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## The COVID-19, Migration and Livelihood in India: Challenges and Policy Issues

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### Abstract

*The worldwide spread of COVID-19 first reported from Wuhan in China is attributed to migration and mobility of people. In this article, we present how our understanding of migration and livelihood could be helpful in designing a mitigating strategy of economic and social impact of COVID-19 in India. We conclude that there are many challenges migrants face during the spread of COVID-19 resulting from nationwide lockdown. Many internal migrants faced problems such as lack of food, basic amenities, lack of health care, economic stress, lack of transportation facilities to return to their native places and lack of psychological support. On the other hand, COVID-19 has also brought into sharp focus the emigrants from India and the major migration corridors India shares with the world as well. There is a huge uncertainty about how long this crisis will last. This article further provides some immediate measures and long term strategies to be adopted by the government such as improving public distribution system, strengthening public health system, integration of migrants with development, decentralisation as a strategy to provide health services, and providing support to return migrants to reintegrate them, and also strengthen the database on migration and migrant households.*

**Keywords:** Covid 19; Migration; Livelihood; Challenges; 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 the epidemics, the famine was seen not only causing mortality but also migration in the past (Maharatna, 2014). In 1994, a major epidemic of plague

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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 the 1980s in various parts of the world, migrants were greatly stigmatised 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 recognise migrants as a stakeholder in urban development is one of the biggest mistakes in achieving urban sustainability and realising the goals of sustainable development in India. It is to be realised that migrants are not a victimiser, nor a victim, but they are vulnerable. They are engaged in many 3D jobs (dirty, dangerous and demeaning) which the urban natives hate to do. Access to social security programmes, access to health care and other entitlements are grossly denied to many of these migrant workers due to lack of their inclusion in urban society. Several 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.

Many 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 Housing and Urban 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, the sudden eruption of migration crisis resulting from the out-break of COVID-19 again reminds us of the urgency of the matter. This 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.

### **Migration and Livelihood**

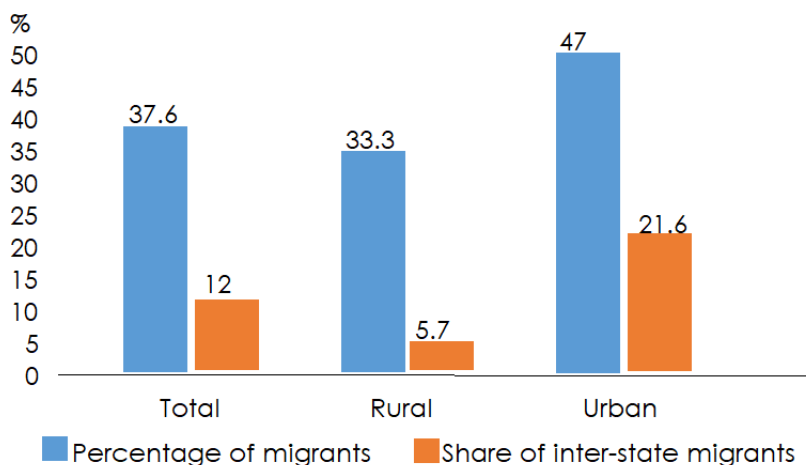
Migration is a livelihood strategy adopted by millions of people in India. Most of the migration for work and employment is directed towards the urban centres. About half of the urban population are migrants and one-fifth of them are inter-state migrants (see Fig. 1). Rural to urban migrants are mainly 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 per cent 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. These eight cities reported about 55 per cent COVID cases of India, although constitute only 7 per cent of India's population. The relevant information on these eight cities has been provided in Table 1. As on 10<sup>th</sup> June 2020, the respective districts of eight mega cities reported more than half of the coronavirus positive cases (<https://www.covid19india.org/>). 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 the backbone of Indian economy. Out of 482 million workers in India, about 194 million 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. The inter-state share in labour migration is about one-third for permanent/semi-permanent migration and



about two-fifth for short-term temporary and circulatory migration. In general, in-migration rates were high 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). Some of the in-migrating states such as Maharashtra, Gujarat and Delhi are badly affected by the incidence of COVID-19. There are conspicuous corridors of migration flows within the country – Bihar to Delhi, Bihar to Haryana and Punjab, Uttar Pradesh to Maharashtra, Odisha to Gujarat, Odisha to Andhra Pradesh and Rajasthan to Gujarat (Bhagat and Keshri 2020). The inter-state migration flow is presented in Fig. 4.

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



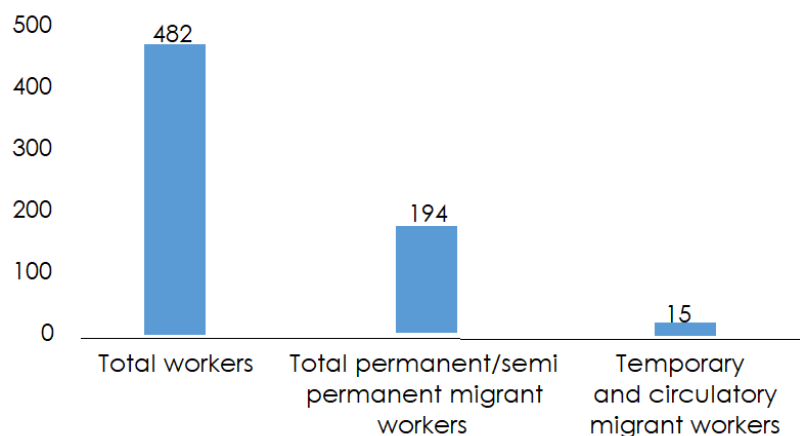
Source: D2 Migration Table, Census of India 2011

**Table 1.** Migration Intensity, Share of Inter-Sate Migrants, India, 2011 and Covid-19 Cases in Mega Cities, 2020

| Urban Agglomeration (UA) | Population (2011) | Percentage of migrants to total population | % Share of inter-state migrants to total migrants | Number of COVID cases in the respective districts as on 10th June 2020 (Total Cases in India 279,721) |
|--------------------------|-------------------|--|---|---|
| Delhi                    | 16,349,831        | 43.1                                       | 87.8  | 31,309  |
| Greater Mumbai           | 18,394,912        | 54.9                                       | 46  | 65,163*   |
| Kolkata                  | 14,057,911        | 40.8                                       | 18.2  | 3,018   |
| Chennai                  | 8,653,521         | 51   | 11.8  | 25,937  |
| Bruhat Banglore          | 8,520,435         | 52.3                                       | 35.1  | 564   |
| Hyderabad                | 7,677,018         | 64.3                                       | 7.1   | 2,371   |
| Ahmedabad                | 6,357,693         | 48.7                                       | 24.1  | 14,962  |
| Pune                     | 5,057,709         | 64.8                                       | 22.3  | 10,073  |
| <b>Urban India</b>       | <b>377106125</b>  | <b>47.0</b>                                | <b>21.6</b>                                       | <b>Share of Covid 19 cases in these metro cities to total cases of India is 55 %</b>                  |

Source: D3 (Appendix) Migration Table, Census of India 2011; <https://www.covid19india.org/> accessed on 10th June, 2020

Note : \* indicates total cases in Greater Mumbai Urban agglomeration, ie, Mumbai and Thane districts

**Figure 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 64<sup>th</sup> Round. Based on the rate of NSS 64<sup>th</sup> 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 an expectation of economic improvement in the place of origin, labour migration takes place (Lall, Selod and Shalizi, 2006). In many cases, they work and stay in an urban area for a long time while in other cases, short term or temporary migration become a livelihood strategy of the rural poor. The National Commission for Enterprises in the Unorganised Sector (NCEUS) reports around 92 per cent of India's workforce with informal employment are substantially drawn from migrant labour (NCEUS, 2007). About 30 per cent 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 per cent of migrant workers are employed as regular/salaried workers (NSSO, 2010).

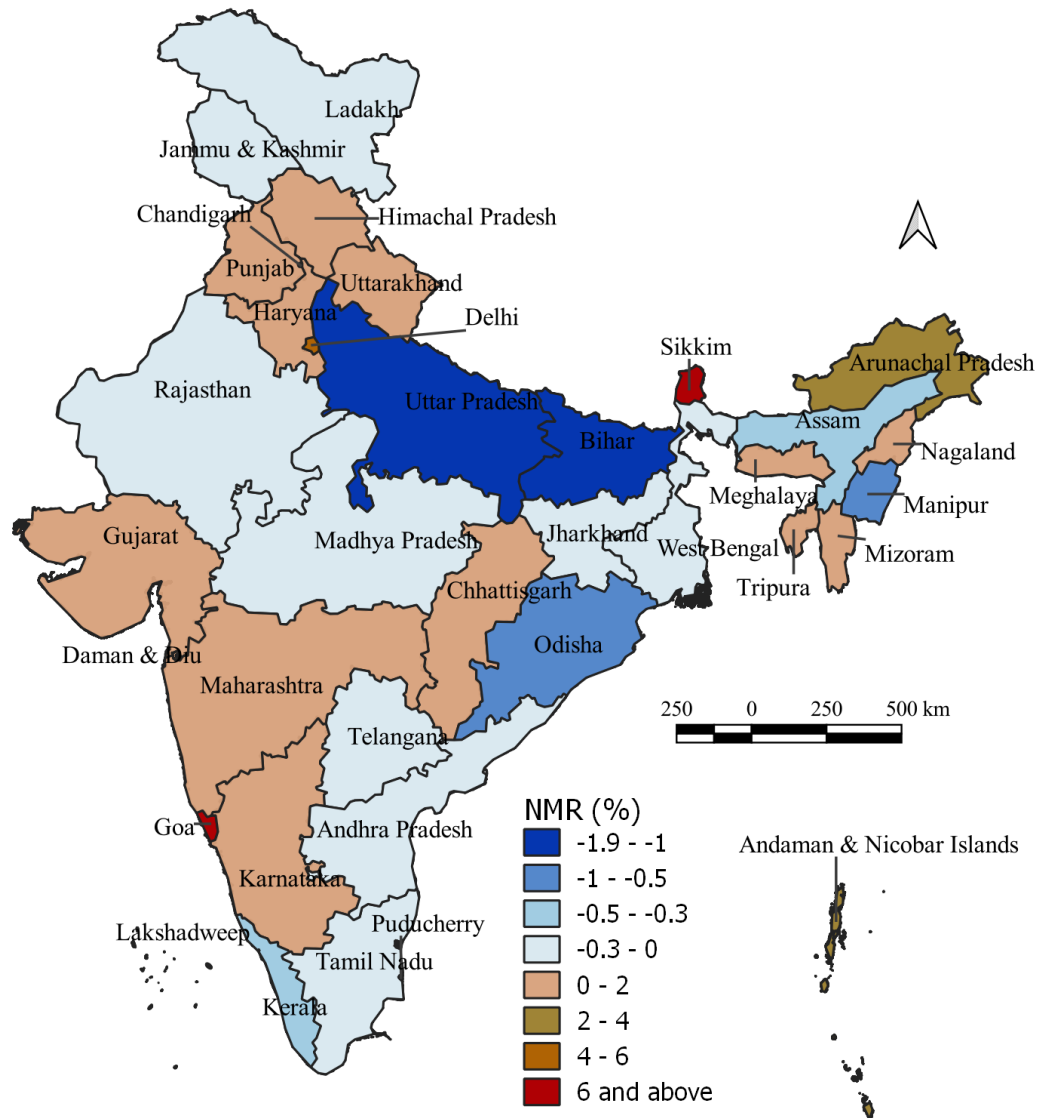
### **Impact of COVID-19 on Migrant Workers**

The spread of Coronavirus from the epicentre of Wuhan in China to worldwide is linked to migration and mobility of people (Sirkeci and Yucesahin, 2020). The medical professionals largely believe that the control of this infectious disease is possible through immobility and confinement like lockdown and social distancing. Moreover, in a globalised world, the lockdown is likely to bring an 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 30th January, 2020, and following the out-break the lockdown in the entire country was announced on 24<sup>th</sup> March for a period of 21 days. Borders were sealed, transportation was ceased, 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 to their destination, 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



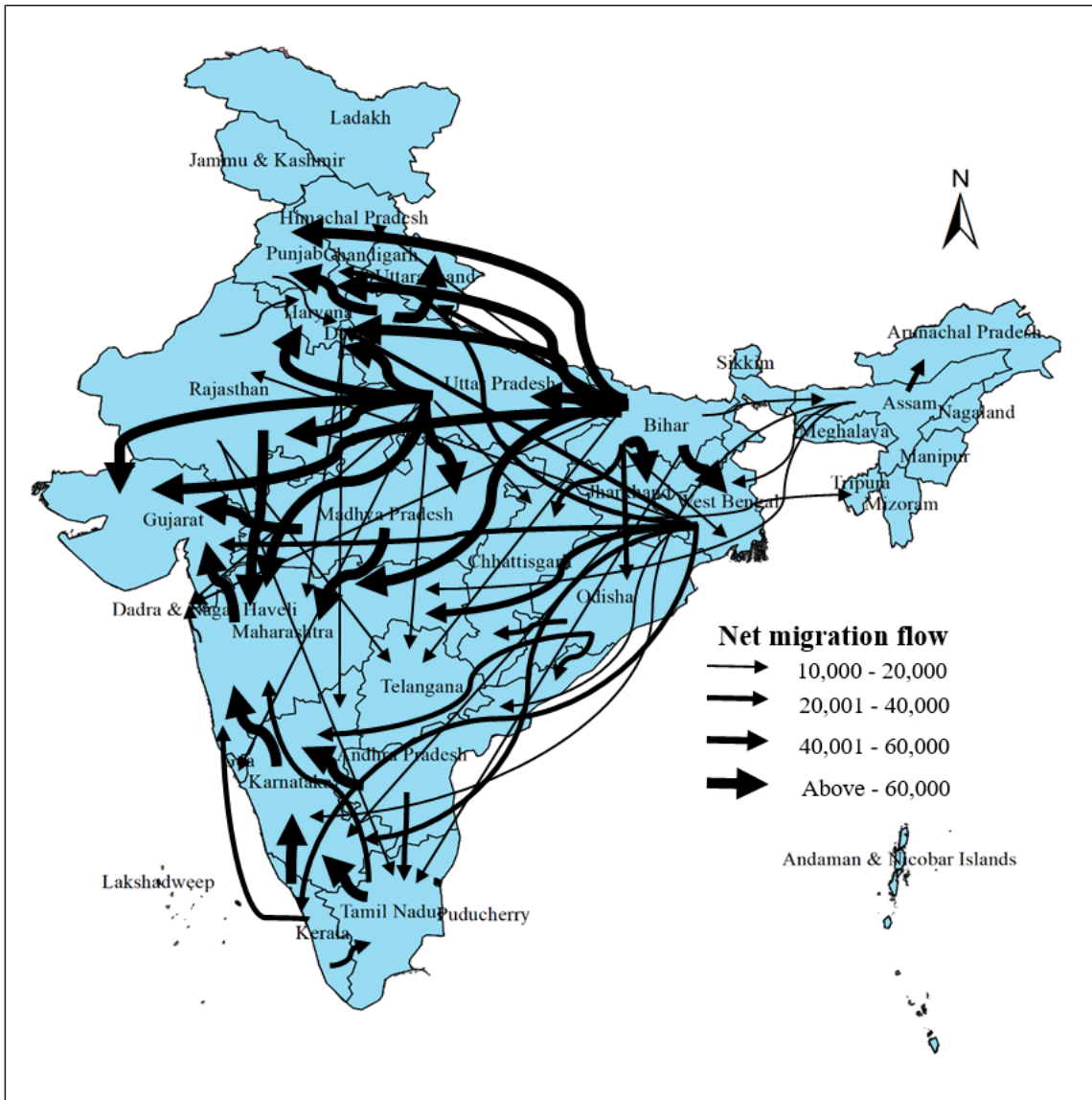
the time of lockdown, 42 per cent were left with no ration, one third was stuck at destinations city with no access to food, water and money, 94 per cent did not have worker's identity card (Jan Sahas, 2020). Sudden lockdown also stranded many migrants in different cities of the country. Those who were 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 (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.

**Figure 3.** State wise Net Migration Rates (NMR %) (0-4 year duration), 2011



Source: Census of India 2011, D-2 Migration Table ([www.censusindia.gov.in](http://www.censusindia.gov.in)).

**Figure 4.** Net migration Flows between States, duration 0-4 years, 2011



Source: Calculated from Census of India 2011, D-2 Migration Table ([www.censusindia.gov.in](http://www.censusindia.gov.in)).

Coronavirus out-break led 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 the 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 the 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 the informal sector are likely to be badly hit (ILO 2020).

The most vulnerable section would be those migrant workers who are employed in the informal sector, those who do not have either security of employment or any social protection. In urban areas, average wage earnings per day by casual labour engaged in works other than public works ranged between INR 314 to INR 335 (less than \$5) among males and nearly INR 186 to INR 201 (less than \$3) among females during 2017-18 (Ministry of Statistics and Programme Implementation, 2019). A large number of migrant workers and workers in the informal sector just have been surviving on subsistence wages. The Coronavirus out-break and subsequent lockdown are going to affect them badly, leading to their further impoverishment due to loss of livelihood. It may also affect their food and nutritional intake, access to health care and education of children hugely.

### **Immigrants and Refugees**

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

Immigrants and the refugee population are often left out of epidemic preparedness planning and reaching out these marginalised population is a challenge. In some of the middle-east countries such as Iraq, Lebanon, Syria, where the public health system is very weak due to the continuous war and political neglect, it is difficult to control the spread of Coronavirus. 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 the 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 per cent 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 out-break 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 a 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) – a UN Agency, has warned that an out-break 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 out-break of COVID-19.

Various countries and organisations 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 out-break 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 Migrants**

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 neighbourhood, raising fears that 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 has dramatically slowed their economies. This loss will affect not only the workers but also the respective state economies (The Indian Express, 2020).

### **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 26th March 2020, announced a INR 1.70-lakh-crore package under the





*Pradhan Mantri Gareeb Kalyan Yojana*. It has within its ambit health workers, farmers, agricultural labourers, 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 1 kg of preferred pulses every month to 80 crore beneficiaries for the next three months. Government of India also gave an order to the state governments to use Building and Construction Workers Welfare Fund of INR 52000 crores to provide relief to Construction Workers through direct benefit transfer (DBT) (DHNS, 2020; Government of India, 2020a). The PM Cares Fund also allocated 1000 crore to the state governments to meet the expenses of food, travel and shelter of migrant workers. The Reserve Bank of India (RBI) also joined later with a sharp cut of interest rate along with a series of unconventional measures to lend to besieged businesses (Bloomberg Quint, 2020).

However, the fear of loss of livelihood sparked into the mass exodus of millions of these migrant labourers in some parts of the 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 29th 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). The government classified the migrant workers as follows for a suitable action:

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. Authorities should record the details of such people and follow them up for 14 days and risk screening should be done 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 Integrated Disease Surveillance Program (IDSP) will follow them up at their residence.

As mentioned earlier, there are more than 200 million migrant workers in India. The inter-state migrants working in the informal sector and those who are temporary and circular migrants are hugely affected. The relief provided by the government and non-governmental organisation may bring some relief to the migrants, but looking into the huge migrant population, the amount of help is highly inadequate.

### **Challenges and Future Strategy**

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

The immediate challenges related to migrants are:

- a. to provide food and basic amenities at camps/shelters by maintaining better hygiene and sanitation (soap/ water/ toilet/ waste management) to all of them;
- b. 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
- c. to provide basic health care and preventive kits (like masks, sanitisers, and gloves etc.);
- d. to quickly appraise their conditions and do the screening of the possibly infected persons and quarantine them separately;
- e. to maintain the social distancing for the migrants to check the spread of infection;
- f. to provide counselling and psychological support to the migrants under the distress
- g. to transfer migrants safely to their hometown:

There were incidences of mass gathering of migrant labourers, violating the norm of social distancing, in Mumbai, Surat and Delhi after the end of the first phase of lockdown, reflects their desperation to go back to their families in villages. The frequent extension of lockdown has created mental agony among them. A large number have managed to return by the end of May. Hence, there is a challenge to rehabilitate them in their villages and respective native places.

- h. to deal with likely economic stress in the destination areas:

With the severe disruption in economic activities, 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 the destination areas is a challenge. In the origin villages, where resources are scarce and opportunities are limited, it would be a challenge for the state government to meet the basic requirements of the people.

Governments need to address the challenges facing internal migrants by including them in health services and cash transfer and other social programs and protecting them from discrimination (World Bank, 2020). Some of the strategies which are already adopted by the central and state government of India and various organisations, and some of the suggested strategies are as follows:

1. Several state governments are running relief/shelter camps in different states. There is no definite estimate available at the moment but not less than 10 million migrant workers are stranded. While their families at the place of origin are being supported through various measures under *Pradhan Mantri Gareeb Kalyan Yojana* announced on 26th March 2020, the stranded migrant workers have hardly got anything except food in the camps. It is suggested that each stranded migrant worker in cities should be given INR 6000 (less than \$100) (i.e., the minimum rate of Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) INR 202 (less than \$3) per day X 30 days) by the Central Government in addition to the financial support by the State Government per month for at



least three months. It would be advisable to give monetary support in cash to the stranded migrant workers in camps, designated shelters and other places in cities.

2. The government issued the guideline for the movement of the migrant labourers on 19<sup>th</sup> April, 2020 which allows the movement of intra-state migrant labourers to carry economic activities outside the coronavirus hotspot zones. Following the prevention and screening guidelines for the intra-state transfer of the labour is a big challenge of both the state and central government. Further, in order to avoid stigma by the co-villagers, awareness may be provided to villagers with the help of NGOs, Self-Help Groups, health workers and functionaries of the local bodies.
3. There is an urgent need for the development of an authentic database for the stranded migrants at the 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.

Apart from these immediate measures, some of the following long term strategies may be adopted:

1. Food grain and pulses need to be supplied on a weekly basis to meet the food and nutritional needs of migrant workers and their families. The government should use the Public Distribution System (PDS) infrastructure and distribute the food grain lying as a 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.
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. The 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. The public health system, particularly at the primary and secondary care, needs to be strengthened, investment should be increased, drug supply and equipment 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 a need to accept decentralisation as a basic strategy of providing health services. Apart from decentralisation, a 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 receiving help from village Panchayat and Self Help Groups, and other stakeholders of society like NGOs and corporates.
5. Starting of health insurance scheme for internal 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 known as *Awaz Health Insurance Scheme*, is offered to support migrants. This scheme is also helpful to provide valid documents to migrants and helps the government to have a record of migrants.

6. There may be a large number of international migrants who might lose jobs due to COVID-19 pandemic and forced to return. Therefore, there is a requirement for the government to help those return migrants by providing them guidance, training and financial support to those who wish to set up business in order to reintegrate them in the place of origin successfully. For example, in Kerala, there is a scheme by Norka Department for Return Migrants which offers return migrants, who wish to set up a business in Kerala, a capital subsidy and interest subsidy for their investment.
7. There is a need to strengthen the database on migration and migrant households through Census, National Sample Survey (NSS), National Family Health Survey (NFHS) and Migration Surveys. The available data are very old and also not available on time. As migration 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 help to formulate robust and inclusive policy and programmes in the country.

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## 718 *The COVID-19, Migration and Livelihood in India: Challenges and Policy Issues*

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