



# Examining Decent Work During COVID-19: With Reference to Female Migrant Workers in South Asia

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## 2.1 Introduction

History's deadliest pandemics such as SARS (February 2003), Swine flu (January 2009), HIV/AIDS (June 1981), Ebola (November 1976), and MERS (September 2012) had an acute and lasting impact globally, often with devastating consequences. However, the ongoing COVID-19 outbreak is one of the most crucial global health calamities, triggering longer, more profound, and more pervasive social and economic crises worldwide (Suresh et al., 2020). The pandemic spread globally with alarming speed, infecting about 90,054,813 people, and taking 1,945,610 lives so far (as of 13 January 2021) (WHO COVID-19, Dashboard). In terms of public response, enforcement of containment measures such as strict public lockdowns and social distancing by countries worldwide crippled the global supply chain, the

economy, and the livelihoods of millions of migrant workers (Azeez et al., 2020).

Migrant workers have a significant role in the socioeconomic development of a country. At the same time, they also face challenges in accessing social protection, including healthcare and income security, making them more vulnerable to pandemic adverse impacts (such as COVID-19) (Testaverde, 2020). According to International Labour Organization (ILO) and the International Social Security Association (ISSA) estimates, migrant workers are 4.7% of the global workforce (164 million workers worldwide) (ILO and ISSA, 2020). Almost half of them were affected by full or partial lockdown measures imposed by governments to contain the pandemic (ILO, 2020a). Governments worldwide are making efforts to protect workers' lives and livelihood; however, in very few cases are measures taken to address the unique challenges of migrant workers and their families (Testaverde, 2020).

Although all migrant workers faced the adverse impacts of the COVID-19 pandemic, mostly women migrant workers (WMWs) worldwide are more adversely affected. Furthermore, because of pandemic containment measures in many countries, WMWs have fewer options to access support services in domestic violence or harassment situations in their accommodations, in workplaces during retrenchment, or while returning home (ILO, 2020a). The adverse impact

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of the COVID-19 crises was significantly higher for WMWs in the South Asian countries (Bangladesh, India, Nepal, and Pakistan). The majority of women in these countries are engaged in the informal sector with precarious working conditions without any formal employment contracts, and with limited coverage by labour laws (UN Women, 2020; Rajan et al., 2020). These women are also deprived of access to social protection, as well as decent work standards, minimum rights, and safety (Rao et al., 2020).

Many reported incidences portraying the marginalization and exploitation of WMWs resulted from containment measures imposed in response to the pandemic from the South Asian countries. For instance, several WMWs in countries such as Nepal, India, and Bangladesh were subject to various forms of exploitation, including trafficking and sexual abuse, while being stranded for months by the imposed lockdown and other restrictions forced by sub-agents and illegal recruiters, thus resulting in psychological distress among WMWs (South Asia Monitor, 2020).

Furthermore, containment measures such as the lockdown in India have pushed Dalit<sup>1</sup> WMWs even further to the margins. WMWs were denied access to the government relief packages by the lack of documents or exclusion because of their affiliation with lower social strata. Such discrimination based on caste and religion has also exacerbated the existing vulnerabilities of returning WMWs in their home settlements, being perceived as the carrier of the virus even if they have not tested positive for COVID-19 (Srivastava, 2020).

Another issue has been living conditions of WMWs attempting to return to their homes from uncertainty and possibilities of future lockdowns. For example, the abrupt announcement of lockdown by the Indian government left WMWs with no choice than to walk home, because they could not survive without daily wages. However, these women were intercepted and sent to shelters/facilities with inadequate food, water, and sanitation

(Bhattacharjee, 2020). Similarly, countries such as Nepal, Bangladesh, and Pakistan could not handle the issues faced by the WMWs entering the country upon reopening of the international borders. Quarantine facilities set up to accommodate the influx migrant workers were often primary schools with a lack of sufficient safe water, toilets, or hygiene facilities, increasing COVID-19 transmission risk rather than preventing it (Bhattacharjee, 2020). Further, incidents of rape and harassment of WMWs have raised serious questions about the security arrangements of these quarantine facilities. For example, three volunteers at the quarantine facility in Nepal raped a WMW after she was left alone in the centre (The Rising Nepal, 2020). A similar incident was reported in Rajasthan, India, where a WMW was allegedly gang-raped by three men staying at a quarantine centre (Arora, 2020).

The COVID-19 pandemic has adverse impacts on people across the globe. The WMWs, however, have disproportionately borne the burden of the pandemic, especially in South Asian countries. Preliminary evidence indicates an overall dearth of social welfare-oriented policy-making initiatives and lack of preparedness. However, to our knowledge, no research has been conducted in this area. Using the social work and decent work perspective, this chapter seeks to comparatively examine government policies, both proactive and reactive, specifically impacting WMWs in the South Asian countries, particularly internal migrants. In the broader context, it aims to understand the country-level strategies and provide policy recommendations concerning WMWs in the region.

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## 2.2 Review of Related Literature

### 2.2.1 Impact of Pandemic on Migrant Workers

Migration is an intrinsic phenomenon of population dynamics and as old as humankind (Castelli, 2018; Castelli & Sulis, 2017). Migrant workers are often involved in casual wage work with very

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<sup>1</sup>The term Dalit refers to socially, economically and historically marginalized communities in India.

**Table 2.1** Economic and noneconomic factors for migration

Category	Factors
Macro factors	<ul style="list-style-type: none"> <li>• Environmental</li> <li>• Political</li> <li>• Socioeconomic</li> <li>• Demographic</li> </ul>
Meso factors	<ul style="list-style-type: none"> <li>• Living and working conditions in destination country</li> <li>• Diasporic links</li> </ul>
Micro factors	<ul style="list-style-type: none"> <li>• Personal characteristics               <ul style="list-style-type: none"> <li>– Education</li> <li>– Religion</li> <li>– Marital status</li> </ul> </li> </ul>

Source: Castelli (2018)

little savings, coupled with limited social protection (Rao et al., 2020). The literature on the impact of pandemics on migrant workers starts with understanding the critical factors behind migration (Rao et al., 2020). Castelli (2018) notes an array of economic and noneconomic factors that act together to inform the final decision to migrate. These factors are further subdivided into macro, meso, and micro factors by Castelli (2018) (Table 2.1).

The impact of macro factors on people's movements, such as extreme environmental events, including natural hazards, is now a critical concern and extensively debated (McMichael, 2015). Natural hazards such as pandemics occur with little or no warning and exacerbate current vulnerability, making it difficult for people to survive (IOM, 2009). Therefore, results in 'forced' displacement are often linked to the socioeconomic conditions of migrant workers, lack of rights to health coverage, lack of social protection, and, in most cases, partly attributed to economic crises primarily caused by standard control measures adopted by the government to control the disease (Testaverde, 2020; Castelli, 2018). There has been evidence in the past about how pandemics have significantly impacted the lives and living conditions of migrant workers and forced them to leave their habitual homes, either temporarily or permanently within their country or abroad.

A cross-sectional study of 797 migrant workers carried out by Hickey et al. (2016) revealed some facts about how the 2009 H1N1 pandemic

impacted the migrant workers in Thailand. According to the authors, one in four respondents reported barriers such as cost of treatment, fear of arrest, and language barriers in accessing health-care services in their country.

Another study indicated that Latino migrant workers in the United States (Spana et al., 2009) during the 2009 H1N1 influenza pandemic often faced social threats to their health and well-being, including disgrace, limited access to healthcare facilities, and economic conditions interfering with disease containment guidelines. Further, lack of health insurance or social protection prevents them from seeking medical care for disease prevention because they cannot afford the cost of treatment even at reduced rates. Moreover, meagre living conditions inhibit these workers to comply with official guidelines on disease containment issued by the government.

Similarly, a study by Steege et al. (2009) highlights migrant farm workers in the United States are at a higher risk of morbidity and mortality owing to several socioeconomic factors such as low language proficiency, low literacy level, lower income levels, limited resources, inadequate access to healthcare services, cultural barriers, mistreatment in government shelter homes, discrimination, and exclusion from the federal assistance programme. A survey from the American University in Cairo, Egypt, on the impact of the influenza pandemic on 293 Sudanese migrant workers in Greater Cairo found that 61.1% of Sudanese migrant workers do not have access to public hospitals and that treatment in these hospitals is discriminatory and below the standards. Another 67.6% of the Sudanese migrant workers have no ability to stock food and other essential commodities in pandemic times because their low income barely covers basic needs (Ahmed & Dibb, 2008).

Koser (2014) also highlighted the discrimination faced by migrant workers when they were perceived as vectors of disease during the 2014 Ebola pandemic in West Africa, which resulted in travel restrictions that made it difficult for migrant workers to survive on trivial savings and to support their family.

## 2.2.2 Impact of Pandemics on Women Migrant Workers

Research on the impact of past pandemics on internal migrant workers in Asian countries is relatively sparse, and research on WMW vulnerability in pandemics is further limited. Thus, in the present section, we provide scoping review of the studies that do not have an explicit Asian focus but do have clear relevance to the challenges faced by WMWs in past pandemics. However, the impact of pandemics on WMWs is because they are less valued and have lower social status, resulting from rigid gender norms and prevalent gender inequalities (Wenham et al., 2020; Azeez et al., 2020).

Further, studies have also shown that even though women constitute a significant part of the migrant worker population, the issues and challenges faced by WMWs remain primarily ignored in policy and programme interventions. An interesting example of a clear and visible ignorance of issues/challenges faced by WMWs in both the long-term strategies on health system strengthening and in emergency response during the 2014 Ebola outbreak in West Africa is given by Harman (2016), who observed that in the short term and long-term strategies of crises management during Ebola, issues/challenges faced by WMWs were often forgotten and as best viewed as a side issue, rendering them invisible in health governance in the epidemic.

Such ignorance by government predisposes WMWs to discrimination and exploitation, making them vulnerable to human rights abuse. Thus, the protection of WMWs in pandemics must be considered a priority in intervention programmes adopted by the governments to stop the disease spread. In this context, Amparita (2005) examine the reasons for intervention programmes failure to protect WMWs from vulnerability to the HIV AIDS epidemic. According to the authors, two primary reasons are responsible for the failure of interventions programmes adequate to implementing mechanisms:

1. Policy infirmity coupled with lack of gender-sensitive approach in designing the programmes for WMWs.
2. Noncompliance of human rights obligations (under the constitutional mandate, especially regarding the right to access health facilities and services, and the right to seek health issues).

The authors further observed that poor implementation and noncompliances prevented WMWs from receiving adequate health information and services, which rendered them more vulnerable to the disease.

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## 2.3 Impact Assessment of COVID-19 on Women Migrant Workers in India, Nepal, Pakistan, and Bangladesh

### 2.3.1 India

As of 17 January 2021, India recorded 10,542,841 active cases, with 1,52,093 deaths so far as the infection multiplies unabated (WHO COVID-19 Dashboard, 2020). To combat the spread of the pandemic, the Indian government resorted to mandatory precautionary measures relatively early at the onset of the infection such as stringent public lockdown from 24 March 2020 to 31 May 2020, which includes closure of economic activities, restrictions on inter- and intrastate movements, and other measures (Ghosh, 2020; Acharya & Porwal, 2020). The announcement of lockdown in India resulted in a dramatic economic collapse and humanitarian catastrophe, which ravaged millions of people in the informal sector, especially migrant workers (Suresh et al., 2020).

Migration is a livelihood strategy for millions of people in India and is considered the backbone of India's economy (Bhagat et al., 2020). According to one estimate, there are more than 450 million internal migrants in India, thus accounting for 37.7% of the total population, with nearly half being WMWs (Rajan et al.,

2020). Rao et al. (2020) argue that migration's primary reason is the lag in development of a particular region development. Often, migration is from a backward region to a relatively developed region in searching for better employment and livelihood options. The majority of the WMWs are from remote and poor rural locations in the Indian states of Bihar, Jharkhand, Odisha, and West Bengal to better-off key destination areas in Gujarat, Maharashtra, Delhi, Haryana, Punjab, and Karnataka, seeking better employment and livelihood options.

### 2.3.2 Nepal

Similarly to many other South Asia countries, Nepal faces unprecedented health and economic impact in the unfolding COVID-19 pandemic (IIDS, 2020; Raut, 2020). As of 17 January 2021, more than 266,816 cases had been recorded, with 1948 deaths so far (WHO COVID-19 Dashboard, 2020). The Government of Nepal enforced a nationwide lockdown from 24 March to 21 July 2020 (120 days) (Bhattarai & Baniya, 2020). The government suspended all domestic and international travels to close borders. The closure of nonessential services severely disrupted economic activity, especially in the construction, manufacturing, and trade sectors (ILO, 2020b). This closure brought the economy to a virtual standstill, resulting in job loss, reduced wages, and fewer working hours for workers engaged in these sectors (ILO, 2020b; IIDS, 2020). Estimates show that approximately 5.7 million or 80.8% of workers in these sectors are in informal employment, lacking the basic benefits of formal jobs including social protection coverage (Sharma, 2020a; ILO, 2020b). As estimated by ILO and Amnesty International (2011), close to 2.6 million are internal migrants, with more than 30% WMWs.

### 2.3.3 Bangladesh

Bangladesh is among the top 30 countries in confirmed cases of COVID-19 with a total of 526,485

confirmed cases and 7862 deaths as of 17 January 2021 (WHO COVID-19 Dashboard). It is the most densely populated country globally with a total population of 161.3 million (Islam et al., 2020), of whom about 106.1 million belong to the working-age population. Estimates reveal that approximately only 13.8% among the working-age population work in formal employment, whereas the rest (86.2%) work in informal jobs, mostly in Bangladesh's rural areas (BBS, 2017). Of these, 53.1% are internal migrant workers (urban–urban or rural–urban) (Hasan, 2019). Further, according to an estimate, WMWs constitute 13.85% of the total percentage of internal migrant workers in Bangladesh (Siddique et al., 2019).

Bangladesh has followed the same trend as almost every country in adopting aggressive measures to prevent and control COVID-19 virus transmission. However, initial steps such as shutting down of borders, and enforcement of 65 days of lockdown (26 March to 30 May 2020), were sharply criticized because of corruption and the lack of a proper mechanism to deliver aid to vulnerable populations, especially workers engaged in informal work in the ready-made garment (RMG) industry and other export-oriented industries (Anwar et al., 2020). These industries contribute roughly 65% of the country's GDP and employ about five million workers, of whom 90% are women, including WMWs (Anam, 2020).

### 2.3.4 Pakistan

The first case of COVID-19 was reported on 26 February 2020 from Karachi. Successively, the virus has spread nationwide in various regions, and currently the total tally has reached 514,338 confirmed cases with 10,863 deaths (as of 17 January 2021) (WHO COVID-19 dashboard, 2020). In response to the surging infection rates, the federal and provisional governments in Pakistan imposed a full lockdown from 1 April to 9 May 2020. However, as cases rose, the lockdown was re-imposed in some parts of the country (Markhof & Arif, 2020). The announcement

and enforcement of abrupt lockdown in response to the COVID-19 pandemic posed an unprecedented challenge to Pakistan's large informal economy, which contributes almost one third of their GDP and more than 80% of total employment (Sareen, 2020).

Experts estimate that the labour-intensive manufacturing sector and wholesale and retail trade have been affected adversely by both supply and demand shocks from restrictions imposed on the cross-border movement of goods and people (Ahmed, 2020a, b; Pakistan Worker's Federation, 2020). This restriction has exacerbated the strain of the crises, leading to adverse impacts on the livelihood of approximately 22 million workers engaged in the informal sector. Of these, 8.5 million are internal seasonal labour migrants, many not covered by mainstream social protection, especially WMWs in Sindh and Punjab provinces working in garment and textile industries (UNDP, 2020; Markhof & Arif, 2020; Khan, 2020). The impact on WMWs is compounded by the lack of adequate system or support services, particularly addressing human and labour rights abuse such as domestic or intimate partner violence (ILO, 2020a; Khan, 2020).

### 2.3.5 Summary of Impact of COVID-19 Pandemic on Women Migrant Workers

The pandemic and subsequent containment measures adopted by various governments added considerable burden with multiple hardships of WMWs and their families (Panwar & Mishra, 2020). A summary of the impact of COVID-19 Pandemic on WMWs, before and after the lockdown, is presented in Table 2.2.

Such a situation of WMWs signals the absences of decent working conditions and social welfare policies necessary to address the challenges faced by WMWs.

## 2.4 Decent Work, COVID-19 Pandemic, and Women Migrant Workers

### 2.4.1 Decent Work: The Concept

ILO introduced the multidimensional concept of Decent Work (DW) in June 1999 with the following four key components (ILO, 1999):

**Table 2.2** Country-wise summary of the impact of the COVID-19 pandemic on women migrant workers

Impact		India	Nepal	Bangladesh	Pakistan
Economic	Loss of jobs	X		X	X
	Pay cuts in existing jobs		X	X	X
	Exhausted savings	X		X	
	Increased debt	X		X	
	Difficulty in access to basic facilities/essential services	X	X	X	
	Increased unpaid work			X	
	Increased hours of work		X		
	Adverse effect on health		X	X	
Social	Discrimination in access to healthcare		X	X	
	Gender-based violence	X	X	X	X
	Social stigma		X		
	Human rights violation		X	X	
	Lack of family support		X		
	Social wellbeing		X		
	Nonavailability of insurance coverage		X	X	
	Nonavailability of decent working conditions		X	X	X
Psychological	Noncompliance of pandemic-related safety		X		
	Emotional bearing	X	X	X	X
	Mental well-being affected	X	X	X	X

Source: Author's data

- (a) Employment conditions
- (b) Workplace rights
- (c) Social protection
- (d) Social dialogue<sup>2</sup>

## 2.4.2 COVID-19 Pandemic and Decent Work

Migrant workers, in particular, WMWs, face elevated challenges within each of the aforementioned DW components, as analysed in this section.

### 2.4.2.1 Employment Conditions and Workplace Rights

Studies have shown that the pandemic and measures to prevent its spread have worsened WMW employment overall. WMWs, mostly employed as domestic help, at construction sites, the handcraft sector, and retail units, have lost their jobs or been forced to accept unpaid leaves and reduced wages, which has pushed their families even further into poverty (Bhandare, 2020; Thomas & Jayaram, 2020).

A study by Aajeevika Bureau, a labour rights organization, on WMWs in the textile and garment industry of Ahmedabad (one of the textile hubs in India) mentions that WMWs from the rural areas of Rajasthan, Uttar Pradesh, and Bihar belong to the oppressed caste groups and are engaged as daily wage workers. The study found that more than 95% of the surveyed WMWs worked for as little as INR<sup>3</sup> 10–15 for more than 8 hours a day during the pandemic. On many occasions, they also spent time in organizing raw materials from the companies over and above their regular working hours. Many WMWs reported irregular payment of their wages and thus struggled to survive the financial crises to pay the rent or buy essential goods. The study also found that many of the surveyed WMWs, even during the time of the pandemic, were expected to manage the responsibilities of their families, which they do by either using their little

savings or mortgaging small amounts of gold jewellery, for which they have to pay high rates of interest (Thomas and Jayaram 2020).

### 2.4.2.2 Social Protection (Social Security and Occupational Safety and Health)

Limited access to social protection coverage by millions of informal workers in the pandemic highlights the huge decent work deficits that still prevail in 2020 (UN Global Impact, 2020). Adequate and accessible social protection mechanisms are crucial to protect the poor vulnerable population from the pandemic adverse impacts. However, such mechanisms have limited coverage in many countries and need significant policy interventions to protect vulnerable populations, mainly migrant workers, from the pandemic's adverse impact (World Bank, 2020).

Access to healthcare, including tests and treatment, is an essential aspect of social protection, particularly during the pandemic (ILO, 2020a). Recent studies have found that migrant workers, particularly WMWs in the informal sector, face barriers in accessing healthcare in countries of destination, making them more vulnerable to the exposure of COVID-19 (WHO, 2020).

Further, available evidence also indicates that many WMWs are exposed to undue risks in their workplace by compromise in Occupational Safety and Health standards (OSH) by employers in COVID-19 pandemic (UN Women, 2020). WMWs employed in hospitals and other front-line sectors often are exposed to biological hazard by the unavailability of personal protective equipment (PPE) (Franklin, 2020). This lack has increased COVID-19 cases among WMWs in such countries as Singapore and Malaysia (ILO, 2020a).

Another major problem for WMWs during the pandemic is lack of access to adequate information, coupled with language barriers, which prevent them from claiming their social protection benefits or obtaining access to various grievances mechanisms, which is the case with WMWs in most of the EU 15 and border transit countries (as observed by Kluge et al., 2020).

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<sup>3</sup>1 Indian Rupee (INR) = 0.011 Euro.

### 2.4.2.3 Social Dialogue

The ILO defines social dialogue as “*all types of negotiation, consultation and information sharing among representatives of governments, social partners or between social partners on issues of common interest relating to economic and social policy*” (ILO, 2013).<sup>4</sup> Although the importance of social dialogue is repeated by ILO, we found that literature on social dialogue with respect to WMWs in a pandemic is absent and that not much evidence has been reported so far.

### 2.4.3 Policy Response by Countries

The governments of India, Nepal, Bangladesh, and Pakistan announced various schemes and packages to address the challenges faced by migrant workers, including WMWs, amid COVID-19 crises (Table 2.3). However, these policy responses were limited in nature given the scale of the problem and severe impact faced by WMWs from the pandemic. Administrative lags result in a delay in policy measure implementation desired by the governments. Therefore, social work interventions are critical in combating public health emergency effects by responding to the most urgent social problems such as loss of jobs and income, gender violence, depression, and anxiety, or the homelessness of vulnerable populations such as the migrant workers (Sama et al., 2020).

## 2.5 Social Work, COVID-19 Pandemic, and Women Migrant Workers

Since the beginning of the pandemic, to improve the well-being and living conditions of migrant workers, particularly WMWs, social work response has been primarily at a local level, through CBOs (community-based organizations), NGOs (nongovernmental organizations), and other international social work organizations (Sama et al., 2020; IFSW, 2020; BASW, 2020).

Volunteers, along with CBOs and NGOs, have responded to the urgent social problems/challenges faced by WMWs, through diverse social work interventions such as the use of digital technologies to guide, support, and counsel WMWs who have mental health concerns, facing domestic violence (Sama et al., 2020). For instance, in India, Jan Sahas Foundation—an NGO collaborated with 40 organizations—in its COVID relief initiatives to reach more than 10 lakhs migrant workers, including WMWs in 120 districts across India during the lockdown, supported them with dry rations, cooked food, mobile recharges, cash transfers, water, and transportation (Sharma, 2020b).

Resonating with this approach, at the regional level in Bangladesh, there are examples of collaboration between the government and NGOs; for example, the Bangladesh Rural Advancement Committee (BARC), the world’s largest NGO operating in 11 countries in Asia and Africa with its headquarters in Bangladesh, along with the Government of Bangladesh coordinated relief work for migrant workers with humanitarian interventions, socioeconomic rehabilitation, and development programmes (Dhaka Tribune, 2020; BARC, 2020).

Similarly in Nepal, CARE Nepal in partnership with State agencies and research institutes has worked to address social issues such as gender-based violence for WMWs. Also, the distribution of free soap and sanitizers, installing hand-washing stations to protect the migrant workers from COVID-19, has been provided. One of the central social work interventions of NGOs focused on spreading awareness on the spread of the diseases considering the prevalent myths and misinformation related to the symptoms, treatment, and transmission of the diseases that can have severe outcomes for migrant workers (Sama et al., 2020; Ali, 2020). In this background, it is essential to highlight the Al-Khidmat foundation’s efforts, a Pakistan-based NGO, which has carried out a massive awareness campaign for migrant workers and the general population about the disease, its hazards, and preventive measures since the beginning of the pandemic. Also, 7200 trained volunteers of the

<sup>4</sup>Copyright © International Labour Organization 2013.



**Table 2.3** Summary of policy response by country

Policy response (long term and short term)	Decent work interventions			General policy measures
	Employment conditions and fundamental rights at the workplace	Social protection (social security and occupational safety and health)	Social dialogue	
India	Garib Kalyan Rojgar Abhiyaan (GKRA) scheme of INR 50,000 crore in 116 districts of 6 states (Bihar, Uttar Pradesh, Madhya Pradesh, Rajasthan, Odhisa, Jharkhand) to address the employment and livelihood crises of returnee migrant workers	Free ration support and distribution to migrants for 2 months. Migrant workers not registered under the National Food Security Act or without ration card are also covered under this scheme. Government of India allocated INR 3500 crore for this scheme	–	<ul style="list-style-type: none"> <li>• One Nation One Ration Card' (ONORC) scheme implemented to provide migrant workers and family members access to PDS (Public Distribution System) from any Fair Price Shop in the country, even during their transit</li> <li>• To provide decent housing at an affordable rate for returnee migrant workers, Ministry of Housing and Urban Affairs launched Affordable Rental Housing Complexes (ARHCs), a sub-scheme under Pradhan Mantri AWAS Yojna (Prime Minister Urban Housing Scheme)</li> </ul>
Nepal	Migrant workers who lost their jobs or who had a work permit for employment in foreign countries but could not travel due to pandemic were included in the Prime Minister Employment Project (a wage employment programme which ensures minimum 100 days of employment to unemployed citizens). Government of Nepal has allocated a total of NRP five million for this project	–	–	<ul style="list-style-type: none"> <li>• Counselling services for migrant workers and their families were provided by a dedicated grievance call centre set up Ministry of Labour, Employment and Social Security (MoLESS) daily</li> <li>• The National Human Rights Commission (NHRC) of Nepal set up a mechanism to monitor the violation of rights of migrant workers in various countries of destination</li> </ul>
Bangladesh	–	–	–	<ul style="list-style-type: none"> <li>• As a relief package for migrant workers, the Government of Bangladesh came up with a policy package of BDT 700 crore funds for rehabilitation and reemployment returnee migrant workers from overseas who lost jobs owing to COVID-19 pandemic</li> </ul>

(continued)

**Table 2.3** (continued)

Policy response (long term and short term)	Decent work interventions			General policy measures
	Employment conditions and fundamental rights at the workplace	Social protection (social security and occupational safety and health)	Social dialogue	
Pakistan	–	–	–	<ul style="list-style-type: none"> <li>Ehsaas Emergency Cash (EEC) programme to provide urgent cash payments to 12 million most impoverished and hardest hit families to weather the initial shock of the crises. The federal government announced the fiscal stimulus of PKR 50 billion to provide food items at subsidized rates to the poorest people, including migrant workers. Besides, the Provisional government announced small financial packages and cash transfers of PKR 150 billion for low-income families and migrant workers</li> </ul>

Source: Authors' data

foundation helped the government better manage resources in the pandemic (Latif, 2020).

Therefore, social work interventions help handle long-term effects of the pandemic and are essential in approaching the problems/challenges faced by WMWs with an eye on long-term stabilization, in contrast to short-term economic interventions by the governments.

## 2.6 Conclusion

Whether it is economic crises or massive health crises such as the COVID-19 pandemic, a country needs to protect its population effectively, particularly the vulnerable groups, minimise human loss, recover economic hardship and suffering, reduce the economic impact of the crisis, and work towards improving the capacity to handle such events. COVID-19 has created extraordinary intense uncertainty for governments worldwide, resulting in a struggle to find the most effective response to protect their people and the economy.

In this chapter, we attempted to understand the impact of the COVID-19 pandemic on WMWs in the South Asian countries of Bangladesh, India, Nepal, and Pakistan using Decent Work and Social Work perspectives. Our research shows that the voice for WMWs has been relatively silent in government policy responses. COVID-19 increased the risk of violence and harassment of WMWs, which had severe consequences not only on their physical, mental, sexual, and reproductive health but also for their personal and social well-being. In general, policy measures announced by each South Asian country's governments were limited to mostly short-term measures such as providing free shelter and relief camps with food, healthcare, and other necessities. However, although this effort is laudable, we argue that these measures are neither sufficient nor targeted, considering the intensity of the pandemic's adverse impacts on WMWs. Further, the policy responses also lacked a transformative agenda strengthening worker rights, trade union participation, and ensuring decent work conditions.

Based on our findings, we conclude that the active participation of social workers working with disasters such as the COVID-19 pandemic was missing in practice and is also limited in the literature. Recent studies and reports focusing on the pandemic's impact on WMWs mainly highlight the role of healthcare workers, government officials, and law enforcement agencies, whereas contribution of social worker professionals is missing. The negative impact of the pandemic on individuals and families naturally calls for social work professionals also to be included in the mitigation efforts.

In similar situations earlier, social workers and Civil Society Organisations have been actively involved in the work of reaching out to vulnerable groups and communities, assessing their critical needs, and delivering the required materials and services. These are areas in which social workers could have contributed significantly during this crisis. Given the nature and scope of such crisis, and the probability of its occurrence in future, the governments should recognise the social worker's role in targeted interventions for dealing with WMWs.

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