District Collectors, especially in Chamarajnagar and Nilgiris, invoked the Disaster Management Act to expedite the implementation of programmes and disbursement of benefits. In Chamarajnagar, most orders passed by the district administration since the announcement of the first lockdown in late March 2020, invoked the Act.

A respondent explains in the following quote how the DMA was invoked in Chamarajnagar:

*Almost every order passed in the last two years by our DC has cited the DMA, which is taken seriously. Also, COVID ensured inter-sectoral coordination. There were routine multi-departmental meetings, with NGOs joining. I just wish this continues and that it had happened before (KII\_Academic\_01)*

This has also ensured inter-sectoral and inter-departmental coordination. District Collectors held periodic meetings with officials from different government departments and also sought help from NGOs and voluntary organisations, especially to gain access to IP communities.

## **4.3 Policy Responses to the Pandemic – Reducing vulnerability**

### **4.3.1 Food security interventions, including near-universal PDS in Kerala**

Kerala has a near-universal Public Distribution System (PDS). Universal rationing was articulated and set in motion in the state through statutes in the mid-60s. This system was in place until the 1990s when the Centre introduced a targeted PDS. The PDS system has evolved over the years and at present, there are different cards<sup>6</sup> for different categories (Joseph, 2020). Given its long tradition of universal rationing, Kerala retained systems that made it easier for the state departments to distribute provisions to residents and migrants. As a respondent notes in the quote below, rations were distributed through the lockdown. The department had a system in place wherein ration card numbers ending with a certain digit were allowed on some days, which prevented large congregations.

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<sup>6</sup> The yellow card is for Antyodaya or the poorest sections, pink is for those falling Below Poverty Line (BPL), blue card is for non-priority groups that receive some subsidy, and the white card is for non-priority groups that do not receive subsidy.

*PDS supply was exceptionally good in Kerala. Everyone in Kerala got food kits, irrespective of class – APL or BPL. Government ensured universal PDS and food security for all. It was done through ration shops. There are also community kitchens in Kerala. Every gram panchayat has one. So, a meal that costs Rs.50-60 outside is available at Rs.20 here. This was helpful especially for the poor and migrants. In municipalities, there is more than one such community kitchen. In total, there are about 1,000 community kitchens across Kerala. These are run through Kudumbashree mission which is under the government of Kerala. (KII\_NGO\_05)*

The Kerala government ensured that supply of essential provisions was not hit and organised uninterrupted food supply through universal PDS, mobile rations for IPs (The Hindu, 2020; Government of Kerala, 2020), and community kitchens and what are called 'Peoples restaurants.'

In Karnataka, the Soliga Abhivruddhi Sangha and the Zilla Badukattu Girijana Abhivruddhi Sangha have been proactive in negotiating with the state government for food provisions and for entitlements under the Forest Rights Act, in Chamarajnar. For several years now, the Soligas have been receiving what is called additional nutritional supply for six months in a year, starting in the monsoon. As per this programme of the Tribal Welfare department, the Soligas receive some grains, millets, oil, pulses, clarified butter and eggs, among other items. Typically, only Particularly Vulnerable Tribal Groups (PVTGs) are entitled to these rations. Although Soligas are not part of the PVTGs, the Soliga Abhivruddhi Sangha, through its years of agitation, collectivisation, social movement, and advocacy, petitioned the state to include them as beneficiaries and its efforts yielded results eventually. The sangha has built these mechanisms of solidarity over the years, and it has a presence in the district, taluk, circle and at the settlement or hamlet level. When the supply of PDS provisions was delayed in the first phase of the first wave of the 2020 lockdown, pressure from leaders of the sangha ensured that the distribution of additional nutrition supplies was expedited.

Tamil Nadu has a long legacy of welfare schemes and the PDS programme is implemented especially well and to the benefit of marginalised communities. The state provided free rations under PDS from April to July 2020 as well as monetary assistance of Rs. 2000 to rice cardholders. The DMK government that came to power in May 2021 also provided cash assistance in May and June that year to rice cardholders. While the PDS currently includes cereal and pulses along with cooking oil, the Nilgiris district administration has also expressed interest in introducing millets (KII\_NGO\_01), considering the tastes and preferences of Adivasis, which is a sizeable percentage of the population. Tribal societies run by voluntary organisations were instrumental in ensuring essential supplies and in providing means of livelihood, as pointed out by a representative of one such voluntary organisation:



*We have a tribal society in the area which is mainly run by women. Because of the lockdowns, it was difficult to run this business. We engaged with them and procured Ragi from the villagers and then the society helped us pack this. So, some employment was generated for the women there and in the nearby villages. Even here in Aadhimalai, our farmer producer company generated employment. An understanding was reached between two organisations that the society will help us procure and package relief material and it would then be distributed to people. We were able to facilitate this work both ways. As these hamlets are remote and residents could not travel outside to sell their products, an organisation bought from them and sold their produce in the market and provided the provisions they needed, creating a local circular economy in a way (KII\_NGO\_02)*

In addition to the PDS provisions of 35 kg to Antyodaya or the poorest households and 5 kg per person per month to priority households under the National Food Security Act, the union government's PM Garib Kalyan Anna Yojana aimed to provide additional rations of 5 kg per person per month to these households from April to November 2020 (Saxena and Mohan, 2021). This food distribution programme was first extended till June 2021 and then till November 2021. It has now been extended to December 2022.

It is also important to note that technical glitches in biometric authentication— which was introduced to contain corruption— led to ration cardholders in some parts of the country not being able to get provisions. After the media reported these issues, some states did away with biometric identification for a few months in 2021. Biometric authentication for PDS distribution has not been able to contain corruption and the programme continues to be plagued with quantity fraud, arbitrary withholding of rations by private dealers and names not being included in ration cards. By mandating Aadhaar-based biometric authentication to avail provisions, the PDS system reproduces gender and class-based exclusions (Dreze et al., 2017). In instances where the system was unable to match the fingerprints, community members approached leaders.

*There is community gaze on PDS. If it is irregular, the MLA and Zilla panchayat members will immediately intervene and ask the administration to distribute rations. So, it can't shut down. But there are Aadhaar-related exclusions. Thanks to the Sangha's pressure, the district administration had to relax norms and provide rations even if names were not included. But these things can only happen when communities have access to the DCs and IAS officers (KII\_Academic\_01)*

In addition to PDS rations, children in the age group of 0-3 years, and pregnant and lactating women registered in Anganwadi centres receive supplementary nutrition packets—typically containing fortified grain, pulses, and jaggery for women and weaning food for children—as part of the Integrated Child Development Services (ICDS) programme. Children in the age group of 3-6 years, who used to get hot cooked meals in Anganwadi centres earlier, were to receive rations as they could not convene in the centres in the last two years.



The ICDS has a total of six components— supplementary nutrition, pre-school and non-formal education, nutrition and health education, immunisation, health check-ups, and referral services. Respondents observed that the supply of supplementary nutrition provisions and other services continued during the lockdown, but pre-school teaching was adversely affected. The examples of Kerala and Tamil Nadu demonstrate that a strong social protection architecture pre-pandemic was essential to being able to respond responsibly during the pandemic.

#### **4.3.2 Support for Minor Forest Produce**

The government announced an increase in the Minimum Support Price (MSP) for Minor Forest Produce on 1 May 2020. The Ministry of Tribal Affairs added 23 additional agricultural and horticultural items to the list of products under MFPs on 26 May 2020 (PIB, 2020a). In addition to this, the union government had started the Van Dhan scheme before the pandemic to procure forest produce from tribal communities locally. TRIFED is the nodal agency to implement the scheme at the national level, which aims to 'generate livelihood for tribal gatherers by transforming them into entrepreneurs' (TRIFED, 2020). However, these centres have not been started in most of southern India. In Kerala, the Van Samarakshan Samiti, formed by the Forest Department in collaboration with the tribal communities and Kudumbashree, is in the process of implementing the Van Dhan scheme. In Tamil Nadu, there are talks of involving practitioner groups in training officials to implement the scheme.

There are also other operational challenges in the implementation of MSPs. Kerala has witnessed continuous floods since 2018, which have led to loss of lives and property. The tribal community in Kerala's Nilambur district in the NBR, parts of Wayanad, and other areas, have been especially hit due to floods. Several of these communities collect and sell Non-timber Forest Products (NTFP) for livelihood. The produce is sold to the Forest Department and private traders. Although the government relaxed COVID-19 rules to allow forest-dependent communities to collect minor forest produce during the lockdown, government agencies and societies could not procure this produce from them.

The Forest Department and other tribal societies had already procured more than what they could store in order to support IPs during repeated crises of floods. A respondent who works closely with IP communities noted that the Forest Department and the tribal society would typically procure honey at Rs. 400 per kg but as they did not do so for most part of 2020, IPs were forced to sell to private traders at Rs. 100 per kg, which is a fourth of the price they would have got had they sold to the government. Thus, although there were policies to procure from the IPs, this was not done as the institutions already had earlier stock of honey or other forest products. In the absence of adequate support by state institutions, community-based co-operatives, in their small but significant ways, procured items such as honey, gooseberries, lichen and tamarind from the IP communities and NTFP collectors at a reasonable price, locally.

### **4.3.3 Employment guarantee, not guaranteed for all**

The Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) is a rights-based employment programme that allows one member per household to demand 100 days of work in a year. The scheme has enabled rural households to find work outside of the agricultural season (Carswell and De Neeve, 2013) and has especially benefitted rural women by providing them fairly 'decent work' that guarantees minimum wages, locally (Khera and Nayak, 2009).

MGNREGS also enlists tribal groups, nomadic tribal groups, de-notified tribes, and women in special circumstances, among others, as special category of workers. Special protections in access to work, and in evaluation and facilities have been ensured under Part 1, Schedule 2, for this category of workers. As part of its efforts to promote the scheme among IPs and especially PVTGs, the scheme prioritises the creation of farm assets in farms and steads of STs, nomadic and de-notified tribes, and other vulnerable groups (Ministry of Rural Development and CWEPA, 2014). In 2019, the Ministry of Rural Development also provided additional 50 days of wage work to ST households that only own land granted under the FRA, 2006, and are situated in forested area under MGNREGS (Ministry of Rural Development, 2019).

During the first wave of COVID-19, migrant workers who had returned to their villages took up MGNREGS work, which paid much lesser than urban wages, but provided them a means of earning a living at a time when they could not take up other work. Through the PM Garib Kalyan Anna Yojana, announced on 26 March 2020 with the intent of providing relief to the poor, the union government declared provision of rations for three months to 80 crore poor (which has been extended till December 2022), cash aid of Rs. 500 per month for three months to 20 crore women Jan Dhan accountholders, insurance cover of Rs.50 lakhs for health workers (extended till April 2021), ex-gratia of Rs. 1,000 to senior citizens, poor widows and poor disabled, and increase in the MGNREGS wage rate from Rs. 182 to Rs. 202 per day, among other interventions (PIB, 2020b).

In Chamarajanagar, unskilled wage workers earn between Rs. 400 and Rs. 500 per day as agricultural wage workers while they earn Rs. 289 per day under MGNREGS, where work generally includes desilting lakes and constructing community centres. The scheme also provides individual workers with labour to construct private check dams and farm ponds sanctioned by the panchayat.

MGNREGS was stopped for a few weeks during the first wave of COVID-19 and the activities recommenced in non-containment zones during the second phase of the first lockdown in April 2020 (Lokhande and Gundimeda, 2021). When states had the autonomy to decide lockdowns and other COVID-19 restrictions during the second wave, MGNREGS work in Karnataka was stopped briefly in May 2021. Backlash by civil society helped restart it with a mandate to follow COVID-appropriate behaviour and only allow

40 workers in a worksite (Express Web Desk, 2021b). Similar restrictions on worker numbers were imposed in the study sites in Tamil Nadu and Kerala at different time periods.

It is, however, important to note that the programme is riddled with issues such as corruption and manpower shortages (Raabe et al., 2010; Ambasta, Vijay Shankar, et al., 2008), elite capture and delayed payment disbursement. The following quotes illustrate the restrictions on assembly in worksites in Nilgiris (Tamil Nadu) and Wayanad (Kerala).

*They couldn't have too many people on a worksite so MGNREGS was done on a rotational basis— 25 or 20 people in a worksite— during the lockdown. After the restriction on the number of people was lifted some people went back to other wage labour or to work in tea estates. They get a higher wage in these estates but some don't want to travel too far so they find work near their village (KII\_NGO\_01)*

*MGNREGS provided some relief. But in containment zones, there was a policy wherein more than 20 people could not assemble in a place. And so, not everyone could participate. While earlier, work would be provided to 60 people, 20 people were allowed in a worksite (KII\_NGO\_05)*

Although a panchayat has the provision to create work under MGNREGS, according to a tribal leader in Chamarajanagar, less than 30 per cent of those eligible in his hamlet managed to get work under the scheme during the 2020 lockdown. This is consistent with a report that showed that although MGNREGS work was allowed, starting April 2020, and 8.3 million new job cards were made between April and September 2020—the highest in seven years—delays in issuance of job cards, difficulty in raising demand for work, delays in payment and corruption were some issues that the workers faced (Seth, Ahmed and Viswanathan, 2020).

MGNREGS has had wide and transformative effects on the rural economy and social relations by increasing wages and wage equality across caste. It has also reduced the dependence of marginalised castes on privileged caste groups for work and has empowered them to bargain for better wages (Carswell and De Neeve, 2014). This has enabled Dalit and women workers, who are usually most precariously placed and hence most affected in an unprecedented crisis like COVID-19, to demand work with dignity at a time when other work is unavailable or risky. These pre-pandemic progresses MGNREGS made helped the poor deal with the exigencies of COVID-19 and provided relief, if only provisionally.

#### **4.3.4 Changing land use and old battles of land titles under FRA, 2006**

Agitations by IPs in India have long engaged with questions of land alienation and contestations surrounding land. The Forest Rights Act, 2006, is a crucial piece of legislation that allows tribal communities to make claims to land and non-timber forest

produce. While there are wide disparities in the percentage of IP households granted individual land titles under the Act in the study sites (with respondents pointing out that Tamil Nadu and Karnataka have covered more tribal communities and households when compared to Kerala), a significant proportion of the tribal population in all these sites still awaits community land rights.

When the lockdowns were imposed in 2020 and 2021 and there were little opportunities for other work, many tribal households took to farming, which became a means of sustenance for some and provided additional provisions for others. In the Nilgiris district, a respondent pointed out that some households cleared the land they received under FRA to cultivate crops during the lockdown, after having left it fallow for many years.

*Most tribal households now have at least 1 acre of land, which they received as part of their individual forest rights, acquired through negotiations and bargaining. Through our interventions, about 1,500 acres of this land have been brought under millet cultivation. Our organisation encourages IPs to cultivate both food and cash crops. So, farming became their safety net during the lockdowns (KII\_NGO\_02)*

However, there are unaddressed concerns stemming from the Forest Department's control over lands surrounding forests and instances of everyday harassment. Even after receiving titles for their land under the FRA 2006, there are anxieties about whether this land will be secure or not. A significant percentage of the tribal population has not received what are called hakku patras/pattas or land titles. As a result, the Forest Department retains control over such land in the event of a conflict. A researcher working in a tribal hamlet discusses how the forest department continues to retain its hold over forest lands:

*The Forest Rights Act provided small pockets of land— quarter, half, one acre at the most. The Forest Department's hold on the land surrounding the forests is what one may call oppressive. For example, if I own a piece of land close to the forest, I secure my land by taking loans, farm subsidies.... Often people work for wages during the day and guard their farm at night. And if they burst crackers to keep animals off, it's an offence. But we see big farmers elsewhere bursting crackers, using electric fencing and firearms and the department does not interfere. Because here one doesn't know and exercise their rights. Of course, on paper we have these rights. But having a right also means you have the ability to exercise it in a way that you feel secure. That is entirely about power (KII\_Academic\_01)*

Policy interventions have, to some extent, engaged with the multiple risks and impacts of COVID-19 on the poor, but few of these address structural inequities IPs face, or speak to their differential experiences and vulnerabilities. The community's socio-economic marginalisation as well as the developmental state's inattention to social safety nets for forest-dependent communities has meant that the impacts of the

pandemic have been especially crippling and acute for Adivasis. The pandemic widened existing socio-economic fissures and brought into sharp relief systems which were already strained. The following quote by a respondent captures this well:

*The wider health and social care systems were already broken. I think the pandemic has made it obvious, but we are still not serious. After the second wave— which was terrible in our district— we've just moved on. There haven't been any fundamental shifts in the way public health is managed. We have treated it as a techno-managerial problem. Without fundamental changes in the financing and governance of health systems, we are in deep waters (KII\_Academic\_01)*

Overall, different types of policy measures were seen in the NBR, including around contain and control, and others to reduce vulnerability such as food security, health, livelihoods, and others. While containment measures were targeted at controlling the spread of the virus, the exclusive focus on COVID-19 treatment and the declaration of lockdowns to curb the spread of the virus meant that other health issues were sidelined and people could not avail treatment for other, more serious and chronic ailments. Moreover, insufficient notice for the first lockdown created a new strain of vulnerability for migrant IPs who spent a significant amount of their earnings to arrange the journey back to their villages. Targeted vaccination drives for IPs were successful in places where the district administration involved IPs. In terms of policy measures to reduce vulnerability, a strong social protection architecture and well-functioning PDS pre-pandemic was essential to respond responsibly during the pandemic. In terms of livelihoods, while MGNREGS is riddled with issues such as corruption and manpower shortages, elite capture, and delayed payment disbursement, it helped the IP and poor deal with the exigencies of COVID-19 and provided relief, if only provisionally. As a result of the shift to online learning platforms during the pandemic, most primary school students in the study sites lost almost two years of education as Adivasi communities typically lack the wherewithal to access digital infrastructures such as fast broadband, smartphones, laptops, and even mobile networks. The following section looks at these gaps and provides recommendations for designing policy responses, based on the empirical study.

## 05 Policy Gaps and Recommendations

While public health scholars and practitioners have long advocated that responses to health crises be drawn out in consultation with communities, I found that policy responses to COVID-19 and especially those relating to food security and livelihood losses did not involve communities or take into account their specific socio-economic contexts and tended to gloss over the history of malnutrition, ill health, and inadequate health infrastructure that is common to most IP communities. The policy interventions were deployed as stopgap measures that addressed exigent crisis at hand and were imposed uniformly and with little consideration of differential risks and impacts.

Measures to contain the spread of the virus, health camps and vaccination drives in particular, were to some extent, responsive to the social and cultural contexts of the IPs. It is for this reason that although mobilisation efforts and campaigns in some IP-dominated areas received a lukewarm response initially, these were able to reach a wider audience by adopting a targeted and culturally suited approach. Below, I provide recommendations to address gaps in policy responses to the pandemic, with special reference to IPs.

- **Structured involvement of community volunteers and NGOs**

Voluntary organisations and NGOs were at the forefront of COVID-19 relief across the country, and district administrations involved them in their relief efforts and vaccination programmes. This was especially critical in places where the Adivasi communities had a strained relationship with the state institutions, and the presence of NGO representatives and community leaders helped establish legitimacy.

In Kerala, where district administrations and local self-governance institutions drew heavily on the assistance of community volunteers in managing COVID-19, the follow-ups were regular, ensuring the prioritisation of vulnerable groups in the disbursement of benefits. It is imperative, therefore, that structured involvement of community volunteers and NGOs is ensured in designing responses and making local-level strategies to reach vulnerable groups.

- **Social protection for informal workers and forest-dependent communities**

MGNREGS offered relief and helped informal workers and migrants deal with the financial exigencies and pressures of the lockdown. However, the scheme remains riddled with operational issues and not all groups were able to demand work under the scheme. There were also periods when restrictions were imposed on the number



of people who could assemble in a worksite and on one or two occasions at the start of the pandemic, work was stopped altogether. This further affected the vulnerable groups, who were unable to find means to earn a living. It is therefore necessary to make enforcement mechanisms for MNREGA stronger and include structured periodic local-level social audits.

Although forest-dependent tribal communities were able to collect forest produce, they faced issues in marketing. The supply of PDS was more or less regular in the study sites. However, in the absence of opportunities for work and stable incomes, IPs in the study sites—most of whom are involved in wage work in coffee estates and small agricultural farms or informal labourers in cities and towns—were pushed to the margins.

The material consequences of the lockdowns were very dire for IPs, and respondents reported that migrant workers returned to work in cities and neighbouring districts after the lockdown was lifted but were unprotected from the risks of the contagion.

- **Holistic health systems**

While ramping up immunisation is critical to containing the spread of pandemics like COVID-19, it is imperative that public health programmes attend to the wider social and cultural context, that is, the complex interactions of actors, perceptions, and ideas, and take into account social networks, other healthcare providers, and communities (Varghese et al., 2014). COVID-19 control in India was hinged on disciplining and punitive action. In the context of capacity building, a ‘realist evaluation’ allows for a fleshed-out and well-rounded assessment of changes within health systems (Prashanth et al., 2014).

By privileging the medical and clinical aspects of the pandemic over the social and economic ones, the response to COVID-19 excluded and further marginalised the already vulnerable communities. A health researcher pointed out that in Karnataka and other states, medical experts who were inducted into the COVID management cells or task forces were usually area experts—the Karnataka COVID-19 task force formed in May 2021 was headed by a cardiac surgeon from the private sector and included eight male paediatricians—who lack a critical understanding of community medicine or public health. He added: ‘Health and access to healthcare ought to be seen in context, by taking into account the social worlds of communities and groups.’

The health systems approach is a departure from conventional frameworks of public health in that it allows for relationality and complexity. It combines the tangible aspects of health systems—finance, medical products and services, information systems, and structures of governance—with the intangible aspects,



that is, the norms, discourses, interests, and power asymmetries that determine the actions of and relations between actors in a system (Sheikh et al., 2011), and urges one to think critically to understand the complexities that underlie health systems.

- **Prioritise education**

Mainstream education has ignored Adivasi knowledge, cultural practices and language, and education policies, institutions and structures continue to reproduce existing inequalities by failing to ensure quality and relevant education to Indigenous students at all levels, which is also reflected in ashram schools being riddled with poor infrastructure and shortages in funding and teaching staff, among other issues (Tukdeo, 2020; Veerbhadranaika et al., 2012).

In this context, the pandemic added another layer to the disadvantage experienced by IP students. With schools being shut even after the lockdown was lifted, it became difficult for parents to look after young children. Most children in tribal hamlets are in school or residential ashram schools and only return in the evenings or during weekends. When the lockdown was lifted and people from the hamlets could go outside to work, they had to take their young children along or leave them behind in someone's care, usually an older sibling. Given the gendered nature of care work and household work, women and young girls were expected to straddle school or work along with work at home.

The educational losses experienced by IPs as a result of digital learning was an enduring theme in the interviews. As the burden of procuring devices for online learning—laptops, smartphones, data packages—was shifted onto students and their parents, IP students, especially those under class 5, were unable to attend classes for several months. Some of them fell out of the education system. Ashram schools, which are residential schools that generally admit students from the ST, SC and other backward classes, were functional for a few months in 2021, but with the rise in COVID-19 cases, the classes moved online.

Scholars have noted that the culture of debate, discussion, and dialogue that was part of classroom learning could not be reproduced online, and that the 'loss of classroom space' due to a shift to online learning, entailed differential impacts and girl/women students being encumbered with additional responsibilities of household work (Batra et al., 2021).

Learning losses were particularly acute for the IP community where most students are first generation learners and could not arrange gadgets. They were excluded from online learning, or, in some instances, they relied on rudimentary internet to attend classes using their mobile phones. State policy has not engaged sufficiently

with questions of access and has adopted a techno-managerial approach to deal with the issue of education during the pandemic. One respondent, a teacher at an ashram school, pointed out that Karnataka’s ‘Vidyagamana’ programme, wherein teachers would visit tribal hamlets to take classes, helped students revise lessons and to some extent, engage with the curriculum although not much else could be achieved. The programme could only be conducted for a few months in 2020 and in 2021. During the lockdowns, the government used free TV programmes/satellite channels to impart lessons to students but as a significant percentage of the IP communities and households live in abject poverty, they do not have access to TV sets and were unable to tune in to these programmes.

**Figure 3.** Summary of key policy responses, gaps and recommendations in the context of COVID-19 recovery in IP communities

	Contain and control measures	Food security	Health	Livelihoods	Others
Policy responses	<ul style="list-style-type: none"> <li>•Containment</li> <li>•Vaccination drives</li> <li>•Discretionary measures under Disaster Management Act</li> </ul>	<ul style="list-style-type: none"> <li>•Kerala’s near universal PDS ramped up</li> <li>•Increased PDS supply, monetary assistance for rice card holders, free rations</li> </ul>	<ul style="list-style-type: none"> <li>•Containment of migrants</li> <li>•Increased surveillance</li> <li>•Targeted vaccination drives</li> </ul>	<ul style="list-style-type: none"> <li>•Increased items and minimum support price for Minor Forest Produce,</li> <li>•Employment guarantee (MGNREGS)</li> </ul>	<ul style="list-style-type: none"> <li>•Changing land use, land titling issues under FRA, 2006</li> <li>•Shifting to digital learning platforms</li> </ul>
Gaps	<ul style="list-style-type: none"> <li>•Insufficient notice of first nation-wide lockdown</li> <li>•Insufficient support for migrant returnees</li> <li>•Inattention to cultural sensitivities</li> </ul>	<ul style="list-style-type: none"> <li>•Reliance on biometric authentication</li> <li>•Leakages in PDS supply chain</li> </ul>	<ul style="list-style-type: none"> <li>•Focus on physical health at the cost of socio-cultural impacts/aspects</li> <li>•Insufficient and uneven access to health infrastructure</li> </ul>	<ul style="list-style-type: none"> <li>•MGNREGS disrupted and caps on no. of workers</li> <li>•Van Dhan Kendra were not operational</li> </ul>	<ul style="list-style-type: none"> <li>•Incomplete land titling</li> <li>•Tribal children lost two years of schooling, high burden of procuring devices</li> </ul>
Recommendations	<ul style="list-style-type: none"> <li>•Structured involvement of community volunteers and NGOs</li> </ul>	<ul style="list-style-type: none"> <li>•Universalise and strengthen existing PDS, which are particularly important in times of crises</li> <li>•Flexibility in PDS delivery (beyond biometric methods)</li> </ul>	<ul style="list-style-type: none"> <li>•Holistic health policy using a health systems framework</li> <li>•Linking traditional medicine with allopathy focusing on Adivasi doctors/healers</li> </ul>	<ul style="list-style-type: none"> <li>• Strengthen, continue budgetary allocations for social protection, especially for informal workers, forest-dependent communities</li> <li>•Explore possibility of urban MGNREGS for migrants</li> </ul>	<ul style="list-style-type: none"> <li>•Strengthen state focus on education for tribal areas as a priority</li> </ul>

## 06 Conclusion

The pandemic and the accompanying lockdowns have engendered new forms of exclusions (especially digital divide that resulted in exclusion of Adivasi students from education) and reproduced the inequities of caste, class and gender. However, in states where there is a well evolved machinery in terms of social protection programmes, IPs and other socially marginalised groups and precariously placed workers have better outcomes of life, and these structures have been essential for success of relief programmes during the pandemic. For example, given its long tradition of universal rationing, Kerala has retained systems that made it easier for the state department to distribute provisions to residents and migrants during the lockdowns, and the self-respect movement in Tamil Nadu has led the political class to prioritise social policy and welfare schemes such as MGNREGS and PDS, which were used to the benefit of marginalised groups during the pandemic. Similarly, the Soligas in Karnataka have built mechanisms of solidarity over the years and when the supply of PDS provisions was delayed in the first phase of the first wave of the 2020 lockdown, they were able to tap into these networks to ensure that supply was resumed.

That said, structural drivers of socio-economic marginalisation and attendant risks and vulnerabilities have been obscured in policy responses. The study reveals that policy responses to COVID-19 and especially those relating to food security and livelihood losses did not involve communities or take into account their specific socio-economic contexts and glossed over the history of malnutrition, ill health, and inadequate health infrastructure that is common to most IP communities. Rather, these policy interventions were framed as stop-gap measures that addressed the exigent crisis at hand and were imposed uniformly and with little consideration of differential risks and impacts. A techno-managerial approach, seen especially with respect to interventions relating to food distribution and education, as noted above, have only proved to widen existing socio-economic fissures. As socially marginalised groups such as IPs have a higher dependence on public infrastructures and programmes, disinvestment in these is particularly crippling for them. The increased reliance on public programmes—especially MNREGA, PDS, health and education—during the pandemic only reaffirms the value of public institutions and reinforces the need to strengthen these to ensure better outcomes of life for marginalised groups like IPs.

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