

COVID-19: A NEW CHALLENGE FOR SOCIAL WORK

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ABSTRACT

Social work is a global, practice-based profession and an academic discipline that promotes social change and development, social cohesion and the empowerment and liberation of people. Together with health care, social welfare and social work form the core structure of the service system that maintains the well-being of a population. The social work and social services have recently faced new challenges. The frontline social workers and social welfare institutions have had to adapt to the new circumstances and respond to challenges caused by a powerful biological phenomenon that is invisible in everyday activities but has a fundamental impact on the daily functioning of society. Face-to-face interactions, touch and compassion are at the heart of social work, and so we must ask how a pandemic changes people's daily lives and the functions of social work institutions and share experiences across borders to learn from each other.

The principles of social work are constantly being tested, and pressures to deviate from them can intensify in exceptional situations. While social welfare provides systemic-level support to the entire population in a society, one specific role of social work is to work with, support and take care of the most vulnerable sections of the population.

Social work is a profession at the frontline of this pandemic. How we live through and learn from this unprecedented lifetime experience will shape and determine how we respond to subsequent waves of the corona virus and future public health emergencies that may face us globally and locally. Across countries and continents, there have been some common themes relating to the impact of the pandemic on those who access social work services. Concerns have been expressed in relation to the rates of domestic violence and violence against children with visibility and face-to-face contact with social workers and other caring professionals being dramatically reduced. The impact on the homeless population has presented its own specific issues relating to an inability to self-isolate or receive appropriate services. Those in specific residential settings such as older persons, people with disabilities, children's residential services and asylum seekers accommodation also face particular risks due to limited accommodation, lack of personal protective equipment and an inability to adequately self-isolate.

The challenges posed by COVID-19 speak to the heart of social work as a profession. The need for collective responsibility, respect for human dignity and human rights, ethical behaviour and the empowerment of those who are marginalized, or risk being further hidden during periods of 'lockdown' or restriction, are challenges that social workers are, somewhat uniquely, qualified to face. While the emphasis is, rightly in many ways, to turn to the voice

of medicine and public health to find ways forward, it is critical that the voices of social workers are also heard and their knowledge and skills added to the ensuing solutions.

KEY WORDS: Covid, Social work, Profession, Challenges, Opportunities, Research.

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INTRODUCTION

Social work is a global, practice-based profession and an academic discipline that promotes social change and development, social cohesion and the empowerment and liberation of people. Together with health care, social welfare and social work form the core structure of the service system that maintains the well-being of a population. The social work and social services have recently faced new challenges. The frontline social workers and social welfare institutions have had to adapt to the new circumstances and respond to challenges caused by a powerful biological phenomenon that is invisible in everyday activities but has a fundamental impact on the daily functioning of society. Face-to-face interactions, touch and compassion are at the heart of social work, and so we must ask how a pandemic changes people's daily lives and the functions of social work institutions and share experiences across borders to learn from each other.

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The impact of the pandemic upon children, young people and families is also a common theme among our country reports. Issues such as school closure, prohibition of socialising in many countries, and reports of a rise in family violence have led to increased risks for children and other vulnerable groups, including black and minority ethnic groups in Western countries like the USA, the UK. These risks may go undetected and unabated due to restrictions on contact with social services, a lack of home visiting and an absence of extra layers of support offered by sporting, recreational and community clubs which have closed. The closures of schools have also meant the absence of school meals for children, often a lifeline for the most vulnerable ones in many communities. Family visits for children in state or residential care have all but stopped in many countries, with some jurisdictions closing such facilities and returning children to their families of origin. Many countries have also experienced an escalation in domestic and gender-based violence with police services within countries such as Ireland making efforts to reconnect with previous victims to ensure their welfare. A recent study highlighted in the Finnish report shows that 75% of social workers believe that their clients/service users now have fewer opportunities to receive help for their needs than before the crisis.

COVID-19 has raised many questions for societies across the world to address. It has brought out the best in community volunteering as people came together to support each other in times of need and exposed the value of community. However, this solidarity remained local as each country focused mainly on national, not international developments. COVID-19 also highlighted weaknesses in government strategies aimed at dealing with the pandemic, and as a result some countries suffered fewer casualties than others. Most governments responded by declaring a state of emergency in which many taken-for-granted freedoms including those of consumption, movement and association were curtailed. Ensuring the survival of the general populace replaced individual freedom of choice that had been a hallmark of modern societies.

Responses to these restrictions were varied, but generally, most populations followed the instructions issued by their governments. Social services responses The Ministry of Welfare, in cooperation with social work professionals, has issued Guidelines for Social Work

Organizations in Municipalities. The aim of the Guidelines was to blunt the effect of possible negative consequences of the COVID-19 pandemic on vulnerable families with children.

These Guidelines include:

- Information about the new challenges resulting from the emergency situation faced by social workers working with families with children.
- Recommended immediate actions to be taken and decisions to be made.
- Information on what support is necessary for social workers and other professionals that work with families with children during the emergency situation and their after effects in order to ensure necessary cooperation and child protection.

The experience and recommendations from international social work and child protection organisations in this emergency situation were taken into account when preparing these Guidelines. The Guidelines included appendices with additional useful information for social work.

Social work with families with children all inhabitants in India have been living in an emergency situation since 22 March 2020. Everyone is concerned about the health of their relatives and family members as well as those around them, but the reactions and level of concern have differed. Various groups have had similar responses to the emergency situation and the associated crisis but may also have very different ways of coping with it.

The responses are significantly affected by the resources available. The situation created by COVID-19 is unpredictable and may quickly change family circumstances in which children reside. The results of measures taken to curb the spread of the virus, for example, remote learning, restrictions on movements, unemployment, income loss, restricted access to different services including social services, the loss of regular social contacts and daily routines have a direct impact on every family. Parents might have to look for alternative childcare options or to give up paid employment. Social workers and other specialists involved in family and child protection have stated in mass media outlets that the incidence of domestic violence has increased (up to 20-30% as a preliminary assumption) including violence against children. In these circumstances of a tightened physical space and reduced social interactions, both the emotional and economic pressure increase compares the position of social workers in emergency situations with that of doctors.

Support and security measures are necessary to ensure that social workers including child protection workers and other social support workers could adequately attend to their clients/service users. In emergency situations, the families with children most at risk are those which even before the crisis situation did not have enough emotional, material and social resources and did not have the ability to have a balance in various elements of social functioning – carrying out everyday tasks, growth, work, and child rearing. These are the

families that already needed a multifaceted support system. The disruptions to support systems for these families can create long-term consequences for them. These included:

a worsening of existing problems, an increase in the occurrences of emotional, psychological and physical abuse against children, increases in risk factors, relapses for parents with addiction issues, binge drinking, difficulties for parents with weak skills in everyday tasks and other areas and parents with mental health issues.

Some additional suggestions concern child protection, social services and state police cooperation. These are:

- A continuation of the provision of social services regarding security and child safety in families, including maximum support to ensure that children stay in the family.
- Continued cooperation with family support centres (AG) in order for the parents to be able to visit their children, with adequate social distancing or remote meeting options in place. Providing support to parents to be able to have their rights respected covered items such as ensuring access to the internet and online meetings with their children if no other options are available.
- House visits could be carried out by a mobile brigade or the numbers of visits could be reduced, e.g., by having one visitor collect the information needed for a different agency or colleague at the same time. Comments State institutions (Ministry of Welfare), non-governmental organizations as well as professional social work organizations focus attention on families with children. This was prioritised and some other vulnerable groups, e.g., homeless persons, older age social care receivers and ex-offenders, clients/service users with mental health problems, were partly neglected. This was especially important for those without internet connections and digital skills. Social work responses Challenges During the last couple of months, the daily tasks of social workers have been full of challenges. Some of these were:
 - The professional boundaries within social work have become blurred. This has been the case for work tasks, relationships with clients/service users and with colleagues. For some workers, their work has entered their private sphere in a very direct manner. Both private and professional lives need to be maintained within the same physical space. At the same time, maintaining professional boundaries has always been a prevalent theme within social work and maintaining these invisible boundaries may come easier for social workers in comparison to other professions.
 - It is difficult for social workers to play the role of advisors because the emergency crisis has given rise to situations where they have to admit a lack of knowledge of the changes that have followed from emergency decisions.

- Confidentiality has also become a challenge. Can we be certain it can be maintained using online communication . Does the distanced consultation occur only between the client/service user and the social worker or are any family members present in the background or in the next room?

How can accelerations of conflict within the families of clients/service users be discussed in such circumstances? Challenges in everyday practice were characterized in interviews with social workers. Below are a couple of quotes from them:

‘I work both face-to-face and remotely. I have remedies. Negotiations, consultations, provision of information take place mostly. If it is necessary to provide services, then I prepare documents. Unfortunately, there is no placement of clients in care institutions.

‘They have to wait in line’ (Pilot study interview). ‘The main challenges are working with clients with mental health problems. Unfortunately, some addicted clients also do not understand the seriousness of the situation’ (Pilot study interview).

Successful survival shows up within points where the strengths of the social worker’s abilities and the challenges and difficulties created by emergency situations are balanced.

This point exists within the context of a particular environment. A proportion of workers continue carrying out their tasks meeting clients/service users face to face and visit them in their homes but some workers working from home have to create a new workspace, usually allocating a corner of a room that may also need to be shared with other family members sometimes. Furthermore, a work environment is not just the physical space. It is usually also the space where communication between colleagues, traditions, emotional and intellectual opinion exchanges occur. For a large proportion of workers, space with these resources has disappeared. It is also a task for social workers to notice what is happening within their surrounding environment and society. Both international and Indian mass media have pointed out the vulnerability of marginalised groups while social distancing is in place, paying attention not only to the effects of possible infections but also other risks associated with social distancing, for instance, domestic violence.

WHO has pointed out that there is an increase in people’s loneliness, anxiety, depression, insomnia, substance abuse, suicidal tendencies during quarantine and social distancing (WHO 2020). Within the social media in India, the problems associated with unemployment and financial troubles are more likely to be highlighted. Social isolation has certainly helped to curb the spread of the virus, but it cannot be denied that it has a variety of other consequences – a financial crisis, risk of violence, and the worsening of people’s mental health (Kumar 2020). Furthermore, different attitudes towards the measures taken have created fractions within society.

Social workers need to find solutions to problems within this social environment while maintaining their professional resilience. Meeting in Delhi from 1 to 21 March. This had people from various states in India participating, and those who caught COVID-19 subsequently spread the infection to their home states on their return. Many of the civil society groups have focused on relief distribution during the pandemic.

Their impact on the states of West Bengal and Maharashtra respectively, has occurred alongside the pandemic. The media has played its part in highlighting the guidelines to be followed. However, the corona virus pandemic is also seen as one big continuous live story, without actually raising serious questions about the way testing and contact tracing protocols are being followed. These cover the justice questions regarding access to resources and the inadequate and flip-flop responses of state governments and the central Government in meeting the livelihood and health needs of the population.

Social work responses the most affected groups defined by social workers are:

- Those suffering food insecurity, homelessness, daily wage labourers, unskilled labourers, auto-rickshaw drivers, drivers of electric rickshaws, rickshaw pullers such as those working in transport, construction and manufacturing industries, street vendors and hawkers.

- Homeless people and those seeking alms.

- Migrants who want to go back home.

- Workers who have been laid off.

- Patients with other illnesses stranded in towns and cities.

- Students who became stranded.

- Quarantined people.

- Differently abled people who wanted to go back to their villages.

- Differently abled people in the pandemic situation seeking access to support services including

e passes but experiencing difficulties in doing so.

- Patients with cancer or other terminal illnesses unable to access facilities when existing hospitals have converted their service areas into COVID-19 specific wards.

- Persons in quarantine in rural areas. Innovative and/or alternative approaches to communities, clients/service users and their needs: Responses from Civil Society A large number of registered and unregistered organisations, groups, and individuals assisted in filling the service gaps. Cooked food and dry rations were supplied across the country in

large urban settlements and the places where circular migrants returning to their villages were stuck or were in transit, walking or cycling hundreds of kilometres.

These provided:

- Stories of using voice recording to help migrants to return.
- Stories of community quarantine being made effective by harnessing religious institutions in a spirit of togetherness, e.g., Madrasas and temples being used for migrants in the village to stay during quarantine periods.
- Extra ordinary stories of people helping other people through ‘people to people’ help
- Stories of frontline health workers (ASHA) working with communities to instil social distancing measures during cremations. Main obstacles to approach and support communities and clients/service users The pandemic has brought to light many social fissures and stereotypes to the fore. This has affected the health workers, when they faced discrimination as 'carriers of the virus' and were denied housing facilities or were abused during their community contact tracing efforts. These negative stories were offset by the generally positive way in which health workers were respected. Frontline health workers and their families have also suffered due to their prolonged periods away from family members. Children were especially hard hit when parents were involved in frontline duties.

These highlighted the major concerns for supporting communities as:

- Attitudes of the different classes in understanding the plight of less privileged people.
- Attitudes of discrimination and the type casting of people as ‘carriers of illness’, which were particularly onerous for certain minorities like Muslims, and frontline health workers.
- The treatment of the COVID-19 pandemic as a law and order situation.
- Heightened fear regarding the coronavirus.
- Governance structures assuming highly centralised directions.
- Bureaucratic procedures and hurdles, slowing down processing times which should have been speeded up considering the vulnerabilities that people experienced. Critical evaluation of state measures
- Inadequate and ill-timed responses.
- undertaking law reforms that promoted the ease of doing business more than ensuring ease in living for the masses of people.

- Lack of transparency in data about the pandemic – number of cases, COVID-19's distribution across various social categories, impact on various sectors of the economy.
- The inability to accept the realities on the ground and the ensuing challenges, the lack of disaggregated authentic data and opting instead for 'image building exercises' of having controlled the pandemic.
- Ignoring the migrant workers' needs when announcing the lockdown conditions.
- Ignoring the 'workers' in public spaces while announcing lockdown conditions.
- Issuing guidelines hurriedly, then retracting them and changing the goal posts.
- Not using the epidemiologists' insights when announcing measures.
- Treating the pandemic as a strictly 'law and order' issue rather than a health one
- ignoring the demands being made of the health infrastructures being required to deal with the pandemic and not including remedying this in the announcements of fiscal packages
- Ignoring issues related to the availability of drinking water and water generally.
- The curtailing of democratic rights by carrying out arrests of civil rights activists without due process.
- Not announcing the free supply of food to all affected and relying on identity cards and ration cards which may not be updated or conducted with due process, and thereby excluding almost 100 million people.

The role of national associations of social workers in supporting practitioners during the corona virus crisis. Professional social work organisations have responded to the crisis, by organising donation drives, distribution of relief materials, conducting surveys, blood donation camps, organising online skill training programmes and webinars. The names of these are the: Kerala Association of Professional Social Workers, National Association of Professional Social Workers in India (NAPSWI), Indian Society of Professional Social Workers, and other associations in New Delhi and at the state level. These also include the Indian Society of Professional Social Work, Karnataka Association of Professional Social Workers, Professional Social Workers' Association, Bombay Association of trained Social Workers. All of these associations are affiliated to the India Network of Professional Social Workers' Associations. Other associations that are playing a significant role are the Association of Professional Social Workers and Development Practitioners (based in Chandigarh) and the All India Association of Medical Social Work Professionals (IAMSWP). These associations are also involved in journal publications, like NAPSWI which supports Social Work Research and Action, IAMSWP has recently launched the Indian Journal of Health Social Work. There are organisations in the development sector which have conducted

surveys and produced reports that provide an analytic understanding of the crisis. Relief activities were also being undertaken by a number of organisations like the National Fish Workers Federation, The National Hawkers Federation, National Alliance of People's Movements and Apna Ghar. These have risen to the challenge and filled the gap to serve people who are in need.

There has been a significant amount of people-to-people support provided in a much more sensitive and empathetic response than that given by the Government. Nevertheless, the Government through its administrative machinery has a large reach compared to that of civil society organisations. Suddenly, there is a crisis which has been looming due to the poor health infrastructure, with over 160 million not having access to drinking water and over 255 districts identified as water stressed in the country. This pandemic will severely strain water resources further. The existing inequalities in access to health services have worsened because there is overwhelming reliance on the private sector due to poor public provision. Nearly 400 million people have been pushed into poverty through loss of wages and jobs, and there will be uneven impacts coinciding with class, caste, and gender inequalities.

The social determinants of health in India are unfavourable to the health and nutrition status of women and this impacts their resistance to infections in general and COVID-19 in particular. As families get pushed into poverty, there is a fear that a number of children will be forced into child labour. With the pandemic, India's poverty rate will rise to 46.3% more than twice the levels prevailing in 2011-2012. The total count of poor people is predicted to rise to 623 million in a population of 1.37 billion (Saini 2020). The 'rights' of workers, Adivasis, women, and minorities are constantly under threat, and in the name of controlling the pandemic, democratic processes are being dashed. Measures for doing so include taking the ordinance route to changes in labour laws, diluting the provisions of the Right to Information Act, and the suspension of civic rights. These all form major challenges for social work practice.

Implications for social work professionals Critical challenges for social workers include:

Food security. There is an increased focus on poverty alleviation work to be initiated and continued at least for another six months both in urban and rural areas. To this end social work professionals need to work with other civil society groups to ensure that direct cash transfers are lobbied for those who lost wages and jobs in the informal sector.

Health sector work. Safety and wellbeing measures for frontline workers must be implemented strictly just as lockdown was. More advocacy, research, and policy are required to change the Government's action for ensuring the safety and wellbeing of every individual. Increased spending on the health infrastructure to deal with the pandemic is also necessary. Social workers could join frontline health workers in assisting and taking care of back-end operations so that the gaps in health services could be covered somewhat. Community level mental health services need to be initiated following the lines of barefoot psychiatry. Resident

Welfare Associations could be trained by social workers to take care of those in quarantine. Social work schools and students could be associated with village or urban cluster quarantine centres for dealing with the pandemic.

Ensuring workers' wages are paid and rights ensured Social work professionals could engage with employers for the payment of wages during the lockdown period. It must be ensured that the Government's cash transfers enter the bank accounts of workers. Social work professional bodies need to connect with other organisations in the non-governmental and non-profit realm to build alliances and networks for effective changes to be initiated. The labour laws are being changed by the state governments through special ordinances. Their passage has been protested by trade unions and led to their subsequent withdrawal. However, advocacy for more protective measures, especially for wages and cash transfers is needed.

Social work education and training Dealing with the pandemic also calls for the restructuring of educational experiences to facilitate the teaching–learning process. This requires allowing students to pursue their fieldwork in the specific areas that they are located within, to take account of the rise in the number of corona virus cases and further delays in restoring public transport. India is a vast country with social work teaching taking place in well over 400 institutions. There is a need for professional social work bodies to come together. **First**, a common agenda focusing on 'education and training' has to be established. **Second**, the need to engage in authentic research practice is a must, because this enables advocacy for greater transparency and increased welfare spending. The curriculum has to be grounded in the realities of India and this requires the 'moving of classroom teaching and learning' to the field. This also requires intense engagement by both the social work educators and the trainees.

Specific semester objectives for the next six months focusing on mitigating the effect of the pandemic and lockdown need to be put in place. These focus areas could be on ensuring the survival and dignity of people,

Initiating and enhancing local economic activities,

Ensuring adequate nutrition to all (particularly among vulnerable groups),

Initiating community education activities,

Promoting mental health among vulnerable people,

Ensuring responsive and accountable governance mechanisms, and focusing on the inclusion of particularly vulnerable groups.

These suggestions can be followed by schools of social work collectively or individually in their own context, given that this context varies from region to region.

Social work schools need to network with the administration and elected bodies at the local level for effective practice. Alliance building and networking can thus be seen as another area of major focus. Social work research

It is possible that schools of social work would research the above areas for at least another two years, whether it be student dissertations or MPhil or doctoral research. A substantial research agenda could focus on social work education, models and practices during the pandemic, during lockdown and after. Research can be conducted on how social work schools have reworked their curriculum, their design and practice in the fieldwork practicum. Research can also cover responses and relationship-building with affected communities, the evaluation of the fieldwork while incorporating inputs from the communities.

Research can also be used to assess the preparation of and training in skills needed to work in such difficult times, the transformations in supervisory roles and responsibilities and preparations related to these, and the conceptual and theoretical frameworks and models associated with the fieldwork practicum.

Research can also underpin international collaborations and networks for research, global collective concerns, ideas and practices, and how these can influence the local research agenda, practice, and skills training. Research would also be needed with regards to the following topics:

- Vulnerable groups and their coping and resilience strategies.
- New organisational forms, and governance mechanisms.
- Social communication and social relationships during and after the pandemic.
- Local knowledge in and conceptualisations of dealing with the pandemic
- Community health and mental health approaches and practices in dealing with the pandemic.
- Renewal strategies for the local economy.
- Alliance building and networking among social work and development and health professionals.
- Human rights practice.
- Social policy practices with reference to pandemic.

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