

Socio-Economic and Health Consequences of COVID-19 on Indian Migrants: A Landscape Analysis

Poonam Trivedi¹, Sandul Yasobant¹⁻³, Deepak Saxena¹⁻³, Salla Atkins^{4,5}

¹Department of Public Health Science, Indian Institute of Public Health Gandhinagar (IIPHG), Gandhinagar, Gujarat, India; ²Centre for One Health Education, Research & Development (COHERD), Indian Institute of Public Health Gandhinagar (IIPHG), Gandhinagar, Gujarat, India; ³School of Epidemiology & Public Health, Datta Meghe Institute of Medical Sciences (DMIMS), Wardha, Maharashtra, India; ⁴WHO Collaborating Centre on Health in All Policies and the Social Determinants of Health, Health Sciences, Faculty of Social Sciences, Tampere University, Tampere, Finland; ⁵Department of Global Public Health, Karolinska Institute, Solna, Stockholm, Sweden

Correspondence: Deepak Saxena, Indian Institute of Public Health Gandhinagar, Opp. Air Force Head Quarters, Nr. Lekawada, Gandhinagar, 382042, Gujarat, India, Email ddeepak72@iiphg.org

Abstract: The COVID-19 pandemic has hugely affected the world and human lives, the economy, and lifestyles. The pandemic control measures, such as lockdowns, forced many people to migrate from their destination to their source in various states, leading to increased vulnerability of migrants. The present review aimed to explore the different health, economic, and social impacts on internal migrants of India during the pandemic. The publications on internal migration and COVID-19 from India were retrieved from PubMed and Google Scholar using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. A total of 159 articles were extracted, of which 28 were reviewed. The articles published after March 1, 2020, were included in the review, irrespective of the design. Out of 28 articles, only half were original studies; the rest were either perspective, opinion, and review studies or editorial and commentary papers. Depression, anxiety, and stress due to job loss and lockdown were the major health issues documented. There was livelihood disturbance due to loss of income, such as inability to pay rent, loans, borrowing from relatives, and fear of its consequences. The migrants also faced stigma and discrimination from the villagers. The review also highlighted that although the government implemented various schemes to help the migrants, the majority were left out due to the non-availability of identity proof and ration cards. The safeguarding measures for these unregistered migrants must be facilitated to access health, economic, and social protection. Although various publications have focused on the mental health of the migrants, the socio-ecological aspects have been least explored, which calls for further studies. The literature on the impact of COVID-19 on other vulnerable populations like women and children and access to healthcare services is also scant, which needs to be explored further.

Keywords: migrants, COVID-19, pandemic, health consequences

Introduction

The coronavirus disease (COVID-19) pandemic is a critical health emergency that has disrupted social, economic, and political systems globally.¹ The COVID pandemic control measures like lockdowns helped curb the viral spread; however, the announcement adversely affected migrant labourers, especially daily wagers who had almost no savings. Many migrants became jobless and struggled to reach their homes due to the lockdown and interruption of public transport services.² In addition to this, the pandemic's mental strain had a great impact on the society. The migrants, who were compelled to move out to different parts of the country for job search to sustain their families, were affected adversely by this crisis.³

Due to the COVID pandemic, there was a massive reverse migration, resulting in increased vulnerability of migrants in India. The lockdown announcement resulted in a severe economic crisis and uncertainty among the migrants. There is emerging evidence that the pandemic affected migrants strongly. For example, reports indicate that they experienced the loss of work (the unemployment rate inflated to 19% after the month of lockdown and to 26% by April 2020),² mental stress,

including suicidal tendencies and higher use of substance abuse, problems in housing and transport facilities, and starvation.^{1,4} However, to date, there is no synthesis to understand the overall picture of the matter in the Indian context. To mitigate the hardships the migrants face, conducting a thorough investigation and analyzing the challenges they endure during the pandemic is imperative. The evidence synthesis related to various health, economic, and social challenges in the Indian context is essential for enhancing awareness among the public and policymakers. The insights from the evidence synthesis can pave the way for the implementation of new measures aimed at protecting the rights of the migrants.

The present review paper aims to detail the multiple facets of the difficulties the migrant workers went through in the Indian context during the pandemic and the lockdown. Research conducted on the impact of COVID-19 on internal migrants from Pan India was identified using a search engine, and various challenges of internal migrants were summarized using a systematic process. The main objective is to explore the various health, economic, and social impacts on internal migrants of India during the pandemic.

Materials and Methods

A scoping review on the social and policy consequences of COVID-19 on migrants in India was conducted to summarize the various health, economic, and social challenges faced by the internal migrants in India.

Study Setting & Context

The pandemic impacted global economies, including India. In 2019, India became the top country among all migrant-sending nations and contributed 17.6 million international migrants. Since 2010, India has also been so the ultimate inheritor of global remittances, which increased by 4% in the following decade.^{2,5} Further, recent data show growing migration trends in India. Between 2001 and 2011, the growth rate of internal migrants in India was 44.9%, even higher than the population growth rate of 18% during the same period.⁶

Search Strategy

A broad search was conducted through PubMed and Google Scholar using keywords like COVID-19 and Migrants. (“covid 19”[MeSH Terms] OR “SARS-CoV-2 Infection”[All Fields] OR “Severe Acute Respiratory Syndrome Coronavirus 2 Infection”[All Fields] OR “covid 19”[All Fields] OR “COVID19”[All Fields] OR “covid 19*”[All Fields] OR “Coronavirus Disease-19”[All Fields]) AND (“Human Migration”[MeSH Terms] OR “migration Human”[All Fields] OR “migration”[Title] OR “migrant*”[All Fields]) AND “INDIA”[Title/Abstract].

Type of the Study Included in the Review

Studies that focused on the general health, economic, and social impact of migrants were included in the study irrespective of the type of study and research design. The studies published in the English language were considered for inclusion. The articles published after March 1, 2020, till date, were included in the review irrespective of the design (both quantitative and qualitative). The study focused on this period because it was during this period that the migrants faced multiple health and economic challenges during the first wave of the pandemic. The scoping review focused on internal (Interstate and Intrastate) migration during COVID-19, especially regarding numbers, streams, and gender through existing data.

Further, the search was limited to India and the search mentioned above arms. Additional key references were identified from the bibliography of relevant studies. The studies on international migrants carried out in other countries were excluded from the study.

Identification of the Studies

The PRISMA Guidelines were followed to assess and report the current study.⁷

Selection of Studies

The reviewers (PT and SY) independently searched the database and screened the retrieved studies against the inclusion criteria, initially based on the title and abstract and then on full texts. A final list of all the independently extracted articles was prepared for further analysis.

Data Extractions

The extracted data from eligible studies were summarized, including basic details, study type, location, authors, years, and the consequences, such as social, economic, and physical. Additionally, the key findings and recommendations were also extracted. This information was analyzed and presented in a tabular descriptive format.

Result

A total of 159 articles were identified from the PubMed and Google Scholar databases. During the screening process, 04 duplicate articles were removed. After reading the abstract, of the remaining 155 articles, 91 articles were discarded based on inclusion and exclusion criteria. Reports assessed for eligibility were $N = 64$ articles, of which 13 articles without full text, and 23 non-relevant articles were excluded. Hence, the remaining 28 articles were included in the review (Figure 1).

A total of 28 studies were included in the present review. Only 46% of the studies were original articles; the rest (54%) were perspective or review papers. The initial studies discussed the challenges faced by migrants due to COVID-19 and the lockdown they encountered in different states of India. Of 28 articles, 32% were qualitative, 7% were quantitative, and 7% were mixed-method studies. The perspective and opinion articles (29%) discussed the impact of COVID-19 on migrants. At the same time, the remaining (18%) studies documented mental issues (stigma and harassment) faced by the migrants based on a review of newspapers. The remaining studies (7%) were commentary or editorial papers (Table 1). Of the 28 articles reviewed, half were published in 2020, 36% in 2021, and 14% in 2022.

The research by Stranded Workers Action Network (SWAN), an NGO, reported the experience of migrants who reached out to them from UP, Maharashtra, Haryana, Delhi, Punjab, Karnataka, Himachal, and Bihar. The original studies were carried out in various states of India, like Varanasi, Mumbai, West Bengal, Kerala, Tamil Nadu, Assam, and Delhi

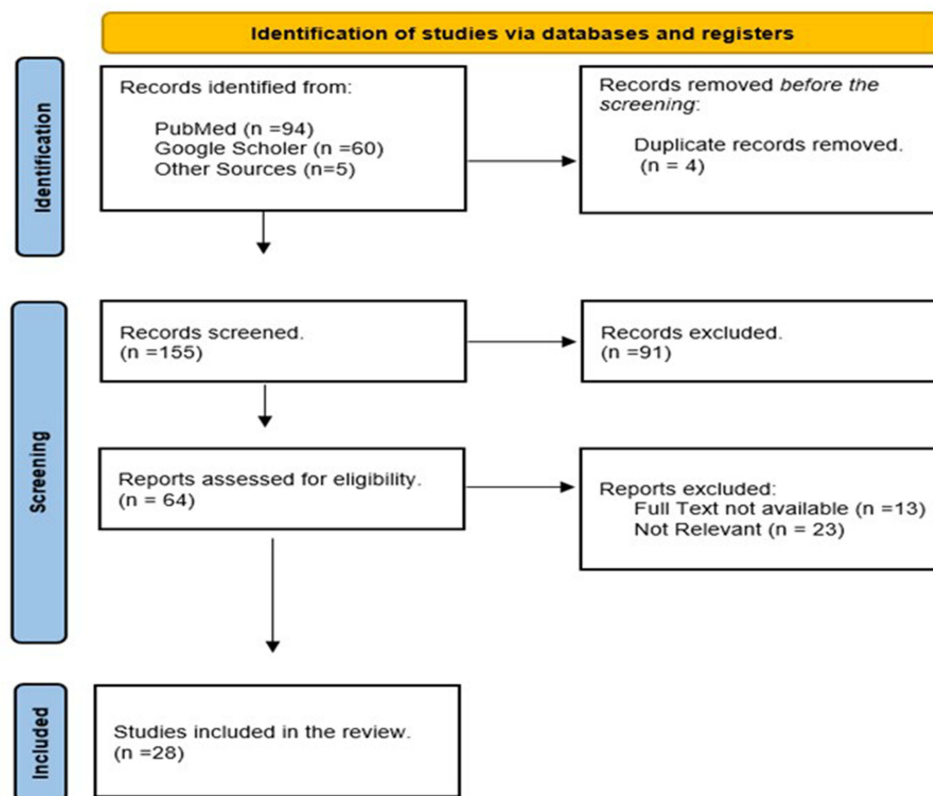


Figure 1 The PRISMA chart indicates the overview of the search and included studies.

Note: Adapted from Tricco AC, Lillie E, Zarin W et al. Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist SECTION. *Ann Intern Med.* 2018;169(7):11–12. doi: 10.7326/M18-0850.27

Table 1 Description of Studies Included in the Review (n=28)

Variable	N (%)
Year of Publication	
2020	14 (50)
2021	10 (36)
2022	04 (14)
Publication Type	
Original Research	13 (46)
Others	15 (54)
Study Design	
Qualitative	9 (32)
Quantitative	2 (7)
Mixed method	2 (7)
Perspective/ Opinion	8 (29)
Review papers	5 (18)
Commentary/ Editorial	02 (7)

NCR. At the same time, various research studies (Caritas) included migrants from multiple states like UP, Bihar, MP, Assam, Chhattisgarh, Telangana, Jharkhand, West Bengal, Maharashtra, and Odisha. The summary of reviewed studies is presented in Table 2. A detailed description of the various health, financial, and social challenges is as follows.

Health Challenges of Migrants

The health issues identified from the studies chosen are related to mental health, access to healthcare facilities, and the hardships faced by the migrants during their journey home. Most of the original studies have documented mental health issues among migrants. The various stressors of migrants identified are the ambiguity of the lockdown duration, work, and quarantine. Fear of virus infection and cases around self were also reported as significant stressors for the migrants.⁸ Similarly, the study conducted among the 13 migrant males in Mumbai reported stress due to the lack of a job and the inability to support the family.³⁰ The migrants suffered massive anxiety due to loneliness and fear of death from Covid-19.¹⁵ There was fear among migrants due to debts and employment uncertainty; more than 79% feared being unable to pay off their debt, and 50% feared the consequences of nonpayment of debt.¹² The study conducted in the shelter house also revealed that most migrants (73.5%) in the shelter house were positive for depression or anxiety, and about 20% of the participants had only depression.²⁹ The mental health screening program conducted in various states revealed that around 14,000 returnee migrants required counseling in Bihar state to overcome depression, anxiety, apprehensions, and sleeplessness due to the lockdown. The various risk factors like poor housing, comorbidities, the poor practice of WASH, and COVID-19 precautions were significantly high among migrant labourers.¹⁰ Non-availability of basic facilities like food, water, and sanitation on the highway with the responsibility of children was also narrated as one of the significant challenges faced by the migrant women.¹⁸ The non-accessibility to healthcare facilities was also reported as a substantial challenge for migrants. The dependence of migrants on quacks and out-of-pocket expenditures for their failing health was also reported in the literature.¹ Lack of neonatal healthcare, psychosocial support, and insufficient nutrition for migrant women were also significant challenges.²³ The opinion and perspective papers also documented that many migrants died due to hunger, accidents, and comorbidities.^{22,24,27}

Table 2 The Summary of the Studies Reviewed

Author	Study Design	Location	Sample Size	Health Consequences	Economical	Social
Srivastava A et al ⁸	Qualitative study	Varanasi	25 internal migrants	There was the uncertainty of lockdown duration, Future jobs, and quarantine. There was a fear of getting an infection.	No transport facility or food during the journey home. The money saved for education is used for basic needs, and there was the inability to pay rent.	Lack of empathy by villagers and Family rejection.
Rao N et al ⁹	Qualitative Study	Kerala, Gujarat, UP and Maharashtra	17 Seasonal & circular		A majority reported scarcities of food and cash. There were amplified impacts due to the lack of a support system at the destination.	They were unfamiliar with the cities and had language barriers and regional exclusion.
Duggal C et al 2022 ¹⁰	Qualitative Study	Mumbai	13 migrant men	The participants were stressed as the sole earners and became jobless with the uncertainty of the future. They were worried about their own and families' survival, especially their children's education.		
Irudaya R et al ²	Qualitative Study	Kerala	72 Internal & International	Mental frustration amongst the women. There were difficulties in accessing health facilities and routine check-ups. The ASHA supports emergency medical needs.	The migrants became jobless. There was a lack of emergency funds due to the Non-functioning of informal saving clubs. Resilience included increased use of family labour in agriculture and self-employment and debt from relatives and friends	
Rahaman M et al ¹⁰	Quantitative Study	Mumbai	350 stranded migrants	The risk factors of COVID-19, such as poor housing, comorbidities, poor WASH practice and COVID-19 precautions, were significantly high among the migrant labourers.	Difficulty in finding work and earn money on returning to the village	Battling stigma and discrimination on returning home. Harassment and discrimination of the families, irrespective of their travel status.
Guha P et al ¹¹	Quantitative Study	Assam	451 labourers Interstate		The labourers remained jobless for nearly two months, unable to send payments to their families during the reference period.	

(Continued)

Table 2 (Continued).

Author	Study Design	Location	Sample Size	Health Consequences	Economical	Social
Venugopal A et al ¹²	Mixed method	North & Central India	3196 quantitative and qualitative interviews- 5	More than 79% of migrants believed they would not pay off their debts shortly. Nearly 50% who had taken debt fear that their inability to pay can put them in danger of violence.	42.3% of workers lacked any ration left for the day; about 33% had no money to buy ration. 14% did not have ration cards, and about 12% could not access them in their current location as they were migrants.	
Khan A et al 2021 ¹³	Qualitative Study	Bihar, UP, MP, Odisha and Chhattisgarh	43		Due to unpaid wages, no place to live with basic facilities provided by the employer, and no immediate governmental protection, the migrants were forced to return to their villages.	The migrants were discriminated against and viewed as the virus spreader in the destination city/ state.
Carswell, G et al ¹⁴	Qualitative study	Tamilnadu	15	No employment and no money were the most significant stress.	There was tight control over migrant workers by employers through withholding workers' pay and deducting food expenses from their outstanding wages.	
Ansari R et al ¹⁵	Telephonic interviews of migrants	West Bengal	45	The migrants had high anxiety and fear, felt lonely, and feared death from Covid-19.	There was a livelihood crisis due to the loss of jobs and the use of savings. Due to the lack of special trains, they borrowed money from relatives and neighbours to cover their travel expenses.	
Moonjely P et al ¹⁶	Research report	UP, Bihar, MP, Assam, Chhattisgarh, Telangana, Jharkhand, West Bengal, Maharashtra and Odisha	624 migrant workers		46.6% (291) of migrants did not have even one meal daily. Similarly, 16 (2.6%) migrant workers did not have enough to eat for 6–10 days of the journey. Five respondents (0.8%) informed that they could not have food at least once a day for 11–15 days	

Stranded Workers Action Network ¹⁷	Research report Quantitative	UP, Maharashtra, Haryana, Delhi, Punjab, Karnataka, Himachal, Bihar			78% of people have less than Rs. 300 left with them before the lockdown. More than 95% did not receive cash relief from the government. Half of the workers had only one day ration. More than 95% did not receive ration, and 70% did not receive cooked food. Their employers have not paid 89% at all during the lockdown.	
Arora S et al ¹⁸	Narrative study	Delhi and the National Capital Region (NCR)	Five migrant women	The migrants faced many difficulties on their way home, like walking in extreme heat without water, Food or sanitation facilities.		The privileged sections of society considered them virus carriers and mistreated them.
Singh GP ⁴	Narrative review	India	-	There was stress related to basic needs, concern for the family and anxiety due to job loss. There was psychological distress, depressive and anxiety disorders, and substance use disorders amongst the migrants.		
Nasir S et al ¹⁹	Review of newspaper	India	-	Migrants were sanitized with bleaching agents resulting in itching and rashes amongst children and women. There was a negative effect on the mental health of migrants due to Psychological distress, severe anxiety, and depressive symptoms.	There were multiple losses like loss of job, limited food and resources for the family in their villages	They were considered a spreader of the virus and blamed, stigmatized, and discriminated against for the same.
Bhandarkar, K et al ²⁰	Literature review	India	-	The migrants had the highest distress due to starvation, no work, no income, no shelter, and no transportation. The extension of the lockdown led to anxiety and nervousness in workers.	Multiple hardships due to the lockdown made them jobless, causing loss of income and food, starvation, and lack of shelter without immediate and adequate relief from the local government the provision of food and shelter.	The neighbours accused the migrants of being infected by the virus, which restricted their freedom to buy food.
Jesline, J et al ²⁰	Systematic review	India	-	The women and children were distressed due to the substandard relief camps, with a lack of rations and facilities,		

(Continued)

Table 2 (Continued).

Author	Study Design	Location	Sample Size	Health Consequences	Economical	Social
Irudaya R et al ²¹	Perspective	India		In Bihar, a total of 14,000 beneficiaries from Twenty-one states operated mental health counselling helplines. In Karnataka, 21,000 migrant workers were given counselling.		
Choudhari R. ²¹	Perspective	India		Loneliness and being alone lead to mental issues like depression. Loss of loved ones, helplessness to attend to the family's health needs during the pandemic, and staying away due to social distancing are the aggravating factors for the stress that may lead to suicide.		
Breman J ¹	Perspective	India		The migrants, when they fell sick, depended on quacks, and self-medication paid out of their pocket. Many lost their life due to a lack of food and medical care. However, there was a lack of notification of the nature of their fatality and its occurrence.	Out of all migrants, 75% had food supplies for no longer than two days, which they tried to use for more days.	There was an insistence on isolation from higher castes and neighbours and relatives. There was a significant reduction of work opportunities due to the labelling of 'virus carrier', which caused stigma, anxiety, and violence. There were incidents of attack by police on migrants with sticks.
Agoramoorthy G et al ²²	Perspective	India		Due to the sudden loss of jobs, there was displacement, hunger, accident, malnutrition, suicide, and unbearable mental stress.		
Raju E et al ²³	Opinion	India		Migrant workers and their pregnant spouses were compelled to walk hundreds of miles, and few women died due to the lack of maternal health services. The migrant women and children were deprived of neonatal healthcare, psychosocial support and nutrition.	At least one family member of 79% of households in the slums of Lucknow and Kanpur lost their income, and 56% reported a decline in revenue compared to before the crisis	There was a lack of empathy and human dignity for migrants during the lockdown.

Mohan M et al ²⁴	Opinion	India		There were instances of collapse, death and accidents among migrant workers on their way home in Uttar Pradesh. Sixteen workers were mowed down by a train in Maharashtra's Aurangabad district.	The migrants were exposed to economic uncertainties, starvation, fatal accidents, injuries, and other hardships.	
Jha SS et al ²⁵	Commentary	India			42% of migrants did not have rations, and 33% had no access to food, safe water, and money.	The families were discriminated and harassed irrespective of their travel status. Some villages were excluded, even after completing the mandatory 14-day quarantine period.
Chander R et al ²⁶	Editorial	Karnataka		There was doubt about the duration of the lockdown and keenness to meet their family. There was the insecurity of income and job and fear of lack of attention to illness of children and pregnant women.		
Bhagat, R et al ²⁷	Policy paper	India		The migrants faced issues related to food, shelter, loss of income, fear of getting infected, and anxiety. Many migrants died due to hardship on the way to their destination. They faced hunger, accident or comorbidity, and a few also committed suicide.	Out of 3000 migrants from north India, 42% had no ration, and a third were trapped in destination cities with no access to food, water and money.	
Suresh R et al ²⁸	Opinion	India		A lack of public transport resulted in many migrants being compelled to walk hundreds of miles on foot to reach their home villages.		Police and locals ill-treated them as they were considered possible carriers of the infection.
Bhattacharya, S ²⁹	Perspective	India		73.5% of the migrants in shelter houses were positive for depression or anxiety. Many migrants had both anxiety and depression, suggesting high comorbidity. About 20% of the participants were screened positive for only depression.	Because of lack of money or any other support like ration cards and other entitlement which are available to local people, the migrants are either taking one meal a day or even starve	

Abbreviations: ASHA, Accredited Social Health Activist; MP, Madhya Pradesh; UP, Uttar Pradesh.

Economic Challenges of Migrants

The significant economic challenges identified in the present review are loss of wages, disruption of livelihood due to failure of salary like inability to pay the rent, loan, borrowing from relatives, and fear of its consequences. The studies have also reported the non-receipt of government benefits to the migrants, which caused severe effects like starvation and mental issues. The studies revealed the economic hardship faced by the migrants, including loss of income and various consequences due to lack of money. The migrants are often the family's primary wage earner and support relatives through their salaries; however, during the pandemic, they fail to support their families due to loss of wages. A study by Guha et al found that labourers were unemployed for nearly two months resulting in an income loss of INR 28,955 and failure to send payments to their families.¹¹

Similarly, there is also evidence of difficulty in finding work and earn money upon returning to the villages.^{10,19} An opinion paper also revealed that in the slums of Lucknow and Kanpur, more than 75% of the household reported that at least one family member had lost their income.²³ There is also evidence of harassment from employers, like unpaid wages and salary deductions. Carswell et al revealed that although the employers supported the migrants, they retained tight control by withholding their salaries and deducting food expenses.¹⁴ The studies conducted in various states documented the multiple hardships faced by migrants due to loss of income. The difficulties faced include inadequate transport facilities, food, and ration, saving utilized for basic needs and the failure to pay rent.^{8,9} Migrants were forced to return to their villages due to unpaid wages and a lack of basic facilities like electricity and water provided by employers.¹³ A study conducted by Ansary et al reported that the migrants had to borrow money from relatives for travel expenses due to limited special trains for them.¹⁵ The finding from the qualitative study also revealed that the loss of a job led to excessive use of family labour in agriculture and self-employment, borrowing money from relatives and SHGs and taking a gold loan.²

Although the government had started various initiatives to help migrants, the evidence suggests a lack of access to the benefits of the needy migrant resulting in starvation and other health consequences. A study by Rao et al reported the absence of a support system at the destination and the lack of government and non-government support.⁹ A survey conducted during the lockdown said that 42.3% of workers lacked any ration left for the day, and 33% did not have the money to buy ration. About 14% did not have ration cards, and about 12% could not access them in their current location as they were migrants.¹² Similarly, a research study conducted in ten states of India reported that 46.6% (291) of migrants did not have even one meal a day, and 16 (2.6%) did not have enough to eat for 6–10 of the days of the journey.¹⁶ The perspective papers also reported that because of a lack of money and ration cards, and other entitlements, the migrants were taking either one meal or even starving.^{1,29}

The present review also shows that the migrants fail to benefit from various programs due to the non-availability of ration cards and identity proof. A research report concluded that around 98% of the respondents received no cash relief from the government, and 70% had not received any cooked food. In Karnataka, 80% of Punjab's 32% migrants do not receive cooked food, while in Uttar Pradesh, none of the migrants received cooked food.¹⁷ A few workers received Rs. 1000 from the Bihar Government, whereas only three women received Rs.500 from Jan Dhan Yojana.¹⁷ Similarly, a study conducted in Tamilnadu reported that none of the participants received assistance from the state.¹⁴

Social Challenges of Migrants

The present review documented the social challenges faced by the migrants, which are stigma and discrimination by the villagers and families. The migrants were considered as the spread of the virus. The villagers also compelled them to stay at home even after completing the quarantine period, which led to the loss of wages, anxiety, and stigma.²⁵ The study also reported their experience battling stigma and discrimination on returning to their home irrespective of their travel status and exclusion even after completing the quarantine period.¹⁰ Previous reviews also highlighted the stigma and discrimination of migrants.^{19,20} There are also incidents of insistence on isolation from a higher caste and also from neighbours and relatives. The significant reduction of work opportunities due to labelling virus carriers was also reported as a reason for stigma, anxiety, and violence.¹ The studies also reported ill-treatment by police officers;^{22,28} the police personnel attacked migrant workers with sticks and forced them to crawl on the ground.²²

Discussion

The present review summarises the challenges faced by migrants in terms of health and economic and social conditions during the COVID-19 pandemic in India. The evidence from the studies conducted in various states throws light on different mental distress among the migrants, like depression, anxiety, and stress due to loss of employment and lockdown. Similarly, a study conducted in South Korea reported a high prevalence of depression among immigrants who lost their jobs due to COVID-19.³¹ In addition to health and economic hardships, the migrants also faced stigma and discrimination from the villagers; the findings are consistent with other studies. The studies reported the discrimination of returning migrants in their home countries, leading to verbal and physical harassment and exclusion by nationals or government representatives.^{32–34}

The lack of basic facilities like food, water, and sanitation on their way to their destination increases their vulnerability to a health crisis. The non-accessibility of healthcare services, including maternal and child health services, made their situation more vulnerable. The finding is consistent with the qualitative study conducted in Thailand. The study reported that financial constraints were the major barrier to access to health care.³⁵ Further, there was disruption of livelihood due to loss of wages like inability to pay the rent, loan, borrowing from relatives, and fear of its consequences. The review also highlighted that although the government implemented various schemes to help the migrants, the majority were left out due to the non-availability of identity proof and ration cards.

The present review reflects the pressing need for a sustainable and effective policy for migrant labourers to ensure the supply of rations, economic support, employment opportunities, and mobile health services.¹³ Various countries have included migrants in social safety and protection schemes. Countries like Ireland, Italy, and New Zealand, included migrants in their more general support packages for those affected by the pandemic.³⁶ Various studies also recommend integrating government with civil society, which has good outreach with the migrant communities at the grassroots level. Providing unique national registration and identity, mainly to obtain provisions, and political inclusions, including housing, finance, legal aid, and public health should be laid to ensure their well-being.¹³

Through a decentralized approach by the government of Odisha, grassroots workers organized relief operations at blocks and district levels through quarantine centres and shelters for migrants. The training was arranged in quarantine centres for many migrants to become community health workers in the capacity of sanitation work. An incentive of Rs. 2000 was also given to the migrants to complete the 14-day quarantine.²⁶ The funds were also allotted to Gram Panchayat to set up and manage quarantine centres. The success story of such states can be replicated in other states to protect migrants during future pandemics or disasters.

The evidence shows that migrant women and their children were vulnerable to communicable infection due to lack of nutrition and poor housing conditions. Due to inappropriate shelter during COVID-19, they confronted many challenges, including a lack of sanitary facilities, living alone, and lack of protection. Pregnant women were also vulnerable due to inadequate medical care provided in the shelter house.³ However, in the present review, evidence on the impact of COVID-19 on the highly vulnerable population of migrant women workers is limited. There is an urgent need for specific policies to safeguard women and to provide essential reproductive, maternal, and pediatric care, especially during emergencies like the pandemic. The review also has a few limitations as it was limited to internal migrants; hence, although international migrants who returned to the country also passed through various challenges, it is not documented. Secondly, very little original research has been conducted to understand the effect of a pandemic on migrants, highlighting the need for more in-depth research with robust study designs in this domain.

Conclusion

The present review provides insight into multiple health, economic, and social hardships the migrants face. The study also indicates that although the government implemented various initiatives, many migrants were left out due to the non-availability of identity proofs. The safeguarding measures for these unregistered migrants must be facilitated to access health, economic, and social protection. If these issues remain unaddressed, it will further marginalize the migrants, and they will be more vulnerable to adverse events or emergencies. Many publications have been done related to COVID-19 in general. However, the present scoping review suggests a limited number of original publications associated with the

impact of COVID-19 on the social, economic, and health of the migrants in India, which needs further investigation. Further, although various publications focus on the migrant's mental health, the social issues have been neglected, which calls for further studies. The evidence on the impact of COVID-19 on other vulnerable populations like women and children and access to healthcare services is also scant, which needs to be explored further. The conclusions drawn from this review offer valuable guidance for policymakers seeking to implement diverse strategies to enhance the overall well-being of migrants. This review will also offer significant insights to researchers and non-governmental organizations (NGOs) engaged in this field.

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