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COVID, Internal Migrants and Social Security Policies in India

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Abstract

This paper attempts to understand the effect of the covid-19 lockdown on internal migrants by highlighting the issues related to social security, health and the lack of inclusive migrant policies. India has a few programs or policies targeting migrant workers, but the category of migrants is still not visible in most of the major programmes. There is a necessity to modify the prevailing policy structures and programmes so that the needs of the migrant groups are addressed in the different national policies and programmes. Special focus should be given to provide migrants health facilities and social security (food, shelter, education) to migrant families. The pandemic revealed that the problem of migrant workers mainly relates to their survival, livelihood and exploitation. There is a need to mainstream migrants in development policies and programmes for their inclusion and wellbeing.

Background

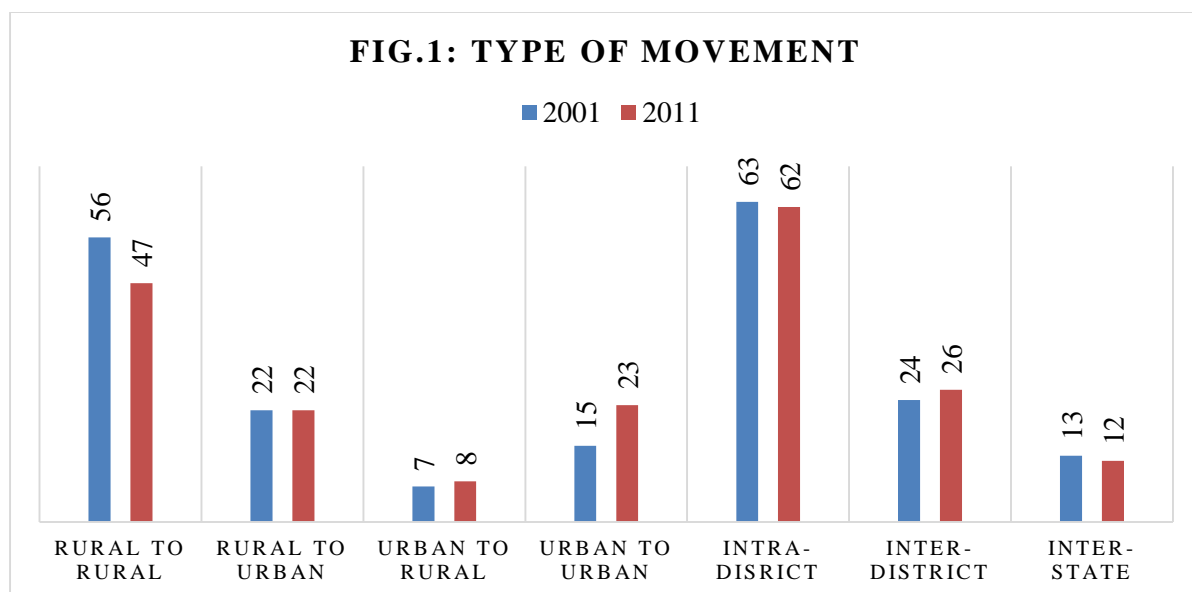
In the memories of the people across globe, there was nothing like Covid-19 that affected the lives of millions of individuals and put them under enormous strain. In India, like other countries, the government imposed a lockdown on 24 March 2020. After that, there were different lockdowns in different timelines, particularly when the second wave hit the country. The peculiarity of the lockdown was the restriction on the mass movements and gathering, which led to the panic among internal labour migrants in India. The labour migrants in the

different parts of the country started moving towards their homeland due to the lack of socio-economic support at the destination. This unexpected mass movement of people called national wide attention to the need for a proper understanding of the internal migrants in a vast country with visible regional economic inequality.

Many informal sector workers are migrant labourers who have relocated from rural to urban areas. Most of them are originated from socio-economically backward districts of Uttar Pradesh, Bihar, Odisha, Jharkhand and Madhya Pradesh and West Bengal (Keshri and Bhagat 2013). In India, the nationwide lockdown took effect without any prior notice and basic systematic arrangements for informal sector workers and migrants, which is the primary root of all problems among the migrants. Few migrant labourers could return to their local place, but many were stuck at the workplace during the lockdown (SWAN 2020). Migrant's workers contribute to India's economic growth despite being part of the informal economy. Many months into a pandemic now, the migrants are still struggling to meet their needs. This paper attempts to understand the effect of the covid-19 lockdown on internal migrants by highlighting the issues related to social security, health and the lack of inclusive migrant policies.

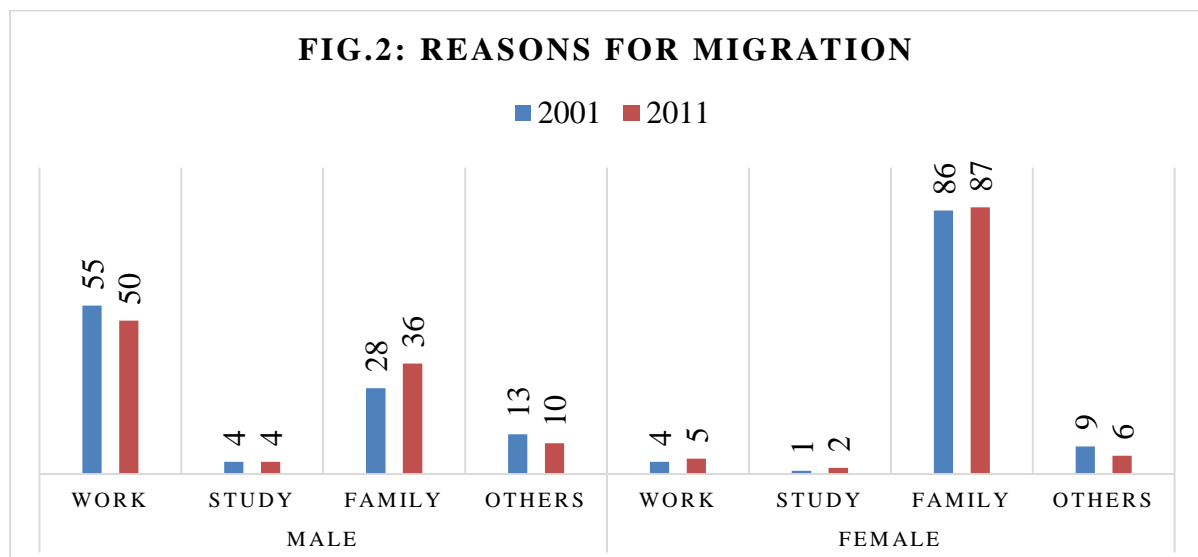
Internal migrants in India

According to census 2011, 450 million people were recorded as internal migrants while 309 million in 2001. The growth of internal migrants exceeded the growth of population (45 percent growth in internal migrants, while 18 percent growth in population). The internal migrants to the total population increased from 30 to 37 percentage (Registrar General & Census Commissioner, India).



Source: Census of India, 2001 and 2011.

Most of the internal migration falls in rural to rural stream or intra-district migrants in India (fig 1). The rural to urban migration contributes only 22 percentage in both censuses, while the urban to urban migration increased from 15 to 23 percent from 2001 to 2011. The surprising fact that the inter-state migration in India has remained nearly 13 percent in the last two censuses is only 4 percent of the total population. When we consider the less than five-year interval or the non-settled migrants, it comes to only one percent of the population in both censuses. A recent study shows that India has the lowest rate of internal migrants compared to other countries (Martin et al., 2015). This low rate of inter-state migration can result from the non-portability of the social welfare benefits across state borders, preferential norms in educational institutes and the domicile requirements for the state government jobs (World Bank 2017).



Source: Census of India, 2001 and 2011.

Figure 2 shows the reasons for the migration in the last two censuses. More than half of the males have migrated for work-related activities. In contrast, nearly 87 percent of the females migrated due to familial reasons, including migration due to marriage or childbirth and migration with household. In most cases, females accompany their partners when the partner migrate for economic activities.

Return migration in the time Covid-19

Table 1 shows the number of migrant workers who have returned to their homes at the time of the first wave of Covid-19. More than a crore migrant worker returned to their home state till 14 September 2020. Uttar Pradesh (UP) received 31 percent of the total return migrants, while Bihar received 14 percent. West Bengal and the Rajasthan received nearly 13 percent of the

total migrant workers who have returned due to Covid-19. Three percent of the return migrants were Keralites.

The migrant-sending states never expected this large reverse migration, particularly in the pandemic. This reverse migration affected different states differently. The developed states or the migrant-receiving states with standard medical facilities wanted to prioritize their internal return migrants, as they are in small numbers and have successfully set up quarantine camps. On the other hand, the poorest or the migrant-sending states suffered from the excessive return migration due to lack of proper health facilities, making all available government facilities, including schools, into quarantine camps.

Table 1. Number of migrant workers who have returned to their home state till 14 September 2020

States	Numbers	Percentage
Uttar Pradesh	32,49,638	31.0
Bihar	15,00,612	14.3
West Bengal	13,84,693	13.2
Rajasthan	13,08,130	12.5
Madhya Pradesh	7,53,581	7.2
Jharkhand	5,30,047	5.1
Punjab	5,15,642	4.9
Assam	4,26,441	4.1
Kerala	3,11,124	3.0
Maharashtra	1,82,990	1.7
Tamil Nadu	72,145	0.7
Jammu & Kashmir	48,780	0.5
Remaining States	1,82,329	1.7
Total	1,04,66,152	

Source: Unstarred Question No.197, Lok Sabha, Ministry of Labour and Employment

As the data shows, UP and Bihar received a considerable number of people returned in the pandemic. This calls special attention towards the quarantine of these return people to avoid the spreading of the pandemic. The UP introduced home-based quarantine for the return migrants, workers will be screened by administration of respective districts where they are going and those showing Covid-19 symptoms, but are not infected, will have to quarantine at home for 14 days while the asymptomatic ones need to remain in home quarantine for seven days (Hindustan Times 2020).

While Bihar introduced the registration of migrant workers, who have returned to their home state amid the easing of nationwide lockdown restrictions imposed on 25 March to stop the spread of coronavirus disease (Covid-19) outbreak lodged in quarantine centres. The state disaster management department's (DMD) data until 31 May shows that 1,424,548 people were registered in 11,124 quarantine centres across the state. Since the easing of lockdown restrictions, around 28 lakh people have returned to Bihar by road or Shramik Special trains. Bihar faced a considerable challenge and was forced to accommodate many people in small schools, which led to further health hazards. The high number of camps made it hard to control these camps too. People complained about the lack of food, basic amenities and improper behaviour by local officials. The Bihar government stopped registering the return migrants from June 2020 by considering lifting the ban on intra-state travel (Hindustan Times 2020). After 31 May to Bihar, whoever returned won't be registered as return migrants as people are free to arrive in the state by mode of travel.

Kerala had quarantined more than two lakh of return migrants by September 14 2020, from that, only 22 thousand were institutionally quarantined and remaining quarantined in their homes (Kerala Covid Dashboard 2020). While states like Kerala avoided schools as quarantine centres, the state made quarantine centres in government hostels and private hotels where individual bathroom attached rooms can be provided to return migrants, reducing further health hazards. Kerala also had a huge number of migrants stuck in the state. Kerala supported their migrants by setting up camps and providing food kits to reduce the panic among the migrants, and in places where internal migrants settlements in Kerala, a Mobile clinic named 'Bandhu Clinic' was set up to screen the health of internal migrants and provide doorstep health care support (The News Minute 2020)

Internal migrants and health

A recent study found that more than 45 percent of the internal migrants saw an overall decline in their health due to their participation in labour migration and the lack of services at the destination (Dodd et al., 2017). In big cities like Delhi, government health facilities are available near most migrant habitations, but migrants are less aware of these facilities (Kusuma et al., 2013). Migrants prefer local doctors (under qualified) to government facilities due to the indirect costs (Babu et al., 2010). This scenario shows the negative perception and lack of trust in government health facilities (Kusuma et al., 2013). The inconvenient working time of public health centers makes it hard for the migrant daily workers to access those facilities (Kusuma &

Babu, 2018). The vulnerability of the migrant at destination used by the host community to supply inferior health care impede integration and the lower access to government health insurances (Chatterjee, 2006).

In India, the rights of poor internal migrants have remained elusive, particularly health rights. The interstate migrant workmen act of 1979 has failed to register interstate migrants, which further delayed implementing programmes for these internal migrants. The government of India appointed the Krishna Committee in 1982; the committee recommended establishing the health check post in migrant pockets (Government of India 1982). Surprisingly no functioning health check posts were set up in migrant pockets. There is a need of developing a system of health care facilities in these pockets to support the needs of the migrants by considering their situation in the destination. The existing policies don't provide a protective cover for migrant's health.

India is committed to the International Labour Organisation (ILO) but never accepted the Convention of Migrant Workers (CMW), which emphasizes protecting migrants' rights. The United Nations Convention on Migrant Workers clearly stated that various strategies to protect the right of migrants with a particular focus on them, but India never followed these conventions not made a specific focus on its internal migrants, particularly on their health. The National Health Policy (2001) focuses on achieving a better health standard among the general population, particularly developing public health services that provide equitable access to the general population. However, the policy doesn't address the migrant's health in specific. Migrant's health is considered part of general population health and included in the national framework of health programmes and policies than separately. This is widely visible in other programmes like National Population Policy (2002) and Vision 2020 Policy which aims for a healthier, prosperous and educated population by 2020. As mentioned earlier, these policies focus on the general public's health and avoid specific important cases like intra-state migrants.

Most health services provided to migrants are either by Non-Governmental Organizations (NGOs) or by the Integrated Child Development Scheme (ICDS). To attain these services, informal migrants require registration cards or identity cards. India's most extensive health program National Rural Health Mission (2005), only targets the rural population; urban migrants remain neglected. The National Urban Health Mission (2013) is good news for the migrant workers in urban areas; the health experts and planers should develop a target based health program for migrants in the urban areas.

The Rashtra Swasthya Bima Yojana (RSBY) was another initiative that provided insurance to workers with nominal registration charges. The program is jointly funded by the state, and center governments provide a hospitalization cover (up to 35000) through listed hospitals. The central plus point of this program was the portability across district and state borders, which supports internal migrants. RSBY is currently part of Ayushman Bharat Yojana, which is expected to cover a wider population. Providing the portability in this program between inner borders will provide the migrants greater access to the program.

Migrant workers are excluded from whatever public health facilities exist since free access to them may be restricted to residents, as is the case in many states. Providing access to migrants will require that local authorities grant access irrespective of their proof of residency, arrange all seasonal migrants the same treatment as the local poor, and treat all other migrants based on their economic classification at the origin. India faces tremendous internal migration challenges and needs to formulate appropriate policies and programmes to improve migrants' health. The existing programmes need to be expanded and upgraded. Effective implementation of these programmes and their integration of source-exit destinations would be crucial in improving migrants' health.

Social security and internal migrants

Most internal migrants work in an informal sector, where workers have to look after themselves for their social security. As mentioned earlier, the non-portability of the social benefit schemes across the borders also creates a challenge over internal migrants. While the covid-19 lockdown was announced, these reasons forced the internal migrants to take the challenging decision of returning to their home state at any cost. This will help them benefit from the social benefits programs implemented based on domicile; if they stay back, they will be excluded. Even these policies vary from state to state and to local bodies too. The central government announced various measures to reduce the plight of migrant's later stages. Some states like Kerala supported their migrants by setting up camps and providing food kits to reduce the panic among the migrants. This section will discuss the issues related to internal migrants and the social security measures and how the lack of social security measures led to the vulnerability of internal migrants in the time of Covid-19.

Food security

The One Nation One Ration Card (ONORC) scheme is yet to reach its complete implementation. Inter-state migrants can access the Public Distribution System (PDS) in their destination. Seasonal and temporary migrants are forced to purchase the food from regular shops, the money from the small wages used for this purpose. Food and nutrition account for a vital share of living costs for daily wage workers in towns. Research performed by Aajiveeka Bureau on migrants in Ahmedabad found that, on average, 41 percent of their income is spent on food (Aajiveeka Bureau, 2020). It has been observed migrant children experience malnutrition when their parents are in regular low-income uncertain jobs that require frequent shifts based on the availability of work.

Mostly the Indian internal migrants are deprived of the purchase of the subsidized food available through PDS. The way to access the PDS at the destination is to issue a ration card. Migrant workers are reluctant to apply for the ration card at the destination due to the lack of permanent residence address and fear of losing the Below Poverty Line (BPL) status they have at the origin. The major challenge was the non-portability of the PDS benefit between state borders due to the imbalance in the subsidies provided by the different states. States like Tamil Nadu and Kerala deliver the majority of their population subsidized food through PDS; the state government bears those food subsidy expenses. The governments do not want to share subsidies with other state people by giving them temporary registration or entitlement, further promoting internal migrants towards the state.

National Food Security Act (2013) doesn't provide this portability of benefits. Some states introduced the intra-state portability of PDS benefits through inter-state agreements. All states should accept to offer all migrant workers and their families the same PDS entitlements that they allow their inhabitants on the principle that these workers live and contribute to the destination state's economy throughout their residence in the state. PDS is passed a resolution to overcome this, particularly for seasonal migrants. It provides the right to seasonal migrants to access and use a temporary ration card during their stay in the destination, which respective district collector issues. The proper implementation of ONORC will strengthen the migrant's access to affordable food.

Housing

India has a vision of providing housing for all by 2020. To achieve this goal in rural areas program titled Pradhan Manthri Awas Yojana (PMAY) was introduced, and the program also extended to urban areas later. This program aims to address the housing shortage in both slum and non-slum poor regions of urban areas. Besides that, the Jawaharlal Nehru Urban renewal Mission (JNNURM) and Rajiv Awas Yojana (RAY) were also implemented by the government in different stages. JNNURM aims to improve urban infrastructure and provide essential services to the urban poor, whereas RAY aims to provide housing for urban slum dwellers. Both programmes are a significant step towards addressing the needs of urban poor and slum dwellers. The new program launched in 2015 (Atal Mission for Rejuvenation and Urban Transformation (AMRUT)) for improving the quality of life in urban areas by providing basic amenities like water supply, transport, sewage facilities and recreation areas. Major states also have implemented housing programs in line with central government programs.

The vastly expanding urban real estate business forced the urban governments to support and favour big real estate lobbies. This led to a sharp increase in the urban land price, property lease prices, and urban rent and forced the urban poor to move to less developed suburban areas and slums. The government and companies have practically no responsibility for providing shelter to migrants in India. Due to a deficiency of housing of any kind, migrants find refuge in unauthorized slums or shanties, often on government properties, from where they are frequently displaced. Migrant workers live in the open, in makeshift tents covered with plastic sheets, under bridges, etc. Notwithstanding policy declarations and plans in India, poor migrants suffer more significant barriers and greater vulnerability in getting shelter and other essential facility requirements. This is coupled with a more hostile socio-political situation in host settings and less secure job environments leading to the kind of urban exclusionary process (Basnet, 2011).

Migrants have less access to urban subsidized housing projects or slum re-habitation programs due to the lack of ration cards in the destination address and state-specific documents for eligibility for the affordable housing scheme. The seasonal migrants don't require permanent housing at the destination, so they tend to look for cheaper housing, mostly prefers the makeshift tents covered with plastic sheets, under bridges, etc. As discussed, state and central governments introduced several programs to improve urban housing, particularly for permanent or long term migrants. However, these programmes are silent in addressing the

particular concerns of migrants, though shelters are the most fundamental requirements for several migrants and slum inhabitants as a large number of homeless people still dwell in several big cities of India (Bhagat, 2015). Hence, providing night shelters and building lodgings for working men and women could be the solution while developing the development plans in the urban areas to accommodate short term migrants' urban progress.

Education of the migrant children

Delving into policy documents dating back to early Five-Year Plans provides an array of possible solutions for migrant children, ranging from flexible schooling days/instructional hours, open schools, seasonal schools in destination areas, residential schools in source areas, to even providing teaching volunteers who move with migrating families. Policies envisioned creating Integrated Child Development Service (ICDS) centres at arrival points (bus or train stations) to facilitate health check-ups and educational tracking. The recent Samagra Shiksha guidelines highlight the significant role of local governance and community engagement in universalizing education.

Policy framing and implementation in India focuses on a fixed framework that usually does not consider the seasonal migrant population for whom frequent movement forms a characteristic feature. Therefore, most of the interventions have been either at the source or destination (Smitha, 2008). Any policy intervention aimed at improving the conditions of seasonal migrants and their children must consider the factor of mobility and the issues faced during and as a result of said mobility in the population. While the Right to Education [RTE] Act makes it mandatory for all schools to admit children coming from other areas or states, the process of enrolling older migrant children in RTE mandated age-appropriate classes is hindered due to the substantial learning gaps (Rajan, 2020). Hence, the practicality of these provisions needs to be re-evaluated, and required amendments must be made to strengthen the educational inclusion of migrant children further.

Different states have also come up with programs to provide education to migrant children's who came from outside and the left-behind children. To some extent, Sarva Shiksha Abhiyan and the Samagra Shiksha Abhiyan have recognized the mobility factor associated with seasonal migrations (Shah, 2021). Furthermore, states like Gujarat and Maharashtra have also stepped in by creating seasonal boarding schools for migrant children and engaging volunteers to provide after-school psychosocial support to left-behind children respectively (Chandrasekhar

& Bhattacharya, 2019). Considering the linguistic barriers faced by migrant children in schools at destination sites, educational volunteers who speak the mother tongues of migrant children have been appointed through the Sarva Shiksha Abhiyan in Kerala (Peter et al., 2020). Gujarat, which attracts many seasonal migrants, introduced the Migration Card initiative in 2001 (Shah, 2021), followed by the Migration Monitoring Software in 2009. The Migration Card initiative enables the state to track inter-state and intrastate migration of school-going children. The Migrant Monitoring Software was utilized to streamline real-time tracking and resolve issues of inaccuracy and specificity arising due to a manual system.

Migration adversely affects the education of children from migrant families. These children either accompany their parents to work sites or are left behind with one or no parent. Children travelling to work sites either drop out of school at source villages or stay nominally enrolled. In both cases, their educational development is limited due to the frequent movement between source regions to destination. At work sites, educational opportunities are limited. Children often end up altogether dropping out of school or struggle with learning gaps caused due to prolonged absence. Children left behind at their source village experience significant emotional and behavioural difficulties due to the parent's absence. These, in turn, affect children's education, psycho-social development and cognitive abilities. While there have been several attempts to strengthen the educational inclusion of these children, most of these have not recognized the factor of mobility. Policies aimed at improving the academic conditions of children of migrant families must be tailored to the unique needs of these children.

Conclusion and recommendations

The pandemic and the following lockdowns created a migration challenge in India, which further increased the need for formulation and implementing policies to improve migrants' wellbeing. India had a few programs or policies targeting migrants but migrants are still excluded in various major programmes. There is a necessity to modify the prevailing policy structures and programmes so that the needs of the migrant groups are accommodated in different national policies and programmes. The development of the National Policy for Migrant Labour will be a milestone towards it. In order to effectively implement the currently available program migrants should be treated as a separate target group instead of a group subsumed under poor and informal sector workers.

Further, the programs should be merged at the source and destination level and beyond administrative borders. Special focus should be given to provide health facilities and social security coverage like food, shelter, and education to migrants and their families. The following areas should be considered while integrating migrants into development plans.

- **Registration:** Internal migrants should be given proof of identity that can be used to access the welfare programmes anywhere in the country. This will further strengthen the migration data.
- **Health service delivery:** Initiating or reinforcing migrant-friendly public health services and creating greater awareness about those services among migrants would be essential to address migrants' unique health needs. Onsite mobile health services or providing special assistance to migrants in regular health services would be helpful. Providing portable health cards to migrants that can be utilized both at source and destination in any state would be crucial. Any health official can track the migrant health card at any location to continue treatment.
- **Access to Food:** The basic services such as access to food for internal migrants can be made convenient through the centralized public distribution system (PDS), where migrant populations reside at any place can benefit. A national roaming ration card would be a proactive step to address food insecurity among migrants.
- **Housing facilities:** Temporary accommodation with basic amenities in cities is a significant need for migrant workers. Hence night shelters, short-stay homes and seasonal accommodation for migrant workers must be provided in cities. The current AMRUT programme has the potential to set up such shelters in cities.
- **Educational opportunities:** Construction of hostels is required at the source place where left behind children can be retained in school hostels. Worksite schools at destination places can be established where children can go with their parents.
- **Co-ordination in administrative levels:** Co-ordination among migrant supporting services facilities at the village, block, district and state levels is crucial for effective implementation. This will further help track the migrant and his family movements and the use of government welfare programmes.

A policy for migrants shouldn't simply be a part of the labour policy only, but migrants' concerns should be addressed as a right of a citizen who is dislocated from their place of usual residence which provides them an identity and dignity. Thus migrants' concerns and issues should be addressed through a target development policy. As migrants end to urban

destinations for selling their labour power, their concerns should be part of the urban development plans and programmes. Access to health, affordable food, housing and education must be included in urban development policies to ensure the citizenship rights of migrants are fulfilled. The pandemic brought to the fore migrant issues highlighting their survival, livelihood and exploitation. This is high time to mainstream migration with development policies and programmes in general and urban development policies and programmes in particular to ensure their inclusion and wellbeing.

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