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The COVID-19, Migration and Livelihood in India

By

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A Background Paper for Policy Makers



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बेहतर भविष्य के लिए क्षमता निर्माण
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The COVID-19, Migration and Livelihood in India

Introduction:

The epidemics of the past was hardly concerned with migration and livelihood during the colonial India, although major Indian cities like Kolkata (Calcutta), Mumbai (Bombay), Chennai (Madras) and many other urban places hugely suffered from influenza, smallpox, plague, malaria and cholera (Davis, 1951; Banthia and Dyson, 1999; Hill, 2011). Mumbai experienced a deadly plague in 1896 and also an influenza in 1918. Hill observed that epidemic of influenza arrived in Mumbai in September 1918 which swept through north and east India. He found that excess mortality due to influenza was negatively related with out-migration at district level analysis, but offered no explanation (Hill, 2011). Compared to epidemics, famine was seen not only causing mortality but also migration in the past (Maharatna, 2014). In 1994, a major epidemic of plague broke out in western India with epicentre in Surat. There was a huge exodus of migrant population from the industrial city of Surat.

When migrants flee from the city they not only lose their livelihood but they may carry the infections to their native places (BBC, 2020). In the period of epidemic of HIV/AIDs which broke during 1980s in various parts of the world, migrants were greatly stigmatized as a carrier of the disease and considered to be a population at risk. This has obliterated the great contribution of migrants in economic growth, innovation, skill development and entrepreneurship in building cities and the nation. On the other hand, policies and programmes of urban development and planning in India hardly launched any specific programmes for the migrants as they were not considered as a part of the urban community. Failure to recognize migrants as a stake holder in urban development is one of the biggest mistakes in achieving urban sustainability and realizing the goals of sustainable development in India. It is to be realized that migrants are not a victimizer, nor a victim, but they are vulnerable. They are engaged in many 3D jobs (dirty, dangerous and demeaning) which the so-called urban natives hate to do. Access to social security programmes, access to health care and other entitlements are grossly denied to many migrant workers due to lack of their inclusion in urban society. Many of them also lose their political rights as being away at the time of election from their home constituency and are not able to vote.

Migrants suffer from the double burden of being poor and migrants. Many programmes meant for the poor do not reach them due to lack of identity and residential proofs. The lack of fulfilment of the economic, social and political rights of migrants is a serious issue even though they are formal citizens, their substantive citizenship rights are not fulfilled. The Working Group on Migration (2017) set up by the Ministry of Urban Housing and Poverty alleviation has examined the plight of the migrant workers in the country and submitted its report to Central Government in 2017. However, action on the report is still awaited. In the meantime, sudden eruption of migration crisis resulting from the out-break of COVID-19 again reminds us the urgency of the matter. This policy paper presents how our understanding of migration and livelihood could be helpful in designing a mitigating strategy of economic and social impact of COVID-19.

Impact of COVID-19 on Migrant Workers:

The spread of Corona virus from the epicentre of Wuhan in China to worldwide is attributed to migration and mobility of people. On the other hand, the medical professionals largely believe that the control of this infectious disease is possible through immobility and confinement like lockdown and social distancing. In a globalised world, the lockdown is likely to bring unprecedented breakdown of our economic and social system. Migrants are most vulnerable to urban disasters and epidemics. The first case of COVID-19 surfaced in India on January 30, 2020, and following the out-break the lock down in the entire country was announced on 24th March for a period of 21days. Borders were sealed, transportation got stopped, factories, shops, restaurants and all type of the economic activities were shut, barring only the essential services. This proved to be a nightmare for hundreds of thousands of migrant workers, who lost their livelihoods overnight and became homeless. The immediate challenges faced by these migrant workers were related to food, shelter, loss of wages, fear of getting infected and anxiety. As a result, thousands of them started fleeing from various cities to their native places. Many migrants lost their lives either due to hardship on the way, hunger, accident or comorbidity and some even committed suicide. A telephonic survey of more than 3000 migrants from north central India by Jan Sahas (2020) shows that majority of the workers were the daily wage earners and at the time of lockdown, 42% were left with no ration, one third was stuck at destinations city with no access to food, water and money, 94% don't have worker's identity card (Jan Sahas, 2020). Sudden lockdown also

stranded many migrants in different cities of the country. Those who were travelling were stuck up at stations or state or district borders. Many were forced to walk hundreds of miles on foot to reach their home villages finding no public transport. Those who reached their native villages, were seen as potential carriers of the infection and were ill-treated by the police and locals. In one of the instances a group of returnees were sprayed with chemicals to disinfect them for which the local administration apologized (India Today, 2020). This is one of the biggest streams of mass return migration in the country. The very effort to stave off the pandemic turned into one of greatest human tragedy in India's recent history.

Migration and Livelihood:

Migration is a livelihood strategy adopted by millions of people in India. Most of the migration for work and employment is directed towards the urban centres. About half of the urban population are migrants and one fifth of them are inter-state migrants (See Fig 1). Rural to urban migrants are mainly concentrated in 53 million plus urban agglomerations (with one million and more) that comprises 140 million out of 377 million urban population of the country equivalent to 43 percent of total urban population as per 2011 Census. Out of 53 million plus cities, eight of them are mega-cities with a population of 5 million and more (see Table 1).

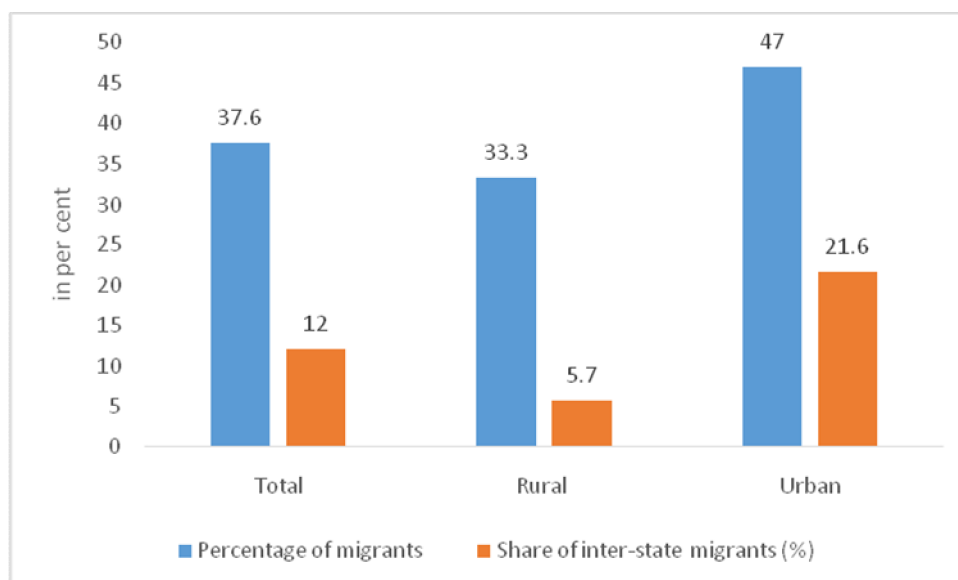


Figure 1: Migration Intensity and Share of Inter-State Migrants in Rural and Urban Areas, India, 2011

Source: D2 Migration Table, Census of India 2011

Table 1: Migration Intensity, Share of Inter-State Migrants and Covid-19 Cases in Mega Cities, India, 2011

Urban Agglomeration (UA)	Percentage of migrants to total population	% Share of inter-state migrants to total migrants	Number of COVID cases in the respective districts as on 13th April 2020 (Total Cases by district 6761)
Delhi	43.1	87.8	898
Greater Mumbai	54.9	46.0	880
Kolkata	40.8	18.2	29
Chennai	51.0	11.8	149
BruhatBanglore	52.3	35.1	71
Hyderabad	64.3	7.1	236
Ahmedabad	48.7	24.1	134
Pune	64.8	22.3	190
Urban India	47.0	21.6	Share of Covid 19 cases in these metro cities to total cases is 38 %

Source: Census of India 2011, D3 (Appendix) Migration Table, <https://www.mohfw.gov.in/pdf/DistrictWiseList354.pdf> accessed on 13th April, 2020)

As on 13th April 2020, the respective districts of eight mega cities reported about two-fifth of corona virus positive cases (<https://www.mohfw.gov.in/pdf/DistrictWiseList354.pdf>). The incidence of COVID 19 shows that these metropolitan areas are the centres from where the disease has been spreading to the near as well as far off places. Migrant workers constitute backbone of Indian economy. Out of 482 million workers in India about 194millions are permanent and semi-permanent migrant workers (Fig 2). In addition, there are about 15 million short-term migrant workers of temporary and circulatory nature (Keshri and Bhagat, 2012). The COVID 19 has affected the most the latter following the all India lock down. In general, in-migration rates were higher in high-income states such as Delhi, Goa, Haryana, Punjab, Maharashtra, Gujarat and Karnataka, whereas low-income states such as Bihar, Uttar Pradesh, Jharkhand, Rajasthan and Odisha reported relatively higher rates of out-migration (Fig 3). There are conspicuous migration corridors within the country ó Bihar to Delhi, Bihar to Haryana and Punjab, Uttar Pradesh to Maharashtra, Odisha to Gujarat, Odisha to Andhra Pradesh and Rajasthan to Gujarat (Fig 4).

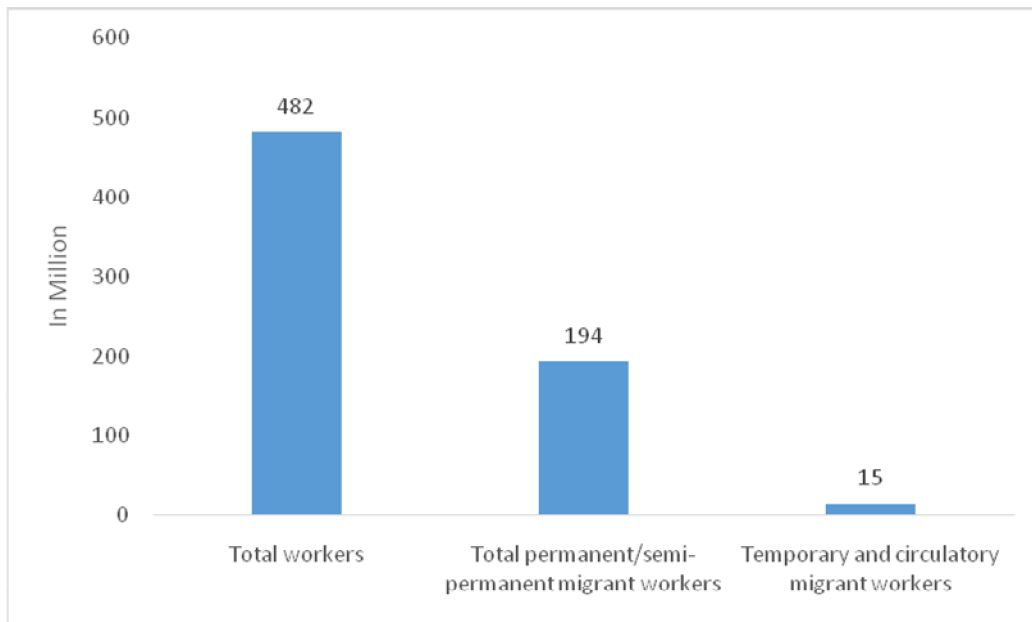


Fig 2: Stock of Migrant Workers (in million), India, 2011

Note: Total workers and total permanent/semi-permanent migrant workers are based on B1 Economic Table and D6 Migration Table of Census of India 2011. It includes both main and marginal workers. Temporary and circulatory migration is the short-term migration based on NSS 64th Round. Based on the rate of NSS 64th Round for the year 2007-08 it is projected for the census year 2011 (see also Keshri and Bhagat 2012).

When workers do not get any option for livelihood and employment and there is expectation in higher economic improvement in the place of origin, labour migration takes place (Lall, Selod and Shalizi, 2006). In many cases, they work and stay in urban area for a long time while in other cases, short term or temporary migration become a livelihood strategies of the rural poor. The National Commission for Enterprises in the Unorganised Sector (NCEUS) reports around 92 percent of India's workforce with informal employment are substantially drawn from migrant labour (NCEUS, 2007). About 30 percent of migrant workers are working as casual workers, are therefore quite vulnerable to the vagaries of the labour market and lack social protection. Only 35 percent of migrant workers are employed as regular/salaried workers (NSSO, 2010).

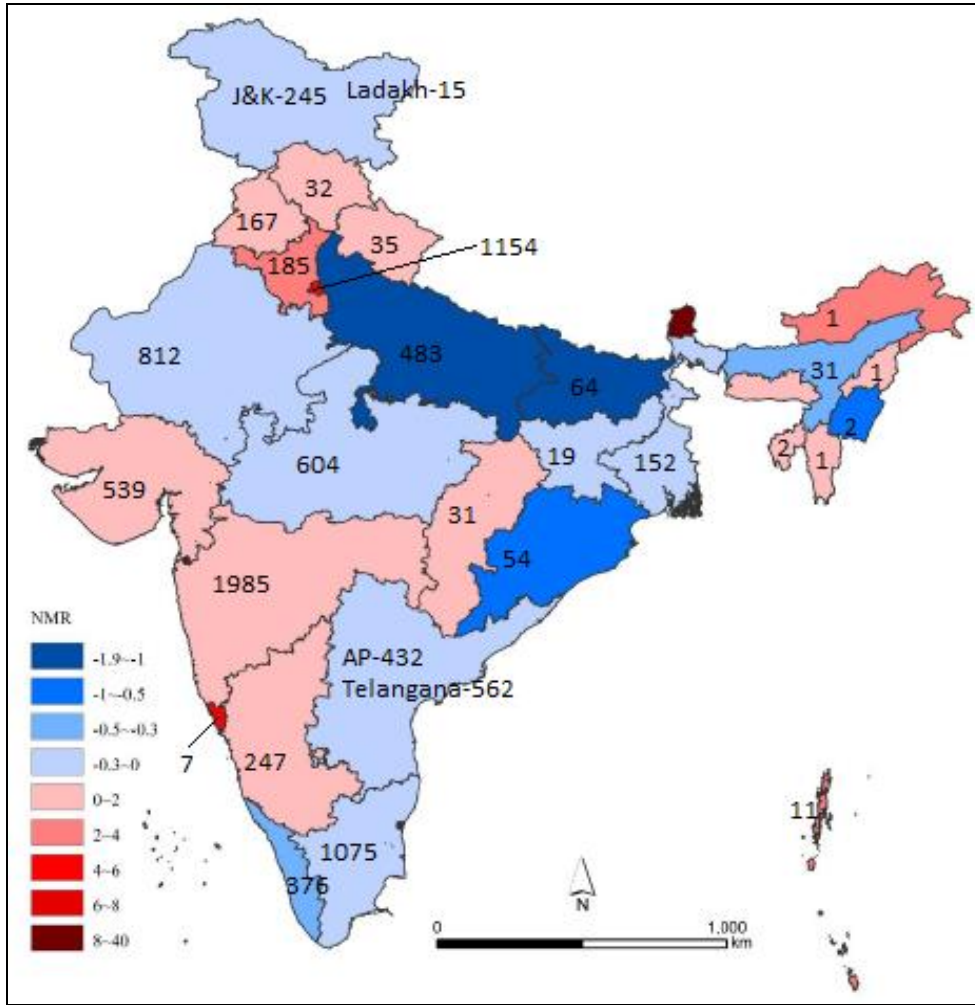


Figure 3: Net Migration Rates by State, five years to 2011 and Number of COVID Cases as on 13th April, 2020

Note: Map of India as per 2011 Census.
 Source: Bhagat and Keshri (2020); <https://www.mohfw.gov.in> (COVID-19 State wise Status).

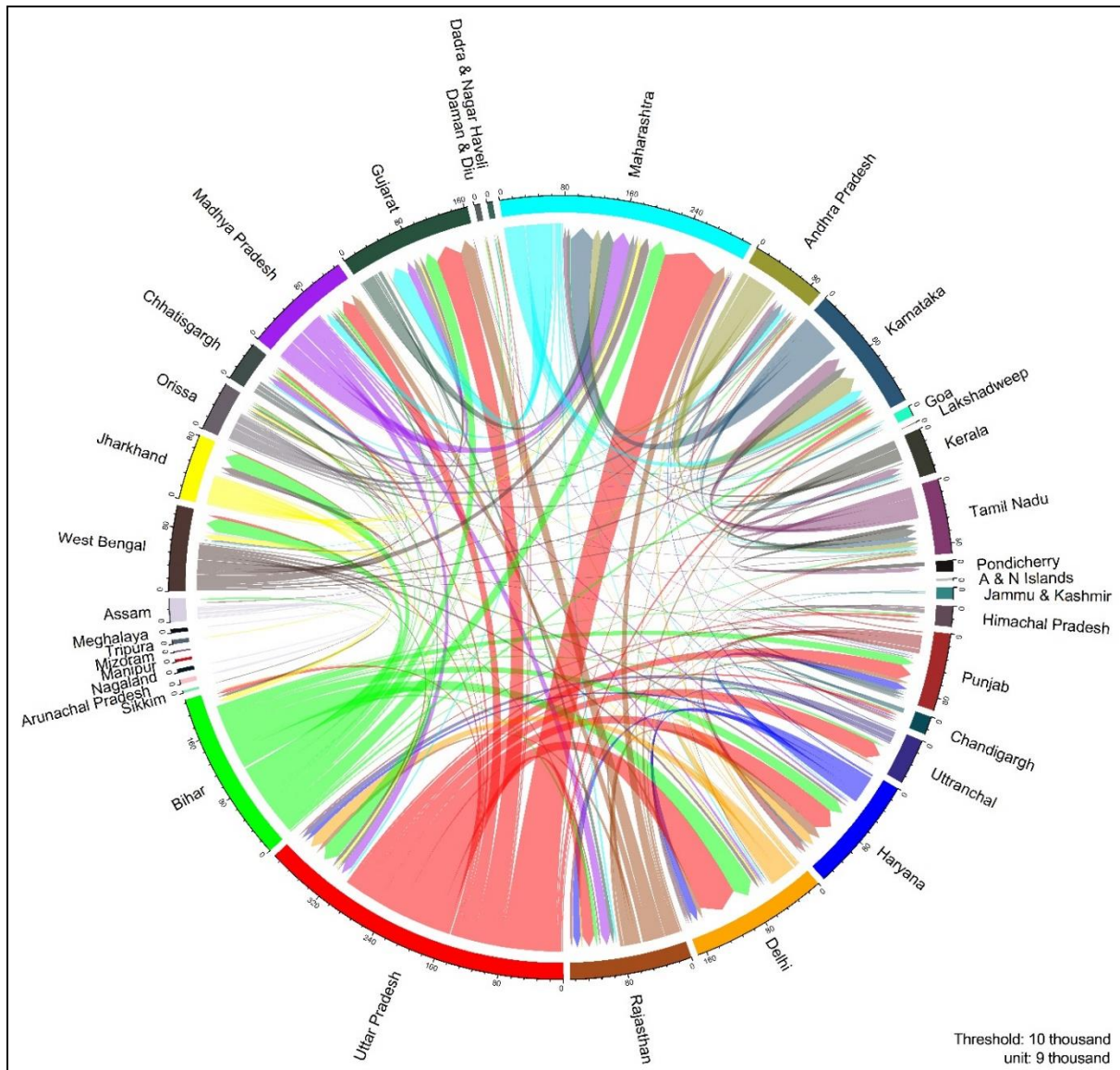


Figure 4: Bilateral flows between States and Union Territories, five-year interval, 2011 Census

Source: Bhagat and Keshri (2020)

Corona virus outbreak can lead to a loss of livelihood for those who either work on short-term contracts or those who are without any job contracts. This includes several jobs in different industries. For example, in tourism industry, guide, employees of parking contractors, cleaners, waiters in restaurants, suppliers of vegetables and flowers to the hotels and so on. A similar scenario would likely to prevail in other industries (like manufacturing and non-manufacturing) mainly because of the falling demand. Manufacturing industries such as cement, plastics, rubber, food products and textiles would reduce substantial jobs. Transportation sector is also badly affected. This will lead to the cut down of job market (especially those who are employed) and also make hardship for job creation. Besides, this will also have an effect on pay-cuts and late increments. India is likely to face the job crisis because of the COVID 19. Migrant workers and workers in informal sector are likely to be badly hit (ILO 2020).

The most vulnerable section would be those migrant workers who are employed in informal sector, those who do not have either security of employment or any social protection. Inurban areas, average wage earnings per day by casual labour engaged in works other than public works ranged between Rs. 314 to Rs. 335 among males and nearly Rs. 186 to Rs. 201 among females during 2017-18 (Ministry of Statistics and Programme Implementation, 2019). A large number of migrant workers and workers in informal sector just have been surviving on subsistence wages. The Corona virus outbreak and subsequent lockdown is going to affect them badly leading to their further impoverishment due to loss of livelihood. It may also affect hugely their food and nutritional intake, access to health care and education of children.

Immigrants and Refugees:

In the wake of the out-break of COVID-19, immigrants and refugees who are not the citizens faced unprecedented hardship in several parts of the world. The COVID-19 could be devastating for immigrants and refugees in both developed as well as developing countries. In less developed countries, having inadequate sanitation and infrastructural facilities can cause huge strains on public health systems which can impact hundreds of millions of people especially immigrants, refugees, internal migrants and displaced populations. On the other hand, the official data on refugee and asylum seekers in India are small i.e, 2, 07,808 as per

UNHCR (http://popstats.unhcr.org/en/persons_of_concern). Luckily, India has a small immigrant population i.e., about 6 million as per 2011 Census.

Immigrants and refugee population are often left out of epidemic preparedness planning and reaching out these marginalized population is a challenge. In some of the middle-east countries such as Iraq, Lebanon, Syria, where public health system is very weak due to the continuous war and political neglect, it is difficult to control the spread of Corona virus. This is because of the large number of refugees and displaced persons having dismal conditions such as no fixed place to live, authorities might not know how to contact them or have the capacity to coordinate a response. Sometimes, there is strong anti-refugee sentiment among national authorities. There is also scarce culturally and linguistically accessible information about COVID-19 and how to protect oneself and others, which further increases the risks to refugees and migrants as well as host populations (WHO, 2020).

In United States of America and European countries, many of the migrant workers are subjected to adverse conditions with little to no safety equipment, no social distancing and no additional support or pay (Tharoor, 2020). Britain's National Health Service reported more than 13 percent of the workforce is a non-British nationality. The first four doctors in Britain to die of COVID-19, the disease caused by the Coronavirus, while treating patients, were all from an immigrant background (Tharoor, 2020). However, xenophobic rhetoric about how migrants and refugees are potential carriers of the deadly virus pose a health threat (Zargar, 2020). On the United States-Mexico border, there are growing fears over the devastating consequences of a potential outbreak of the virus in makeshift camps where thousands of migrants have been encamped for months, awaiting entry into the US.

With regard to South Asian Countries, the government of Thailand temporarily banned cross-border travel between Thailand and neighbouring countries. The Myanmar and Cambodian embassies in Thailand are urging migrant workers to not return home in order to avoid spreading the virus. However, the efforts were failed due to the number of migrant workers trying to exit Thailand as they have the concern that staying back without work would lead to shortage of food (Rogovin, 2020). While some of the countries like Libya, it has been reported that Coronavirus outbreak could be 'catastrophic' for migrants. The International Organization for Migration (IOM) ó a UN Agency, has warned that an outbreak of the coronavirus in Libya could be "truly catastrophic" for the internally displaced people (IDP)

and close to 700,000 refugees and migrants in the war-torn country (Ghani, 2020). With the limited financial resources, overcrowded and unsanitary conditions in detention centres, non-accessibility of information about the virus and how to protect it and limited access to healthcare services gives an additional challenge during the outbreak of COVID-19.

Various countries and organizations have responded on the impact of COVID-19 on migrants and the ways to provide support to migrants. For instance, Portugal has temporarily given all migrants and asylum seekers full citizenship rights, granting them full access to the country's healthcare as the outbreak of the novel coronavirus escalates in the country (The Week 2020). The Govt. of Malaysia has advised the illegal migrants or foreigners without travelling documents, including the Rohingyas to come forward for COVID-19 screening test (Daud, 2020). Migrants in Thailand are entitled to COVID-19 screening and treatment regardless of legal status, with documented workers covered by the Migrant Health Insurance Scheme or the Social Security Fund. Those who are registered under the Social Security Fund are also entitled to benefits for loss of income due to the government order to suspend employment in certain sectors.

Emigrants and Return Emigrants:

India is a leading country of origin of international migrants with about 17 million emigrants according to the latest estimates released by the United Nations (2019). India also continues to be the top remittance (USD 78.6 billion) recipient country as well (World Migration Report 2020). Every year a large number of people from India go abroad for overseas employment purposes. Some of the major destination countries of Indian emigrants are United States of America, Malaysia, Saudi Arabia, U.A.E, United Kingdom, South Africa, Canada, Singapore, Kuwait, Oman, Qatar, Thailand, and New Zealand. Although a number of skilled/semi-skilled workers, students and highly skilled professionals move to countries such as USA, UK, Canada, Australia etc., where labour and employment laws are well defined and emigrants' interests are well protected under the local law, a considerable proportion of the emigrants from India are less educated and less or semi-skilled workers migrating to Gulf countries. Kerala tops the emigration rate among major Indian states followed by Punjab, Tamil Nadu, and Andhra Pradesh (including Telangana) (Bhagat *et al*, 2013). These are the states badly hit by COVID-19. In some of the Gulf countries, many

Indian migrants are locked down in a crowded neighborhood, raising fears it will become a coronavirus hotbed while some other countries have asked the migrant workers to stay home, and stopped paying them. The lockdown imposed in many of the gulf countries have dramatically slowed their economies. This loss will not only affect the workers but also the respective state economies (The Indian Express, 2020).

COVID-19 has brought into sharp focus the international migrants from India and the major migration corridors India shares with the world. Many of the developed countries such as United States of America, Spain, Italy, United Kingdom, Germany have witnessed an exponential increase in the number of COVID 19 cases during the past few days. Govt of India has rescued many emigrants from these affected countries prior to the lockdown in India (First Post, 2020). Many are likely to return after the lockdown is lifted either due to jobless or to prevent such agonies to happen in future.

Response of the Central and State Governments:

The spread of the Coronavirus Disease 2019 (COVID-19), and subsequent nationwide lockdown to control its further outbreak brought turmoil in the lives of millions who are primarily involved in the informal sector. To mitigate the effect of the lockdown on the vulnerable groups, Government of India on 26 March 2020, announced a Rs. 1.70-lakh-crore package under the *Pradhan Mantri Gareeb Kalyan Yojana*. It has within its ambit health workers, farmers, MGNREGA workers, economically vulnerable categories, especially women, elderly, and unorganised-sector workers, Jan Dhan account holders and Ujjwala beneficiaries. The scheme entails an additional 5 kg of wheat or rice and one kg of preferred pulses every month to 80 crore beneficiaries for the next three months. Central Government also gave an order to the state governments to use Building and Construction Workers Welfare Fund of Rs.52000 crores to provide relief to Construction Workers through direct benefit transfer (DBT) (DHNS, 2020; Government of India, 2020a). The RBI also joined later with a sharp cut of interest rate along with a series of unconventional measures to lend to besieged businesses (BloombergQuint, 2020).

However, the fear of loss of livelihood sparked into the mass exodus of millions of these migrant labourers in some parts of country, who started on a long barefoot journey with

their families, in the absence of the transportation facilities, to their native places (Bindra and Sharma, 2020). Looking at the gravity of the situation, many states, i.e. Delhi, Uttar Pradesh, Rajasthan, Bihar, and Karnataka arranged special busses to drop these workers and their families to either state borders or to their districts (Bhora, 2020; NDTV, 2020; Press Trust of India, 2020a; Press Trust of India, 2020b). This massive migration led to the chaotic situation on national highways, bus stops and railway stations and raised misunderstandings between states. As this was the violation of and a threat to the benefits of lockdown and was risky for them and for people in the villages, Government of India gave a strict order to seal all inter-state and district borders on 29 of March 2020 and asked states to issue necessary orders to District authorities to ensure adequate arrangements of temporary shelters (especially near highways) with adequate amenities and basic requirements, provision of food, clothing and health measure for the poor and needy people including migrants labourer, stranded due to lockdown measures in their respective areas (Press Trust of India, 2020c; Government of India, 2020b).

Ministry of Home Affairs (MHA) also asked the landlords not to charge rent during this crisis and employers to make the payment of wages of their workers without deduction for the period of closure (Government of India, 2020b). MHA set-up a control room to monitor the situation 24X7 to ensure the access to essential commodities to anyone (Press trust of India, 2020d). States were allowed to utilise money in the State Disaster Relief Fund (SDRF) to provide food, accommodation and medical care to homeless, including migrant workers, stranded due to lockdown and sheltered in relief camps and other places (Joy and DHNS, 2020; Press Trust of India, 2020c). Till 31st March, 2020, 6.6 lakh migrant workers were accommodated in the 21,604 relief camps with provision of food, shelter and other basic necessities. Additionally, arrangements for food have been made for 23 lakh persons (Kulkarni, 2020). In another order, Ministry of Home Affairs issued an advisory for health actions at place of congregation of migrant workers (Government of India, 2020c), which included the three types of migrant workers and their health risk management:

1. Migrant workers who are still in the cities of local residence, if they are found to be forming any congregation in bus station/railway stations or any other place of the city, recording of details of such people and following them up for 14 days and risk screening by district health authorities.
2. Migrant workers who are on their way and are yet to reach their destination city/village, for them the quarantine centre were to be set-up with proper amenities

and basic requirement. Thermal screening will be carried out with appropriate actions for suspected or confirmed cases. They will be encouraged to be in contact with their families

3. Migrant workers who have reached their destination will be identified by the district administration and IDSP will follow them up at their residence.

Government of India also talked about the mental health of these migrant workers and issued guidelines. Government emphasised that immediate concerns faced by such migrant workers are primarily relate to food, shelter, healthcare, fear of getting infected or spreading the infection, loss of wages, concerns about the family, anxiety, fear and mental health. As an immediate response, measures to be taken to address these concerns and need for social distancing, adherence to protocols for management of COVID-19, putting up mechanisms to enable the migrant workers reach to the family members through telephone, video calls etc. and ensuring their physical safety (Government of India, 2020d). In a recent report, government has proposed to send trained counsellors and community group leaders belonging to all faiths to the relief camps and shelter homes to deal with any consternation that the migrants might be going through (Press Trust of India, 2020e) on the direction of Supreme Court.

Though the lack of proper guidelines to implement the strategies posed several challenges in front of state governments in form of lack of preparedness, however in line with orders given by central government, majority states have devised their own strategies and taken substantial measures to protect the lives and rights of migrants during this time. The states of Delhi, Bihar, Odisha, Kerala and Maharashtra provided temporary shelters to all the migrant workers. Many states like Delhi, Uttar Pradesh, Odisha, Kerala, Telangana, Karnataka are providing free food or ration bags to migrant workers, homeless and poor people along with the distribution of food grain kits. Many municipal corporations too have taken initiative to assist migrants and stranded people by starting community kitchen, health care to migrants, providing awareness to them and collecting funds to support the needy. For instance, in Kerala, as some of the migrants have issues in understanding the local language, police officers identified home guards who could speak Hindi, and they were given responsibility to create awareness among themigrantsregarding the disease, its prevention and also migrants were ensured that the government will provide all the support to them. In Kerala, apart from food and accommodation, entertainment facilities have also been provided in some of the

shelters/camps. Several states, including Uttar Pradesh and Bihar, have already announced major relief measures using DBT for expedient transmission. The states of Delhi, Uttar Pradesh, Telangana, and Karnataka have already transferred or in the process of transferring the funds in the accounts of vulnerable groups.

States have also initiated the involvement of Non-government Organisations (NGOs), Jail mates and volunteers to support them in this endeavour. NGOs have now started crowd-funding efforts to find a way out to help those in need and they are making substantial efforts to feed people, provide them meal kits, hygiene kits, family kits of essentials. Additionally, many high end restaurants and IT companies are also chipping in to meet the target of supply food. For instance, in Gurugram many five star restaurants are serving food to more than 75,000 people daily (Goel, 2020) and WIPRO is donating 40,000 food packets per day. New initiatives are also taken by NGOs, for instance, in Kerala, a mobile testing unit named *Bandhu* has been introduced by Centre for Migration and Inclusive Development with the help of government of Kerala for screening the migrants for COVID-19 and providing other medical services to the specific group. In the state, organisations have proposed to introduce geo-tracking system with the help of the police to ensure that only migrants get access to the food.

As mentioned earlier there are more than 200 million migrant workers in India, however there is no estimate of migrants stranded at different locations. The relief provided by the government and non government organization may bring some relief to the migrants, but looking into the huge migrant population, the amount of services provided proved highly inadequate.

Challenges and Future Strategy:

There is a huge uncertainty about how long this crisis will last and what damage it would do to the economy, livelihood of people and availability of basic healthcare services. Given its size and spread, management of migrants under lockdown represents a massive logistic challenge. Some of these challenges need to be addressed instantly and some are the long term:

1. The instant challenges are related to stranded migrants:
 - a. How to provide food and basic amenities at camps/shelters by maintaining better hygiene and sanitation to all of them (soap/ water/ toilet/ waste management)?
 - b. How to provide basic health care and preventive kits (like mask, sanitisers, and gloves etc.)?
 - c. How to quick appraise their conditions and do the screening of the possibly infected persons and quarantine them separately?
 - d. How to maintain the social distancing for the migrants to check the spread of infection?
 - e. How to provide counselling and psychological support to the migrants under the distress?
2. There is an urgent need for the development of authentic database for the stranded migrants at destination, in highway camps and return migrants in villages. Data on volume and characteristics of the migrants (in camps, home quarantine) is needed to transfer the benefits of social welfare schemes at present and for future management needs.
3. During and post-lockdown period, how to provide the basic income support to migrants and their left behind families who are not registered to the social schemes and depend on daily wages for survival?
4. With severe disruption, the question arises, whether reverse migrants will come back to work in towns or stay in their villages. If they don't return, how to deal with likely economic stress in destination areas. At present the villages of Punjab, Haryana and other states are facing difficulties of harvesting of wheat without migrants. In the origin villages, where resources are scarce and opportunities are limited, how state government should meet the expectations of the people.

Some of the long-term strategies are suggested as below:

1. Food grain and pulses need to be supplied on weekly basis to meet the food and nutritional needs of migrant workers and their families. Government should use the Public Distribution System (PDS) infrastructure and distribute the food grain lying as buffer stock to the tune of 60 million metric tonnes with Food Corporation of India. It should also mobilise local bodies to ensure the supply of daily needs arising from the

Coronavirus disruption. There is a need to remember that lockdown in the West is affordable while people in India cannot bear the lockdown empty stomach for a long time.

2. Migrants cannot be neglected as a stakeholder in development for a long time. Integration of migrants with development is the need of the hour. Government should seriously look into the recommendations UNESCO-UNICEF and the Working Group on Migration and implement them at the earliest (Bhagat, 2012; Working Group on Migration, 2017).
3. Public health system particularly at the primary and secondary care needs to be strengthened, investment should be increased, drug supply and equipmentø need to be made available at massive scale, and most importantly human resources of the public health system need to be augmented a spectacular level.
4. India is a vast country with a population of about 1.3 billion. The approach of one size fits is not likely to work. There is need to accept decentralisation as a basic strategy of providing health services. Apart from decentralisation, convergence of various services related to food and nutritional programmes, water and sanitation programmes, employment and livelihood programmes must be made effective. It is high time to establish synergy and coordination between the central and state government. Other agencies need to be mobilised to fight COVID 19 by taking help of village Panchayat and Self Help Groups, stakeholders of society, NGOs and Corporates. It is a time to help these voiceless marginalised people, so that they recover from this loss and gradually they get rehabilitated after the normalcy of the economy.
5. Starting of health insurance scheme for migrants may be helpful for the state government as well as migrants at the destination especially during any epidemic or pandemic. For instance, in Kerala, a health insurance scheme named *Awaz Health Insurance Scheme*, which aims to support migrants and also it is helpful to provide valid documents to migrants. Also, it helps the government to have record of migrants and also migrants get the benefit of health insurance.
6. There is a need to strengthen the database on migration and migrant households through Census, National Sample Survey (NSS) and NFHS and Migration Surveys. The available data are very old and also not available on time. As migration and migrants has affected the households in almost all dimensions in both rural and urban

areas, an effective inclusion of migrants in our official statistics and access will be helpful in formulating robust and inclusive policy and programmes in the country.

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