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## **Intent to Implementation: Tracking India's Social Protection Response to COVID-19**

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## ABSTRACT<sup>1</sup>

The article takes stock of the social protection measures implemented through the Pradhan Mantri Garib Kalyan Yojana (PMGKY) to respond to the livelihoods impact of COVID-19 in India. The paper reports the share of households that received food, cash transfers and *both* forms of assistance under the PMGKY program at the national and state level. While a few surveys have reported coverage and benefit receipt information related to PMGKY, the current analysis draws on one of India's largest panel survey of households from CMIE to better quantify the coverage and targeting parameters. Results find that nearly 80% of all households received at least one social protection benefit from government programs. Approximately 40% of all poor households reported receiving both food and cash assistance. While subsequent versions of the paper shall attempt to unpack quantum of assistance, the first round of results on receipt of any transfers suggest that relief measures have been pro-poor and broad-based in outreach. However, there are state level variations in benefit delivery. Urban areas have lagged in coverage and cash transfers reached fewer shares of households relative to food distribution through the Public Distribution System (PDS). Furthermore, analysis highlights the need to bolster benefit levels for any future relief measures. Drawing on lessons from PMGKY implementation, the article concludes with suggestions on designing a decentralized and adaptive social protection system in India to protect the poor and vulnerable against impacts from the second wave of the pandemic and any future crises.

JEL Code: I30, I38, H53, H55, H75

Key Words: Cash Transfers, Social Protection, Social Assistance, India, Decentralization, Pandemic, PMGKY, PDS

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## I. Introduction

**This paper is the first part of a ‘living’ series of analysis planned by the authors to take stock of India’s social protection architecture in the wake of the COVID-19 pandemic.** The survey and findings are part of the World Bank’s efforts to monitor and measure results of its Development Policy Operation<sup>2</sup> to strengthen India’s social protection system (World Bank 2020). We present a stock-taking of the first round of India’s social safety net response to COVID-19. The analysis aims to identify how government intentions and efforts to provide relief to poor and vulnerable households have fared in implementation outcomes between April and August 2020.

**The paper provides stylized facts on coverage and targeting of welfare measures under the Pradhan Mantri Garib Kalyan Yojana (PMGKY) for individual states and at the national level.** The analysis relies on a nationally representative household survey on social protection, conducted by Centre for Monitoring Indian Economy (CMIE). The current analysis focus on two important parameters: (i) coverage (what percentage of the population received benefits from the scheme) and (ii) targeting (whether the scheme benefitted the poorest and vulnerable households). Additional analysis on the modes of the social protection delivery mechanisms and benefit delivery standards is likely to be available as we update this paper.

Following the WHO declaration of a global pandemic on March 11, 2020 the national government declared a COVID emergency on March 14, 2020 and decided to implement what was initially a 21-day national lockdown (later extended to 42 days) on March 21, 2020. Recognizing that the national lockdown would severely impact the poor and the vulnerable, the national government launched an important and ambitious social protection initiative called the Pradhan Mantri Garib Kalyan Yojana (PMGKY) on [March 26<sup>th</sup> 2020](#).

**The PMGKY program was not a new scheme, rather an integrated package scaling up cash and food assistance through pre-existing programs which have large outreach and strong delivery mechanisms:** The PMGKY package cost the Government approximately USD 23 billion. It used India’s well-developed Direct Benefit Transfer (DBT) system to transfer benefits directly to the bank accounts of beneficiaries from the treasury, thereby trying to ensure timely payments to those in need. The identification of beneficiaries relied on India’s near-universal programs, supplemented by digitized databases of pre-existing government schemes, state level databases maintained for the National Food Security Act 2013 and the Aadhaar digital ID network (Agarwal et al 2020, Aiyar et al 2020).

**The PMGKY package aimed to provide near-universal and robust support till November 2020; relief measures have been expanded in specific states or clusters depending on how the COVID-19 crisis has evolved:** As per administrative data released by the national government, for its initial phase of three-months, PMGKY delivered cash transfers to [320 million beneficiary bank accounts](#). Cash was scaled up through the following pre-existing schemes : (i) social pensions through the National Social Assistance Program (NSAP); (ii) transfers to women bank holders under the Pradhan Mantri Jan Dhan Yojana (PMJDY) (iii) front-loading cash support to farmers through the Pradhan Mantri Kisan Samman Nidhi (PM-KSN) and (iv) support to construction workers through the Building and Construction Workers Welfare Fund. Employment through cash-for-work support has been triggered by the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS). To ensure supply of food and fuel through the national lockdown, the program provided additional food rations to 236 million households enrolled in the Public

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<sup>2</sup> <https://projects.worldbank.org/en/projects-operations/project-detail/P173943>

Distribution System (PDS) database, covering nearly 61% of India's population<sup>3</sup> and nearly 72% of all households; and LPG gas cylinders to 80 million households. The program also topped-up government contributions to social insurance funds (EPFO) for low-wage workers in small and medium enterprises and provides portable in-kind and cash support to migrants in hot-spots through a sub-national umbrella disaster fund. Targeted health insurance for COVID-19 essential workers have also been implemented and extended initially to March [2021](#). All enrolled households were eligible for the top-up through pensions and PDS –and households could receive benefits from multiple schemes within PMGKY.

**To streamline the presentation of results, this paper exclusively focuses on delivery of food and cash benefits through the PMGKY package.** This is due to significantly lower levels of enrollment in EPFO as compared to India's cash transfer network and its public works and food subsidy programs. The paper reports the share of households that received food, cash transfers and *both* forms of assistance under the PMGKY program. While other surveys have reported coverage and benefit receipt information related to PMGKY, the current analysis benefits from one of India's largest panel survey of households to better quantify the coverage and targeting parameters of the program. The analysis begins with a short description of the study methodology, sampling information and limitations of the data (Section 2). Section 3 provides an analysis of the performance of the core schemes comprising PMGKY along coverage and targeting. In lieu of the survey results and global experience, the final section concludes by taking stock of India's social protection architecture and identifying key building blocks for a future reform path to tackle the second wave in India and future crises.

## II. Data and sampling

Household level data on awareness, enrollment and receipt of transfers under individual program components of the PMGKY package were captured as part of the Center for Monitoring Indian Economy's (CMIE) consumer pyramid household survey (CPHS). CPHS is a stratified multi-stage survey with towns and villages from the 2011 population census as its primary sampling units (PSU) and the physical household structure as its ultimate sample unit (USU). The first stage stratum of CPHS is a spatial unit called the Homogeneous Region (HR), representing a set of contiguous districts within a state that share similar agro-climatic conditions, urbanization levels, female literacy rates and number of households per the 2011 Census. CPHS contains 102 HRs from 28 states and 514 districts. The rural and urban samples of CPHS respectively comprise of 63,430 households from 3,965 villages and 110,975 urban households from 7,920 census enumeration block units (CEBs). CPHS contains a larger fraction of urban households because of the greater diversity in Indian cities compared to rural India. Urban sample households also have a lower weight to compensate for their larger shares in the sample, resulting in nationally representative estimates.

**As part of the 21st round of CPHS, CMIE in collaboration with the World Bank, supplemented its baseline survey with additional questions on knowledge, enrollment and access to PMGKY's constituent schemes:** PDS rations, Jan Dhan Yojana, PM-KISAN, Ujjwala, Social pensions and Employee Provident Fund Schemes. The data was collected over the 21<sup>st</sup> wave of the CPHS survey between 17th May and 31st August in 2020. The supplementary data was not collected in the first sixteen days of the wave due to a

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<sup>3</sup> The PDS allocates benefits per household member through a ration card. The ration card is issued to a household. In April 2020, government administrative data reported that 803 million individuals were enrolled into the PDS within 236 million ration cards. The population of India is estimated at 1.3 billion persons.

longer-than-expected survey startup time. This delay is not expected to materially bias the analysis of the data<sup>4</sup>.

The 21st round of CPHS (May to August 2020) coincided with the national-wide lockdown until July 2020 and followed by localized lockdowns across India. As a result, CMIE adopted a combination of face-to-face and telephonic surveys, depending on localized lockdown rules. With the exception of the first couple of weeks following the nation-wide lockdown, CMIE's analysis suggests that the use of these multi-modal methods did not materially skew the sample's rural-urban proportion, state-wide distribution and household-income distribution compared to pre-lockdown levels<sup>5</sup>. This is likely because CMIE had in its possession phone numbers for approximately 92 percent of CPHS sample households.

The supplementary survey captured the extent and types of benefits received under each of PMGKY's constituent programs over the past one-month recall period. The questionnaire first asked members to report their knowledge of each program and conditional on program awareness, it fielded questions household enrollment. Further, conditional on prior enrollment, households were asked to report the amount received under each program in the past month. For Jan Dhan, PM-KISAN, Ujjwala and Social pensions, enrollment was established by asking households if any member had ever received these benefits through these programs in the past. For PDS transfers and EPF withdrawals, enrollment was defined as availability of a ration card and access to any employer-contributions from the provident fund respectively<sup>6</sup>.

For analytical tractability, households are classified as those that received food only, cash only and both food and cash benefits. Food benefits comprise of access to PDS rations while cash comprises of transfers received under all PMGKY schemes except PDS and provident fund withdrawals. NREGA related cash receipts were not included in the survey module and are excluded in this analysis. Additionally, EPF withdrawals are excluded in the analysis (even though the survey captures this information) because of the smaller proportion of households that are enrolled in the program.

**Households in the bottom two quintiles of the population weighted consumption distribution of the May-August 2020 survey round are referred to as "poor" in our analysis.** CPHS collects monthly consumption expenditures for the past four months in a wave. The expenditures from only the month prior to the survey is selected as the relevant welfare aggregate (to minimize recall biases). Household expenditures for payments to monthly installments, pocket-monies and payments for insurance premiums are excluded from our consumption aggregate. These operations prepare the data set to be similar to traditional cross-sectional NSS consumption expenditure surveys<sup>7</sup>.

**There has been recent debate on the potential undercounting of poor households through the CPHS.** In the absence of updated nationally representative surveys, the CPHS sample offers the only resort for analysis at the national and state level. As concerns regarding the 'main-street bias' (Dreze and Somanchi 2021, Vyas 2021) in the CPHS' sample are further investigated by researchers, findings in subsequent versions of this living paper will be updated to reflect these additional insights. Furthermore, since core

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<sup>4</sup> CMIE surveyed 76,386 households during its May to August round. Due to the delayed start of the supplementary data collection process, we lost 8,356 records and have 68,030 households in our sample.

<sup>5</sup> Additional details pertaining to the pre-and-post lockdown balance checks conducted by CMIE are available at: <https://consumerpyramidsdx.cmie.com/kommon/bin/sr.php?kall=wdlkb&img=686689>

<sup>6</sup> Knowledge/awareness is established using the question "do you know about the scheme or program?" (Y/N). The answer is marked "Y" if any member of the household indicates awareness of the program. The reported benefit transfer amount does not discriminate benefit usual levels of transfer amount versus the additional top-up.

<sup>7</sup> All consumption expenditure values are deflated using CPI urban and rural data. We do not use the traditional CPI-AL and CPI-IW deflators because of the recent changes to base year introduced to the CPI-IW series by the Labour Ministry.

elements of the PMGKY package intended to deliver benefits to vulnerable populations using near-universal platforms such as the PDS and PMJDY, analysis of population across the income distribution is needed to understand coverage and variations in delivery standards. A final limitation of the CPHS sample is that it excludes shelter-less households from its frame, thereby compromising the ability of the survey to reflect conditions of the homeless and migrants. This is because the ultimate sampling unit for the survey is the physical housing structure. The impact of PMGKY on these group of households is therefore not reflected in the current analysis. Additionally, while CPHS collects information pertaining to emigrant members within households, this data requires additional validation and comparisons with established sources of migrant information such as Census and NSS. For this reason, the analysis of PMGKY package on households that have an emigrant member will be undertaken in later updates of this paper.

**Prior to COVID-19, despite absolute poverty reduction in the past two decades, half of India’s population was vulnerable with consumption levels precariously close to the poverty line.** Ninety percent of the Indian workforce is informal, without access to significant savings or work-place based social protection benefits such as paid sick leave or social insurance. The [Periodic Labour Force Survey \(2017-18\)](#) has found that only 47% of urban workers have regular, salaried jobs. Even among workers in formal employment, over 70% do not have contracts, 54% are not entitled to paid sick leave and 49% do not have any form of social security benefits. These workers, who may not be identified as ‘poor’ as per the consumption data but are at grave risk of falling into poverty due to wage and livelihood losses triggered by shrinking economic activity. *In this context of high vulnerability, it is important to highlight that non-poor populations, particularly the vulnerable segments of the lower middle-class, have been heavily impacted by the pandemic due to job losses. Therefore, broad access to a package of assistance is also vital to future economic recovery.*

### III. Results: Coverage and Targeting of PMGKY package

**Table 1: Share of Households receiving benefits under the PMGKY package across select groups**

Share of all Households who have received:	All-India	Rural	Urban	Poor	Not Poor	Male headed household	Female headed households
Food only	39.5%	37.9%	43.0%	41.5%	38.7%	33.1%	40.4%
Cash only	6.1%	7.0%	4.3%	6.1%	6.1%	6.3%	6.1%
Food and cash only	34.1%	40.0%	21.9%	39.8%	31.6%	45.4%	32.7%
<b>At least one social protection benefit (food or cash)</b>	<b>79.7%</b>	<b>84.9%</b>	<b>69.1%</b>	<b>87.4%</b>	<b>76.4%</b>	<b>84.7%</b>	<b>79.2%</b>

**Coverage and outreach of the first round of India’s social protection response has been impressive at scale, reaching a majority of households.** While the first round of the survey tool did not seek responses on the quantum of cash assistance received, the questionnaire allows us to analyze if the household reported receiving any benefits from the concerned scheme under PMGKY. Between May and August 2020, more than 87 percent of India’s poorest households reported receiving at least one benefit –food or cash–under the PMGKY. Across the country, nearly 74% of all households received food through PDS allocations, 40% of households received cash-transfers. Table 1 (above) shows the fraction of households

that received benefits under the different combinations of the program<sup>8</sup>. Overall, 39.5% of households received food transfers only, 34% received food and cash transfers together, and 6.1% received only cash transfers. Consistent with the near-universal nature of the Public Distribution System, both poor and non-poor households have benefitted from food transfers during the crisis. However, nearly 46% of poor households received cash compared to only 37.7% of non-poor households who received cash benefits. Fewer female headed households appear to receive benefits relative to male-headed households. Since the PMJDY transfers were not restricted by BPL cards or government certified poverty status, the survey also finds that at least a third of non-poor households have received cash transfers in the May-August period as well. This is vital support as job losses from the pandemic have impacted salaried and lower-middle class workers as well as the poor (Basole et al 2021). As mentioned earlier, the CMIE survey does not allow us to comment clearly on the share of migrant workers who accessed the PMGKY due to survey design.

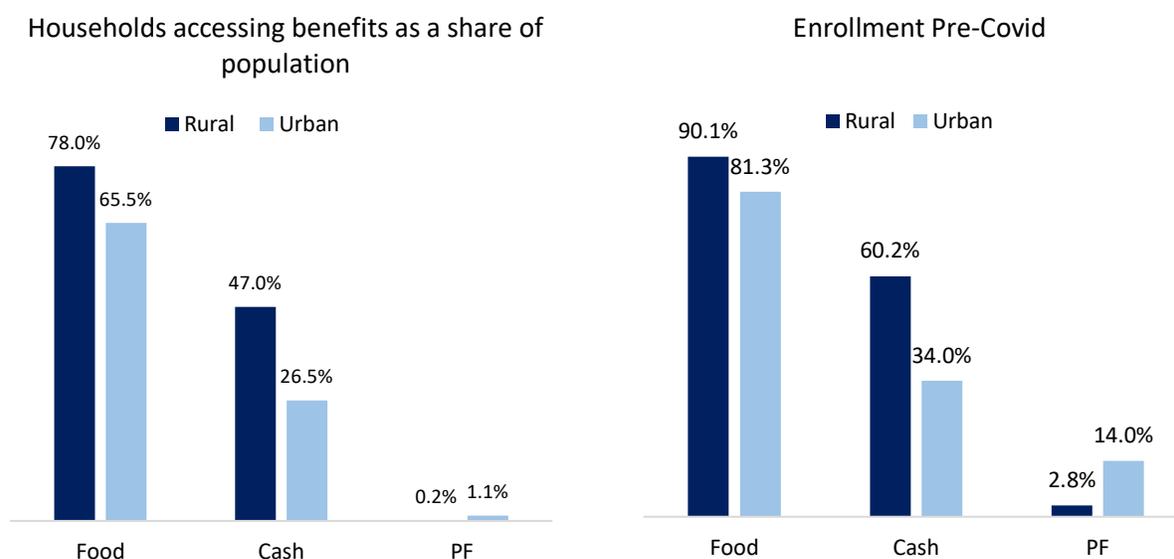
**Delivery of benefits has been stronger in rural areas than urban locations.** While nearly 85% of all rural households' report accessing food or cash benefits following the pandemic, only 69.2% of urban households report the same. Cash transfers coverage in urban areas was 26.5 percent, compared to nearly half in rural areas. Within urban areas, a third of the urban poor report accessed their cash transfers. This rural-urban gap is critical given the first wave of the pandemic struck urban centers in the country and signaled the need to rebalance India's social protection system towards better coverage of urban areas. Urban exclusion of PMGKY benefits is also independently reported in Choudhuri, Pramanik and Desai (2020)<sup>9</sup>. Social protection in urban India may need more focus on cash and contributory insurance mechanisms – as these areas have better banking infrastructure and higher incomes. Two critical challenges lie ahead for India's social protection path in responding to COVID-19 and future shocks. First, while India has an elaborate set of program databases which enable immediate release of cash-transfers in rural areas due to extensive reach of rural safety nets, parallel platforms in urban areas are at a very nascent stage of development. For example, more than half of the population in high income and urbanized states such as Delhi are not enrolled in government social protection schemes or hold JDY accounts. Delhi's population is not chronically poor and does not have government programs tailored to its distinct needs and risk profiles. Urban platforms which link beneficiary information with bank details are critical to ensure rapid delivery of income-support in the case of any future crisis. Finally, employment programs such as MGNREGS do not have any large-scale urban parallel in cities impacted by job losses.

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<sup>8</sup> Percentage of households reporting awareness of PMGKY schemes: 89 percent for JDY, 68 percent for PM-KSN, 84 percent for LPG, 76 percent for pensions and 51 percent for provident fund.

<sup>9</sup> Choudhuri, Pallavi, Shantanu Pramanik and Sonalde Desai. "Urban Challenges of the COVID-19 Pandemic". Ncaer National Data Innovation Centre Measurement Brief 2020-03. 2020. <https://www.ncaer.org/free-download.php?pid=339>

**Graph 1: Share of Households Accessing benefits and Enrolled in Social Protection Programs under PMGKY**



**Food delivery has been strong across states, benefitting from the near-universal PDS database.** Across all states, households report accessing food transfers during the lockdown period. As Graph 1 shows, more than 80% of all Indian households were enrolled in the PDS database, whereby they were already identified for benefits. As a result, majority households were able to use their ration cards to receive additional grains through PMGKY. Food transfers are vital as a significant share of the consumption basket of poor households is spent on grains. However, while the PDS reached majority households, parallel surveys during the first lockdown in India continued to highlight food insecurity concerns – suggesting the need to expand the PDS database to include more households (Khera and Somanchi 2020) and increasing the benefit levels made available. In November 2020, Basole et al (2021) found that nearly 20% of households reported no improvement in food intake since the lockdown. Another survey found a third of respondents reporting members having to skip meals (Sinha and Narayanan 2020). Dreze and Somanchi (2021) provide a synthesis of evidence on escalating food insecurity following the lockdown. In the nationwide CPHS survey, 28 percent of households reported that they were unable to buy enough food items.

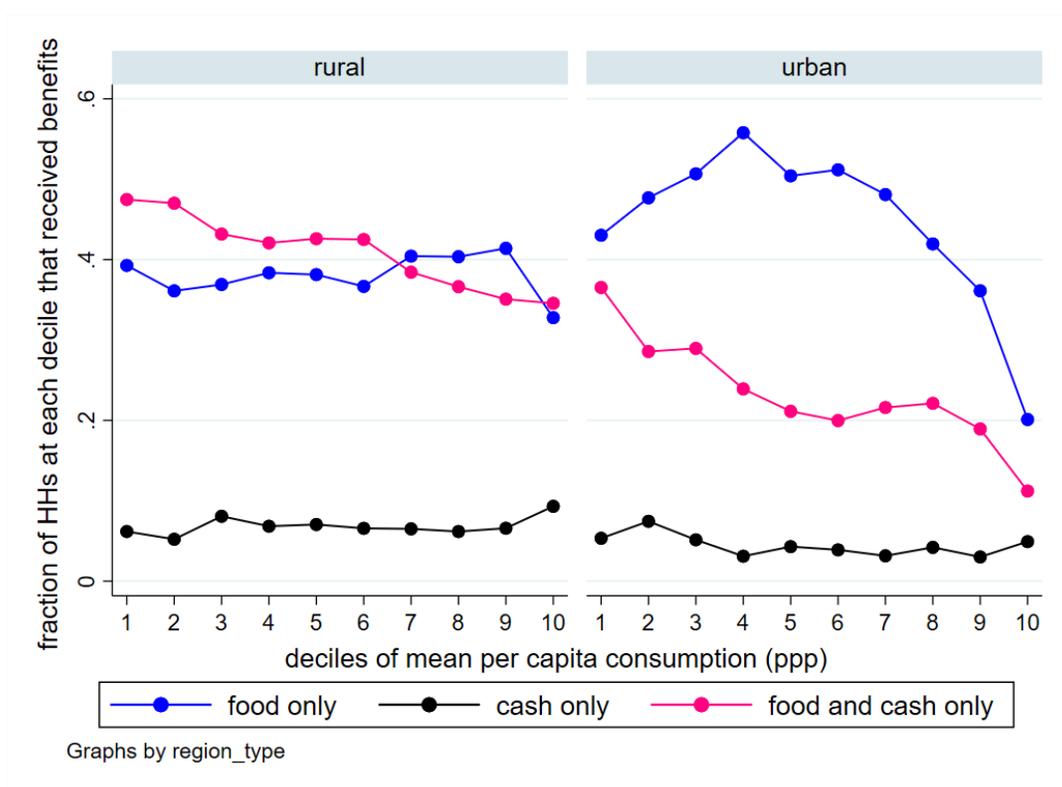
**Table 2: Eligible Households receiving benefits under PMGKY**

Share of all Eligible Households who have received benefits:	All-India	Rural	Urban	Poor	Not Poor	Male headed household	Female headed households
Food only	84.6%	89.1%	77.3%	93.1%	81.0%	84.4%	86.6%
Cash only	80.2%	81.5%	76.7%	83%	78.2%	78.8%	91.3%
Food and cash only	70.5%	70.2%	71.8%	76.3%	67.6%	68.8%	81.6%

**Majority of eligible households reported receiving benefits through PMGKY.** By ‘eligible,’ we imply households that were enrolled into the programs used by PMGKY to provide emergency welfare support. For example, the government allocated additional pensions to the elderly who were already enrolled and registered with the government’s NSAP social pension scheme. We acknowledge that this is a limited definition of eligibility at a time of crisis, given many households may have recently fallen into poverty due to the pandemic, particularly in urban areas and may never have been enrolled into any government program. The subsequent phase of this paper shall drill-down on these new-poor households who have faced income and employment shocks due to the pandemic and track their access to social protection benefits after PMGKY was discontinued in November 2020.

**Poorer urban households received greater share of the food transfers than richer ones.** Graph 2 shows the fraction of households at each decile that received PMGKY’s benefit packages. Over 40 percent of urban households in the bottom two quintiles accessed food benefits, compared to only a fifth of the richest urban households receiving these transfers. Food combined with cash transfers in urban areas reflected a similar trend: 40 percent of households at the lowest quintile compared to about 10 percent of households at the top quintile receiving both benefits. In comparison, rural transfers were less progressive: share of beneficiary households was remained flat across the distribution.

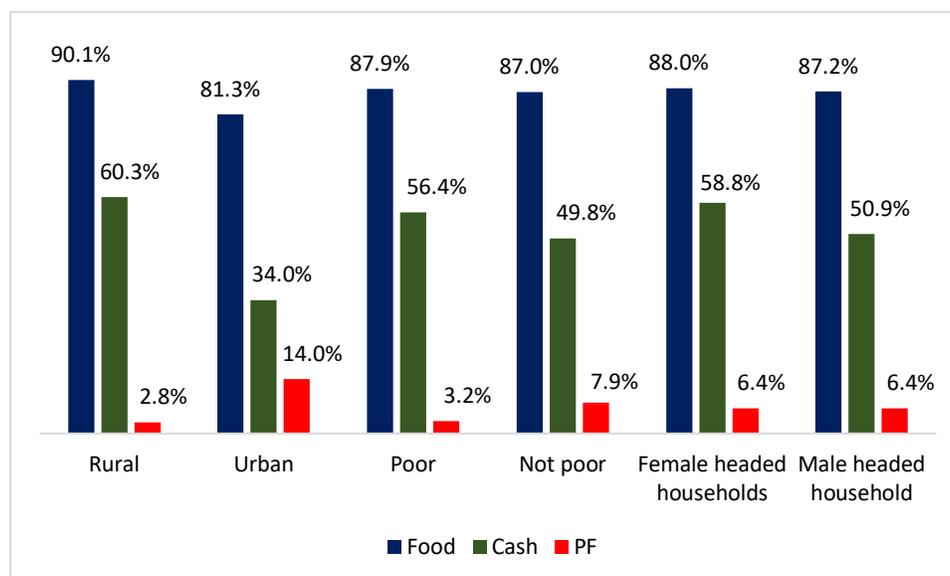
**Graph 2: Share of Households Accessing Benefits through PMGKY by Consumption Deciles**



**Furthermore, there are state level variations in delivery standards.** For example, data from states such as Madhya Pradesh and Odisha –where majority of households are enrolled in both food and cash programs – shows less than a third of households accessed both benefits due to them. These states have invested in strong delivery mechanisms for the PDS and cash transfers. The low rate of benefit disbursement maybe due to the timing of the survey. It is also possible that many eligible households did not travel to

the local bank or Fair Price Shop to collect grains during the lockdown. The next iteration shall return to the same panel households to update estimates and dive deeper into bottlenecks.

**Graph 3: Share of Households Enrolled in Social Protection Programs under PMGKY for selected groups**



**While majority of those enrolled in cash programs received benefits through the DBT channel, cash delivery remains challenging.** As Table 2 shows, 80% of households who had members with PMJDY accounts or enrolled in PMGKY-linked cash transfer programs did receive cash benefits. However, the current analysis does not allow us to unpack whether these households received the full benefit due to them. We shall return to these questions through subsequent rounds. The delivery of cash transfers through PMGKY can be expected to inherit pre-existing implementation concerns raised by civil society groups and scholars on DBT and Aadhaar-based delivery of benefits (Abraham et al 2017, Sodding et al 2019). Studies on the JDY transfers highlight that the delivery of cash benefits have been plagued by delivery system gaps highlighted. These are related to dormant accounts, lack of information amongst recipients and failing digital transactions (Khera 2019, Dreze and Somanchi 2021). This suggests that while the DBT digital payments platform is a valuable implementation asset in triggering cash into bank accounts, it needs to be accompanied by offline mechanisms, clear protocols for grievance redress and human resource cadres who can help facilitate door-step delivery of cash (Aiyar et al 2019).

**Low coverage of cash transfers in the broader population was exacerbated by gaps in the ability of government agencies to target and dynamically identify new beneficiaries for payments.** Households without members holding JDY accounts or those not enrolled in the programs used by the PMGKY package to provide support (such as PM-KSN or NSAP) were ineligible for benefits as they were not identified in any existing government database. Therefore, easing the ability of citizens through a more dynamic targeting platform will be key moving forward. Several studies have highlighted the need to invest in platforms and databases to immediately trigger payments without fear of exclusion or data privacy

violations (Bansal 2020<sup>10</sup>, CGD 2020<sup>11</sup>, DVARA 2020). Graph 3 shows enrollment rates by key household's characteristics. Enrollment in the PDS program is higher for rural areas, poor households and about the same for male and female head households. Provident fund accounts are predominantly found in richer households living in urban areas. It is also important to note that nearly 50% of non-poor households, were enrolled for cash transfer programs. This is largely due to the PMJDY transfers into bank accounts, as opening a JDY account is not exclusively targeted to the poor. These bank accounts along with the PDS database can serve as a core building block for creating a universal safety net –which serves and protects not only the chronically poor but vulnerable workers across the wealth distribution. However, the rural bias continues, as only a third of urban households were enrolled in any of the programs used to provide emergency relief through PMGKY, while 60% of rural households reported being pre-enrolled in cash transfer programs.

**The survey highlights the need to bolster adequacy of future social protection benefit packages during crises. During the first phase of PMGKY,** households in the bottom two quintiles received approximately 5.1 percent of their pre-pandemic per capita monthly expenditure as cash-transfers. In comparison, these households experienced a 45% loss in their per capita consumption due to the pandemic. In terms of food, the average per capita monthly amount of rice, wheat and pulses transferred (NFSA plus PMGKY) in the poorest households identified by the CPHS was 6.2 kgs. This is 800 grams higher than the average food transfer received by richer households during the pandemic but only half of the 13.2 kgs of grains and pulses that poor households consume on average in a month, as per NSS' 2011 consumption expenditure survey. Therefore, food transfers under PMGKY were on average adequate enough to cover just half of the per capita grain and pulses requirements of poorest household and large enough to cover only 5 percent of their per capita expenditure. The need to augment food transfers is also reflected in Basole, et. al (2021) which finds that 42 percent of households who had accessed these PMGKY benefits were consuming food at below pre-pandemic levels even in November 2020.

**Operationally, it is important to note that there is significant overlap between households that are enrolled in the PDS system and cash transfers or hold a PMJDY account.** As per official data, nearly 50% of all AAY (ultra-poor) ration card holding households have their bank account information seeded in the food distribution database<sup>12</sup>. Furthermore, based on the CPHS data from the states of Tamil Nadu and Andhra Pradesh, all household enrolled in cash transfer programs or with PMDJY accounts are also enrolled for in-kind programs as well (see Annexure). Majority of those receiving cash are also enrolled in the PDS. This is unsurprising as many cash transfer programs may rely on the PDS ration card to verify eligibility of applicants. Overall, 46% percent of all Indian households are registered in both the PDS and cash transfer or PMJDY databases. A large fraction of this overlap is between JDY and PDS: 35% of households were enrolled in both schemes. This suggests that linking the JDY accounts with the ration card database and using the PDS/Fair Price Shop network to provide income-support, while adhering to strong data protection frameworks, can serve as an important foundational layer for any efforts to scale-up cash transfers or social registries for dynamic targeting.

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<sup>10</sup> <https://theprint.in/opinion/india-needs-a-who-to-pay-database-covid-crisis/406783/>

<sup>11</sup> <https://www.cgdev.org/sites/default/files/digital-cash-transfers-stranded-migrants-lessons-bihars-covid-19-assistance-program.pdf>

<sup>12</sup> <https://nfsa.gov.in/public/nfsadashboard/PublicRCDashboard.aspx>

## IV. Social Protection in India: Responding to the Pandemic and Future Shocks

**Climate change and now COVID-19 have sounded an alarm for all nations, including India. Anticipating and addressing uncertainty and unexpected shocks is now the new normal in the management of nations and their economies.** Whether macro-economic like the financial crisis of 2008, or sectoral as in the case of the current health crisis, or natural disasters like floods and cyclones, such shocks are increasingly determining the trajectory of economic growth and the ability of nations to address poverty and ensure shared prosperity. In this context, building a modern, **21st century social protection system** has become essential for **protecting citizens**, particularly **the poor and the vulnerable**, and for **ensuring a resilient and productive workforce**. Even as India has managed historic gains in lowering poverty rates, nearly half the households in India are vulnerable – between the \$1.90/day poverty line and twice the line. The challenges faced by **women headed households** (SEWA Bharat 2020)<sup>13</sup>, **adolescents** – girls and boys, **pensioners**, and **migrants** (Imbert et al 2020)<sup>14</sup>, further highlights the urgency of addressing vulnerability. **Social protection is therefore more than just protecting the welfare of the poor; it is equally about securing all of India’s work force. These programs are strategic investments in the resilience of the economy.**

**The COVID-19 pandemic is highlighting strengths and structural challenges in India’s social protection system.** Our survey results find that benefits delivered through PMGKY have reached majority of Indian households during the first phase. These results are consistent with other studies on relief measures during the lockdown (Totapally et al 2020). However, portability and urban areas need sustained reform attention. Broadly, our survey results highlight the need for three major transformations in the way the current social protection system is designed to ensure economic resilience of the workforce.

**First**, while India’s social protection architecture is able to respond, even with inherent implementation challenges, to the needs of chronic poverty and rural shocks, *portable urban systems for scaling up cash, employment support and insurance* for informal workers, the ‘new-poor’ (those who have recently slipped into poverty due to unemployment losses from the pandemic) or the lower middle classes need to be designed and scaled. **Second**, while the DBT channel offers a pipeline of cash delivery (as Table 3.1 and 3.2 highlight, nearly 5 cash programs hold electronic banking details for nearly 700 million accounts), last-mile access, identification and targeting of new needs and beneficiaries remain challenging and need significant institutional investment. Studies show the PMJDY transfers potentially excluded nearly half of all women (Pande et al 2020). Other than MGNREGS, the window for application and enrollment into major social protection programs is open for a very limited time of the year across states. However, as the pandemic highlights, *people’s lives are far more fluid than the rigid application cycle of programs*. India can learn from other middle-income countries which have invested in *social registries and delivery platforms*. These technology-enabled solutions can remedy targeting challenges, only if they are underpinned with robust institutional frameworks and ‘rules of the game’ to protect citizen data and coordinate across line agencies. India is well poised to build such a platform with data assets (such as the SEC, NFSA database and JDY accounts) to rapidly ease access to programs for citizens and prioritize those in most need. Furthermore, countries have created last-mile cadres to ensure digital exclusion and lack of

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<sup>13</sup> [https://www.sewabharatresearch.org/wp-content/uploads/2020/05/Gendered\\_Precarity\\_SB\\_Lockdown-2.pdf](https://www.sewabharatresearch.org/wp-content/uploads/2020/05/Gendered_Precarity_SB_Lockdown-2.pdf)

<sup>14</sup> <https://www.povertyactionlab.org/project/short-and-long-term-effects-lockdown-young-rural-migrants-bihar-and-jharkhand>

literacy does not impede access to benefits (Lindert et al 2020). Without such human resources, digital methods can serve to exacerbate vulnerabilities and gaps in program access. The governance framework to guide such reforms will be crucial.

**Table 3.1: Direct Benefit Transfers Reached 705 million Individual Bank Accounts in 2019-2020**

Program (Figures in millions)	INR Funds Transferred	Number of Beneficiaries
PAHAL	248219.1	262.8
MGNREGS	460460.8	119.1
NSAP	81144.8	34.6
PMAY-G	438834.5	13.8
Scholarships	70108.5	9.3
Others (357 cash programs)	1098523.2	265.9
<b>All-India</b>	<b>2397291</b>	<b>705</b>

(Source: DBT Mission database : <https://dbtbharat.gov.in/> accessed on 3<sup>rd</sup> June 2021)

**Table 3.2: Direct Benefit Transfers Reached 802 million Individual Bank Accounts in 2020-2021**

Program (Figures in millions)	INR Funds Transferred	Number of Beneficiaries
PAHAL	226295.1	270.7
MGNREGS	672182.9	139.3
NSAP	72305.6	34.2
PMAY-G	482511.5	18.4
Scholarships	57462.4	7.8
Others (266 cash programs)	11816116.4	332.17.6
<b>All-India</b>	<b>2692373.9</b>	<b>802.5</b>

(Source: DBT Mission database : <https://dbtbharat.gov.in/> accessed on 3<sup>rd</sup> June<sup>h</sup> 2021)

**Finally**, India provides social protection through a large and complex set of centrally sponsored schemes<sup>15</sup>. As of May 2021, there are nearly 320 national Direct Benefit Transfer<sup>16</sup> schemes which channel benefits

<sup>15</sup> Centrally Sponsored Schemes are schemes that are implemented by state governments of India based on specified rules/parameters/benefit levels established by the national government. While the design is determined at the national level, delivery is assigned to States. These are largely funded by the national government with a defined State Government share.

<sup>16</sup> Over the years, the number of schemes classified as DBT have reduced to 320. On the published DBT portal, the data shows that 440 DBT schemes in 2018-2019 (71 in-kind transfer schemes and 365 delivering cash benefits) and 316 in 2020-2021 (45 in-kind transfer schemes and 271 delivering cash benefits) have reported all benefit delivery information. As a result, the number of “other” schemes in Table 3.1 and Table 3.2 varies across the years. To be classified as a DBT program, the government has notified a framework whereby the concerned Ministry implementing the scheme adheres to requirements related to generation of a DBT Scheme Code ([https://dbtbharat.gov.in/data/circulars/OM\\_dated\\_23-09-2016\\_on\\_Codification\\_of\\_Schemes.pdf](https://dbtbharat.gov.in/data/circulars/OM_dated_23-09-2016_on_Codification_of_Schemes.pdf)) , use of PFMS, notifying the use of Aadhaar ([https://dbtbharat.gov.in/data/circulars/Guidelines\\_for\\_notifying\\_use\\_of\\_Aadhaar\\_2\\_Nov\\_2016.pdf](https://dbtbharat.gov.in/data/circulars/Guidelines_for_notifying_use_of_Aadhaar_2_Nov_2016.pdf) and

to citizens, with administrative duplication and siloed delivery systems. Furthermore, as Table 3.1 and Table 3.2 highlight, the beneficiary and expenditure base of cash transfer schemes is concentrated in five major national schemes. In 2020-2021, nearly 60% of all cash transfers beneficiaries belonged to 5 major schemes. In 2019-2020, 62.4% of all DBT-cash transfer beneficiaries belonged to the same 5 schemes as well. Moreover, in 2020-2021, nearly 60% of funds transferred as cash benefits directly to individual bank accounts were for these five schemes as well.

Social protection schemes are financed by the center and implemented by state governments. In addition, state governments operate their own schemes or top-up national programs to cater to local contexts. Most social protection schemes operating in modern India are designed for a rural, agrarian and chronically poor country. That India now only exists in pockets – the majority of the country has seen booming tele-digital and transport connectivity, sharp declines in income poverty and new neglected sources of risks related to climate, urbanization and migration. State capability and the service delivery landscape are deeply different across regions. With economic growth, states have also diverged in their social protection needs and risk-profiles. India's response to COVID-19 and future resilience depends on how its social protection system responds to this heterogeneity. Its future safety nets architecture ought to enable deeper flexibility for state governments to cater to their contexts, while ensuring the needs of migrants, informal workers and the urban poor are addressed.

Despite fiscal stress, state governments have proactively expanded support for the poor during the COVID-19 crisis. State Disaster Response Funds (Aiyar et al 2020) and new central grants transfer fiscal support from the centre to states for providing relief during COVID-19, cyclones and other crises.

A steady, safe, well-paid job is the best protection against economic hardship. However, as the current crisis highlights, when this ideal situation is not possible, social protection programs help people become more resilient to the risks they face. Typically, a comprehensive social protection system (World Bank 2019, Bhattacharya et al 2019) requires three types of instruments to work together:

1. **Promotional instruments** invest in the ability of families to survive shocks on their own –by enhancing productivity, access to job opportunities and incomes through human capital infrastructure, wage legislation, labor policies, skills training and livelihood interventions.
2. **Preventive instruments** aim to reduce the impacts of shocks *before* they occur by enabling households to use their savings from good times to tackle losses in tough times. This is mainly done through social insurance programs.
3. **Protective instruments** mitigate the impacts of shocks *after* they have occurred through tax-financed redistribution from the non-poor to the poor. These programs would classically be called anti-poverty measures as they target social assistance or safety net programs to the poor or destitute, whether in kind or cash.

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[https://dbtbharat.gov.in/data/om/Aadhaar\\_Exception\\_Handling\\_OM\\_19122017.pdf](https://dbtbharat.gov.in/data/om/Aadhaar_Exception_Handling_OM_19122017.pdf)), ensuring electronic modes of transferring benefits into bank accounts through a digitized list of beneficiaries, and reporting data on transactions to the DBT portal. Therefore, it is important to note that the scheme universe is much larger than represented by DBTs alone. However, the largest Indian safety nets are classified as DBT at present. Finally, the number of DBTs may also reduce due to discontinuation or consolidation of older schemes. For more information, please consult <https://dbtbharat.gov.in/data/circulars/circular10.pdf> and <https://dbtbharat.gov.in/data/circulars/circular11.pdf>

**Building resilience of households and communities against the impacts of COVID-19 will require two phases of social protection reform.** As the pandemic evolves, a blend of different types of instruments will be needed. In the short term, poor and vulnerable households will need protective instruments which can provide ex-post relief through immediate cash or in-kind assistance. To ensure speed and scale, leveraging decentralization and pre-existing programs will be key. Further, direct in-kind provisioning of essential food supplies will become important as supply chains maybe disrupted and social distancing protocols may constrain the ability of households to purchase goods and services. Simultaneously, social protection for informal workers, particularly for those engaged in essential services, needs to be augmented by coverage under preventive instruments for ex-ante risk coping through social insurance (for life, health and accidents).

In the current phase, as state governments embark on geographically targeted containment measures based on the spatial concentration of COVID-19 cases, the duration and impacts of the crisis will vary across states and districts. This will require deeper institutional reforms to enable a geographically diverse approach for social protection. The national government will need to empower state governments with finances and support to blend the use of safety nets, urban employment programs, self-help groups, local governments and other innovations to provide fast, flexible and context-specific measures, with additional support for hot-spot districts and clusters. For long run recovery, as lockdown measures are relaxed and community-driven approaches become scaleable, safety nets and social insurance will need to be complemented by promotional interventions to rebuild livelihoods and jobs. Following the second devastating wave of the pandemic, the immediate needs of a vast share of the precarious Indian workforce (Basole et al 2021, Dreze and Somanchi 2021) are for relief and protective instruments through income support and food distribution. Scholars have argued for ensuring that pre-existing programs such as PDS and MGNREGS are implemented at scale and universally during this phase of the crisis<sup>17</sup>. The universal and rights-based design of these programs allows for them to be dynamic and shock-responsive. Our findings resonate with these recommendations. *However, our results also suggest that such an approach will continue to exclude a large share of the urban population.* Some states have started to create urban employment programs as corollaries to the rural MGNREGS. However, implementation is fraught with limited fiscal space and tremendous complexity. Municipal capacities remain weak. Urban labour markets and the potential of public works vary across locations<sup>18</sup>.

While creating new income-support measures may be administratively challenging in these times, our results highlight that States and central government can consider using the PDS database, PMJDY and/or several pre-existing DBT schemes to transfer cash. Those excluded from these databases, particularly in urban areas, can be served through state level efforts using resources in the State Disaster Response Funds, which contain earmarked funds for relief measures in the context of COVID-19. The national government has topped-up the PDS allocation for May and June 2021. In addition, relief measures are being scaled-up by state governments relying on pre-existing mechanisms (SHGs, welfare funds, state databases for schemes and the PDS). Additional grants to states can support proactive relief to protect the workforce.

Beyond immediate protective measures, moving forward, the mix of social protection instruments needs to reflect the risk profile of the workforce. It's critical that programs help those vulnerable to poverty to anticipate and manage risks and shocks better through portable tools which prevent them from falling back into poverty— health insurance, social insurance (in case of death, accident and other calamities) and pensions. Spending and coverage of social insurance programs in India remains extremely weak (World

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<sup>17</sup> <https://www.hindustantimes.com/opinion/covid19-and-the-disease-of-inequality-101622117390142.html>

<sup>18</sup> <https://www.ideasforindia.in/topics/poverty-inequality/duet-flexible-implementation-is-key.html>

Bank 2019). If insurance coverage is adequate and expands, many families would not need to rely on safety net transfers in the face of old age or health crises which would otherwise push households into long term poverty and debt traps. Thus, an increased emphasis on interventions that help anticipate risks should be expected, particularly in medium- and high-growth states.

**Given the diversity in the economic and risk profiles of India's states, and the trajectory of the pandemic across districts and geographies, a diversity of relief measures may be required. Moreover, as economic recovery and labour market impacts vary across locations, a *decentralized and context-specific social protection approach is called for*.** For instance, the needs of the rising middle-class with access to private insurance markets in Delhi and Maharashtra will differ markedly from the needs of poorer states such as Uttar Pradesh and Bihar. For urban communities, states may prefer implementing cash transfers, urban employment programs due to their service delivery landscape and local capacities. Further, coastal and ecologically precarious districts who have recently been impacted by cyclones will need additional safety nets support to cope with natural disasters and climate change. In states where many poor and vulnerable households are still not able to save enough to insure themselves against crises or times of high prices, social assistance will remain a core intervention. Vaccination coverage or new COVID-19 variants may pan out differently across cities and districts, thereby impacting the ability of different locations to reopen the economy and secure job opportunities for workers.

**The current 'one-size-fits-all' model of national programs which offer the same benefit levels and interventions across a variety of states needs reform.** India can draw from experience of other middle-income countries (Gentilini et al 2020) and allow greater funds and flexibility to sub-national governments to design localized approaches, while retaining a core set of national programs such as MGNREGS, NSAP, PMAY, PAHAL, PDS and social insurance schemes to operate pan-nationally. States are already tailoring relief measures to their local contexts during the second wave, linked to their lockdown plans. Such a decentralized mechanism can support a coherent and contextual response not only for the pandemic but future crisis as well. It also allows for the level of support to be deepened and be commensurate to local wages and needs. For example, India could consider identifying a core set of X number of national portable programs and devolve remaining social protection budget as transfers or block grants to states. Such transfers can be linked to disaster risk, population profiles and poverty levels of each state.

**The COVID-19 pandemic has revealed the structural faultlines in India's social protection system, which is fragmented and functions largely through scheme-based silos.** Historically, India's social protection architecture includes 400 plus schemes which support large-scale community-driven livelihoods programs (National Urban and Rural Livelihoods Mission), Panchayati Raj institutions, self-help group initiatives, financial inclusion programs, safety nets, subsidies, public works, social pensions, quasi-income support and social insurance schemes. In addition, digital innovations for cash delivery and beneficiary identification also function as independent schemes under the purview of discrete line ministries. Ideally, these schemes can serve as building blocks of an integrated system where the whole is greater than the sum of its parts. For example, self-help groups can help last-mile delivery of social assistance in concert with technology innovations. However, at present, there is no overarching institutional framework for coordinating these multiple scheme-based mechanisms. Further, all *Antyodaya* (chronic poor households) as identified by the PDS can be automatically deemed eligible and enrolled for pensions or relevant cash/insurance schemes. These linkages and connections will be key for India's future resilience.

Creating national registries/targeting platforms for income-support, triggering portability, and moving towards a more decentralized social protection approach will require the creation of a social protection authority with central and state government participation. **Global experience highlights that universal**

**and adequate insurance cannot be achieved by hundreds of state and central schemes operating in silos.** Emerging economies have focussed on comprehensive coverage through program consolidation and convergence. Countries have streamlined schemes and established integrated platforms which combine delivery of cash transfers to poor households with delivery of health, nutrition and education. Unlike health or education, there is no overarching institutional or accountability framework for social protection to help coordinate and evaluate these multiple scheme-based mechanisms. For example, there is no nodal agency for social protection in India. Faced with the COVID-19 crisis, the Government of India's PMGKY has helped build an implementation platform whereby multiple schemes work together through leadership anchored by the Government of India with participation across line agencies and states. The *need for an authorized government body to coordinate* budgets, data and staff across myriad central and state social protection programs is paramount as India navigates the future.

**Most importantly, global experience suggests that no strategy can create an effective social protection architecture without a capable state.** Through the pandemic, scholars have raised concerns on exclusion triggered due to technology and gaps in access to phones and internet (Totapally 2020, DVARA 2020). Ensuring technology is leveraged effectively without triggering exclusion and privacy violations requires robust regulation. As more flexibility is given to states, their capacity to plan, learn and implement programs must also be strengthened, particularly at the sub-district level. Globally, countries have invested heavily in local administration and social workers to manage dynamic social registries and public dealing. Such community infrastructure is a powerful source of job creation as well. Designing solutions to local problems will require a frontline administration which has the time, talent, tools and authority to innovate and respond to citizen concerns. Lessons from the last-mile infrastructure created in other countries can help India design its own technology and rights enabled local state. As India designs its social protection response to the pandemic, the country stands poised for a fundamental transformation from a set of fragmented schemes to an integrated and decentralized system. **A broader social protection framework for a more urban, middle-income, mobile, natural disaster-prone, diverse and decentralized India is urgently required.**

## Annexure: Detailed Coverage Estimates by State 2020

Table 1: Share of Households Enrolled in Programs within PMGKY Package by State

State	Food only	Cash only	Both	None
Andhra Pradesh	47%	0%	45%	7%
Assam	22%	5%	47%	26%
Bihar	31%	12%	36%	21%
Chhattisgarh	33%	2%	58%	7%
Delhi	18%	8%	20%	55%
Goa	85%	0%	4%	11%
Gujarat	53%	0%	40%	7%
Haryana	16%	11%	36%	36%
Himachal Pradesh	72%	0%	14%	13%
Jharkhand	32%	2%	51%	16%
Karnataka	28%	1%	52%	19%
Kerala	53%	0%	39%	8%
Madhya Pradesh	17%	4%	72%	6%
Maharashtra	40%	1%	35%	24%
Meghalaya	52%	2%	11%	35%
Odisha	16%	3%	67%	13%
Punjab	29%	2%	49%	20%
Rajasthan	22%	0%	71%	6%
Sikkim	45%	3%	18%	34%
Tamil Nadu	53%	0%	37%	10%
Telangana	34%	0%	50%	16%
Tripura	41%	0%	46%	13%
Uttar Pradesh	35%	4%	45%	15%
Uttarakhand	12%	9%	44%	34%
West Bengal	37%	1%	53%	9%
<b>All-India</b>	<b>35%</b>	<b>3%</b>	<b>47%</b>	<b>15%</b>

Table 2 : Share of all Households reporting receiving benefits under the PMGKY Package by State

State	Food only	Cash only	Both	At least one benefit (food/cash)
Andhra Pradesh	53%	0%	42%	96%
Assam	34%	5%	37%	76%
Bihar	32%	12%	35%	78%
Chhattisgarh	39%	2%	54%	95%
Delhi	23%	6%	13%	42%
Goa	75%	0%	4%	79%
Gujarat	53%	3%	25%	81%
Haryana	11%	18%	29%	58%
Himachal Pradesh	72%	0%	14%	86%
Jharkhand	32%	2%	50%	84%
Karnataka	36%	2%	43%	80%
Kerala	53%	2%	27%	81%
Madhya Pradesh	17%	17%	21%	55%
Maharashtra	59%	2%	18%	79%
Meghalaya	63%	3%	12%	77%
Odisha	19%	23%	18%	59%
Punjab	8%	20%	16%	44%
Rajasthan	16%	15%	48%	80%
Sikkim	52%	2%	15%	69%
Tamil Nadu	62%	0%	32%	95%
Telangana	40%	1%	48%	88%
Tripura	58%	0%	41%	100%
Uttar Pradesh	37%	4%	42%	83%
Uttarakhand	6%	12%	22%	40%
West Bengal	53%	1%	41%	95%
<b>All-India</b>	<b>39.5%</b>	<b>6.1%</b>	<b>34.1%</b>	<b>79.7%</b>

Table 3: Share of Eligible Households receiving benefits under PMGKY Package by State

State	Food only	Cash only	Both
Andhra Pradesh	99.9%	52.9%	91.3%
Assam	95.4%	89.2%	74.9%
Bihar	96.0%	96.5%	96.8%
Chhattisgarh	98.6%	64.2%	92.7%
Delhi	92.4%	81.6%	67.3%
Gujarat	79.8%	67.1%	60.1%
Haryana	46.3%	96.9%	75.3%
Himachal Pradesh	89.6%	8.3%	96.0%
Jharkhand	96.9%	97.1%	98.9%
Karnataka	86.9%	81.6%	81.6%
Kerala	69.5%	6.3%	64.7%
Madhya Pradesh	26.3%	33.7%	29.4%
Maharashtra	82.7%	70.0%	49.7%
Meghalaya	99.7%	100.0%	92.5%
Odisha	29.8%	75.9%	26.6%
Punjab	16.7%	78.1%	30.3%
Rajasthan	38.4%	19.3%	67.4%
Sikkim	89.3%	36.4%	74.8%
Tamil Nadu	96.3%	0.0%	84.9%
Telangana	89.8%	62.3%	91.5%
Tripura	99.9%	0.0%	84.4%
Uttar Pradesh	91.8%	84.6%	91.8%
Uttarakhand	42.0%	35.8%	48.8%
West Bengal	90.2%	56.7%	75.6%
<b>All-India</b>	<b>84.6%</b>	<b>80.2%</b>	<b>70.5%</b>

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## ABSTRACT

The article takes stock of the social protection measures implemented through the Pradhan Mantri Garib Kalyan Yojana (PMGKY) to respond to the livelihoods impact of COVID-19 in India. The paper reports the share of households that received food, cash transfers and both forms of assistance under the PMGKY program at the national and state level. While a few surveys have reported coverage and benefit receipt information related to PMGKY, the current analysis draws on a robust, nationally representative and panel survey of households from CMIE to better quantify the coverage and targeting parameters. Results find that nearly 80% of all households received at least one social protection benefit from government programs. Relief measures have been pro-poor and broad-based. However, there are state level variations in benefit delivery. Urban areas have lagged in coverage and cash transfers reached fewer shares of households relative to food distribution through the Public Distribution System (PDS). Furthermore, analysis highlights the need to bolster benefit levels for any future relief measures. Drawing on lessons from PMGKY implementation, the article concludes with suggestions on designing a decentralized and adaptive social protection system in India to protect the poor and vulnerable against impacts from the second wave of the pandemic and any future crises.

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