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UNDP Global Policy Network Brief

Socio-Economic Impact of COVID-19 on Women Migrant Workers

Evidence from 12 Indian States

by Basudeb Guha-Khasnobis and Suvir Chandna[1]

The COVID-19 pandemic is having a devastating impact on every aspect of life. Facing loss of livelihoods and inadequate safety nets, migrant workers in India constitute perhaps the most severely affected cohort of Indians. However, the socio-economic impact on these migrant workers has a gendered dimension to it too. A survey of 10,161 women migrant workers in India revealed that they were faced with the double burden of earning a livelihood and unpaid care work at home. In addition, their incomes fell by more than half during the pandemic compared to pre-pandemic levels. Against this backdrop, we present the importance of social protection measures for Indian women migrant workers along four dimensions, namely: food security, cash assistance, government health insurance, and protection against domestic violence.

Pre-existing factors affect women migrant workers' precarity: The 3Cs

India's US$2.87 trillion[2] economy is fuelled by a labor force of around 518 million[3] workers, 80-90 percent[4] of whom are employed in the informal sector. Domestic migrant workers make up approximately 20 percent[5] of India's total labor force and are therefore key stakeholders in the growth prospects of India. The pandemic brought economic activity to a near standstill, resulting in loss of employment, coupled with mass reverse migration.[6] On the other hand, for migrants stranded in urban centers, exclusion from social protection programs, partly due to the non-portability of entitlements, posed a significant challenge.

The pandemic's impact on migrant workers also has a gendered dimension. The coming together of extant migrant-specific characteristics and social norms working against women has had a debilitating impact on women's agency and empowerment. Conceptually, the pandemic's effect can be studied considering the 3Cs, viz., Constraints (social and religious), Choice (availability of basic amenities), and Career (employment).[7] First, the unequal sharing of unpaid work is a constraint, often perpetuated by existing social norms. During the pandemic, social norms have contributed to a bad equilibrium in which women have to bear the

double-burden of inferior labor market conditions in addition to the unpaid care work they are invariably expected to perform.[8]

Second, the role of the state is brought to the fore when one considers the impact of provision of basic amenities. The availability of basic amenities such as fuel, safe water, childcare, etc. significantly reduces the time spent on unpaid work. India has traditionally followed childcare services that address early childhood development for children.[9] Adapting these services to better serve the needs of parents can have a positive impact on women's choices and flexibility to engage in paid work.[10] For instance, increasing the reach of these services by ensuring they are located near workplaces and within primary-school compounds can increase gender-parity in contributing to care activities at home. To cite another example, women in India spend an equivalent of two or more weeks each year collecting fuelwood.[11] State-provision of such amenities through ration shops closer to homes will have a positive effect on shared responsibilities and allow women to engage in other activities that have a direct bearing on their well-being. Since most of these amenities are public goods, the role of the state cannot be overstated in providing these services.

Third, trading-off unpaid care work for paid work makes sense when labor market conditions are rewarding. During times of low economic activity, subdued wages substantially reduce the incentive to make this trade-off. With the inimical social norms already at play, weak labor market prospects lead to a precarious situation that threatens to stagnate female labour force participation. A widening gender gap does not only adversely affect the social fabric of a country, but is also associated with significant economic costs.[12] These pre-existing factors provide an important framework to understand the survey results discussed below.

Survey methodology and sample characteristics

This policy brief presents key findings from a primary survey[13] of 10,161 migrant women workers (with an average age of 31 years) from 12 states in India, namely: Assam, Bihar, Chhattisgarh, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Nagaland, Odisha, Rajasthan, Tamil Nadu, and Uttar Pradesh. These 12 states for the study were selected keeping in mind states with high out-migration as per the 2011 Census of India. Together, they constitute around 68 percent of India's total population.[14]

Figure 1: Social norms affect women's agency through constraints, choices, and careers

Constraints
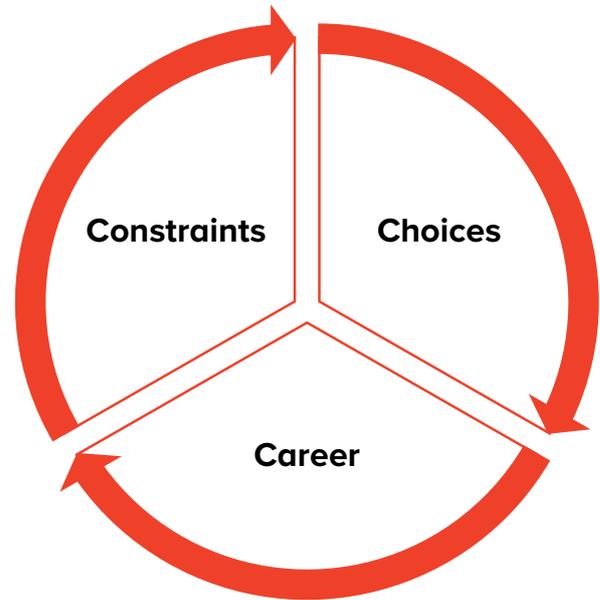
Choices

Career

Source: Adapted from Singh, P. and Pattanaik, F., 2020. Unfolding unpaid domestic work in India: Women's constraints, choices, and career. Palgrave Communications, 6(1), pp.1-13.

We present results for the total stock of women migrants sampled without differentiating them based on location of origin or on destination.[15] Of the 12 states covered, Maharashtra, Tamil Nadu, and Karnataka rank higher in terms of net state domestic product[16] and level of urbanization[17] compared to the remaining states.

To conduct the survey, UNDP India commissioned 10 civil society organizations (CSOs) to survey the respondents in December 2020. The respondents were interviewed based on databases available with the CSOs. All the respondents were employed in February 2020 but a subset of them were unemployed in December 2020 as a result of the pandemic. The primary hurdle while conducting phone-interviews during the pandemic was eliciting responses from those who would be available only at night after long hours of work. As a result, the CSOs adopted a complementary strategy to interview respondents in-person at job sites and quarantine centers. Since this baseline was conducted in December 2020 — 9 months after the announcement of India's first lockdown on March 25, 2020 — the questions regarding the socio-economic situation of the respondents in February (pre-lockdown) and July 2020 (after the easing of the lockdown) were asked retrospectively. Finally, to capture the effect of the pandemic and to mitigate the effects of confounding factors, we restrict our attention to those respondents who were either away from their home villages

and towns during the interview or had returned and stayed home after the announcement of the first nationwide lockdown in March 2020.[18]

More than three-quarters[19] of the sample belonged to socially disadvantaged groups (Scheduled Castes, Scheduled Tribes, and Other Backward Classes) and almost one-third of all respondents had no formal education.[20] Although each of these characteristics is important when considered in isolation, it is also the case that there are important intersections between social category, education, and employment. Figure 2 shows that the percentage of women with salaried jobs increases monotonically as we move up the education ladder. On the other hand, migrant women with lower education levels were more likely to be employed as casual labourers. In fact, respondents belonging to socially vulnerable groups were also less likely to hold graduate degrees compared to those belonging to the General category and therefore less likely to have salaried jobs.

**Figure 2: Education and Job Category in December 2020**
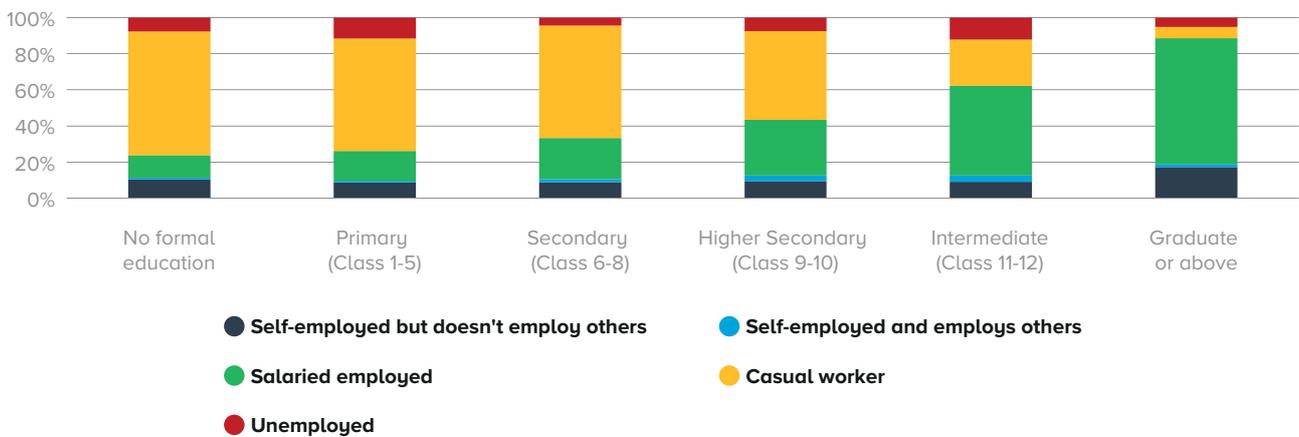
Source: Authors' calculations based on survey data.

Another important feature of the sample is that it contains both interstate as well as intrastate migrants. Around 6 out of 10 respondents were interstate migrants, i.e., they were employed outside their home states. The distinction between interstate and intrastate migrants warrants attention because migrants seeking opportunities away from their home states are likely to face hurdles in accessing social protection schemes which typically offer limited benefits to individuals outside of the states from which they originate and where they are registered.

Figure 3: Distribution of Intrastate and Interstate Migrants
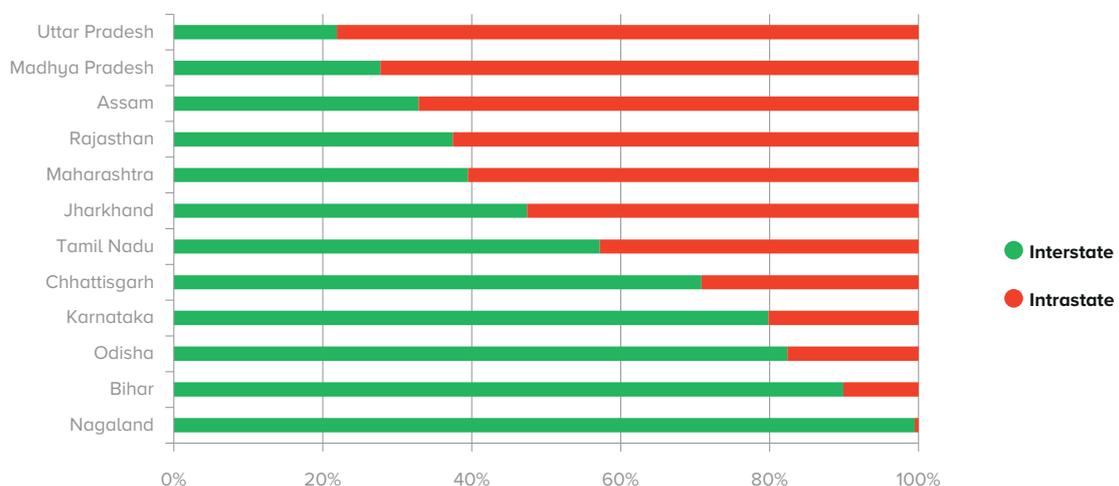
Source: Authors' calculations based on survey data.

In essence, the wide coverage of the sample, coupled with the representation of socially vulnerable groups and relatively low incomes, is expected to inform policy about the vulnerabilities faced by migrant women workers. Moreover, minimizing exclusion from social protection programs for migrant workers is a crucial aspect in protecting livelihoods during such crises. The sample for this study is well equipped to quantify the economic impact, identify gaps in existing social protection schemes, and guide policy to promote resilient recovery.

Migrant women faced declining incomes and were pushed to lower paying jobs

Around 4 out of 10 respondents in the sample were laid off due to COVID-19 and about 2 out of 10 left their jobs voluntarily. Although the survey did not explicitly ask for reasons why these individuals voluntarily quit their jobs, their decision to do so has two possible explanations. According to official sources, women most frequently cite familial reasons, such as marriage, for migrating in the first place.[21] Often, after migrating with their families, women also take up jobs in destination towns or villages. As the nationwide lockdown was imposed, women migrant workers with stable jobs may have had to leave their jobs in order to migrate back home with their family members who faced job losses. Another possible reason is that women decided to give up on their jobs because of the disproportionate burden of unpaid care work that they had to take up as a result of the pandemic. Due to rigid social norms, this kind of work is typically performed by women. Around 6 out of 10 respondents in the study reported an increase in unpaid care work since the lockdown began on March 25, 2020, of which around one-third[22] also reported no corresponding increase in the contribution of men in the performance of household chores. Considering the 3Cs discussed above, rigid social norms do indeed restrict the economic freedom of women migrants even when they face stable employment prospects.

Figure 4: Job transitions between February 2020 and December 2020

Job Category in February 2020

Job Category in December 2020

Casual worker

Salaried employed

Self-employed but doesn't employ others

Self-employed and employs others

Casual worker

Salaried employed

Self-employed but doesn't employ others

Self-employed and employs others
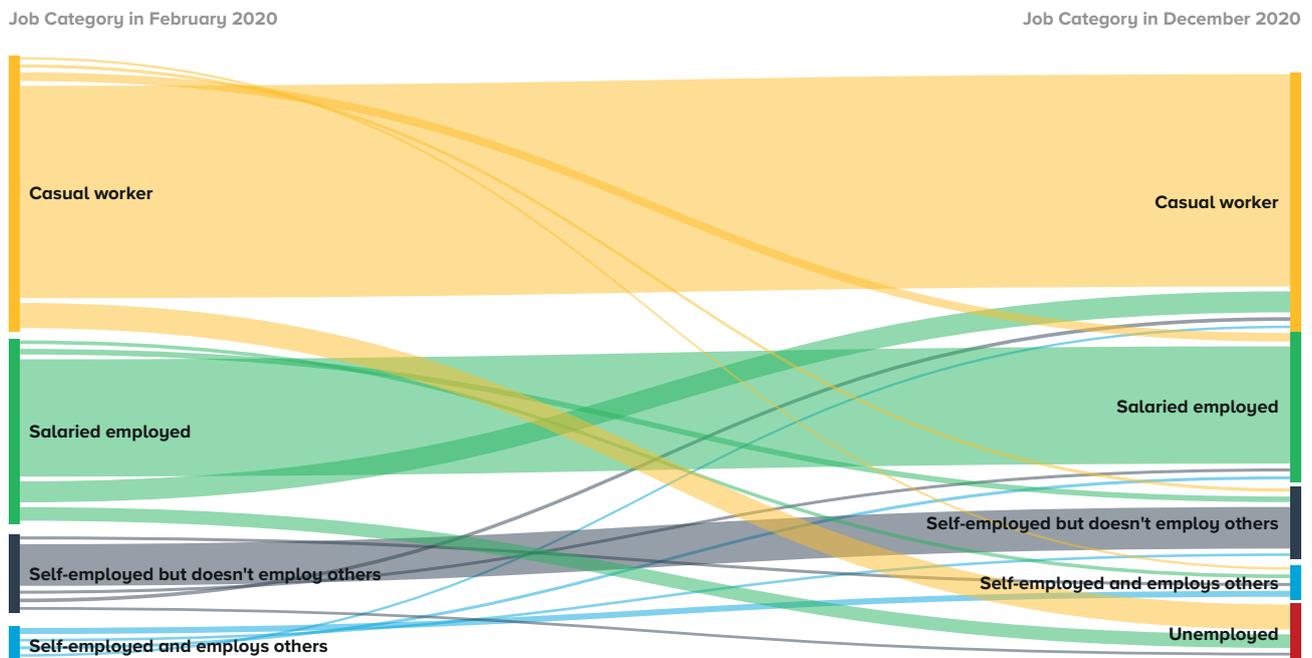
Unemployed

Source: Authors' calculations based on survey data.

Although the pandemic led to an increase in unemployment rates across the board, there was also a high transition to lower paying jobs. Figure 4 represents the transition in employment categories from February to December. It is evident that most of the women in our sample were either engaged in salaried jobs or casual work in February as well as in December. As per the findings of the survey, about 2 out of 10 respondents with salaried jobs in February were forced into lower paying casual work or, in extreme cases, unemployment. Similarly, around 1 out of 10 casually-employed respondents were unemployed in December.

The transition to lower paying jobs and unemployment reduced incomes by about half when compared to pre-pandemic levels in mid-2020. With partial recovery by the end of the year, casually-employed women migrant workers experienced the largest reduction in income. Figure 5 represents the average monthly household and individual incomes during 3 periods: February, July, and November 2020. Trends indicate that mean

household monthly income fell by about 43 percent from Rs. 14,822 (US $197.63) in February to Rs. 8,379 ($111.72) in July. Recovery had been incomplete as monthly household incomes had risen only to Rs. 11,975 ($159.67) by November. In other words, monthly household income in November was still 19 percent lower than pre-lockdown levels.

A similar V-shaped recovery is seen in individual incomes of the respondents. Their individual income fell by about 53 percent from February to July. Despite recovery, individual incomes were still 24 percent lower in November compared to February. Disaggregating effect on incomes by job category, the data revealed that the largest reduction was seen in the incomes of casually-employed women migrants. Respondents who were engaged in casual work saw a reduction in income by 59 percent from February to July. Incomes recovered slightly by November but were still about 28 percent lower than pre-lockdown levels. On the other hand, the salaried employed saw a smaller interim reduction and stronger recovery in incomes.

Figure 5: V-shaped recovery in Average Household and Individual Income (in Rupees)
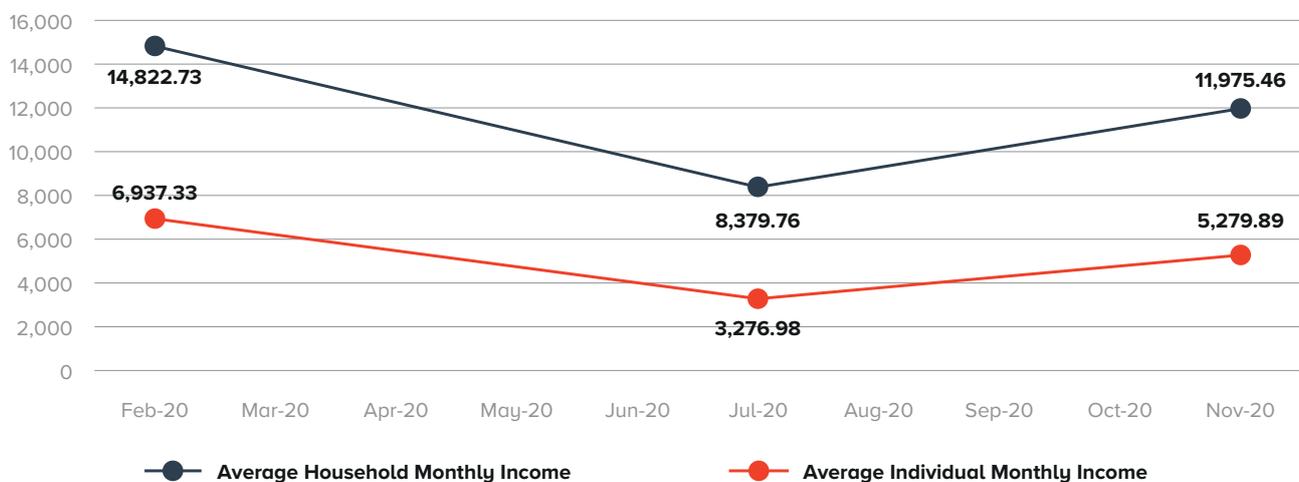
Source: Authors' calculations based on survey data.

The plummeting incomes during the pandemic also led to an increase in debt obligations, depleted savings, and increased the vulnerability to falling into poverty-traps. Around 26 percent of the respondents' households were in debt in February as well as in December. However, it was concerning to note that about 7.7 percent of respondents reported that their families were not in debt in February but were in debt by December. Taking new loans and using old savings were the most oft-cited means of repayment of these debts and these means were often used in conjunction with the sale of moveable and immoveable assets.

The economic impact of the pandemic on employment is confounded by seasonal fluctuations in migration patterns. This can potentially affect employment and income trends observed in our study. India typically witnesses seasonal migration patterns due to agricultural cycles. Seasonal out-migration usually occurs when migrant workers move to harvest wheat and paddy around April and November, respectively.[23] Another activity that affects seasonal migration is construction work, which takes place before and after the monsoon season. However, the India Human Development Survey (IHDS) reveals that only 6.5 million out of 94 million agricultural laborers identified themselves as short-term migrants.[24] Therefore, the potential bias due to seasonality is small.

Three key takeaways arise from the economic analysis: First, Figure 5 indicates that the women respondents' incomes were the most severely affected within their households. Their income saw a sharper decline and a weaker recovery in comparison to household income during the same period. The combined impact was a reduction in the respondents' share in household income during the pandemic. This reduction has strong implications for women's agency and empowerment. The fall in contribution to household income adversely affects women's bargaining power at home as well as their economic freedom. In light of the 3Cs, this has a direct bearing on reinforcing unequal gender norms that effectively take away the choice of entering the labor force. Addressing gender issues requires policies that encompass a rights-based approach to equality. These policies need to move beyond the traditional utilitarian arguments that focus solely on consumption choices that women make for their households.[25] Gender sensitive policies need to move a step further and adopt an approach that enhances women's autonomy, so they have equal opportunities to live safe, healthy, and productive lives.

Second, our data reveals a steeper decline in incomes of casually-employed respondents who experienced job losses compared to those who did not. The transition of casually-employed women to higher-paying salaried jobs was also less likely, as shown in Figure 4. In fact, the relatively-muted impact (although still large in absolute terms) on those who were salaried and employed is partly explained by the ability to transition to other jobs, albeit at a lower wage/salary. Moreover, casual workers often work in the informal sector and are outside of the ambit of labor laws. There is, therefore, a strong need to protect livelihoods of the most vulnerable casual workers, for whom, the only means of survival is often government sponsored schemes.

Third, the rising debt obligations, together with declining incomes, have adversely affected savings of the respondents. In addition, repaying existing debt with household assets and previous savings made women migrant workers more vulnerable to poverty-traps. Cash transfers are an effective means to prevent households from slipping back into poverty. However, the provision of these transfers is riddled with difficulties, some of which are addressed in the next section.

There is a need to minimize exclusion of migrant women workers from social protection schemes

The pandemic's impact led the government to expand existing social protection schemes and introduce new measures to protect livelihoods.[26] The fiscal package announced by the central government included around $22.8 billion[27] to support the most vulnerable sections of the society through the Pradhan Mantri Garib Kalyan Yojana (PMGKY). Employment and food security were also targeted by extending provisions under flagship schemes, such as the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) and the Public Distribution System (PDS). To extend support, International Financial Institutions (IFIs) also provided $1 billion[28] to expand India's social protection schemes. Given the widespread lack of basic amenities for migrant workers stranded in urban centers, massive unemployment, and the importance of minimizing out-of-pocket

expenditures on health, this section discusses access to the following social protection measures: food security, financial support, and government health insurance schemes.

Food security: In India, the PDS is a government-sponsored chain of retailers that distribute subsidised food grains and other essential commodities (like wheat, rice, sugar, etc.) to those who own a ration card — with a special focus on

those living below the poverty line.[29] In our sample, about 3 out of 10 respondents did not own a ration card and 1 out of 10 owners did not use it during the lockdown. When asked about the reasons for the non-usage, respondents reported administrative hurdles as a major reason for them not using their ration cards to access the PDS. This indicates that further inclusionary measures are needed to ensure that people are linked to the PDS for food rations.

Figure 6: Ration Card Usage among Owners

1. Yes 92%

2. No 8%
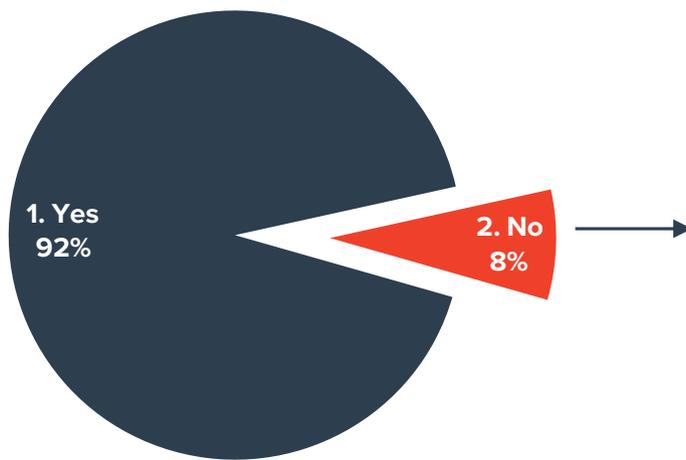
Figure 7: Reason for Non-Usage by Owners

Did not have the need to use it 15%

Other 45%

Administrative Reasons 40%
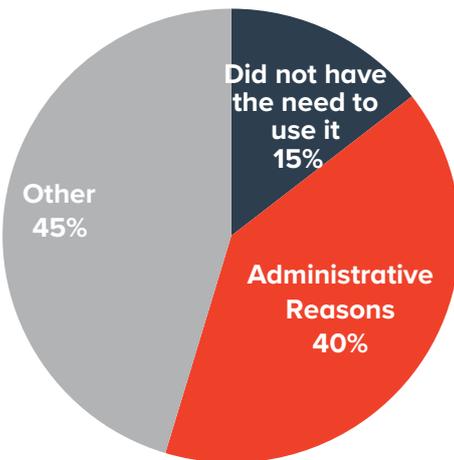
Source: Authors' calculations based on survey data.

Moreover, respondents who were interstate migrants faced more administrative hurdles while accessing the PDS than those who were intrastate migrants. One such challenge faced by migrant workers is the lack of access to the PDS in destination states. For instance, a ration card registered in one's native state excludes them from availing themselves of the benefits under the PDS in the destination state. These observations reflect the need for strengthening the "One Nation, One Ration Card" initiative which aims to remove this barrier. As of December 2020, 9 states had successfully implemented reforms in the PDS to implement the "One Nation, One Ration Card" scheme. The states that have implemented the reforms include Andhra Pradesh, Goa, Gujarat, Haryana, Karnataka, Kerala, Telangana, Tripura, and Uttar Pradesh.[30]

Financial Support: The Pradhan Mantri Jan Dhan Yojana (PMJDY) — launched in 2014 — was a financial inclusion program that aimed to provide universal access to banking facilities. Under the program, any Indian citizen is eligible to open a PMJDY account. The PMJDY essentially laid the foundation for the government to undertake the laudable effort of providing cash support (under the PMGKY scheme) directly to the PMJDY

bank accounts of women. Using the existing database with unique identifiers (Aadhar cards), the government transferred Rs. 1,500 in three installments to the accounts of women PMJDY owners between April-June 2020.

Figure 8: PMJDY Ownership

2. No	46.13%
1. Yes	42.01%
3. I don't know	11.86%
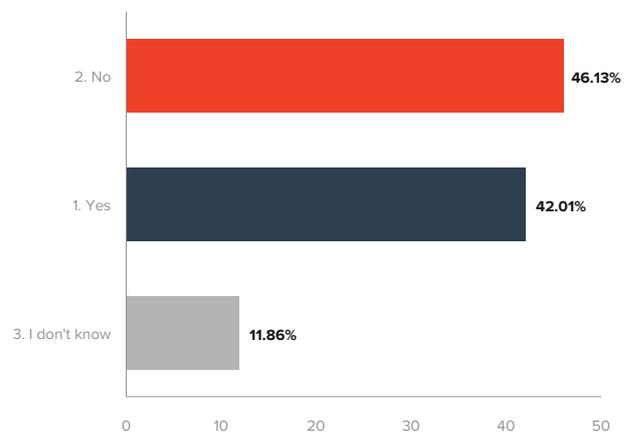
Source: Authors' calculations based on survey data.

In our study, only about 4 out of 10 of the respondents had a PMJDY bank account, around 5 out of 10 respondents did not have a PMJDY account and the remaining 1 out of 10 said that they did not know if they had an account or not. Given the drastic fall in income and rising debt obligations, the low uptake of PMJDY is a cause of concern. Out of all the respondents who reported having a PMJDY account, around one-fifth reported that they had not received benefits under the PMGKY scheme. When asked about the adequacy of the amount to meet the basic requirements of their household[31], the respondents in the survey revealed that, on average, they require Rs. 10,039 ($134) per month to acquire the necessities for their household.

Our study did not ask whether or not the women owned another bank account. However, evidence suggests that this might be an important source of exclusion from the direct benefit transfer (DBT) scheme. For example, vulnerable women — such as those enrolled in the MGNREGA — already had bank accounts and may not have required another one. This cohort is then inadvertently excluded from the scheme.[32] In addition, owning a PMJDY account did not guarantee the transfer of payment indicating that exclusion errors do not arise only at the identification step but also at the service delivery stage. Moreover, authentication and payment are increasingly dependent on Aadhar cards — the unique identification proof for Indian citizens. However, transaction failure rates using the Aadhar card-enabled payment systems soared during April 2020, leading to delayed and often no access to money.[33] Finally, a significant proportion of women are still uncertain about whether or not they own a PMJDY account. This uncertainty about whether or not one is included in a scheme is not usually observed for other schemes such as the PDS and the MGNREGA. The lack of awareness about owning a PMJDY account is not uncommon in other studies either.[34] This points to the need of enhancing transparency about beneficiary lists for public scrutiny as is seen in schemes such as the MGNREGA.

Government Health Insurance: India's largest government scheme the Pradhan Mantri Jan Arogya Yojana (PM-JAY) provides free insurance to those identified as members of deprived rural families[35] and those identified as members of families of urban workers as per the data available in the 2011 Socio-Economic Caste Census (SECC) of India.[36] The SECC analyzes the socioeconomic status of households in India (rural and urban) and ranks households based on predefined parameters. Apart from the PM-JAY, state governments have also initiated their own state health insurance schemes by relaxing eligibility criteria to expand coverage. The Tamil Nadu Chief Minister's Comprehensive Health Insurance Scheme (CMCHIS) is one such initiative.[37]

Since these schemes aim to benefit the poorest, we restrict our analysis to respondents with households earning less than Rs. 10,000 per month in February. Of this subset, around 4 out of 10 respondents said that they were not covered under any government health insurance scheme, 3 out of 10 said that they were covered under such schemes, and the remaining 3 out of 10 did not know if they were enrolled in such schemes.

The PM-JAY scheme is an entitlement-based scheme which identifies beneficiaries based on a relatively dated census. Given the large numbers of people being pushed into poverty, it is essential to allow voluntary enrollments and identify new eligible beneficiaries in the wake of the pandemic. Apart from entitlement-based schemes, exclusion from health insurance is also pervasive in schemes where women need to enroll themselves. In their analysis of the CMCHIS, RamPrakash and Lingam[38] suggest that women's bargaining power and mobility constraints affect how promptly, if at all, they receive the healthcare treatment they need. Based on qualitative interviews, they report that health insurance schemes often leave pre-existing gender barriers unaddressed. Narratives from their study highlight women's lack of agency as they routinely need to consult the men in their homes before they can spend time and money on their own health needs.

Lack of support when facing domestic violence has increased precarity of women

Table 1 shows the number of respondents who faced domestic violence before and after the announcement of the lockdown. Around 1 out 10 respondents experienced domestic violence in February and around 2 out of 10 refused to answer. Similar responses were obtained for a respondent's personal experience of domestic violence after the announcement of the lockdown. It was also concerning to note that 178 out of 7242 women who said that they did not face domestic violence before the lockdown did experience violence after the lockdown was announced.

Table 1: Domestic violence experience before and during the lockdown

Have you faced domestic violence from family members before the lockdown?	Have you faced domestic violence from family members after the lockdown			
	1. Yes	2. No	3. Refused to answer	Total
1. Yes	972	98	14	1084
2. No	178	6882	182	7242
3. Refused to answer	16	110	1709	1835
Total	1166	7090	1905	10161

Source: Authors' calculations based on survey data.

The severity of the violence also increased during the lockdown. Around 9 out of 10 of the respondents who reported experiencing domestic violence both before and after the lockdown also reported that the situation had worsened during the lockdown.[39] Finally, only about 4 out of 10 respondents knew where to seek help in case someone experienced domestic violence. The lack of help in times of need is a cause of concern and points to the need to increase access to support groups. Moreover, the sensitive nature of this topic posed a challenge for the enumerators while eliciting responses and our estimates should be interpreted as lower bounds on the true incidence of domestic violence.

Globally, too, nationwide lockdowns have led to an increase in the incidence of domestic violence, and gender-based violence (GBV) in general.[40] Lockdowns have essentially locked-up women with perpetrators of violence. There is growing evidence that employment loss, travel restrictions, and quarantine measures have restricted access to institutions that protect women from gender-based violence. In addition, women migrant workers who leave their hometowns are particularly vulnerable given that the absence of support from acquaintances leaves them more susceptible to GBV.

Policy Messages

The COVID-19 pandemic has had a particularly harsh impact on the livelihoods of women migrant workers in India. The precarious livelihood conditions and pre-existing social norms have underscored the importance of a resilient social protection system. This study has revealed the need to address exclusion errors from social protection schemes — with a special focus on women. With the gendered impact of COVID-19 evident, we are presented with the opportunity to promote women's rights through forward-looking, gender-sensitive policies. Key policy messages based on our study are discussed below:

First, the early months of the pandemic witnessed migrant workers in urban centers struggling to make ends meet. Food insecurity during the crisis has manifested itself in terms of fewer and less nutritious meals resulting from income losses. In many cultures, traditional social norms dictate that men eat first.[41] Addressing the constant relegation of women's rights as secondary to those of men is important to reduce the multi-dimensional deprivation that women face. For a large part of India's population, the PDS is a crucial element to ensure food safety in times of crises. Although the government has introduced a new system of "One Nation, One Ration Card" during the pandemic, there is a need to scale up the system across all states. There is also an equally urgent need to train frontline workers of the PDS to create awareness about the portability of access to the PDS. Awareness campaigns would also be required among women migrant workers about their entitlements after the reforms are implemented so that they can avail themselves of food rations through the PDS in destination points.

Second, monthly income support such as the transfer of Rs. 1,500 to PMJDY bank accounts of women is a commendable step toward unconditional cash transfers. Evidence suggests that the quality and coverage of foundational identification systems and administrative data are crucial for the efficient provision of financial relief to people.[42] On this front, India has done well. India's unique identification system (the Aadhar card) facilitated scaling up the cash transfer program to around 200 million women in the relatively short span of 3 months.

However, the exclusion of non-PMJDY bank account holders poses a key challenge. Studies suggest that around half of the vulnerable women are likely to have been excluded due to the fact that relief

was provided only to PMJDY account holders.[43] In this case, it may be useful to use databases that the government has readily available, such as the MGNREGA database of women workers. The MGNREGA scheme is a prime example of data transparency and real-time monitoring of payments disbursed to the beneficiaries. Since the transfers are made directly to the bank account, using additional databases can reach the vulnerable even when they are not in their home state. Further, compared to older schemes like the PDS and MGNREGA, the PMJDY is a relatively new scheme. Unlike the former, people are still unsure whether or not they are part of the PMJDY. This uncertainty is also pervasive among respondents in other surveys. It is crucial to bridge this information gap as soon as possible to ensure beneficiaries are aware of their entitlements so that they can claim them in times of need.

Third, our data indicates that the uptake of government health insurance has been very low. Dismantling social norms to give women's healthcare the attention it deserves is a precondition for any other policy to have a tangible impact. Moreover, since most of India's economy functions in the informal sector, employers are not liable to provide health insurance. Migrant workers in the informal sector are more vulnerable owing in part to the nature of their jobs, which requires them to move between cities and states. It is important to provide migrant women workers access to healthcare irrespective of their migration status. India can learn a great deal by adopting certain global best practices.[44] Thailand, for instance, has extended a Universal Health Coverage Scheme to all and is reaching migrants in remote areas through mobile clinics and bilingual information services. In the United States, the state of New Jersey has replaced hefty federal proof-of-residence requirements with utility bills as proof of municipal residence to extend health insurance. To reiterate, these factors must work in tandem with gender-sensitive policies to enhance access to healthcare for migrant women workers. It can also be argued that the low uptake of these schemes is due to liquidity constraints and difficulties associated with paying premiums. However, this hurdle is largely mitigated in India due to the highly subsidised nature of government schemes.

Lastly, the rise in domestic violence against women is perhaps the biggest setback to women's rights. The pandemic has revealed the injustice faced by women in the most glaring way possible. It is crucial

to put women's rights at the forefront of policies and identify their vulnerabilities using gender as a lens. As highlighted several times in this brief, addressing social norms affecting the 3Cs must guide gender-sensitive policies to combat GBV. Domestic violence is deeply rooted in patriarchal norms which are exacerbated during economically and socially tumultuous times. In addition, at a time when accessing justice systems in-person is a public health concern, it is essential for institutions to adapt fast to protect victims of GBV. In this respect, courts in India have been conducting virtual hearings during the pandemic. But accessibility also relies extensively on technology. Bridging the digital divide is vitally important in order to ensure timely support is extended to affected women through mobile-based applications and helplines. Here, too, India can learn from global best practices. Montenegro has, for instance, developed an app called "Be Safe" in order to provide SOS relief to domestic violence victims using geo-tagging.[45] India's current push to increase internet accessibility has the potential to support such best practices to protect victims of GBV.

To conclude, an integrated social protection system with preventive, promotive, protective, and transformational measures designed through a crisis-responsive lens is required to provide an ecosystem of support to migrant women workers. The creation of a specialized system of social protection for migrant women workers, which enables access to social protection benefits beyond state borders, is essential to build back better from the setbacks they have experienced as a result of the ongoing crisis.

Endnotes

1. Basudeb Guha-Khasnobis is the Development Economist at UNDP India, email: basudeb.guha-khasnobis@undp.org; Suvir Chandna is a Research and Data Analyst at UNDP India, email: suvir.chandna@undp.org The authors are grateful for the valuable suggestions by the Policy Unit at UNDP India.

2. Figures obtained from World Bank Gross Domestic Product (2020) (Current US$) database.

3. Adapted from the findings of the Periodic Labour Force Survey (2020).

4. Adapted from Mehrotra, S., (2019), "Informal Employment Trends in the Indian Economy: Persistent informality, but growing positive development,", Santosh Mehrotra ILO Employment Policy Department (2019), Working Paper No. 254.

5. Adapted from findings of the Economic Survey of India (2016-17) reported in the Indian Express.

6. Estimates provided by Ministry of Railways, (2020), Government of India. Around 3.6 million migrants were provided passage to their hometowns within two months of the lockdown through special trains.

7. Adapted from Singh, P. and Pattanaik, F., (2020), Unfolding unpaid domestic work in India: Women's constraints, choices, and career. Palgrave Communications, 6(1), pp.1-13.

8. Dalberg, (2020): Addressing women's time poverty in India.

9. See Integrated Child Development Services, Ministry of Women and Child Development, Government of India.

10. OECD, (2020), How can public services address women's unpaid care work?

11. Adapted from "Gender and Livelihoods Impacts of Clean Cookstoves in South Asia," Clean Cooking Alliance, May 2015.

12. See, for instance, Deshpande, A., (2020), "Economic Cost of Gender Gap," Economic and Political Weekly.

13. The survey was coded using SurveyCTO and civil society organizations (CSOs) were trained regarding the use of the web-based form and mobile application.

14. See Statement 3 in the report on the Census of India 2011.

15. In this study, we contacted CSOs and non-governmental organizations (NGOs) to conduct surveys in 12 states. As a result, some migrants interviewed in a state were not native to that state. The data reveals that around 88 percent of the respondents belonged to the state in which the interview was conducted (i.e., the state was the location of origin in 88 percent of cases) and 12 percent of the respondents belonged to a different state (i.e., the state was a destination).

16. See, Reserve Bank of India.

17. See Statement IV.1, Census of India Report.

18. The study did not include women migrant workers who returned home before the pandemic. The study only captures the impact of COVID-19 on women migrant workers.

19. Scheduled Castes (23.83%), Scheduled Tribes (28.53%), Other Backward Classes (25.71%), General Category (19.52%). 2.42% of respondents opted not to reveal their social category.

20. 29% of respondents had no formal education.

21. See Krishnan, (2019), The Hindu: What is the biggest reason for migration in India?

22. This number is about 45% when all respondents are considered.

23. Deshingkar, P. and Start, D., (2003), "Seasonal migration for livelihoods in India: Coping, accumulation and exclusion," (Vol. 111), London: Overseas Development Institute.

24. See, Livemint, (2016), Why India needs IMD to be right about a good monsoon.

25. See, for instance, Choudhuri, P. and Desai, S., (2020), "Gender inequalities and household fuel choice in India," Journal of Cleaner Production, 265, p.121487.

26. UNICEF, (2020), International Policy Center for Inclusive Growth: COVID-19 and social protection in South Asia: India.

27. Exchange rate used for conversion: Rs. 75 = $1.

28. World Bank, (2020): World Bank signs $400 Million Project to Protect India's Poor and Vulnerable from the Impact of COVID-19.

29. For details, see National Food Security Portal.

30. The Print, (2020), 9 states have successfully completed the One Nation One Ration Card system — finance ministry.

31. Each respondent lived with 4 additional members, on average. Therefore, the average household size was 5.

32. See, Ideas for India, (2020), Covid-19 relief: Are women Jan Dhan accounts the right choice for cash transfers?

33. See, Livemint, (2020), Fix the problems in Aadhar-based cash transactions.

34. Dalberg, (2020), The efficacy of government entitlements in helping BPL families navigate the financial impacts of Covid-19.

35. See, Economic Times, (2018), NHA issues circular advising state to identify eligible PMJAY beneficiaries.

36. See, PM-JAY Scheme, Government of India.

37. See, Tamil Nadu Chief Minister's Comprehensive Health Insurance Scheme.

38. Adapted from R. RamPrakash & L. Lingam, (2021), "Why is women's utilization of a publicly funded health insurance low?: A qualitative study in Tamil Nadu, India.

39. These respondents include those who faced domestic violence before and after (i.e., 972 respondents as shown in the first column and first row of Table 1) the announcement of the lockdown, as they could indicate whether the severity of violence had increased during the pandemic compared to the period before. There were other respondents who faced domestic violence during the pandemic but not before. These have been reported in the main text too.

40. BBC, (2020), Coronavirus: Domestic violence 'increases globally during lockdown'.

41. FAO, (2020), Gendered impacts of COVID-19 and equitable policy responses in agriculture, food security and nutrition.

42. World Bank, (2020), Scaling Up Social Assistance Payments as Part of the COVID-19 Pandemic Response.

43. See, Ideas for India, (2020), Covid-19 relief: Are women Jan Dhan accounts the right choice for relief?

44. UN Women, (2020), Addressing the impacts of the Covid-19 pandemic on women migrant workers.

45. UNDP, (2020), "Be Safe" — A mobile app to protect victims of violence.