Social Challenges and Consequences of COVID-19

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Abstract The epidemic of COVID-19 touches all fragments of the population and is especially harmful to participants of those social groups in the most disadvantaged circumstances and continues to have an emotional impact on the group of people, including those living in situations of poverty, the elderly, people with disabilities, young people and indigenous people. Early research suggests that poor people are largely responsible for the health and economic consequences of the virus. For instance, homeless people are extremely bare to the risk of the virus because they possibly will not be able to safely shelter on site. The epidemic and its consequences were also disproportionately impacted by individuals without admittance to running water, refugees, migrants or displaced persons, whether due to restricted travel, fewer job prospects, increased xenophobia, etc. If the community disaster generated by the COVID-19 pandemic is not adequately addressed by policy, inequality, exclusion, discrimination and global unemployment will also increase over the medium and long term. When developed, robust, worldwide social safeguard programs play an enduring role in protecting workers and dropping the pervasiveness of poverty by serving as automatic stabilizers. That is, at all times, they provide basic income stability, thereby enlightening the capability of people to accomplish and resolve shocks. As the Secretary General of the United Nations stressed, during the unveiling of the Global Humanitarian Response Plan COVID-19 on March 23, 2020, "*We need to emanate to the aid of the ultra-vulnerable, millions upon millions of individuals who are least able to defend themselves*." This is an issue of universal human unity. It is also important for the fight against the virus. Now is the time for the insecure to step up.

Keywords COVID-19 · Societal impact · Health · Education · Employment · Poverty

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1 Introduction

The SARS-COV2-induced pandemic of coronavirus disease 2019 (COVID-19) is an ongoing worldwide community vigor issue. To tackle the disease, in the majority of regions of the 22 States and Union Territories, the Government of India placed a lockdown where confirmed cases were registered from March 24, 2020 onwards. The lockdown has currently been extended until May 31, 2020. The SARS-COV2-induced pandemic of coronavirus disease 2019 (COVID-19) is an ongoing global public health issue. To tackle the disease, in most districts of the 22 States and Union Territories, the Government of India placed a lockdown where confirmed cases were registered from March 24, 2020 onwards. The lockdown has currently been extended until May 31, 2020. As for the hard-luck of millions around the world, the outbreak of the universal spreading COVID-19 was not purely a health issue; the virus was a devastating occurrence for economies, public policy, international relations and world trade. Furthermore, the diverse effects of the pandemic targeted individuals and susceptible inhabitants in impulsive ways, requiring greater comprehension through thorough study and analysis.

As a consequence of the conquests and tautness born of corona, China, a worldwide giant in politics and world trade, where the virus paramount seemed and spread, faced and is poised to face numerous challenges to its economy and foreign relations. In addition to the recorded disagreements and the communal appropriation of medical aid between the member states, the European Union, having just avoided a prolonged Brexit, witnessed humiliating inter-state divisions concerning the COVID-19 war. On the national and foreign levels, the USA has also been fronting an excruciating situation. The treatment of the pandemic has generated an inordinate pact of faith and mistrust in the capabilities of the new administration. Besides, the epidemic of coronavirus sickness (COVID-19) has severe health implications and serious repercussions for trade and industry development and communal growth and has also entered Latin America and the Caribbean, marked by deprivation and insecurity, rising poverty and thrilling scarcity, decreasing social stability and manifestations of community displeasure.

Quarantines and physical distancing steps needed to avoid the rapid spread of coronavirus and save lives lead to job losses (11.6 million more unemployed relative to 2019 in 2020) and a drop in personal and household labor income. Income loss mostly affects the large strata of the population living in or exposed to poverty and those involved in activities that are more vulnerable to layoffs and cuts in wages and, in general, insecure jobs. Because of the big persistent disparities widened by the pandemic, ECLAC reiterates that it is time, with a rights-based approach, to adopt universal, redistributive, and solidarity-based policies to ensure that no one is left behind.

2 Total Lockdown

According to the report, India needs to take "draconian measures" to act before the country begins to accelerate the growth of COVID-19 infections. On Tuesday, Prime Minister Narendra Modi broadcasted a total lockdown for 1.3 billion people in India for 21 days, warning that the nation could go back 21 years and that if we do not comply with the lockdown rules, many families could be devastated. In their study, scientists used data up to March 16 on the number of confirmed cases in India and used implements to model the transmission of diseases. At any assumed time, they estimated the theoretical number of infected and compared India's estimates against the US and Italy. The scientists, including those from the Delhi School of Economics in New Delhi, noted in a blog post on the platform Medium that the estimates may change as stricter restrictions and measures are adopted by India.

3 India's Overstretched Healthcare System

India has the maximum overstretched healthcare system, according to the researchers, where it is difficult to provide care even when the numeral of patients streaming into hospitals is "normal." Citing statistics from the World Bank, the number of hospital beds per 1000 people in India is just 0.7, compared to 6.5 in France, 11.5 in South Korea, 4.2 in China, 3.4 in Italy and 2.8 in the United States.

As a result, the expected increase in the number of cases might make it problematic for healthcare benefactors in India to support the sheer volume of cases, the scholars said. The supreme susceptible inhabitant groups in India were also listed in the study. Citing multiple studies, the researchers said the number of people without an insurance policy in the country overextended to about 1100 million as of 2014, with more than 300 million individuals being the number of men and women with hypertension, one of the most important threat factors for death from COVID-19. The researchers predicted that the number of cases could surpass the estimated capacity of the hospital without introducing any intervention in the country which stands at 70 beds per 100,000 Indians.

4 The Human Face of COVID-19

The figures about the COVID-19 pandemic are clear. For example, as of the end of September, we know that there are more than 33 million cases worldwide. Of these, approximately one million died. There are approximately six million confirmed cases in India, of which approximately 940,000 are involved and over five million have recovered; 97,529 have died [1]. However, less is written about the individuals behind these figures. This brief tells their stories and draws lessons that can be used by India

and other communities to direct attempts to reduce COVID-19's social impacts. To increase her white blood cell count, she was given injections, but her physique was failing to respond. Indeed, she suffered additional symptoms caused by the drugs. She experienced inflammation of her oral cavity and intestinal mucosa that caused her mouth to experience burning and almost intractable abdominal pain with diarrhea. She was commanded to take a COVID-19 examination because she had a temperature with a slight shortness of breath at the time of hospital admission, and the consequence was positive. To reduce the chances of her infecting other patients, visitors, or employees, she was transferred to a negative pressure insulation room inside the hospital, to minimize the chances of her infecting other patients, visitors or staff.

Visitors were not permitted to visit the separation ward, and her families were only able to reach her with a full-body PPE for a few minutes (personal protective equipment). Her comfort was that even in the isolation room, she was allowed to have her cell phone, and she used it to connect with her treasured ones; it became her psychological lifeline. The nurses were affectionate, while the doctors in their care were compassionate, kind and meticulous. The housekeeping operate were also present, helping her to get to the washroom and making it unquestionable to keep the chamber clean and tidy. Malabika knew, however, that some of the health personnel were scared to come close to her.

As she was aware that she would not be able to blame those people for their fears, she used to feel aloof and neglected mostly and also not happy. She stopped contacting people. She was aware that this virus of COVID-19 has created a serious issue for her as she is already suffering from cancer. As her cancer was already on the mature side, the doctors informed her about COVID-19, and now the impact on cancer has become less important and impactful. She was feeling a vast difference in her treatment before COVID-19 and its impact after COVID-19. The isolation room was not having any window, but gradually Malabika was used to that place and time gradually passed. The medications were so expensive that it is another reason for her mental tension. Treatment with antibiotics and antifungal agents was required for neutropenia and fever, and COVID needed anti-viral agents and medicines to reduce body aches and fever. She also needed oxygen therapy, a lot of liquid intakes to maintain hydration, rest and healthy fruits and vegetables. Malabika's family, of course, wanted her to live. However, doctors have told them that curative care would no longer save Malabika. In due course, she died of cancer. She was screened for COVID-19 for the preceding time before her body was given to her family, and it turned out to be negative.

5 Themes from the Story of the Patient

Malabika is only one of the many COVID-19 sufferers. Her tale illustrates those experiences collective amongst persons who have fallen ill with the disease. He has been intricate in coordinating the COVID testing services since the epidemic hit

India initially this year. He is the chief of the hospital's infection prevention and control programs he represents. He is also active in treating patients with different infections who are hospitalized. The author highlights the most critical issues in the following paragraphs, which doctors focus on while battling in the frontlines of the epidemic. It is not unusual for patients with COVID-19 (or any other person who is ill with a communicable disease that needs protective isolation in a healthcare facility) to have a strong sense of isolation and despondency. While different patients perceive and cope with physical, social and psychological seclusion in different ways, isolation is true. Early physical and social recovery can be enabled by new electronic communication systems that have provided much-needed mental relief. The social stigma surrounding the disease, which occurs in various ways depending on the status of the infected or the care provider, often affects COVID-19 patients.

It is not uncommon for patients with COVID-19 (or any other person who is ill with a communicable disease that needs protecting segregation in a healthcare facility) to have a strong sense of isolation and despondency. While diverse patients observe and manage physical, social, and psychological seclusion in different ways, isolation is true. Early physical and social recovery can be enabled by new electronic communication systems that have provided much-needed mental relief. The social stigma adjoining the disease, which occurs in various ways liable to the prestige of the infected or the care provider, often affects COVID-19 patients. During the contaminated period, this makes the patient hesitant to go back to the group. This may be due to sincere concern about infecting other members of the family or because of the apathy of society toward those infected.

As for the hardship of millions around the world, the outbreak of the global spreading COVID-19 was not merely a health issue; the virus was a shattering occurrence for economies, public policy, international relations and world trade. Furthermore, the diverse effects of the pandemic targeted people and vulnerable populations in unpredictable ways, requiring greater comprehension through thorough study and analysis in handling the crisis. Unlike others in the 75-year history of the United Nations, we are facing a global health crisis, one that kills people spread human suffering and upends the lives of people. Yet this is much more than a crisis of well-being. It is a problem that is human, economic and social. The coronavirus disease (COVID-19), which the World Health Organization (WHO) has described as a pandemic, is attacking societies at its heart.

Older People: Older people, especially those with chronic health conditions such as hypertension, cardiovascular disease and diabetes, are particularly susceptible to the risk of COVID-19 infection.

Not only are older people dealing with greater health risks, but they are often less likely to be able to support themselves in isolation. Although social distancing, if not adequately enforced, is important to minimize the blowout of the disease, such interventions may also lead to the increased social isolation of the elderly at a time when help can be desired at most. The COVID-19 discourse, in which it is viewed as an older person's illness, exacerbates derogatory perceptions regarding older people who may be seen as frail, unimportant and a social burden. In the provision of services, such age-based discrimination may manifest as the treatment of older persons may

be considered to have less importance than the treatment of the newer age group. International human rights law guarantees everybody the right to the highest possible quality of health and encourages governments to take action to provide those in need with medical treatment. For instance, shortages of ventilators involve the implementation of triage policies and procedures based on medical, evidence-based and ethical considerations, rather than subjective age-based decisions.

In this context, unity between generations, the battle against discrimination against older people, and the upholding of the right to health, comprising admittance to evidence, care and medical facilities is crucial.

Persons with Handicaps: Owing to lack of accessibility, approachability, affordability, as well as dishonor and prejudice, people with disabilities face difficulties in obtaining health care services even at the greatest of times. The risks of COVID-19 infection for people with disabilities are exacerbated by other problems that require specific action: interruption of programs and assistance, pre-existing health conditions in some cases that place them at higher risk of developing or dying from serious illnesses, exclusion from health knowledge, and mainstream health care, living in an environment where accessibility is frequently accessible and being disproportionately more probable to live in established settings.

Overall, individual self-care and other prevention measures against the outbreak of COVID-19 may pose difficulties for people with disabilities. Some people with disabilities, for example, may have difficulty enforcing steps to keep the virus at bay, including personal cleanliness and the recommended regular scrubbing of exteriors and home environment. Owing to physical impairments, environmental obstacles or disrupted facilities, cleaning homes and washing hands can also be difficult. Others may not be able to adapt to social distancing or may not be able to separate themselves as completely as other people, and for everyday self-care activities, they need constant assistance and support from other people.

To confirm that people with disabilities have the right of entry to COVID-19 material, it must be made available in usable formats. For individuals with mobility, sensory and cognitive impairments, healthcare services must also be physically available. Furthermore, regardless of some financial obstacles, people with disabilities must not be discouraged from receiving the health care they need in times of emergency.

The Youth: Several governments have called on new individuals to join the initiative to preserve themselves and the society at large. Young people are also in a position to support those who are most disadvantaged and to help raise social awareness programs for public health among their communities.

Young people are overwhelmingly unemployed in terms of jobs and those who are working mostly work in the informal or gig economy, in insecure contracts, or in the service sectors of the economy, which are likely to be seriously affected by COVID-19.

With the closing of colleges and universities in many jurisdictions, more than one billion young people are now physically out of school. Although the efforts made by teachers, school administrations, local and national governments to deal with the extraordinary circumstances to the best of their capacity should be noted, the

disturbance in education and learning may have medium and long-term implications for the standard of education.

Many disadvantaged young people are in unstable conditions, such as refugees or homeless youths. If governments do not pay particular attention, they are the ones who can easily be ignored since they appear to be already in a position without even fulfilling their minimum criteria for health, education, employment and well-being.

The Families: An international research study led by Dr. Anis Ben Brik, distinguished and known expert in Social Policy and Sustainable Development, LSE alumnus, now an associate professor at the Hamad Bin Khalifa University College of Public Policy in Qatar, examines the impact of the coronavirus pandemic on family lifestyle.

6 The Indigenous Communities

At this time, aboriginal populations are especially vulnerable due to substantially higher rates of communicable and non-communicable diseases, lack of access to basic services, lack of culturally sufficient health care, and, if any, local medical facilities that are under-equipped and under-staffed. The first point of prevention is the distribution of knowledge in indigenous languages, thus ensuring that programs and facilities are, and are all, adequate for the unique situation of indigenous peoples.

Furthermore, a large number of ethnic individuals outside the social protection system contribute to vulnerability, particularly if they rely on income from the wider economy: manufacturing, tourism, handicrafts and urban jobs. In this respect, policymakers should ensure that aboriginal communities and other susceptible clusters are included in temporary financial support initiatives. Indigenous groups are still struggling to find their explanations for this pandemic. In their cultures, they take initiative and use common knowledge and procedures, as well as preventative steps.

7 Developmental Sport and Stability

A significant contributor to profitable and social development is a sport. Governments are well aware of its position, comprising in the Political Declaration of the 2030 Agenda, which focuses on “the contribution that sports make to empowering women and young people, individuals and communities, as well as to the objectives of health, education, and social inclusion.” The COVID-19 epidemic has blowout to almost all countries in the world since its inception. Social and physical steps of distance, business lockdowns, schools, and general social life, which have turn out to be familiar to minimize the spread of the disease, have also disrupted many daily aspects of life, as well as to backing physical activity during the epidemic and beyond. A leader of sustainable development, the UN Department of Economic and Social Affairs (UN DESA) is home to the Sustainable Development Goals (SDGs), where

each goal finds its place and where all stakeholders will do their part to leave no one behind. Through the Inclusive Social Development Division (DISD), UN DESA tracks national and worldwide socio-economic developments, recognizes emerging problems and assesses their impacts on national and international social policy. To this end, we are a prominent systematic voice for social inclusion promotion, inequality reduction and poverty eradication.

The epidemic of COVID-19 touches all divisions of the population and is especially harmful to associates of those social groups in the most disadvantaged circumstances and continues to affect communities, including those living in situations of poverty, the elderly, people with disabilities, young people and indigenous people. Early research suggests that poor people are largely responsible for the health and economic consequences of the virus. For instance, homeless people are highly uncovered to the risk of the virus because they may not be able to safely shelter on site. The epidemic and its repercussion were also disproportionately impacted by people without the right of entry to running water, refugees, migrants, or displaced persons, whether due to restricted travel, fewer job prospects, increased xenophobia, etc.

If the social crisis created by the COVID-19 pandemic is not adequately addressed by policy, inequality, exclusion, discrimination and global unemployment will also increase over the medium and long term. When developed, robust, worldwide social fortification programs play a very long-lasting role in protecting workers and reducing the prevalence of poverty by serving as automatic stabilizers. That is, at all times, they provide basic income stability, thereby improving the ability of people to manage and resolve shocks.

As the Secretary-General of the United Nations stressed, during the launch of the Global Humanitarian Response Plan COVID-19 on March 23, 2020, "We need to come to the aid of the ultra-vulnerable, millions upon millions of individuals who are least able to protect themselves." This is an issue of universal human unity. It is also important for the fight against the virus. Now is the time for the insecure to step up.

With the outbreak of the pandemic in Africa, very strict steps have been taken by governments across the continent to curb its spread. These steps included the banning of all public meetings, the permanent closing of public institutions, including schools and colleges, the suspension of all air transport, the shutdown of cities and towns across countries, the restriction of population movement, and the introduction of test programs to recognize, isolate and treat infected persons. These initiatives have had an immense immediate impact on the continent's economies, the worst since the global financial crisis of 2008.

As gains in the tourism, aviation, and extractive sectors, among others, are completely wiped out, economic growth is projected to decline significantly in the near to long term. Perhaps, more heartbreaking is the human toll across the continent.

8 The Effect on the Economy

The Reserve Bank of India (RBI) forecast real gross domestic product (GDP) growth in 2019–20 at 6.2% [2]. However, the International Monetary Fund reduced India's growth forecast by 1.3 percentage points to 4.8% for 2019–2020 and suggested that India's growth had slowed sharply [1]. It is therefore self-evident that an economy already plagued by slow growth in the preceding fiscal year will be seriously affected by the lockout as a result of the pandemic. The market ratings of small and medium Enterprises estimate that during the lockdown, the national lockdown is expected to incur losses of over $4.5 billion (about 35,000 crores) every day [3]. The healthcare industry, the country's fourth-largest employer, and especially the private sector, which provides almost 80% of outpatient treatment and about 60% of inpatient care, is currently facing 90% losses due to reductions in outpatient care, elective surgery and foreign patients.

The economic downturn has dramatically impacted individuals from the lower socio-economic stratum during the current pandemic (SES). During the lockdown, the distressing media images of migrant laborers moving to their native places from the cities on foot were urgently discussed. Another way of reducing poverty, economic growth and rising GDP is the remittance of cash to the home country, which many migrant Indian workers popularly do. In 2019, approximately $139 billion (approximately 1,042,500 crores) was sent from countries of employment (e.g. Gulf countries) to low and middle-income (LMICs) countries of South Asia.

An important effect on these remittance flows was the disturbance caused by COVID-19. Importantly, remittances in India are expected to fall by approximately 23% in 2020 (Fig. 1), to $64 billion (about 480,000 crores) in striking contrast to a 5.5% raise and $83 billion (about 620,000 crores) receipts seen in 2019 [4]. The World Economic Forum states that migrants trapped abroad trying to cope with the requirements would compromise the adverse circumstances in the current pandemic

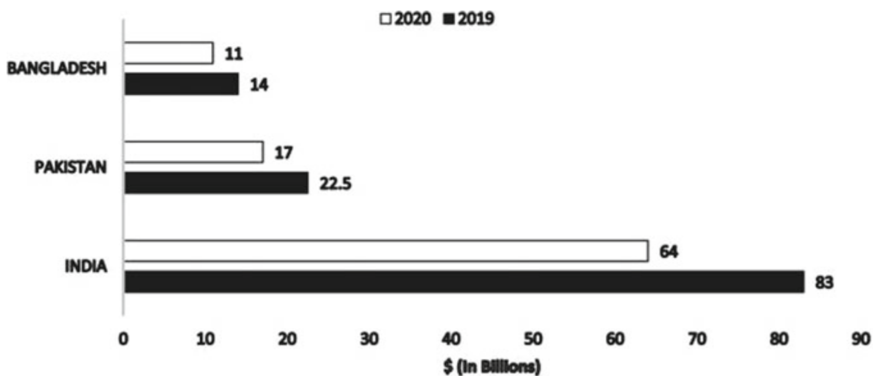

Fig. 1 Fall in remittance flows to three countries of South-East Asia (in USD$) from 2019 to 2020. Adapted from Ref. [5]

situation by taking up low-wage jobs, living in bad working conditions, restricting spending and thereby risking exposure to infections such as coronavirus.

The situation for internal (intra- and inter-state) migrant workers in India is equally bleak. In the informal sector, these jobs total a whopping 139 million and constitute about 93% of the workforce [6]. Approximately, 50% of migrant workers reported getting rations when interviewed for less than a day [7]. Also, the report by the Stranded Workers Action Network found that during the first 21 days of lockout, 89% of stranded workers had not been paid salaries by their employers and that 74% had less than half of their daily wages to survive on [8].

The economic effect of this pandemic is likely to be more serious for India as follows: (a) rising poverty, i.e., driving more citizens below the poverty line [5]; (b) worsening socio-economic inequalities [7, 9], thereby affecting indices of health and nutrition; and (c) compromise on precautions relevant to health (use of masks, social distancing, seeking medical advice in case of cough and fever, etc.). Many of these will have significant long-term health predictor associations.

9 Challenges in Socio-Culture

India's social structure thrives on the interdependence between families, relatives, and acquaintances, both emotional and economic [10]. As dictated during this pandemic, near physical encounters such as living in crowded housing and other locations, pushing and jostling are highly prevalent and are a deterrent to "social distancing." Crowding was found in religious areas, during travel (e.g., "herds" of migrants on buses) [11], or even when buying liquor at the shops amid the lockdown. Though "vertical distance" is the cause of inequalities in India, these inequalities have been further exacerbated by the "horizontal distance" put in place in the wake of COVID-19.

The lack of adequate provision of safety nets (e.g., food safety) for those hit hardest by lockdown is the more worrying aspect [9]. The government structures remain vastly inadequate due to the enormous scale of the problem. As a consequence of the lockout, the risk of malnutrition among the low SES is growing. Under the Pradhan Mantri Garib Kalyan Anna Yojna (PMGKAY) initiative of the Government of India in its fight against COVID-19, the Food Corporation of India recently allocated 12.96 lakh metric tons of food grains [12]. The efficacy of this method and the adequacy of the distribution of food remains to be seen.

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Owing to inadequate physical activity, greater than before snacking and intake of calorie-dense foods, the lockdown may also be a source of weight increase during the COVID-19 pandemic. In an observational study conducted by our group, carbohydrate intake and frequency of snacking increased by 21% and 23%, respectively, exercise period was decreased in 42% patients and weight gain occurred in 19% of patients with type 2 diabetes. Weight gain and obesity may increase COVID-19 severity (30) and may increase the risk of future increase of diabetes and cardiovascular disease.

Other diseases, the controller of some of which until now had shown a promising trend, could also increase. Human immunodeficiency virus (HIV) infection, TB, and malaria-related deaths over 5 years, for example, could increase by up to 10%, 20% and 36%, respectively, compared to a COVID-19 pandemic-free scenario [13]. There are several explanations for this: interruption of antiretroviral therapy (ART), reduction of timely diagnosis and treatment of TB and decreased prevention activities, including interruption of planned net malaria campaigns.

The economic slowdown might aggravate malnutrition, as briefly mentioned earlier. The loss of daily wage earnings or unemployment will make it difficult for individuals belonging to low SES to purchase even basic food products. The inadvertent result of this will be the deleterious impact on the most vulnerable population, namely children and pregnant women, thereby negating previous advances in the national programs related to maternal and child health and nutrition. Roberton et al. modeled three scenarios in which it is estimated that the coverage of critical maternal (e.g., prenatal care, maternity care) and infant (early childhood vaccination) health interventions would decrease by 9.8–51.9%, and the prevalence of waste increase by 10% over 6 months would result in the substantial additional child and maternal deaths, 253,500 and 12,200, respectively.

Increased chronic stress, anxiety, depression, alcohol dependency, self-harm and increased physical abuse (domestic violence) have been documented as a result of the lockout. Increased chronic stress, anxiety, depression, alcohol dependence, self-harm and increased physical abuse (domestic violence) have been reported. The authors emphasized that even in the least extreme scenario (coverage reductions of 9–8–18–5% and wasting).

Overall, there are real prospects in India to reverse the success of the National Programs and to worsen the health indexes. COVID-19 has caused great social and economic instability on a wide scale. The pandemic's regressive effect will create adverse conditions of discontent that can lead to social instability if not handled preemptively, or at least as a reaction to the emerging situation. The twin challenges of coping with social unrest triggered by the movement of urban migrant workers and the danger emerging from misinformation are illustrated in this issue brief. It ends by proposing, as part of the continuing national initiative to tackle the pandemic, some steps to resolve these threats more effectively.

10 Urban Migrant Workers Plight

The urban areas of India present a contrarian economic fact. While a large number of cities are consistently ranked high on the per capita scale, these figures can be mistaken for uniformly high levels of wealth. Instead, ultra-rich people's very high-income levels blur the reality of low-income groups, and worse, urban weak people's poor expectations of public services are exacerbated by an inadequate source of income, even if it is slightly higher. These employees are motivated to live in challenging circumstances by attracting higher incomes [1]. However, this becomes unsustainable when the source of income is severed, as seen recently in reaction to preventive steps taken to combat the COVID-19 pandemic.

In 2016, a study on the condition of urban migrants in Bengaluru suggested that there were more than 120,000 migrants in that city alone, employed at a monthly salary of Rs. 10–12,000. They reside on construction sites and work in unhygienic, temporary, improvised shelters without employee benefits. The 2001 Census found that there were 370 million migrants employed away from their place of birth [14]. Since then, this figure is likely to have risen. A significant number of these individuals live in urban areas, which raises a peculiar collection of pandemic challenges. This entails factors such as dependency on daily salaries or low-skilled workers in factories and corporations. This means that any significant effect on the social and economic stability of a region will weaken the earning potential of these individuals. There is a section of migrant ad hoc workers in addition to this segment, which constitutes a significant part of the urban poor in towns. They have no choice but to remain in these urban areas as permanent residents.

During periods of coercion, their economic status is close to that of migrant workers, except that they have places of residence, mostly in slums within the cities. While this does not cause them to travel, but the loss of jobs causes severe financial stress. As part of a United Nations press conference, Francesco Rocca, President of the International Federation of Red Cross and Red Crescent (IFRC) societies, pointed out that a large number of disadvantaged individuals living in cities are a "social bomb that can explode at any moment." With the implementation of a precautionary lockout, which was probably the best option under the circumstances, most companies stopped their activities.

Most companies have stopped their operations, factories have come to a halt, and practices such as construction and tilling of farms have stopped with the imposition of a precautionary lockdown, which was probably the best option under the circumstances. While the income of a small segment of workers employed in the government and residential sectors has been assured, those in the unorganized sector do not have the same protection. This led some of them, despite intercity public transport not being available, to try to move en masse to their villages. As a result, questions were raised about the sustenance and potential transmission of the virus during the transit stage.

The change also put a serious physical strain, especially on women and kids. At the same time, these events often pose security-related concerns. The enormous psychological, economic and social strain, limited job opportunities and limited access to food and health facilities could rapidly lead to a worsening of social harmony, particularly if the number of people affected by the epidemic is anywhere close to the higher projected levels. An estimate by an interdisciplinary team of scientists showed the probability of reported cases of between 100,000 and 13 lakh by mid-May [4]. The study noted that these figures could decrease based on stricter steps taken by India.

11 Dissemination of Misinformation

Crises such as pandemics and natural calamities have consistently addressed the problem of knowledge disruption [6]. This can be triggered by factors as diverse as insufficient information flow, disinformation and misinformation. The problem has been significantly improved by the impact of social media. The Ukrainian town of Novi Sanzhary, which has a small population of only 8300, encountered fear and panic in a recent incident after residents received misinformation about widespread deaths caused by a coronavirus. This led to the arrest of 24 people for rioting [8]. This incident was likely a product of social media disinformation and a fake news campaign.

Closer to home, the National Capital Area (NCR) encountered a similar condition in the full glare of television screens. WhatsApp news mainly indicated that the relaxation of the lockdown for a day was done to encourage people to leave the city to their hometowns and villages, along with the understanding that the closure would last as long as three months. Inputs from social media also suggested that the supply of electricity was likely to be cut and rations would soon be exhausted [5]. Such misinformation caused a large number of migrants employed in NCR to panic and leave for their villages, hundreds of kilometers away, despite the lack of transport.

Despite the regular distribution of guidance from both state and central governments, it is clear that there were communication gaps at the level of the grassroots [9]. Citizens either did not receive the information or the information was given by the official agencies was ignored in favor of false information obtained via social media. Therefore, legitimate people's problems may become exacerbated by miscommunication or misinformation via social media. There is also a risk of spreading exaggerated descriptions, which with each point of transmission can be further intensified. The outcome can lead to civil instability and even serious internal security confrontations.

12 The Way Forward

Any plan designed to ensure social stability will require an efficient mechanism for disseminating knowledge. Information openness and its successful distribution remain the first and perhaps most critical aspect. In this regard, the government has remained cautious, following the policy of regular briefings to encourage the media to disseminate information. Aarogya Setu App, the My Gov Corona Newsdesk, frequent interactions between the prime minister, chief ministers and government spokespersons have helped to disseminate information at regular intervals.

Moreover, tracking social media, preventing the spread of rumors and disinformation would also be useful. To counteract the misinformation campaign, closer contact with social media companies may also be an important weapon. To include government handles and websites, it is necessary to regularly disseminate trusted sources of data. During regular briefings of spokespersons, these sources of information may also be promoted and information is given.

At the organizational end of the government's response, parts of the government such as the police and local agencies are under intense pressure. Contrasting steps to ensure the enforcement of laws and directions have been implemented. These ranged from the use of harsh punishments to creative police-accepted means. Not only did the above alternative have a salutary impact within the limited reach of a case, but it also gained the police respect and appreciation for its circulation via social media. When rumors always spread faster than reality, the task of disseminating such incidents is an effective instrument in the hands of the government to improve the confidence of the people in the efforts of their representatives and officials.

13 Social Unrest Management

The migrant movement is a significant concern about the unregulated spread of COVID-19. At the same time, it has been recognized that the potential for disharmony remains a possible problem unless the immediate and mid-term concerns of individuals who do not have convenient access to medical, financial and social security needs are addressed. The solution may lie in providing help at the grassroots level, as the government has envisaged. The central and state governments in India have already introduced a large number of initiatives.

These include allocating additional financial expenditure to the announced support initiatives, increasing the direct transfer of financial support and rationing to the vulnerable and strengthening the infrastructure and capability of medical support across all government agencies, including the armed forces, police organizations and the railways. At the same time, it is also possible to explore the possibility of controlled movement of individuals, thus maintaining safety measures during intercity transfers. This will ensure that pressure cooker conditions have a safety valve as a result of protracted closures.

This is where the Indian Army's experience can be brought into force. There are two main events coordinated by the army. Next, marches for recruitment involving thousands of volunteers. And second, the movement of convoys through the country's length and breadth. It is possible to organize a combination of these elements with additional medical checks before assembly, protection of social distance in assembly areas and movement in an organized manner. By special trains, a similar exercise may be attempted, once again a practice perfected by the army over the decades.

Before allowing people into their villages, it is recommended that interim quarantine facilities be built. It would guarantee that the infection will not spread to a wider section of society. For health and hygiene practices, however, this will need to be controlled. In this respect, the world-class camping facility built for the Kumbh Mela by the Uttar Pradesh Government indicates a rich experience that can be replicated.

Given the size of the COVID-19 challenge, it is important to envisage the graduate jobs of uniformed forces to assist civil authorities. Although their medical capability and assistance are already being used, any additional involvement must remain available at the same time in terms of both men and material. However, this must be achieved by ensuring that safety equipment is used scrupulously and that protocols are followed to ensure that the risk of transmitting the virus among support staff employed close to the infected individuals is minimized. It should also be kept in mind that security forces that are prepared to support Humanitarian Assistance and Disaster Relief (HADR) may need more time to plan for contingencies such as the establishment of makeshift hospitals, optimal levels of protective equipment and the assignment of training in various geographical areas for potential support roles.

While the COVID-19 spread is global, the subject of response has remained largely domestic and local. There is no question that the pace of the spread of the disease and the subsequent social and economic disruptions have shown that attempts to curb biological weapons need to be improved further. There could be a variety of incidents of civil unrest coming from all over the world. Sharing and evaluating their causes to encourage better handling of problems will also be useful. It is important to exchange experiences and best practices to reinforce the collective fight against the current challenge presented by COVID-19.

14 Completion

The COVID-19 pandemic has necessitated holistic attention to the underserved and vulnerable communities to avoid long-lasting adverse health consequences. Economic stressors on the population as a whole will require mitigation, and rapid policy changes will help. Finally, communicable National Health Services and NCDs need to be revitalized and improved. The COVID-19 pandemic brought one of the most severe humanitarian problems the world has experienced in its aftermath. As a consequence, there are likely to be far-reaching implications of social and economic upheaval. From the viewpoint of disruption caused in the lives of urban migrant workers, this brief evaluates the same thing. At a time when social media has become

one of the most common sources of information, this is also exacerbated by misinformation. This can lead to instability, undermining the ongoing attempts to minimize the pandemic's adverse effects. Furthermore, the brief recommends steps to strengthen migrant movement management and the chain of information dissemination.

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