



COVID-19: Return of Migrant Workers and Others after Easing of Lockdown Restrictions

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Abstract: Anticipating the easing of lockdown and travel restrictions, states are already planning for the return of migrant workers and others. In this context, this policy brief suggests removal of travel and other restrictions in a staggered manner, proposes to register returnee migrant workers and others with limited mandatory requirement to obtain how many (not who all) to reduce possible exclusion errors, and calls for running special trains/buses with necessary precautions. With large number of returnee migrant workers expected at one time, one should not only have multiple quarantine centres including isolation centres but should also consider smaller groups and home quarantine. The need for basic health check equipment and disease surveillance (including for non-COVID-19), relevance of sanitation and hygiene, and strengthening of immunity through nutritious and healthy food as also physical and mental activity have been mentioned.

Introduction

COVID-19 pandemic, as of date, has had a relatively lower adverse impact on India (about two cases per lakh population) than that in many other countries (with global average being about 37 cases per lakh population). There have been variations within India such that Kerala and Odisha seem to have done relatively better in containing the spread. One of the substantive differences between Kerala and other states is that Kerala has a relatively higher exposure to the globalized world than the rest of the country. In fact, the first positive COVID-19 patient in India happened to be from Kerala, a student who had to return home from China where the pandemic began. However, with possible easing of travel restrictions within the country after 3rd May 2020, states like Bihar, Odisha, and Uttar Pradesh are likely to have greater exposure because of the return of migrant workers or students among others. It is in this context that we provide some suggestions.

Stagger Easing of Travel and Other Restrictions

At the national level, travel and other restrictions should be eased in a layered and staggered manner.² Containment zones within a city or districts should have strict restrictions on mobility with defined protocols for essential goods and services only. Similarly, cities/districts identified

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² In China, strict travel restrictions led to 60 per cent of the cases being in Wuhan city, as per the reference in a [Lancet paper](#). What is more, 84 per cent of the cases, including those in Wuhan, were in Hubei province and all cases of China were restricted to only nine of the 31 provinces, as indicated in [Policy Brief 12](#) of NCDS. Only in early April, after three months of restrictions, were residents from Wuhan allowed to travel outside the city, but with necessary checks while other restrictions remained, as per this [Guardian piece](#).



as hotspots should have strict restrictions with other parts of the state/country and likewise for states. If it is inevitable for inter-district and inter-state travel to pass through a district/city identified as hotspot then the travel path should be kept out of bounds for local residents.

Ideally, if possible, whenever travel is allowed, it should be with necessary checks. The mode of conveyance should be disinfected, sitting arrangement should maintain necessary safe distance, and all passengers (except for those who are not medically advised like children below two years or those with breathing problem) should wear face masks. It is not advisable to allow symptomatic persons to travel, but in special cases they may be allowed with extra physical distancing and other precaution only if they are not suffering from COVID-19.

Register Return Migrants

From the perspective of administration, registration with information on how many are likely to come, where are they coming from and what is their final destination will help plan logistics. How many gives an idea of the preparation to be taken for establishing quarantine centres. If the place they have come from or the path they have taken is a hotspot then the number of days of quarantine may be increased. Their final destination will help in deciding whether the quarantine centre can be close to their homes or away from it but will require facilitation to go to their homes after quarantine period is completed.

The immediate concern is to know how many are coming. For almost all rural areas and some urban wards, this could perhaps be estimated by asking the sarpanch/ward members to provide a ball park figure of how many residents of their village/ward who are outside are expected to return. Alternatively, one may consider collecting, through a designated portal, limited information: a contact person from origin of travel, a functional phone number at origin (if available), number of people likely to travel together from origin, and likely common destination. Each of these approaches may reduce exclusion errors, while the latter may also overestimate on account of duplication.

Odisha has already put up a portal, but is trying to arrive at how many are likely to come by collecting individual information for each returnee and then would add them up to obtain the total likely migrant workers who will return. While laudable, the approach of arriving at an aggregation problem through identification will require greater time and effort. Besides, some mandatory requirement could lead to exclusion errors because some people may not have a phone number or may not have the details of their Aadhaar or may not have necessary balance in their phone to receive messages or may not have a reference contact person at their destination or may not have access to internet to fill up the information virtually. Such exclusion errors will lead to underestimation of the possible returnees.

In such uncertain times, it is better to plan for a larger number of returnees than that may actually turn up than plan for a lesser number and end up getting a larger influx of returnees.

Special Trains/Buses

Knowing the number of people likely to come from a particular place can help plan special trains and buses from point-to-point. This could be based on broad information available like the [estimates](#) (shown in a map) conveying broad sources and destinations of migration. An Outlook India [write-up](#) indicates that there were 6/7crore migrant workers as per 2011 census



and also refer to some other work to point out that 33 per cent of migrant workers are from Uttar Pradesh and another 15 per cent are from Bihar. Coastal Odisha is also a migration [hotspot](#) and has other parts with substantial seasonal migration.³

If special trains/buses are not possible from where migrants are currently located, it might help to arrange special buses/vehicles from the border areas or railway stations to different destinations. These transit points should have soaps/sanitiser, adequate number of face masks, preliminary health check-up and facilitates to transfer to quarantine/isolation centres while maintaining necessary safe distance.

Quarantine

All migrant workers and others who return should be quarantined. It may be difficult to set up quarantine centres for so many people at one time.

The state should consider and allow *home quarantine* if travel history is not from hotspot, the person has no symptoms and if the community can take care of the person's needs while maintaining safe distance and without exposing other persons with high risk.

There should be *multiple quarantine centres*. If possible, persons with greater risk (older and with at-risk co-morbidities) or those with symptoms should not be put up with others. Importantly, those with symptoms but not suffering from COVID-19 should not be put with those having COVID-19. Prior to testing, all such individuals should be put up in *isolation centres* (if possible, an independent well-ventilated room with separate bathroom or bathrooms that are disinfected before and after every use).⁴

A catch-22 situation in arranging quarantine is that, for public authorities, it might be easier to provide food and other facilities in one place. But, from the perspective of preventing spread of COVID-19, if one of them is infected, calls for smaller groups.

The *duration of quarantine* should be at least 14 days. If during the quarantine period the person develops any symptoms then further 14 days of quarantine must be ensured from the last day of symptom. If the person has come from or travelled through a hotspot and has travelled with other co-passengers where safe distancing was not possible then they should be further isolated from others, if possible, and should be put in an extra week or two of home quarantine after the 14 days quarantine period.⁵

³ The Government of Odisha estimates the likely return of [five lakh migrants](#) from outside the state. This is about 1.1 per cent of its estimated 4.5 crore population. If most of these returnees are rural then, on average, it is about 75 persons per gram panchayat (taking 6798 GPs). Of course, there will be variations with numbers being much higher in Ganjam (the Surat link), as also Balesore and Bhadrak (the Kolkata link) among others.

⁴ In Wuhan the Fangcang shelter hospitals, as per the earlier mentioned Lancet [paper](#), were exclusively for those who tested positive for COVID-19 while those with influenza or common cold were kept away from them. It may be mentioned that those suffering from common cold already have their immunity compromised and it may not be proper to expose them to those with COVID-19.

⁵ There were some asymptomatic cases in Odisha who tested positive three weeks after their travel. This is intriguing because they have been in some form of quarantine during lockdown after completing their travel.



Health Check Equipment and Disease Surveillance

All health check-up facilities/centres (including quarantine/isolation centres and travel transit points) should have

- at least two *infrared thermometers* (one for use and one as standby) or one thermometer per person (with few more as standby),
- adequate number of *pulse oximeters* (to measure blood oxygen level and can be used as a substitute for a rapid test), and
- enough *personal protective equipment* (PPE) for all health workers and other service providers.

Necessary protocols may be devised for disease surveillance among returnees. This need not be limited to COVID-19 alone, but also for other diseases.

Water, Sanitation and Hygiene

It is important to maintain personal hygiene for all, but particularly so for all those in quarantine or in isolation. To ensure this, a minimum requirement is access to soap and water or sanitiser (if without access to water). However, those using sanitisers should clean their hands with soap and water before eating and before doing any activities in the kitchen (sanitisers have alcohol and could be inflammable). All those in quarantine should be provided with at least two reusable masks and there should be facilities to clean them in an appropriate [way](#).

It is also important to have access to sufficient water and adequate sanitation facilities in all quarantine centres. In fact, these will safeguard them from many other contagious diseases and pre-empt other possible outbreaks.

Pre monsoon showers have started and if quarantine time is also increased to coincide with the monsoon then the quarantine centres should safeguard people from getting wet.

Strengthen Immunity

Nutritious and healthy food is important for strengthening immunity.⁶ In many rural areas, vegetables and fruits are not finding an adequate market. The quarantine centres should purchase and procure them from the local markets. In addition to strengthening immunity it will also help the local economy.

The physical and psychological needs of all in quarantine needs to be addressed. Physical exercise, socialising while maintaining necessary distance, and some non-contact activities may be of help. Many migrant workers are not used to agricultural work and if they need to get back to agricultural work, because they cannot migrate back and because without their non-agricultural income the input-intensive agriculture may not be financially feasible, then this quarantine period may be used to make them physically fit for agricultural work.

⁶ The Food and Agriculture Organization has also come up with an [advisory](#), which has been translated into Odia as [Policy Brief 15](#) of NCDS. The NNEdPro Global Centre for Nutrition and Health of Cambridge University has also put up a useful [10-pointer](#).



In fact, the returnee migrant workers staying in publicly provided quarantine centres should be made to organise themselves (cooking, cleaning, maintaining sanitation and taking up disinfecting activities where required) with limited outside intervention. This should be done by sharing work. Such an arrangement will also keep them physically and mentally occupied.

Conclusion

Once lockdown is eased in India, large number of migrant workers are likely to return. We suggest continuance of such restrictions in hotspots and allow travel in a regulated manner. The registration of return migrants, to begin with, should have limited mandatory requirement to reduce possible exclusion errors. Running special trains/buses with necessary precautions is also called for. With large numbers to be quarantined, different approaches with adequate safeguard to reduce spread need to be considered. In addition, need for basic health check equipment and disease surveillance (including for non-COVID-19), relevance of sanitation and hygiene, and strengthening of immunity have been mentioned.

This is the seventh NCDS policy brief in the COVID-19 series. The other six have been on analysis of cases across countries and provinces of China ([PB12NCDS](#), 20 March 2020), on behavioural biases that could lead to panic like asking health care professionals to leave rented premises ([PB13NCDS](#), 25 March 2020), on strengthening COVID hospitals and concerns of community transmission in Odisha ([PB14NCDS](#), 28 March 2020), କୋଭିଡ-୧୯ ମହାମାରୀ ସମୟରେ ପୁଷ୍ଟିକର ଖାଦ୍ୟର ଉପଯୋଗିତା ([PB15NCDS](#), 7 April 2020), which is an Odia translation of “Maintaining a healthy diet during COVID-19 pandemic” prepared by the Food and Agriculture Organization of the United Nations, a cross-country analysis of positive cases and testing ([PB16NCDS](#), 11 April 2020), and frequently asked questions on rapid antibody test ([PB17NCDS](#), 20 April 2020; also available in Odia, [PB17aNCDS](#), 23 April 2020).

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