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Impact of Covid-19 on Livelihood and Health Experiences of Migrant Labourers in Kerala, India

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Abstract

Covid-19 is the most consequential crisis in our memory and has affected everyone irrespective of class, caste, gender and ethnicity. The pandemic also exacerbated pre-existing inequalities, and those who were marginalised took the brunt of the unprecedented crisis. Inter-State Migrant Workers was one such community who were at the intersections of marginalisation. Mostly they belong to economically poor Scheduled Caste/Tribe and Backward Communities. Most of them are agriculture labour, and often due to poor rains and unemployment they migrate to other states for better employment and wage. This essay explores the confluence of elements that helped Kerala to manage the Covid-19 pandemic during the first wave, March to May 2020. The study adopted mixed method, about 132 migrant workers were interviewed using a structured schedule and 10 case studies were collected. The study finds that a majority, 92 per cent are SC/ST/OBC, education level less than high school and economically very poor. The study examined the measures taken by the government to address the crisis and how it helped to address the need and concerns of the migrant workers. It also captured the life, livelihood, healthcare utilisation and overall experience of interstate Dalit migrant workers who reside in Kerala.

Keywords

COVID-19 pandemic, migrant workers, healthcare, livelihood, housing

I. Introduction

Some of the disturbing images of India's lockdown came from the exodus of interstate migrant workers, leaving cities and towns and returning to their home states. With

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bags perched on their heads, children in their arms, and swollen feet, they walked back to their native states as the lockdown paralysed their employment and livelihood. The Supreme Court of India took 'suo motu' cognisance of their plight and ordered the state and central governments to take action to address the needs of the stranded workers (Bandhua Mukti Morcha Vs Union of India, 2020). However, at the same time, a small state in India, Kerala, stood up, took timely interventions, and efficiently handled the crisis.

At that time, Kerala won international praise for the way it handled the pandemic (Viswambaran & Diwakar, 2020). Kerala's ability to diagnose and track viruses and other infections was praised by multiple global media such as the *BBC*, *The Guardian*, and *Washington Post*, among others (Masih, 2020; Biswas, 2020; Kurian, 2020; Faleiro, 2020). The Indian Council for Medical Research (ICMR) has lauded the containment strategy and Kerala's robust public healthcare system and said it refers to the Kerala model for testing and containment strategies (PTI, 2020).

Though the pandemic affected everyone, some took the brunt of the unprecedented crisis. The pandemic exacerbated pre-existing inequalities as those who were marginalised on the basis of different identity markers had to deal with the worst (Diwakar & Viswambaran, 2022). Inter-State Migrant Workers was one such community who were at intersections of marginalisation. Most of them are agriculture labours, who migrate to other states for better employment and wage. In most cases they belong to Scheduled Caste/Tribe and Other Backward Communities. This essay explores the confluence of elements that helped Kerala manage the reverse migration crisis and examines the experience of interstate migrant workers who reside in Kerala. Even though there are many factors that have contributed to this success, however, i) a robust healthcare system, ii) swift governmental response and, iii) community participation are the three pillars that allowed Kerala to manage the first wave of the pandemic (WHO, 2020). Despite Kerala having several constraints such as low per capita income, dependence on foreign remittance, and low agricultural output, the state displayed tremendous achievement rates in health outcomes. This is generally attributed to intersectoral factors such as the emancipatory social movements, the spread of education, political awareness of the people, and investment in healthcare infrastructure. It has been claimed that all sections of people in Kerala have benefitted from these progressive and timely policy initiatives (Isaac et al., 2020; Sadanandan, 2020).

A state's efficiency and its effectiveness can be better judged by how it treats the most vulnerable sections. Interstate migrant workers are a significantly vulnerable population of a state, because they don't have any social support mechanism other than the state administration. Migration is a phenomenon that primarily happens due to inter-regional and intra-regional disparities at the macro level and due to the lack of employment opportunities and resulting low standard of living at the micro-level (Pandey & Mishra, 2011). Several factors like language barriers, cultural bias and low education levels put inter-state migrant workers at a disadvantage. Studies exploring the living conditions of the interstate migrant workers show that they often have to

live in shanty houses and have limited access to sanitation facilities and safe water. (Surabhi et al., 2007).

While looking at the health access and utilisation of migrant workers, factors like lack of awareness about the provision of health facilities, lack of confidence in accessing the health services due to apprehensions about approaching the healthcare system, language barriers, cultural bias and patriarchal dominance affects the inter-state migrant workers from accessing healthcare services (Babar, 2011; John et al., 2020). On top of these factors, in India, the laws relevant to the social security of inter-state migrant workers were not effectively and appropriately implemented. Covid-19 lockdown has further exacerbated the vulnerabilities of migrant workers (John et al., 2020). Immediate concerns faced by migrant workers during the first phase of Covid included matters related to joblessness and loss of livelihood, food security, paying rent for house, healthcare expenditure, anxieties about family's safety and apprehensions about the future (MoFHW, 2020; Singh, 2021).

II. Factors Contributing to Better Public Health Care System in Kerala

The region, which later became the modern state entity known as Kerala, had a comparatively better health infrastructure than other parts of India. A historical analysis of social development in Kerala is required to understand the reasons for this advantage. We need to take a brief detour from the health aspects and focus on the history of the Malayali (native speakers of the Malayalam language) people and their shared sub-nationalistic "*pride*", which is important to understand how Kerala had the foundations enabled to counter the first wave of Covid-19 crisis in an efficient manner.

Kerala had a concept of organised healthcare for centuries. Families of practitioners of indigenous systems like Ayurveda handed their traditions from generation to generation. People were used to approaching caregivers when they were sick rather than turning to self-treatment (Kutty, 2000). But this tradition cannot be seen as public health as it was not accessible to all people because of the fragmented nature of Kerala society. Kerala society was highly fragmented on the lines of caste, class and ethnicity, which prevented the concept of public healthcare from materialising. Till the end of the eighteenth century, social development in Kerala remained latent. This latency was caused by the caste system in Kerala, which was perhaps the most brutal and most oppressive of any other state in India (Desai, 2005). There were strictly enforced injunctions on the use of public facilities, such as roads, wells, temples by lower castes, and elaborate specifications of the physical distance allowed between each caste (Franke & Chasin, 1992). This practice of alienation ensured that there was no common identity. The lack of common identification meant that there was little support for collective welfare and virtually no demands for the provision of social services (Singh, 2010). However, this changed after the arrival of Christian missionaries. The developments in the eighteenth century caused by a domino effect of their arrival constitute an important turning point in Kerala history (Washbrook,

1994). Missionaries used the promise of access to education and healthcare to further their proselytising efforts. Protestant missionaries who arrived in the early nineteenth century considered education to be a necessary prerequisite for their religious work (Tharakan, 1984). By the middle of the nineteenth century, missionary societies also opened the first Allopathic dispensaries and provided instruction in hygiene and public health (Ramachandran, 1998). This missionary work was an attack on the foundations of the caste system and paved the way for the questioning of this religiously-sanctioned hierarchy that facilitated caste. As a result of lower castes getting access to education and health facilities, people from lower castes started to convert to Christianity. This, along with British-initiated advancements such as granting proprietary rights to land tenants, and opening wastelands for cultivation, created a new class consisting of middle-level agrarian workers, artisans and traders. These strata were primarily from Syrian Christians and the Ezhava caste (Isaac & Tharakan, 1995). The creation of a newly-empowered section led to an asymmetrical condition, i.e. the new section was economically improved but still socially discriminated. The economic advancements of these previously 'avarna' (outside the varna system) castes caused them to unite and revolt against the unjust social practices that they were subjected to. This resulted in several socio-religious movements that were formed with the intention of fighting against upper caste dominion. Narayana *Guru* who urged the followers to strengthen through organisation and liberate through education and Ayyankali who called out the oppressed sections to promulgate an indefinite boycott of agricultural operations till the right of education was accessible to them were all products of this movement (Tharakan, 1998).

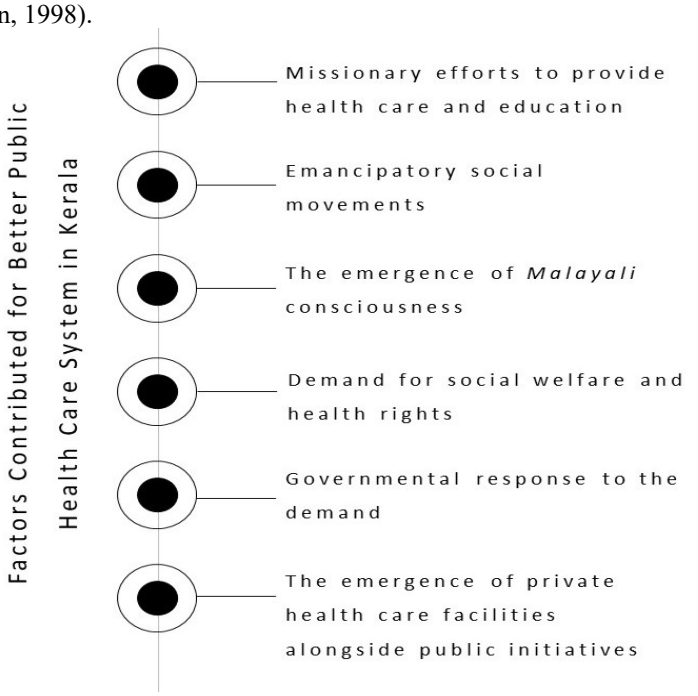

Figure 1: Factors Contributing to Better Public Healthcare System in Kerala

Due to the power of these social movements and out of the fear of large-scale conversions, and also seeing that the reform movements were garnering power, other monarchies of present-day Kerala, Travancore and Cochin monarchies, were forced to initiate reforms that abolished caste restrictions which fostered unprecedented economic mobility across caste lines which in turn got reflected in the general public's access to health and education (Singh, 2010). The expenditure on public health by the Travancore kingdom saw a six-fold increase during the period between 1900 to 1945. In the 1941–42 period, 25 per cent of total expenditure on the medical department was allocated toward measures designed to stem the outbreak of diseases such as cholera and smallpox, which had been a causative factor of high mortality, particularly among the vulnerable factions (Singh, 1944). The renewed focus on social policies was bolstered by reform movements that ensured equal distribution and access to public goods. As a result, mortality rates started declining steadily in the 1920s, and by 1940 Kerala had the lowest death rate among the major states in India (Thresia, 2014). Another important development that needs to be noted is the Aikya Kerala movement, a campaign that aimed to consolidate all Malayalam-speaking regions and create a united Malayali homeland. This began around the 1920s and led to the emergence of a "Kerala-wide consciousness of shared community" (Chiriyankandath, 1993, p. 650).

Due to a combination of all these historical factors, Kerala state was already at an advantage at the time of its formation in 1956. One indicator of the government's commitment to health services provision is the proportion of government expenditure set apart for health, and in this aspect, the state's budget allocation for health was considerable (Kutty, 2000). The historical factors mentioned above resulted in creating a democratic environment in the state where two major political parties, Communists and the Congress party, had to engage in tightly contested electoral races. These tight electoral races and alternation of administrative power heightened government responsiveness to popular pressures.

Social welfare emerged as a key area of competition between political parties in Kerala as each government attempted to outdo the other in the extension of the social security net (Venugopal, 2006). As a result, investment in education and healthcare remained a consistent policy of all elected governments in Kerala, irrespective of their political leaning. This tradition of government support for health development has been a catalyst for the advancement of healthcare in the state (Kutty, 2000).

The thrust in public funding in public health took a hit during the period between the mid-1970s to the early 1990s due to the fiscal crisis that the state faced (George, 1999). At the same time, reports on the private medical institutions in Kerala by the government show that the state saw a marked increase in the number of private hospitals. More significantly, private hospitals have outpaced government facilities in the provision of hi-tech methods of diagnosis and therapy (Kutty, 2000). It is safe to say that, at present, Kerala has a healthy division of labour between the public and private sectors. Along with these factors, having proper sanitation, drinking water facilities, clean air, and nutritious food have contributed to an overall healthy environment. The rich history and characteristic features of its population have made several scholars note that public health in Kerala stood a cut above the rest of India.

III. Kerala Government Initiatives for Inter-State Migrant Workers

Kerala, since its formation in 1956, has had inter-state migrant workers. In the beginning, it was from the neighbouring states of Tamil Nadu and Karnataka. Labour migration beyond south India began with the arrival of inter-state migrant workers from Odisha (Peter et al., 2017). Perumbavoor in Ernakulam district and Kallayi in Kozhikode were flourishing timber industry hubs during that time and were home to several migrant workers. Later in the 1990s, Kanjikode in Palakkad emerged as a hub of the iron and steel industry which heavily relied on the labour force from Bihar. In 1996, after a supreme court ban on forest-based plywood industries in Assam, those who lost their job due to the ban, migrated to Perumbavoor, which became a new hub of plywood industries. The profile of the inter-state migrant workers varies as per the native place of the worker, sector of engagement and location of job opportunity (Peter, 2020).

Various organisations such as the Centre for Development Studies (CDS), Centre for Migration and Inclusive Development (CMID) and Department of Labour and Skills (DOLS) have always been at the forefront of collecting data and providing insights to the government. The Kerala Migration Survey in 1998 by CDS was the first large-scale household survey that exclusively focused on the issue of migration in India. These insights were used to create meaningful policy initiatives to address the vulnerabilities of the migrant worker population and improve their living standards. Kerala is the first Indian state to enact a social security scheme for migrant workers (Srivastava, 2020). As part of the 13th five-year plan, Kerala constituted a Working Group on Labour Migration that looked into the concerns of the migrant population and recommended several legislative and psychosocial welfare initiatives to better their working and living conditions.

Several welfare initiatives such as ISMWWS (Interstate Migrant Workers Welfare Scheme, 2010), Aawaz Insurance Scheme (2017), and Apna Ghar Housing Scheme (2019) were taken up by the state government. However, these initiatives were not always outright successful. ISMWWS went defunct after gaining momentum; Aawaz Insurance Scheme overlapped with ISMWWS and is criticised for being a cover for law enforcement agencies to collect their biometric data (Sreekumar, 2019; Peter et al., 2020). The only housing facility functioning in the Apna Ghar programme in the entire state offers a total of only 620 beds and is created to meet the requirements of single male migrants (Desai, 2019).

IV. Kerala Government Responses to Covid-19 Pandemic

The grassroots level organisations—Kerala's robust panchayat raj system—mobilised support for contact tracing and supported the quarantined and disease-affected families. They were also responsible for running community kitchens which were responsible for feeding people who were unable to do so due to the India-wide

lockdown (Viswambaran & Diwakar, 2020). The government was also the first state in India to announce an economic package worth ₹ 20,000 crore as a relief to the state affected by Covid-19 on 19 March 2020 (DHS, 2020).

While the lockdown in India was characterised by apathy towards the migrant workers, Kerala set an example in handling the issues. Community kitchens were equipped across the state, and helpline numbers and tele-counselling facilities were arranged by the state labour Commissionerate (HRLN, 2020). However, on 29 March, an incident took place that was considered to be a blot on the Kerala's Covid-19 response. A gathering of inter-state migrant labourers flooded the streets of Kottayam with the demand that they need to be sent back to their homes. The protest caught the state administration off guard, but the situation was efficiently defused within hours (*The New Indian Express*, 2020). An inquiry into the reasons for the protests showed that one of the major causes of discontent among the inter-state migrant labourers was over the Kerala style food that was provided for them by the community kitchens. This issue was immediately solved by taking steps to ensure that they had a diet that was preferable for their taste buds. But it wasn't adopted as a consistent policy. The government also took care of their other needs, such as places to recharge mobile phones and arranging provisions for recreational activities and games such as chess and carroms (HRLN, 2020). Another major transformation that happened is how the state replaced the terminology used to classify them. Earlier, government records used the term "migrant workers", but they have been classified under the term "guest workers" ever since the crisis. Even while migrant protests sprung up in other parts of the country, Kerala hasn't seen any such protest since the first one (Arnimesh, 2020).

V. Methodology

The aim of the study is to examine Kerala's response to the Covid-19 pandemic and how it has affected the inter-state migrant workers. The study adopts an exploratory research design, as there are not many studies which have examined this particular phenomenon. The study used a mixed method, both quantitative and qualitative data was collected to understand the phenomenon. The study was conducted in Ernakulam District, quantitative data was collected from 132 migrant workers from 5 different locations using a structured interview schedule. As the study focussed on the concerns of the Dalit migrant workers, case study method was used to understand their specific concerns. Purposive sampling method was used to select the respondent for the study. A systematic review of literature on history of public healthcare system in Kerala, government initiatives for migrant workers and response to Covid-19 pandemic was done to understand the issue and the research gaps. The qualitative data focussed on the life experiences of the migrant workers in Kerala. Their livelihood, employment, access to healthcare facilities, housing and social security of the migrant workers during Covid-19 pandemic.

VI. Analysis and Key Findings

This study has two parts, the first part is the analysis of the quantitative data and the second part is the analysis of qualitative data. The quantitative analysis covers the socio-demographic profile of the respondents, crisis faced by migrant workers during Covid-19, services received during the first phase of lockdown, issues of housing & paying rent and access to healthcare facilities.

i) Socio-demographic Profile of the Respondents

Socio-demographic analysis of the migrant workers was done to understand their caste, native place, age, educational status, occupation, type of migration and for how many years were the migrant workers employed in Kerala (Table 1). Understanding socio-demographic details is very important to locate the study and to understand the findings in a comprehensive manner. Altogether about 132 respondents were interviewed from the study area of which 34.8 per cent (46) of the participants belonged to the SC/ ST workers, about 56. 8 per cent (75) are backward class and only 8.3 per cent (11) are from general community. It is clear that 92 per cent are from socially backward community belonging from SC/ST and backward class. A majority of these migrant workers have come from West Bengal (38.6 per cent), followed by Assam (28.8 per cent), Bihar (15.2 per cent), Odisha (14.4 per cent) and Tamil Nadu (3 per cent). An analysis of the age-wise distribution has shown that a majority, 55.3 per cent are in the age group 26–35 years, 24.2 per cent between 16–25 years, 13.6 per cent between 36–45 years and 6.8 per cent between 46–55 years.

Table 1: Socio-demographic profile of the respondent

Socio-demographic Characteristics	Frequency	Percentage
Caste Category		
SC/ST	46	34.8
OBC	75	56.8
General	11	8.3
Native place of participant		
Assam	38	28.8
Bihar	20	15.2
Odisha	19	14.4
Tamil Nadu	4	3
West Bengal	51	38.6
Age		
16-25	32	24.2
26-35	73	55.3
36-45	18	13.6
46-55	9	6.8
Education Level		
Illiterate	19	14.4
Primary	29	22.0

Socio-demographic Characteristics	Frequency	Percentage
Middle	31	23.5
High School and above	53	40.2
Occupation		
Construction Site	45	34.1
Factory/Industry	51	38.6
Daily Labour	33	25.0
Other Job	3	2.3
Type of Migration		
Temporary	122	92.4
Seasonal	10	7.6
Years spent in Kerala		
6 month – 2 years	22	16.7
3 years – 9 years	66	50.0
10 years – 12 years	22	16.7
13 years and more	22	16.7

Source: Based on the field data collected for this study during 2022

The data analysis has found that 40.2 per cent of the migrant workers had education of high school and above, followed by 23.5 per cent with middle level education, 22 per cent had primary education and 14.4 per cent were found illiterate. About 38.6 per cent of the migrant workers were employed in factory/industry, 34.1 per cent worked in construction field, 25 per cent of the migrant laborers were daily laborers and a small section of workers were engaged in working in other jobs.

While analysing the nature of migration it was noted that majority (92.4 per cent) of the migrant workers were temporarily settled in Kerala and they visit their hometown during festivals, functions and other emergencies. The remaining 7.6 per cent of workers were seasonal migrants.

Majority 83.3 per cent of the respondents have been working and residing in Kerala for more than 3 years. Of these, about 33 per cent have been working in Kerala for more than 10 years. Only 16.7 per cent of the respondents have reported they are working in Kerala for 6 months – 2 years. From this it is clear that a majority of the respondents have spent sufficient time in Kerala to have an opinion on any specific aspect.

ii) Crisis faced by Migrant Workers During Covid-19

The analysis of the data shows that 91 per cent of migrant workers have lost their job during the first lockdown period (March to May 2020). Because of the loss of their jobs, those migrant workers had to face a huge financial crisis.

Table 2: Crisis faced during lockdown 1 (March to May 2020)

Covid Lockdown 1 (March to June 2020)	SC/ST/DN			Others[1]			Total		Over all Total
	Yes	No	Total	Yes	No	Total	Yes	No	
Lost job	40 (87.0)	6 (13.0)	46	80 (93.0)	6 (7.0)	86	120 (90.9)	12 (9.1)	132
Financial Crisis	40 (87.0)	6 (13.0)	46	80 (93.0)	6 (7.0)	86	120 (90.9)	12 (9.1)	132
Not had 3 meals in a day	7 (15.2)	39 (84.8)	46	13 (15.1)	73 (84.9)	86	20 (15.1)	112 (84.9)	132
Not had Nutritious Food	5 (10.9)	41 (89.1)	46	12 (14.0)	74 (86.0)	86	17 (12.9)	115 (87.1)	132

Source: Based on the field data collected for this study during 2022

Even though there was a huge financial crisis, about 85 per cent of the migrant workers' food security was ensured and they managed to have 3 meals a day. Moreover, when explored further on the quality of food, about 87 per cent of the respondents have reported that they had nutritious food during lockdown period (Table 2). Though, there were a few concerns raised by the migrants on the food provided by the panchayat through community kitchens, however it met the nutrition requirements of the respondents.

Table 3: Services received during the first phase of lockdown (March to May 2020)

Services received during lockdown 1 (March to May 2020)	SC/ST/DN			Others			Total		Over all Total
	Yes	No	Total	Yes	No	Total	Yes	No	
Free Food Ration by State Authorities	10 (21.7)	36 (78.3)	46	13 (15.1)	73 (84.9)	86	23 (17.4)	109 (82.6)	132
Grocery kit from Panchayat or State	23 (50.0)	23 (50.0)	46	36 (41.9)	50 (58.1)	86	59 (44.7)	73 (55.3)	132
Employer provided food grains and vegetable kit	12 (26.1)	34 (73.9)	46	39 (45.3)	47 (54.7)	86	51 (38.6)	81 (61.4)	132
Food from community kitchen	4 (8.7)	42 (91.3)	46	8 (9.3)	78 (90.7)	86	12 (9.1)	120 (90.9)	132
NGO or philanthropist provided food kits	1 (2.2)	45 (97.8)	46	4 (4.7)	82 (95.3)	86	5 (3.8)	127 (96.2)	132
Free food ration under Pradhan Mantri Garib Kalyan Yojana	1 (2.2)	45 (97.8)	46	3 (3.5)	83 (96.5)	86	4 (3.0)	128 (97.0)	132

Source: Based on the field data collected for this study during 2022

[1]Others includes both backward class and general

Even during such a huge financial crisis, this was achieved only because 74 per cent of the migrant worker's received free food grains from various government and other agencies. Table 3 data revealed a majority 45 per cent of respondents have received grocery kits from the panchayat and about 39 per cent respondents received food grains from their employer. Moreover, about 17 per cent of migrant workers have received free food grains from ration shops and 9 per cent have received food from the community kitchen. Nearly 7 per cent of respondents have received food grains from philanthropists, NGOs, and other sources. Some of the respondents have received food grain from multiple sources. However, there is another concern that 15 per cent of the migrant workers could not get 3 meals in a day during lockdown and 12 per cent said the food was not nutritious. The data has been further disaggregated by caste category as there was no significant variation across the group in receiving food grains it was not considered for further examination.

iii) Housing and Accommodation

Table 4: Issues of housing and paying rent

Services received Lockdown I (March to May 2020)	SC/ST/DN			Others			Total		Over all Total
	Yes	No	Total	Yes	No	Total	Yes	No	
House rent was waived off by the owner	21 (45.7)	25 (54.3)	46	35 (40.7)	51 (59.3)	86	56 (42.4)	76 (57.6)	132
Free food and accommodation	16 (34.8)	30 (65.2)	46	28 (32.6)	58 (67.4)	86	44 (33.3)	88 (66.6)	132
Unable to pay rent	5 (10.9)	41 (89.1)	46	7 (8.1)	79 (91.3)	86	12 (9.1)	120 (90.9)	132
Unable to meet basic needs (electricity bills, mobile recharges, etc.)	3 (6.5)	43 (93.5)	46	9 (10.5)	77 (89.5)	86	12 (9.1)	120 (90.9)	132

Source: Based on the field data collected for this study during 2022

Concerning the financial crisis and jobless situation of the migrant population, house owners understood the difficulties of migrant workers to pay house rent. Table 4 shows that about 42.4 per cent of house owners were waived off their house rent during the first lockdown (March to May 2020). Moreover, it was also found that 33 per cent of migrant workers have received free food and accommodation from their employers. However, 9 per cent of the migrant worker's house rent was neither waived off nor taken care of by the employer. So, they faced difficulty in paying the house rent. Nearly 9 per cent of workers also expressed that they had difficulties in meeting their basic needs like paying electricity bills, mobile recharge, etc.

iv) Access to Healthcare Facilities

Access to healthcare institutions and utilisation of health services is a concern for migrant workers. As they work in unorganised sector they are vulnerable to many health hazards, however, they were not covered under any social security schemes. During the time of any health emergencies when they have to visit a hospital for treatment they have to skip a day of work without payment, and this puts them at peril. While Covid-19 affected everyone irrespective of their socio-economic condition, the poor and marginalised suffered significantly.

Table 5: Access to healthcare

Covid Lockdown I (March to June 2020)	SC/ST/DN			Others			Total		Over all Total
	Yes	No	Total	Yes	No	Total	Yes	No	
Unable to purchase required medicines	3 (6.5)	43 (93.5)	46	0 (0)	86 (100.0	86	3 (2.3)	129 (97.7)	132
Difficulty in consulting doctor for common illness	3 (6.5)	43 (93.5)	46	1 (1.2)	85 (98.8)	86	4 (3.0)	128 (97.0)	132

Source: Based on the field data collected for this study during 2022

However, the analysis of access to the healthcare institutions and purchasing medicines during the lockdown period shows a positive sign in Kerala. Table 5 shows that only about 2.3 per cent were unable to purchase medicines and 3 per cent had difficulty in consulting doctors for common illness. Otherwise, the remaining 97 per cent of respondents did not face any problem in access to and utilizing health facilities.

v) Qualitative Analysis

To substantiate the quantitative data and to know the plight of the Dalit migrant workers, a case study was collected from 10 migrant workers. This qualitative analysis gave a deeper insight on the i) access to food and accommodation, ii) provision of healthcare and, iii) financial security of the migrant workers. The case study was conducted only with the male workers, that was a limitation of this analysis.

However, the information collected was enriching and gave a comprehensive picture on the above-mentioned aspects.

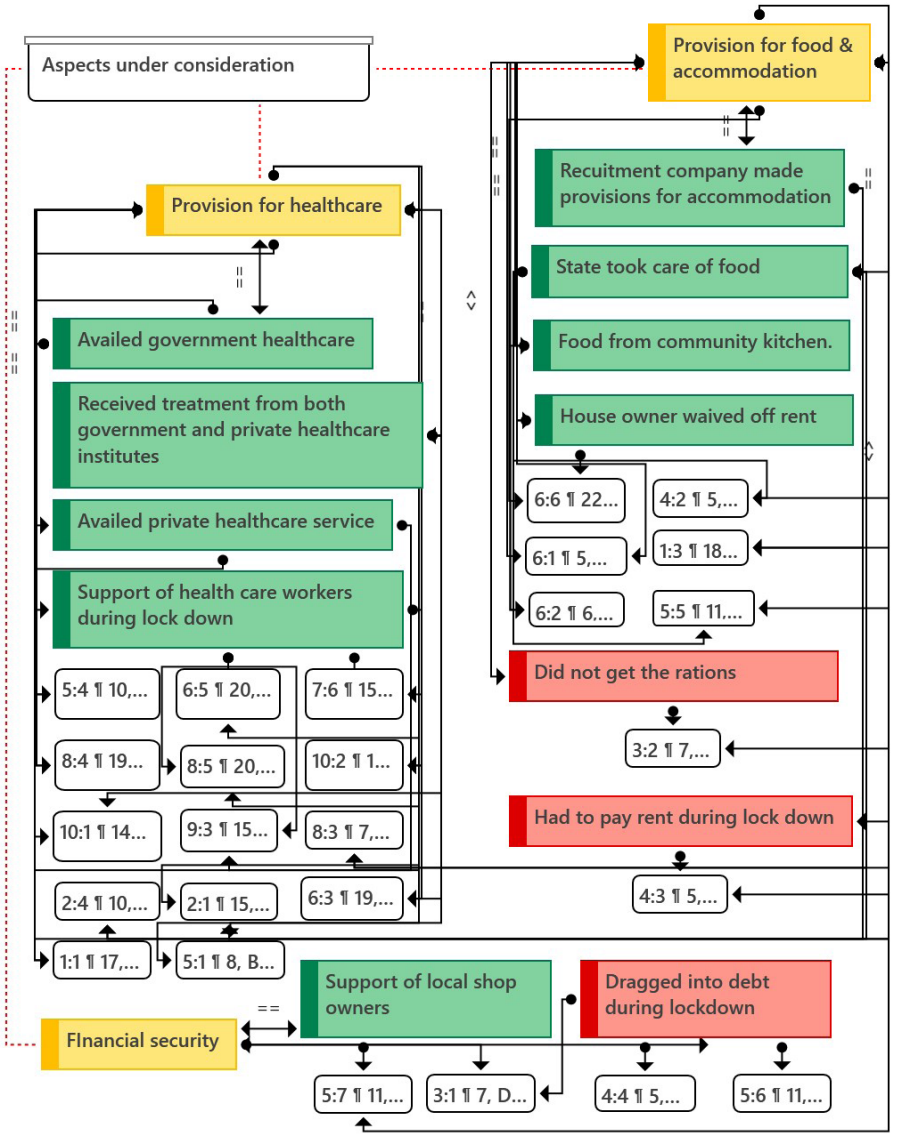

Figure 2: Thematic analysis of life of migrant workers in Kerala

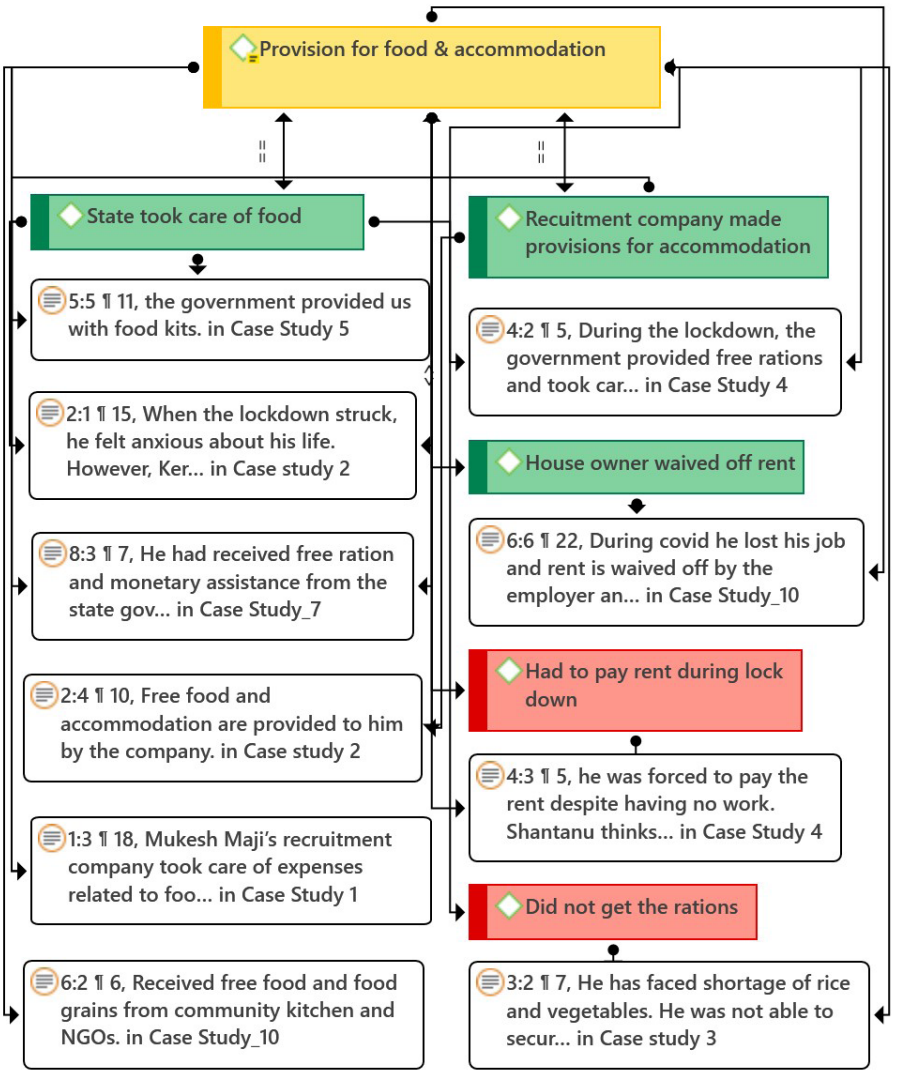

Figure 3: Provisions for food and accommodation

The responses of the participants corelated with the quantitative data, that their needs for provisions for food and accommodation were taken care of by the appropriate government initiatives. Almost all the participants have expressed that they were very anxious and worried when the central government has announced a sudden lockdown, they were apprehensive about how to meet the food requirement for them and their family.

'When the lockdown struck, I felt very anxious about the life and how I am going to meet the basic requirements such as food and accommodation.' (Case 2)

The respondents said that the state machinery took appropriate measures to address the food security concerns by providing free grocery kits, free food rations,

food through community kitchen and financial assistance (case 1, 5, 7 and 10). Apart from the government, the employer, recruitment companies and the contractors were very considerate and took care of the employees. NGOs also played a vital role in addressing their food concerns (case 1, 2 and 10). However, case 3 reported difficulties in receiving food kits from a ration shop.

The cases 1, 2, 6, 8 and 9 reported that the recruitment company took care of their accommodation. Case 10 reported that the house owner waived off his rent for two months. Case 4 did not got any waive-off, he was forced to pay the rent, however he got an extension of time to pay his rent and he "did pay it off later".

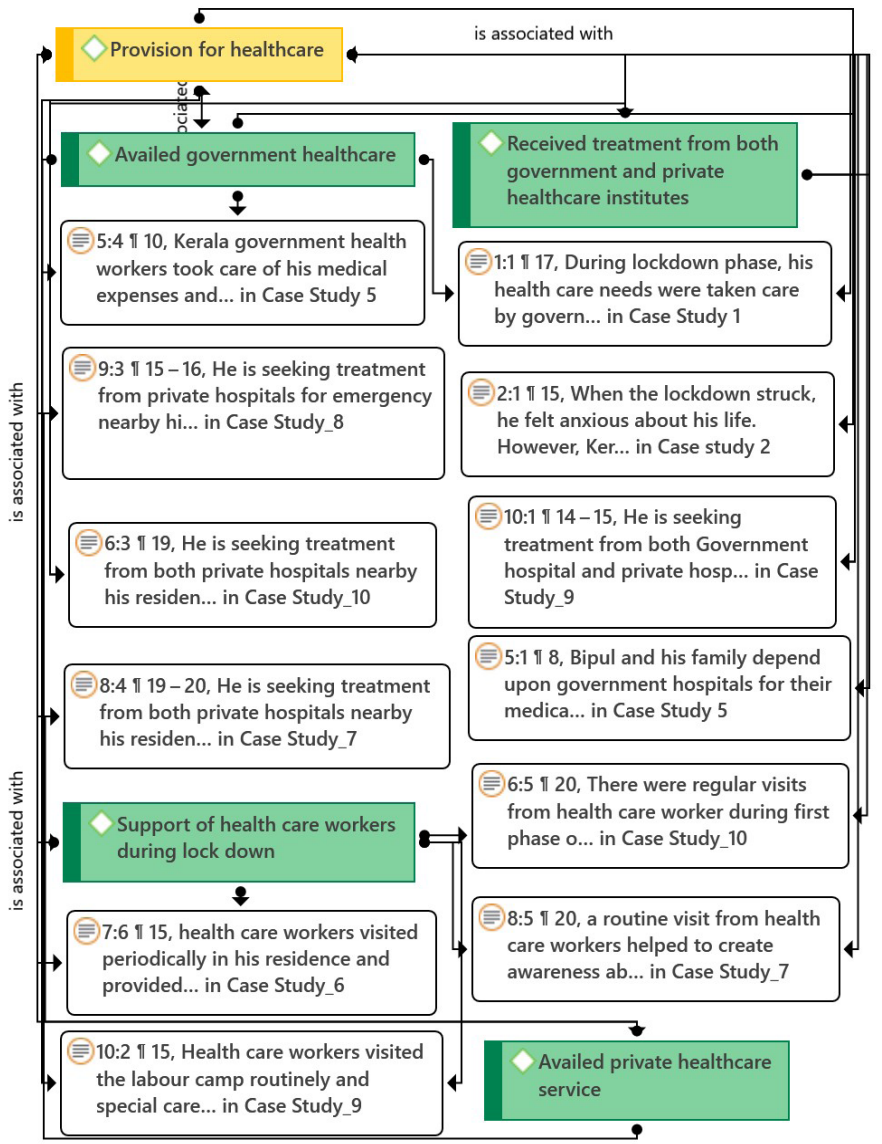

Figure 4: Provision for healthcare

All the respondents of the study reported that they have availed healthcare services. Cases 1, 2, 5, 6, 7, 8, 9 and 10 received healthcare from healthcare workers of state public health institutions. Some (cases 7 & 8) also reported of taking medical treatment from private hospitals. Under normal circumstances, if they want to avail any treatment for minor illness during weekdays, they visit private hospitals in the evening, otherwise if they have to go to a government hospital, they have to lose a day's work. During the weekend and for major illness they prefer the government health facility. Cases 6, 7, 8 and 10 reported that regular visits and support from public healthcare workers were much appreciated.

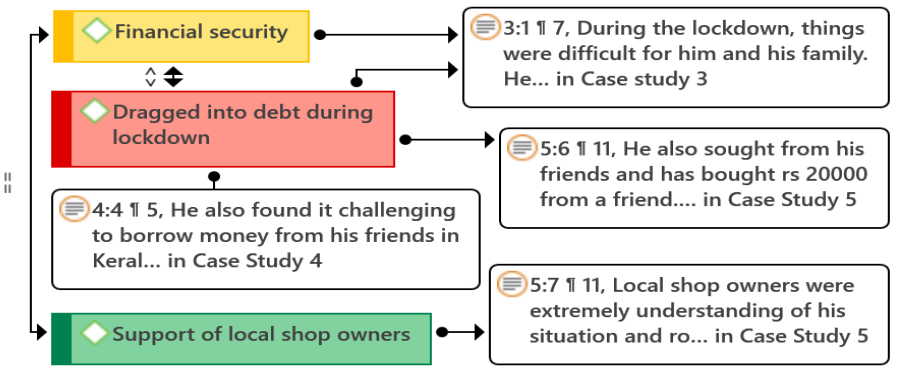

Figure 5: Financial security

Case 3, 4 and 5 reported that they were dragged into debt during the lockdown. It was a very challenging time for the migrant workers during the first phase of lockdown, even though food and accommodation had been taken care of by the government and the employer to certain extent. However, to meet other expenditures they had to borrow money. Usually in Kerala no one would give them a loan, so they borrow money from fellow migrant workers or from their friends and relatives from their hometown. During the lockdown even fellow migrant workers did not have a job, so they borrowed money from their hometown to meet expenses. "Case 5 reported that he was not having money but the local shop keeper was extremely understanding and helped him out", otherwise he would have faced more difficulties to meet everyday needs.

VII. Conclusion

It is clear from this essay that successful tackling of Covid-19 pandemic or any other emergency situation cannot be done by a single entity like an individual, NGO, PRI, government, employer. etc. Usually, it is achieved only by working together, with direction from the government and with the active support of the PRI, NGOs, citizens and other stakeholders. Even within the government, convergence of various departments is required to achieve success.

In Kerala's fight against Covid, while the government heralded the effort, this fight was well appreciated and collectively backed by people and other stakeholders. This is characterised by several factors, namely, an efficient public health infrastructure with dedicated medical professionals & health activists, an efficient bureaucracy that works together with the government with a sense of direction and a civil society that willingly cooperates at times of crisis.

Another interesting aspect which needs appreciation is that in general during a crisis, the state government struggles to meet the concerns of their state people, and so they would be least concerned about migrants. However, in the case of Kerala, they have addressed the concerns of their people and alongside took care of the needs of migrants. In the case of Kerala, the study finds a majority, 92 per cent of migrant workers belonged to SC/ST/OBC. Their education level is low, economically they are extremely poor, and they have faced marginalisation on the basis of their caste identity in their hometown. All these factors pushed them out of their state, and they have migrated to Kerala in search of better employment and wage.

However, the migrants residing in Kerala have reported that they have better living conditions and were happy in Kerala as compared to their home state. Their livelihood, income, healthcare provisioning, food and accommodation has been well taken care of in Kerala. Migrant workers all over India suffered during the pandemic, however with the foresighted vision of the Kerala government and the efficient PRI, NGOs and other stakeholders the situation was handled effectively. The quantitative and the qualitative data shows the life of migrant workers both pre-Covid and during the Covid period was satisfactory. A state with a progressive policy, effective administrator, vibrant civil society and NGOs can handle any emergency far better and can even address the concerns of the marginalised section, including migrant workers.

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