

COVID-19 PANDEMIC AND ITS IMPACT ON MIGRANT WORKERS' LIVELIHOOD: AN OBSERVATION ON INDIA

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ABSTRACT

The worldwide spread of the novel coronavirus associated with an acute respiratory disease called COVID-19 was first reported from Wuhan in China in December 2019. The COVID-19 transmission has spread rapidly attributing to unprecedented movement of people and creation of a catastrophic situation. Within a span of time, most of the countries came under COVID-19 contamination. It not only affected the health condition but also severely impacted the State's economy, trade, travel, transport, education, and infrastructure development. In order to prevent the spread of Coronavirus, the Govt of India had used lockdown as a preventive measure. Though the imposition of lockdown has majorly succeeded in containing the virus through various measures such as maintaining social distance and the prohibition of large mass gathering, but at the same time, it has brought a negative impact on the socio-economic livelihoods of migrant workers. Being daily wage workers, their daily paid work with which they solely depended on was abruptly stopped during the lockdown period. Due to the lack of income sources and travel restrictions, they faced innumerable difficulties in terms of food insecurity, economic stress, lack of health care, and price rising which direly affected the migrant workers' basic amenities. This paper is intended to study the impact of COVID-19 on the socio-economic life of the migrant workers and evaluate the proactive role of the Government in mitigating these issues. This study tries to critically examine some of the major steps which the government undertook to tackle the COVID-19 crisis.

Keywords: Migration; COVID-19; Pandemic; India; Internal migrants; Migrant workers.

INTRODUCTION

The current outbreak of the novel coronavirus associated with an acute respiratory disease called COVID-19 has become the fifth documented pandemic since 1918. Following the 1918 Spanish influenza A (H1N1), 1957 Asian influenza A (H2N2), 1968 Hong Kong influenza A (H3N2), 2009 pandemic influenza A (H1N1) and COVID-19 (SARS-CoV-2) severe acute respiratory syndrome, which has caused millions of human deaths (Liu, 2020).ⁱ On 12 January 2020, the World Health Organisation declared a new virus that has originated in Wuhan city, Hubei province, in China in late December 2019 as a novel coronavirus (World Health Organization, 2020).ⁱⁱ But officially, this infectious disease is termed coronavirus disease 2019 (COVID-19) on 12 February 2020 (Yuen, et al., 2020).ⁱⁱⁱ Meanwhile, the International Committee on Taxonomy of Viruses (ICTV) officially designated the COVID-19 as SARS-CoV-2 based on phylogeny taxonomy. After the assessment, on 11 March 2020, the WHO has declared the outbreaks of COVID-19 as a pandemic (Cucinotta and Vanelli, 2020).^{iv}

To break the COVID-19 transmission chain, countries around the world strictly imposed pandemic containment guidelines largely following the dictates of WHO's guidelines (World Health Organization, 2020)^v. Most of the state in the world imposed either partial or full nationwide lockdown as early as March 2020 (BBC, 2020).^{vi} In the meantime, they also shut down their business, educational institutions, and shopping malls and banned all types of social gathering activities. The states also imposed International travel restrictions, border seals and free movement activities. The world is taken aback and re-haunted with bygone memories of the Spanish flu era where such unique and unprecedented crisis has not occurred for a long time since the 1917 flu. The COVID-19 pandemic can be considered one of the biggest, if not the worst, health calamities since the second world war which had created huge devastation within a short span of time owing to the quick transmission of infection.

According to the neoliberalists, the present world is based on a complex interdependence system where a State can't be alienated from other States intentionally except in a harsh situation. Due to huge interdependence, inter-states movement in contemporary era is quite natural as much

as it is essential paving the way for quick transmission of the virus (Benton, et al., 2021).^{vii}. The travellers acting as the virus carrier transmitted the infection from one place to another place. As a result, initially the States were unable to control the virus. The infection spread tremendously throughout the world bringing serious consequences to innumerable states. The first wave of the COVID-19 pandemic brought massive devastation for the developed countries like Italy, China, UK, USA and Belgium (Baldwin, 2021).^{viii} These countries performed poorly in containing the infection precisely because they could not trace the genesis of the infection in due time. With no proper medicine for the novel disease it led to the loss of many lives. Other than that, certain nations seem to have done much better than others in handling the situation, including New Zealand, Australia, Finland, Korea, Norway, and Taiwan. Meanwhile, the catastrophic situation faced by the third world countries owes primarily due to its high population density, poor health infrastructure, unhygienic livelihood and unhealthy environment (Ibid). The livelihood of the common people in developing countries is very rough in comparison to the developed States. Most of the people in developing countries are unskilled daily labourers, farmers, and seasonal migrant workers; they were least aware of the novel virus. People of the developing states were struggling for their daily lives; due to the COVID-19 pandemic, they faced serious livelihood problems like job shortage, money problems, and mental health issues, which makes their everyday lives vulnerable.

AN OVERVIEW OF COVID-19 IN SOUTH ASIA

South Asia is a region that has lots of livelihood problems like crossbred migration, human trafficking, drugs and weapon smuggling, political unrest, communal violence, ethnic conflict, unhygienic environment, poor human living conditions, poor health infrastructure, and acute hunger problem. The South Asian countries comprised a high population density with more than 21 per cent of the world's population living in this region (SAARC Disaster Management Centre, 2022).^{ix} The majority of the people in this region are living their life in an unhygienic environment. It was attacked by the COVID-19 deadly virus during its first wave. However, the virus spread throughout the region in the third and fourth week of January 2020 (Chalise, 2020).^x The First COVID-19 confirmed case in the South Asian region was reported

in Nepal on 23 January from a native student studying in Wuhan who returned on 9 January (Shrestha, et al., 2020).^{xi}

South Asia's big brother, India, is the second most populated country after China. It has poor health infrastructure, hunger, illiteracy, and unawareness about the disease which are comprises of some of the essential fertile environment for quick transmission of COVID-19. The first COVID-19 confirmed case in India was reported in Thrissur district in Kerala on 30th January 2020. The patient disclosed that she was a student of Wuhan University who had returned to Kerala on 23rd January 2021 for a vacation (Andrews, et al., 2020).^{xii} The contamination cases were escalated to three by 3rd February 2020 all over India when most of the travellers had returned from Wuhan city. When the three cases were fully recovered and tested negative they were discharged from the hospital on 20th February 2020 (Raza, 2020).^{xiii} As of 4th March, 21 new cases were reported: they were Italian tourists, 14 out of them were tested positive. The infection graph had increased daily; as in 14th March 2021 there were reports of 84 cases in India. Among the active case, 67 were Indians, and 17 were foreign nationals. Among the contaminated patient, 10 were fully recovered, and first 2 deaths were reported, one 68 years old female from Delhi and another 76 years old male from Karnataka. Initially, Kerala was the highest positive rate of 19 cases compared to other states as, following the Maharashtra and Haryana, were 14 cases each (World Health Organisation, 2020).^{xiv} The Government of India has declared to invoke disaster management under section 2 of the Epidemic Diseases Act, 1897 and Disaster Management Act, 2005 in all states and union territories to control the dangerous epidemic disease (Awasthi, 2020).^{xv}

Systematically, the government imposed international travel restrictions in India on 13th March 2020 by restricting foreigners from entering India from 13 March to 15 April. On the same day, the government suspended all existing tourist visas except UN/ international organisations, official and diplomatic, until 15th April (Press Trust of India, 2020).^{xvi} On 19th March, Prime Minister Narendra Modi declared a fourteen-hour "Janata Curfew" on Sunday from 7 AM -9 PM to tackle Coronavirus in India (Business Line, 2020).^{xvii} After nine deaths and 519 contamination confirmed cases came to the front on 24th March, the government systematically declared for the enforcement of the first nationwide lockdown. The first 21 days nationwide lockdown was imposed from 25th March to 14th April; later it was extended into different phases (BBC, 2020).^{xviii} All incoming international flights have been cancelled from 25th March

to till 14th April later it also extended into various phases. With the imposition of the lockdown, the travel on rail, air, and water routes are prohibited; in the meantime, road transportation was also suspended except for emergency service (Press Information Bauru, 2020).^{xix}

COVID-19 AND ITS IMPACT ON MIGRANT WORKERS IN INDIA

People's movement is an age-old global phenomenon that has been continuing from the earliest period of human civilisation. Migration is the movement of people from one geographical location to another, or it may be from place of origin to place of destination. It may be divided into two parts internal (within-country) and international (across countries) borders. Generally, the migration study area is divided into two factors, namely push and pull factors (Saklani, et al., 2021).^{xx} The two factors are naturally contrasting to each other for opposite attraction. However, the pull factor is associated with positive aspects, which is inspiring individuals to move to a new place for the betterment of their life. At the same time, Push factors are in general determined by negative factors that force people to leave their native place for various reasons. The outbreak of the COVID-19 pandemic has attributed the forced and reverse migration, a push factor, that has forced millions of people to leave their workplaces (Ibid). Additionally, the pandemic has brought unprecedented impact of local and global mobility (Benton, et al., 2021).^{xxi} The graph of migration history book slowdown it highly impacted states economic development.

The Migrant workers have been playing a very vibrant role in contributing to the country's economy. As per the 2001 census, India's total number of migrant workers was 314.4 million, comprising 31 per cent of the country's population (Ministry of Home Affairs, 200; Iyer, 2020).^{xxii} After one decade, the 2011 census states that the number increases to 456 million, which constitutes 38 per cent of the country's total population. In 2011, among the total migrants, 99 per cent was internal, while another one per cent were international migrants, also known as immigrants (Iyer, 2020).^{xxiii} Between a decade from 2001 to 2011, the population grew by 18 per cent, while the migrants' number increased to 45 per cent (Ibid).

The internal migration can be classified into two types that are (i) inter-state and (ii) intra-state. According to the 2011 census, 54 million were inter-state migrants, while 396 million were

intra-state migrants. The inter-state and intra-state migration has been increasing faster over the years; it was closed to 9 million between 2011 and 2016 (Panda, & Mishra, 2018).^{xxiv} In India, the Census, Economic Survey, and National Sample Survey Organization (NSSO) surveys in 2011 showed that about 65 million inter-state migrants and 33 per cent of these migrants are workers. As per the Economic Survey of 2017, the migrant workers mainly migrate from the economically backward state like Bihar, Rajasthan, Uttar Pradesh, Odisha, Jharkhand, Madhya Pradesh, Chhattisgarh and Eastern Uttar Pradesh to higher economic states such as Kerala, Delhi, Maharashtra, Tamil Nadu, and Gujarat (Kapoor, 2017).^{xxv}

Three traits of migrant labour have been seen in India: internal migration, circularity and informality. Firstly, the migrants move from villages to metropolitan cities, from urban to rural areas, and from state to state within India (Singh, 2020).^{xxvi} Secondly, they are low-income daily wages workers who are informally employed as construction workers, drivers, roadside vendors, rickshaw pullers, industrial workers, agricultural labourers, security guards, restaurants waiter and maidservants. These workers have no formal contracts, and they work on the basis of daily wages (Ibid). Thirdly, most of these migrants do not permanently relocate to the city due to the high expense, and there are residing in overcrowded slums with inadequate access to clean water, sanitation, and health service.

A study conducted by the Centre for the Study of Developing Societies (CSDS) and Azim Premji University in 2019 estimates that 29 per cent of the population in India's big cities is of daily wagers. After the nationwide lockdown declared by the Government of India, millions of people logically wanted to move back to their states (Parida, & Suri, 2021).^{xxvii} After the lockdown speech was broadcast on television, the massive number of temporary inter-state migrant workers started to arrive at railway stations, bus stations, and highways, trying to reach their villages, home town, and cities. The incident of COVID-19 lockdown led to the second migration movement after the partition of British India in 1947 (Mukhra, Krishan, & Kanchan, 2020).^{xxviii}

Initially, the Central government imposed the movement restriction and sealed the state border and argued the migrant workers could bring infection to their native place, which would create catastrophic situations in the remote area (Phadnis, 2022).^{xxix} However, millions of migrant workers reached their native place beyond the restriction after crossing the sorrowful journey.

After that, they faced ill-treatment by native people, villagers restricted their entry to the village, and they were held under 14 days' self-isolation in their home or in a quarantine centre. The guideline was mandatory both for men and women, interstate and international migrants. In quarantine centres, the migrant workers faced numerous lack of basic amenities like cleanliness, low-quality food, no proper health facility, unclean washroom, poor rehabilitation and coquette overnight, making their condition more vulnerable (The Times of India, 2020).^{xxx} The unhygienic and ill-treatment being accorded to the likes of an 'untouchable' by the service staff was one of the main reasons behind fleeing the quarantine centre where many of them committed suicide in or out of the quarantine centre.

Due to the wake of the COVID-19 pandemic, the nationwide lockdown and shutdown have seriously affected the global trade, market and economy. The lockdown has severely affected the manufacturing sector except for very few essential things, almost all production activities had stopped during the first phase of lockdown. In India, the manufacturing sectors contribute 17 per cent of GDP, which has completely stopped during the first wave (Parida, & Suri, 2021).^{xxx} In comparison, the services sector contributes 55 per cent of GDP, but the pandemic pushed all the activities in India, which has a massive loss of income for both owners and workers. Many employers and employees committed suicide during the COVID pandemic for the unemployment and bankruptcy. Minister of State for Home Affairs Nityananda Rai explained over 16,000 people committed suicide for bankruptcy, while 9,140 people ended their lives for unemployment between 2018 to 2020 (Murali, 2022).^{xxxii} Owing to the devastation triggered under the pandemic in 2019, a total of 2,741 committed suicide for employment-related reasons, while in 2020, a total of 2,851 people lost their lives for the same reason. Moreover, around 4,970 people committed suicide for indebtedness in 2019, while in 2020, death cases have been increased to 5,213 people lost their precious lives for the same reason (Press Trust of India, 2022).^{xxxiii} India has regrettably lost its huge human capital along with now forgone economic power during the first and second waves. The RBI stated that the Indian economy shrinks to (-)7.5 per cent in the financial year of 2020-21 (Reserve Bank of India 2020).^{xxxiv}

INDIA'S RESPONSE TO INTERNATIONAL MIGRANT WORKERS'

The international migrants' contribution to the nation-building process is impressive through the huge remittance. The International Migration report 2022 elucidated India as the leading international migration sending country in world (International Organization for Migration, 2022).^{xxxv} Globally India has contributed 18 million emigrant people who are living outside of the country over the years which constituted 6.4 per cent of the world's total migrant population (Ibid). World migration report 2022 states that India is the top remittances receiving country in the world which is 83.15 billion US dollars.

During the COVID-19 pandemic, the international migrant workers confronted serious problems due to the shutdown of businesses, factories, and other workplaces. After several requests by the Indian overseas citizens, the GoI plan to repatriate Indian nationals from the foreign territory under the "Vande Bharat" mission. The first phase started on 7th May 2020, where at the time more than 60 commercial flights operated from 12 countries to bring 15, 000 citizens to India (The Hindu Net Desk, 2020).^{xxxvi} Under the mission, the government launched various phases to bring back the nationals from different countries. However, on 21st March 2021, the Minister of Civil Aviation, Hardeep Singh Puri expressed that total 67.5 Lakh people have been repatriated to India, and the numbers continue to grow. He said, "It is not just a mission that brought back stranded & distressed citizens from around the world, but Vande Bharat has been a Mission of hope & happiness; of letting people know that they will not be left behind even in the most testing times" (Public Information Bureau, 2021).^{xxxvii}

Additionally, the government launched another "Samudra Setu" mission on 5th May 2020 to bring back Indians from overseas through the sea route (Public Information Bureau, 2020).^{xxxviii} In the first phase, the Indian Naval Ship (INS) Jalashwa and Magar used to bring Indians from Maldives and INS Airavat and Shardul sail to the West Asian country. Under the operation "Samudra Setu" initiative 3, 992 Indian citizens evacuated from different countries like Maldives (2,386), Sri Lanka (686), and Iran (920) (Ibid). The Indian Navy undertook the operation in coordination with the Ministry of External Affairs, Home Affairs, and respective State governments.

LIVELIHOODS OF MIGRANT WORKERS DURING COVID-19 PANDEMIC

Job Security:

Millions of migrants return to their native places during the COVID-19 pandemic. As shutdown of workplaces continued, many lose their jobs. After they returned to their native place, they faced many serious livelihood problems, out of which job crisis became one the leading problems in the rural area. Getting employment in the rural area is very difficult because there are no industries, factories or construction sites that would provide suitable jobs to the returnee migrants. There was no such success scheme that would provide an employment guarantee to the rural people except Mahatma Gandhi National Rural Employment Guaranty Act (MGNREGA). In India, the rural people highly depend on agriculture; apart from that, they seasonally migrate to cities to get work. The National Rural Employment Guarantee Act, currently known as MGNREGA, is an employment guarantee scheme that was launched by the Govt of India on 7 September 2005 to augment employment generation and social security in India (Ministry of Rural Development, 2005).^{xxxix} The Scheme covers all districts of India except those district with hundred per cent urban population. Its main objective is to reduce urban migrants by increasing livelihood opportunities in the rural area by providing 100 days of paid work to unskilled cardholder labourers. During the pandemic, MGNREGA has emerged as a safety net for thousands of households. However, the scheme was unable to provide demanded work to all its cardholders. The pandemic increased work-related demand unprecedentedly in July 2020 when it achieved the highest 43.7 million employment since its existence (Mukherjee, 2020).^{xl} Additionally, as of 15 September 2020, 144 million households enrolled under the Scheme to get job cards. The state with the highest demand for new job cards is Uttar Pradesh with 21 lakh people, Bihar at 11 lakh people, and West Bengal stood at 6.8 lakh people.

According to the Government estimate, Bihar, Odisha, Uttar Pradesh, Jharkhand, Rajasthan, and Madhya Pradesh situation were more vulnerable than other states. These are the states where precisely the union govt had launched a rural public works scheme named Garib Kalyan Rojgar Yojana (GKRY) for returnee migrants (Press Trust of India 2020).^{xli} Where more than 6.7 million migrants have returned to their native place across the six states, Bihar topped 2.36 million, UP 1.78 million, Rajasthan 1.29 million, Madhya Pradesh 1.72 million, Odisha 2.19 million and Jharkhand 1.1 lakh. The GKRY was specifically launched in these states in over 116 districts for 125 days of work (Mathew, 2020).^{xlii} The GKRY scheme has not achieved as

much success as initially planned due to the government's failure to invest the set amount allotted for this scheme. The MGNREGA has not fulfilled its promise as a safety net because of an acute shortage of funds along with the lack of work (Press Trust of India, 2021).^{xliii} The Scheme provided a very low rate of wages, i.e. Rs 202 per day, which is inadequate for day-to-day survival. Notwithstanding the fact of its inadequacy, even then, not all migrant workers have benefited from these schemes because of mismanagement and malpractice (Pandharipande, 2020).^{xliv}

Financial Assistance by the States:

To bring back migrant workers to their native place, some states governments adopted welfare schemes like monetary assistance to returned migrants. Some state governments like (Odisha, Rajasthan, West Bengal, Bihar, and Madhya Pradesh) announced providing one-time monetary assistance for returning migrant workers. Odisha government provided 2000 rupees as an incentive for migrant workers after completing 14 quarantines (Times Now News, 2020).^{xlv} Some other states like Bihar and Uttar Pradesh govt are also provided financial assistance of 1000 rupees for returned migrants (Press Trust of India, 2020).^{xlvi} Additionally, some states like (Arunachal Pradesh, West Bengal, Madhya Pradesh, Manipur, Mizoram, and Meghalaya) sent money to migrant workers bank accounts those who stayed in other states (Nayak, 2020).^{xlvii}

However, one-time monetary assistance to the migrant worker is like a drop of water in the pandemic desert. Although it is an attractive incentive taken by different state governments to bring back the migrants to their home-states, but it is not the solution to resolve the migrant problem. Additionally, this much amount is not enough for daily wage workers to travel. That has failed to solve their problems because the lockdown was so long that the situation forced them to stay at home, where many of the migrants were stuck in the bus station, railway station, highway side and other places. It is ironic to see how the government intended to provide financial packages to the migrants while at the same time detaining the “intended recipients” (or, migrants) to be isolated and quarantined. While many of them took shelter in slums and other unhygienic environments, they are burdened with overly complex but an outright binary

compartmented choice: the choice to venture out and face police brutality, or the negative-choice to stay put and sleep ‘peacefully’ at home with an empty stomach.

Transport During Lockdown:

After the imposition of a nationwide lockdown, it has created unforeseen effects in all forms of public transport and travel services like buses, trains, planes and waterways nationally and internationally. Due to the shutdown of the work sector, it forced many workers to return to their home states. Thousands and millions of people across the country together on various bus terminals, railway stations and highways to return to their homes. Due to the travel restriction, millions of people march thousands of miles by barefoot with their families, including the old, disabled, children, and pregnant women. Many of them started their tragic journey with their bicycles, rickshaws and motorcycles (Pandey, 2020).^{xlviii} Moreover, the migrant workers walk around the clock to reach their destination. They have faced various severe obstacles during the travel like hunger, shelter, water, and medical issues. During the travel, many of them have died or committed suicide on the way while trying to reach their destination because of the unbearable pain and suffering. during the lockdown travel a migrant worker (Manoj Rajput) from Darabassi (Rajasthan) composed a very deep hearted song

“हम मजदूरों को गांव हमारे भेज दो सरकार, सूना पड़ा घर द्वार,
मजबूरी में हम सब मजदूरी करते हैं, घर बार छोड़कर के शहरों में भटकते हैं,
जो लेकर हमको आए वो ही छोड़ गए मझधार, कुछ तो करो सरकार,
हमको न पता था कि ये दिन भी आएंगे, कोरोना के कारण घरों में सब छिप जाएंगे
हम तो बस पापी पेट के कारण झेल रहे हैं मार, कुछ तो करो सरकार”

through the song he tried to express their pain and horrific situation and requested the Government to help them (Dainik Bhaskar, 2020).^{xlix}

After reviewing the back migrant workers’ situation, the supreme court directed the central government to ensure medical, shelter, food, water, rehabilitation, and counselling facilities for the travelling migrants (Bindra, & Sharma, 2020).¹ After that, on March 28, the Union

government authorised and advised to the state govt to set up relief camps and medical facilities for the migrants those who were travelling and stayed in quarantine centres through the use of the State Disaster Response Fund. On the advice of the supreme court, the Ministry of Home Affairs, along with state governments, coordinated with each other for the accommodation of the transport services for the migrants. Additionally, some states like Uttar Pradesh, Bihar, Karnataka, Uttarakhand, Madhya Pradesh, Delhi, and Panjab individually arranged bus services to bring back the migrants to their home states (Jaipuria, 2020).^{li}

After several requests by the states, the union railway ministry declared on 1 May 2020 to resume train service with Shramik Special train for the migrants. Due to extreme harsh situations like hunger, extreme heat, and dehydration, many of them succumbed in transit. As per the available data, 80 migrants died in the Shramik special in between 9-27 May 2020 (Awasthi, P. 2020).^{lii} Another heart-breaking incident came to the front on 8 May 2020 in Maharashtra's Aurangabad district, where 16 migrant workers were mowed by a freight train in the early morning when they had fallen asleep on track (Express News Service, 2020).^{liii}

COVID-19, Migration and the Loss of Livelihood:

On the opening day of the 2020 parliament monsoon session, the Member of Parliament posed questions to the ruling party about the life and livelihood of the migrant workers under lockdown and how many died during return to their hometowns (Mishra, 2020).^{liv} In response, the Union Minister of State for Labour and Employment states that there no such data is available on migrant workers who lost their lives during the lockdown travel. But some independent organisations and individual researchers do work on that matter to find out the how many migrant workers' died on the way.

According to the India Today survey report as on 28 May 2020 total 238 migrant workers lost their life before reaching their destination (Rawat, 2020).^{lv} The independent researcher also conducted a similar study to find out the deaths that happened during the travel. The researcher found out that 991 people, including migrant workers, lost their lives between 14 March to 30 July 2020 that directly or indirectly attributable to the lockdown (Aman, et al., 2020).^{lvi} The study classified the non-COVID related deaths under ten categories. Some specific causes of

death are explained given below. The highest number of people, 224 died because of starvation and financial distress (Ibid). Additionally, more than 209 people died in road accidents during the travel, and 142 people killed him/her self for various reasons like stress, fear of infection, the inability of travel service, loneliness and so on. The data reveals that 96 migrants lost their life in Shramik Trains due to lack of facility along with 80 people died due to lack or denial of medical care. However, the study also expressed that 49 people died in quarantine centres for the unavailability of food, and medical care, along with 47 people who lost their lives for exhaustion. Moreover, the study also found that 12 people lost their lives to police brutality (Ibid). Both the study elucidates various reasons behind the migrant workers' death, including train/bus/ truck accident, hunger, police brutality, dehydration, chest pain, stomach pain, breathlessness, blood in vomiting, heart attack, multi-organ failure, lack of medical care, financial distress, exhaustion, and so on.

However, the Road Transport Minister states that during the lockdown travel, 29,415 people lost their lives in road accidents between March- June 2020. But the minister has expressed there is no specific data available in respect to migrant workers' who lost their life in road accidents during the lockdown. (Gupta, 2020).^{lvii} As per the WHO data by 28th April 2022, globally, more than 509,531,232 people has been infected. While among them, 6,230,357 people lost their life by the SARS-CoV-2 infection (WHO, 2022).^{lviii} The COVID-19 crisis in India has been very harsh at present by 28th April 2022 the country had crossed 43,068,799 infections and more than 523,693 deaths have been reported (Ibid).

Police Brutality over Migrant Workers:

After imposition of the nationwide lockdown, the police got special powers from the state government, and the Central Reserve Police Force are deployed to prevent and restrict what they deemed unnecessary travel. Undoubtedly, the law enforcement agencies work around the clock to control the harsh situation. In the meantime, during the lockdown in the name of tackling the virus, police brutality has been triggered up across the India. In the meantime, many video clips on social media and television media highlighted police brutality against back migrants and also those associated with essential services (Asthana, 2020).^{lix} Many cases came to the front that has drawn national and international attention where the police abused their

power over innocent migrant people in an unethical way rather than helping them. Under lockdown due to the unavailability of suitable travel services, self-travel was the compulsion for migrant workers. On the way, the police beat them mercilessly with their sticks, slaps, and slippers due to violation of COVID-19 protocol (Chhina, 2020).^{lx} During travelling, at least one in four migrant workers faced police brutality (Dhar, 2020).^{lxi}

The Thejesh GN research report, along with the Commonwealth Human Rights Initiative, finds that more than 12 people lost their lives under police brutality (Krishnan, 2020; Aman, et al., 2020).^{lxii} On the other hand, most of the people were out to buy their essential items like medicine, groceries, milk, cooking gas, and so on; they were also beaten by police. The pedestrian migrant workers and their family members, including pregnant women, children, and old people, were front line victims of police humiliation. Although, few in the public and also in some media outlets were sympathetic towards migrants' problems, however, in much of the police assault actions, the migrants were seen being treated as an alien in their homeland during their journey. Human rights organisations like Human Right Watch and Amnesty International expressed that the law enforcement agencies committed human rights violence in the name of controlling the virus transmission (Press Trust of India, 2020).^{lxiii}

Moreover, many NGOs and civil society activists filed a petition to the different Courts and National Human Rights Commission to raise concerns about police brutality against back migrants (Krishnan, 2020). A senior resident fellow at Vidhi Centre for Legal Policy, Alok Prasanna Kumar, expressed "The police in India continues to function with the colonial outlook of protecting the state/ regime in power from the people. Hence, the Constitution and rule of law take the backseat and the police wield their lathi at the slightest provocation. Moreover, the police is viewing the lockdown and its implementation as a law and order problem and not as a public health necessity," (Ibid). On the other hand, High Court lawyer H C Arora and RTI activist have written to Panjab Chief Minister Captain Amarinder Singh regarding police humiliation. "Most of the victims of police torture are poor. I saw a video in which a man is trying to show his stitches to police and saying he had come out to take medicine. But police beat him and humiliated him. Punjab Police can register a case for violating curfew but they don't have any right to hit people," (Chhina, 2020).^{lxiv}

Access to Food Security:

During the pandemic, the migrants are out of food, with no groceries, no money, no wages, and loss of hope. This has created a fearful environment that leads to coronaphobia and anxiety. After Janta Curfew was declared by the govt, the rich people brought sufficient groceries for them and confined them within the four walls of their home. Meanwhile, daily labour migrant workers and below the poverty line people started hunger practice or fasting due to insufficiency of food (Parija, 2020).^{lxv} Due to food shortages, many infants, children, and old age people lost their lives. The lockdown was criticised by public policy scholars who defined lockdown as the “choice between virus and starvation” (Chen, 2020).^{lxvi} During the crisis, various charitable organisations, individuals and NGOs distributed humanitarian assistance like food, clothes and groceries to the low-income family. Various states like Odisha, Delhi, Kerala, Telangana, Karnataka, and Uttar Pradesh made provision for the distribution of free food grain kits to the needy people and households (Kavish, 2021).^{lxvii} On 26 March 2020, the union government announced 1.70 lakh-crore disaster package under Pradhan Mantri Gareeb Kalyan Yojana to reduce the lockdown impact on vulnerable groups. The package covered various essential sections like MGNREGA workers, health workers, farmers, Jan Dhan account holders, women, unorganised sector workers, Ujjwala beneficiaries, ration card holders and senior citizens who benefited under the Scheme. The union govt distributed 5 kg of rice or wheat and 1 kg of pulses per month basis to 80.00 crore people for three months (Press Information Bureau, 2020).^{lxviii} Additionally, “The government has started the implementation of One Nation One Ration Card (ONORC) Plan. With the implementation of this plan, the migrant beneficiary can get food security from any fair price shop of his choice anywhere in the country” (Saha, 2020).^{lxix}

Health Issues:

The migrant workers in India have various chronic illnesses like malnutrition, work-related illness, injuries and occupational hazards that have seriously affected their mental health (Mohan & Mishra, 2021).^{lxx} Due to the low income, they were residing in slums and temporary settlement urban areas. They have spent their lives in an unhygienic environment, which has elevated their health status more vulnerable. The uneducated migrant people are entirely

unaware of the novel Coronavirus, and they have limited knowledge about the disease symptoms. Due to the lack of proper education, they are not able to maintain necessary preventive measures such as personal hygiene like self-isolation, physical distancing, face masking and handwashing. For the first time many new terminologies came to the front like quarantines, lockdowns, curfews, stay-at-home orders, sanitiser. The first wave leads the extreme shortages of essential medical equipment like personal protective equipment (PPE), gloves, masks, goggles, and hand sanitiser. The second wave created a situation more dangerous than the first wave because of high transmission. According to the WHO, the double-mutant Delta variant is more deadly and contentious than affects the younger generations (Asrani, et al., 2021).^{lxxi} India registered more than 2 lakh infections and 2000 deaths per day, in reality the actual figure of death has been much greater than official data (Mordani, 2021)^{lxxii}. Professor Ashish K. Jha, Dean of the Brown University School of Public Health, said India has officially recorded 400,000 deaths (by June end). He also added “New analysis by a superb group suggested that the true number is between 3.5 million and 5 million deaths. We have vastly underestimated the suffering caused by this disease” (Ibid).

The second wave has affected all sections of the society like migrants, urban elite, rural people and marginalised sections. The people scrambled for hospital beds, oxygens, remdesivir, and other critical medicines (Bhatt, et al., 2021).^{lxxiii} The history has witnessed we have not seen this type of devastation in the recent past. This was the worst public health crisis since the partition of India. People died on the road, and the dead body floated in the River Ganges. the crematoriums operated out of space the situation was catastrophically worse (Ibid). The migrant and lower middle class and low-income families has severely affected by the public health crisis. Due to high medical charges by the private hospitals, the migrant workers fully depended on the government hospitals, where the patients struggled for doctors, beds, ICUs, and other medical equipment are running out of stock.

METHODOLOGY OF THE STUDY

This study used descriptive and analytical methods in which the researcher describes the livelihood of migrant workers during the pandemic. This study is composed of qualitative methods of research. For collecting information, both primary and secondary data methods have been used in this research. The primary data are collected from the Indian government

reports, census data and court transcripts. The secondary data are collected from various available secondary literature that includes journal articles, books, reports, internet blogs, newspapers, news portals and so forth. Based on the secondary data, this paper has mainly focused on the impact of COVID-19 on the livelihoods of migrant workers by considering the issues related to unemployment, healthcare and financial problems. Through the primary data, the researcher will address the government's proactive role and the areas that can develop the ability of migrant workers to sustain their life in any crisis. In order to understand the migrant workers' problem, the study analytically explained the mismanagement of resources.

CONCLUSION

The contribution of migrant workers to the nation-building process is remarkable. They have very less social security in comparison to the formal sector workers. Under the COVID-19 pandemic, various cruel, heart-rending tragedy climax has been seen that has drawn national and international attention. From Janata curfew to till date, the migrant workers have been the frontline sufferers. Under pandemic, they have lost their jobs which have deeply impacted their socio-economic lives. Due to the mismanagement of resources, the workers' livelihood was impacted tremendously. On the other hand, the politicians played very dirty politics instead of providing services to the migrants. Various states are blaming each other on the other hand, the Prime Minister of India, Narendra Modi, claimed the Congress and Aam Aadmi Party (AAP) were responsible for sphered COVID in India. The big media houses tried to hide the institutional failure of India where they claimed some communities were responsible for sphered the virus in India. Genuinely very less number of people in India talked about the migrant workers' problem.

On the other hand, the Supreme court of India provided some valuable suggestions to tackle the crisis. The imposition of a nationwide lockdown is a commendable effort of the govt towards tackling the issues of COVID-19. However, it has ignored the socio-economic condition of the migrants who were adversely affected their lives. In the later period, states, along with the central govt have, provided basic amenities like food grains and financial aid, which was insufficient for them. Hence the govt should look after the situation and provide the scope of the employment and skill development for them. Then they do not depend on other states for the arrangement of their bread and butter.

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