

Internal Migrants in the Informal Economy: COVID-19 Lessons

Ghida Ismail and Marcela Valdivia

Key Findings

Between February and June 2020:

1. Migrant workers' ability to work, particularly during the peak of the lockdown in April but also when restrictions had eased in June, was more restricted than that of local workers.
2. Compounding their inability to work, migrant workers were often prevented from accessing relief measures to help them cope during the pandemic.
3. Limited social inclusion and a lack of family networks posed barriers for migrant workers for receiving informal help, including with child care and economic hardship, during the crisis.

Policy Recommendations

1. Internal migration is an indispensable livelihood strategy for millions of people and, therefore, the creation of measures to improve the socio-economic integration of internal migrants and the portability of social protection measures is crucial to support their livelihood provision during economic shocks.
2. Cities need to improve their understanding of the particular challenges faced by internal migrants, especially in accessing public services, social protection and relief measures.
3. Migrant-specific difficulties—such as their registration outside of the city and their limited social and institutional networks—should be included in the design of development programmes and relief measures.

Introduction

“We face hurdles to use public hospitals because staff asks why we did not use a health facility in the universal coverage card. I live and work in Bangkok, I am sick in Bangkok, I cannot go to my province for treatment.” – Domestic worker in Bangkok

Thailand offers one of the most comprehensive health coverage schemes in South East Asia,¹ but its citizens are still required to get medical care in their primary care unit, which are often located in provinces where their households are registered rather than where they live and work. Portability constraints on social protection benefits are just one of the many challenges that internal migrants face. Yet, their plight often receives less attention than that of international migrants, despite the fact that internal migration remains the most prevalent mode of human mobility.

Internal migrants tend to relocate to urban areas, often from rural villages, to enhance their livelihoods. There, they are often pushed into informality in their living and working arrangements. The COVID-19 pandemic exposed many of the risks of this working population. In the [WIEGO-led COVID-19 Crisis and the Informal Economy Study](#), half of the informal workers sampled—working as domestic workers, home-based workers, waste pickers, street vendors, motorcycle drivers and kayayei (head porters)—were internal migrants, compared to just five per cent of international migrants.² Internal migrants dominate certain occupations, such as the kayayei in Accra, motorcycle drivers in Bangkok and domestic workers in Delhi. Their numbers varied per city; in Delhi, more than 80 per cent of respondents were internal migrants, while in New York they represented less than 10 per cent. The sample was not intended to be representative of informal workers in each city or even of the membership of the local organizations with which these workers are affiliated.

Cities in the WIEGO-led COVID-19 Crisis and the Informal Economy Study



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|-----------------------------|--------------------------|
| 1- Accra (Ghana) | 7- Durban (South Africa) |
| 2- Ahmedabad (India) | 8- Lima (Peru) |
| 3- Bangkok (Thailand) | 9- Mexico City (Mexico) |
| 4- Dakar (Senegal) | 10- Pleven (Bulgaria) |
| 5- Dar es Salaam (Tanzania) | 11- New York City (USA) |
| 6- Delhi (India) | 12- Tiruppur (India) |

While informal workers across the sample were often living in conditions that made them particularly vulnerable to the effects of the COVID-19 pandemic, internal migrants were on average more likely than local workers to live in precarious conditions. Approximately 40 per cent of internal migrant workers lived in slums and informal settlements, compared to 30 per cent of local workers, while only 37 per cent owned their houses, compared to 45 per cent of locals.

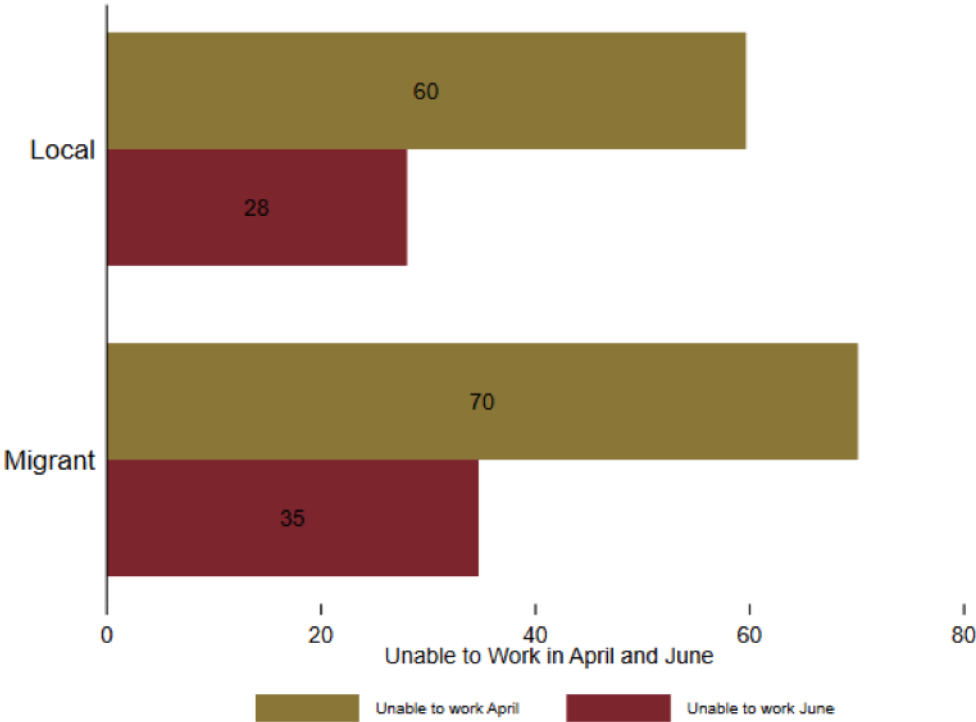
The study shows that COVID-19 impacted their ability to earn an income, which intersected with the exclusion following from their migration status. This exacerbated the precariousness of their living and working conditions and threatens to complicate their recovery. These intersecting vulnerabilities underscore the need to gain a better understanding of internal migrant workers' specific challenges, particularly in times of crisis, and remedy these compounding difficulties when designing relief responses and development programs.

This article focuses on internal migrants; when not explicitly differentiated, 'migration' and 'migrants' should be understood to mean internal migrants.

Impact on ability to work

Migrant workers' ability to work, particularly during the peak of the lockdown in April but also when restrictions had eased in June, was more restricted than that of local workers (see Figure 1).

Figure 1: Inability to work during April and June 2020: Local and migrant workers

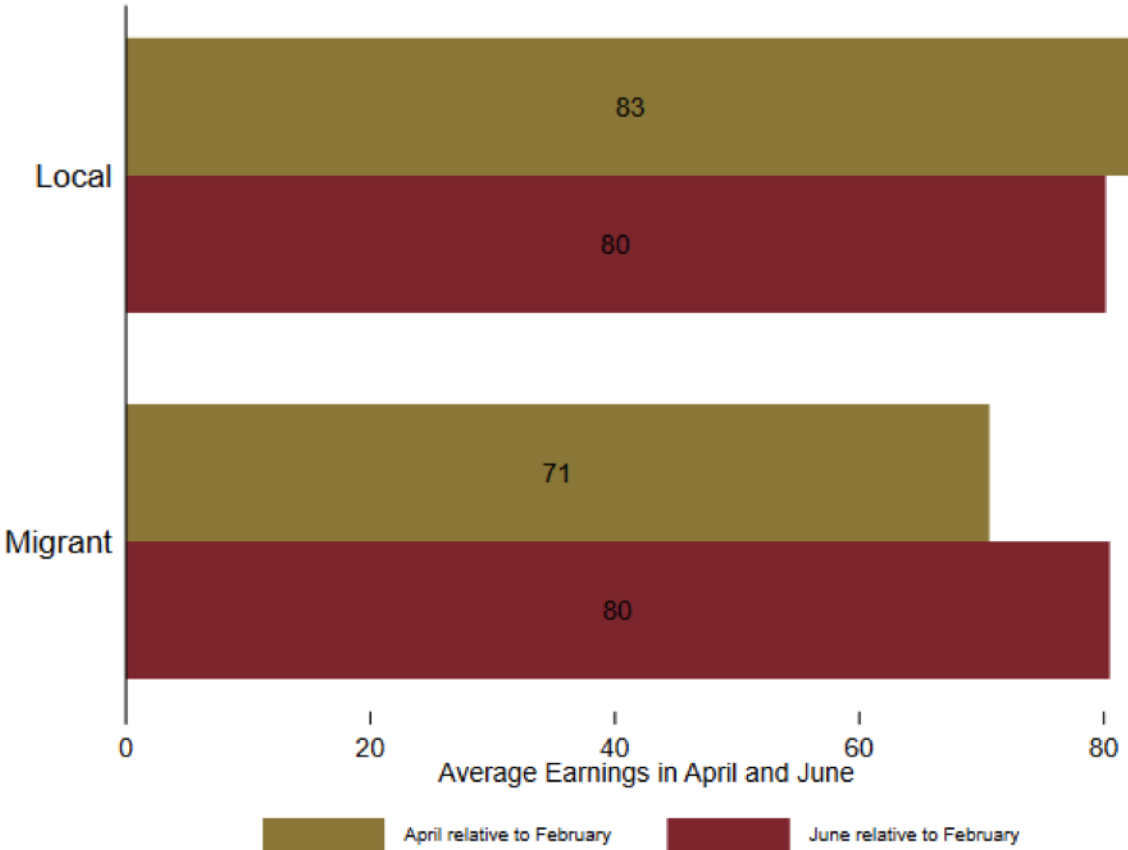


Notably, two-thirds of migrant domestic workers were unable to work during the peak of lockdown, compared to one-third of local domestic workers, mainly because they were laid off by their employers (56 per cent). By June, half of migrant domestic workers (47 per cent) were still unable to resume work, compared to less than a quarter of local workers (23 per cent). The gap was particularly big in Ahmedabad, Mexico City, Dar Es Salam and Bangkok.

Similarly, more than half (59 per cent) of migrant home-based workers were unable to resume work in June, compared to a third of local home-based workers, mainly because of limited work orders (44 per cent). This was mainly noted in Tiruppur in April and June. In Dakar and Bangkok, migrant waste pickers were less likely than locals to be able to work in April, and in Dakar, Ahmedabad, Delhi, Lima and Durban, they were less likely to recover their working capacity by June.

COVID-19 restrictions have also impacted the earnings of those who were able to work. Migrant workers who worked during the peak of lockdown (in April) were earning 29 per cent less than their February earnings, while local workers' earnings were down by 17 per cent. While migrant workers were harder hit in April than local workers, the impact had evened out by mid-year (see Figure 2).

Figure 2: April and June earnings as proportion of February earnings: Local and migrant workers



In Plevan, Ahmedabad, Delhi, Dakar and Lima, migrant workers in all sectors were more likely than locals to report that they did not work because they were concerned about becoming ill. Considering that migrant workers are often not eligible for affordable health care in the city or are unsure whether they are eligible, contracting COVID-19 could represent a larger health and economic burden for them. As such, social, health and political exclusion experienced by migrants rendered them less likely to work during the pandemic.

Migrant-dominated sectors

Most workers in sectors dominated by migrants were unable to work during the peak of lockdown. The great majority of kayayei (98 per cent) in Accra and all massage therapists in Bangkok were unable to work during that time.

While more than three-quarters of the kayayei and massage therapists were able to resume work by June, they were only earning one-third and two-thirds of their February incomes respectively.

In Bangkok, while most motorcycle drivers involved in the study—exclusively migrants—were able to work in April and June, limited customers and a decrease in fares meant that their earnings in April were less than a quarter of their February earnings, and half of their February earnings in June. Reduced working capacity had particularly adverse consequences for migrant workers, as studies show that they usually face higher costs of living.³ As a motorcycle taxi driver in Bangkok put it:

“The most impacted aspect is income. Most motorcycle taxi drivers are from upcountry and need to rent a place. They are not local. The financial burden is on accommodation rent, daily expenses, as well as motorcycle installments. These are considered a severe financial burden, if they do not earn any income.”

Relief

Compounding their inability to work, migrant workers were often prevented from accessing relief measures to help them cope with the pandemic. In Mexico City, Lima, Durban, Delhi and Tiruppur, migrant workers were less likely to receive relief measures than workers from the city. In some cities, such as Mexico City, relief measures were explicitly restricted to local residents.

In other cities, migrant workers faced administrative obstacles to receiving relief packages. In the Indian cities of Ahmedabad, Delhi and Tiruppur, migrant workers were hindered from receiving assistance because the required ration cards were registered in their home cities. An Indian domestic worker explained:

“Definitely in Delhi we see that many women domestic workers are migrants from Bengal and other states. The issue was that they did not have a ration card from the city, so they had a lot of difficulty in accessing ration shops”.

The lack of social, political, and institutional networks and support⁴ among migrant workers, which translates into limited access to information and less political influence, restricted them from receiving relief packages. In Accra, Plevan, Delhi and Durban, migrant workers were less likely to be aware of the relief measures; in Dakar and Lima, migrants were more likely to report that they were eligible but not listed for the receipt of relief; and in Lima they were more likely to report political favoritism and corruption as a reason for not receiving relief. Corroborating this exclusion, migrant workers were less likely than locals to receive PPE from government (16 per cent of local workers versus 11 per cent of migrant workers)— the largest gap was reported in Accra, where only 9 per cent of migrant workers and 34 per cent of local workers received PPE.

Coping mechanisms

In the absence of social protection and relief measures, informal social support from family and friends is an essential form of safety net. The study data shows that migrant workers were somewhat less able to rely on their family to take care of their children: only a quarter was able to do so, compared to 32 per cent among non-migrant workers. Similarly, in Ahmedabad, Delhi, Mexico City, Lima, Durban, Tiruppur and Accra migrant workers were less likely than locals to seek support from family, neighbours or friends.

Migrants' decision to seek social support is mediated by several personal and inter-personal characteristics (gender, race, economic and migrant status, access to information, among others), but workers in the study referred to limited social inclusion and a lack of family networks as important barriers to receiving informal help. As a motorcycle taxi driver in Bangkok put it:

“Some live in the community but are not included as a part of the community, because people in the community do not accept them as a member of the community. So, they are not entitled to the same rights as received by others in the community and cannot utilize anything from the community at all.”

Instead, many migrant workers turned to coping strategies that are likely to hinder their long-term wellbeing, such as borrowing or drawing down savings. Across the sample, three quarters of migrant workers had to borrow money and/or draw money from their savings, compared to 55 per cent of local workers.

Recommendations

“Some domestic workers did not have enough money because they got less salary, so the remittance was less. At times, those at home struggled.” – Domestic worker in Delhi

Considering that internal migration is an indispensable livelihood strategy for over 700 million people and their families,⁵ measures to improve the socio-economic integration of internal migrants are crucial. While many vulnerabilities associated with this population—lack of household registration, higher living costs, limited social and family networks—are not unique to them, they are intensified by their mobility. Not surprisingly, when governments announced sudden lockdowns, many migrant workers, depleted from their work, resources and income, returned to their home communities.

Cities need to improve their understanding of the hurdles faced by internal migrants, particularly in accessing public services, social protection and relief measures. Migrant-specific difficulties—such as their registration outside of the city and their limited social and institutional networks—should be included in the design of development programmes and relief measures.

Endnotes

- 1 Since 2001, Thai citizens have been covered under the country's three health-care schemes. Undocumented migrants and their dependants can also access the Compulsory Migrant Health Insurance (See World Health Organization. (2019). *Legal access rights to health care. Country Profile: Thailand*. <https://www.who.int/publications/item/uhc-law-in-practice-legal-access-rights-to-health-care-country-profile-thailand>)
- 2 Mainly found in New York, where 77 per cent of workers were international migrants.
- 3 International Organization for Migration. (2005). *Internal Migration and Development: A Global Perspective* (No. 19). IOM. <https://publications.iom.int/books/mrs-ndeg19-internal-migration-and-development-global-perspective>
- 4 UN Habitat. (2012). *Migrants' Inclusion in Cities. Innovative Urban Policies and Practices*. https://unhabitat.org/sites/default/files/documents/2019-05/migrants_inclusion_in_cities_-_innovative_urban_policies_and_practices.pdf
- 5 This figure is likely underestimated, but robust estimates are yet unavailable (See UNESCO. (2018). *Global education monitoring report, 2019: Migration, displacement and education: building bridges, not walls*. <https://unesdoc.unesco.org/ark:/48223/pf0000265866.page=33>)

COVID-19 Crisis and the Informal Economy is a collaboration between Women in Informal Employment: Globalizing and Organizing (WIEGO) and partner organizations representing informal workers in 12 cities: Accra, Ghana; Ahmedabad, India; Bangkok, Thailand; Dakar, Senegal; Dar es Salaam, Tanzania; Delhi, India; Durban, South Africa; Lima, Peru; Mexico City, Mexico; New York City, USA; Pleven, Bulgaria; and Tiruppur, India. The mixed methods, longitudinal study encompasses phone questionnaires of informal workers and semi-structured interviews conducted with informal worker leaders and other key informants. Round 2 will be conducted in the first half of 2021. For more information, visit [wiego.org/ COVID-19-Global-Impact-Study](https://wiego.org/COVID-19-Global-Impact-Study).

Women in Informal Employment: Globalizing and Organizing (WIEGO) is a global network focused on empowering the working poor, especially women, in the informal economy to secure their livelihoods. We believe all workers should have equal economic opportunities, rights, protection and voice. WIEGO promotes change by improving statistics and expanding knowledge on the informal economy, building networks and capacity among informal worker organizations and, jointly with the networks and organizations, influencing local, national and international policies. Visit www.wiego.org.



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