

Reverse Migration of Labourers amidst COVID-19

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Migrant workers returning to native places in COVID-19 times were the host for urban to rural transmission of cases as the migrant-receiving states witnessed over five times increase in the number of districts having a more significant concentration of COVID-19 cases from 1 May to 31 May 2020. There is an urgent need for the skill mapping of the migrant workforce and creating social security schemes to protect them under any socio-economic or health emergency.

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The highly contagious severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has overnight created a nightmare worldwide, leading to lockdowns in many countries, which have victimised the informal sector migrant labourers in most of the developing countries like India. With increasing reverse migration of the workers, there was a common perception among various state governments that the migrant labourers are carrying COVID-19 from high contagion zones in metropolitan or million-plus cities to low-risk rural areas in the process of reverse migration amidst COVID-19. Given the inherent heterogeneity in employment opportunities and wage differentials in rural and urban areas, metropolitan cities and larger urban agglomerations have historically emerged as the hub for job opportunities for daily earners.

Impact on the Indian Economy

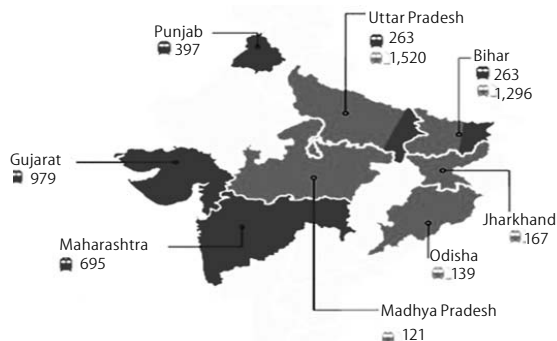
The pandemic-triggered lockdown 1.0 (L 1) from 25 March to 14 April 2020, lockdown 2.0 (L 2) from 15 April to 3 May, Lockdown 3.0 (L 3) from 4 May to 17 May 2020 and lockdown 4.0 (L 4) from 18 May to 31 May 2020 impacted the Indian economy, governance structure, public health system and society at large, adversely. For the months of March, April and May, the industrial sector experienced

a 55.5% plunge in the industrial output (*Trading Economics* 2020). The predictions of fiscal deficit by the economists are 5%–6% of the gross domestic product (GDP) in India. The nation faced enormous economic loss, many innocent lives were lost, and unemployment surged. According to the Centre for Monitoring Indian Economy (CMIE) data, the prevailing rate of unemployment at the time of lockdown increased three-folds and reached up to 26%. Even after unlock 1.0 from 8 June, 2020 in pandemic-hit Maharashtra, Delhi, West Bengal, Tamil Nadu, Gujarat, Andhra Pradesh, Rajasthan, Uttar Pradesh (UP), West Bengal, Telangana, places which are responsible for 60% of the output of the Indian economy and employment of 58.4%, are facing massive staff shortage. Their capacity utilisation is at the time of writing from 20% to 60% only (BQ 2020; Pullanoor 2020).

Political Economy

The villages and smaller towns, especially of the states dominated by agriculture-based economies are victims of the vagaries of nature, limited job opportunities, which are also low paying. Hence, cities and towns turn up as better alternatives. As per the Census of India, 2011, there are 5.6 crore migrant labourers in the country. The number of interstate migrants grew at 55% between Census 1991 and 2001. The states that have a significant portion of their working-age population engaged in other states, are UP, Bihar, Jharkhand, Odisha, Madhya Pradesh (MP), Rajasthan, Chhattisgarh, West Bengal, and the north-eastern states. The countrywide lockdown to contain

Figure 1: Total Number of Shramik Special Trains Originated from Different States and Terminated at Home State of Migrant Workers/Families



Source: Ministry of Railways, https://sr.indianrailways.gov.in/view_detail.jsp?lang=0&dcd=9146&id=0,4,268, viewed on 21 June 2020.

the spread of COVID-19 pushed the labour migrants towards a pathetic situation marked by homelessness, hunger and unforeseen human miseries (SWAN 2020). A recent survey among migrant workers conducted in the middle of April 2020 revealed that 90% of them were not paid their wages in various states, 96% did not get rations from the government outlets, and 70% did not get cooked food during lockdown 1.0 (Hindu 2020).

Global Scenario

The Government of India (GoI) had shut its borders entirely, put in place restrictions on inbound travel and announced a national lockdown for weeks starting 25 March 2020 for all people except those involved in providing essential services. Railways and interstate bus services were suspended (Bajpai 2020; *Economic Times* 2020a). To curtail the spread, physical distancing, with proper hygiene, is the only workable solution along with quarantining of suspected cases and timely treatment of confirmed cases (Prem et al 2020; Singh et al 2020). The government announced free cereals and cooking gas to 800 million people through direct transfers for three months. Besides, ₹1.7 lakh crore relief packages aimed at providing a safety net for those hit the hardest by the COVID-19 lockdown, insurance cover for front-line medical personnel, has been announced (*Economic Times* 2020b). It also declared an economic package worth ₹20 lakh crore to support various sectors, including those employing skilled, semi-skilled, and unskilled migrant labourers.

At the time of entering the fourth month of the pandemic in India, there was a massive demand for health workers and essential supplies like protective gear, ventilators, testing kits, etc. These differentials are even more glaring in rural areas, especially in the existing situation of the reversal of labour migrants, which has been worsening the COVID-19 situation in 116 districts of the six larger states of the

country. To limit the spread of this disease through the process of migration and reverse migration of labourers, it is crucial to strengthen tracking, testing, and treating the positive cases even at the district levels.

Intersectionality in Vulnerability

The efforts to curtail the chain of transmission of COVID-19 and minimise its socio-economic and health effects on the community are dismal, as the vulnerability of people to protection strategies is too heterogeneous. There are five dimensions of vulnerability to the migrant workers in these unforeseen times. First, a wide range of hardship faced in returning led to enhance their vulnerability and working as a link between urban and rural transmission of COVID-19 cases. Second, loss of job and wages, third, overcrowding at the place of origin as a challenge in maintaining social distance, fourth, lack of practising hand hygiene, and fifth, disadvantageous for the urban economy.

The nationwide shutdown affected lakhs of labourers, daily wage earners, hawkers, domestic workers and petty traders, self-employed food/fruits/tea stall owners who were hard hit.

The lockdown affected the livelihoods of nearly 4 crore internal migrants. Around 104 lakh of migrant labourers moved from urban areas to rural areas of origin in about 30 days from 1 May to 31 May 2020 using various modes of transportations, including Shramik trains bus, truck, autorickshaw and walking for thousands of kilometres (*Economic Times* 2020c). Many died in the process.

Around 4,150 Shramik trains operated across the country to ease the reverse migration process of labourers in the country and the real crisis due to lack of transportation (Figure 1). Indian Railways claims that about 55 lakh labourers used these services. Nearly half of the Shramik trains (2,069) originated from Gujarat, Maharashtra, and Punjab, while for 90% of these trains, the destination was either UP or Bihar. Other major states, which were destinations of these Shramik trains, were Jharkhand, Odisha, MP, Rajasthan, and West Bengal. Majority of the migrant workers returning from metropolitan or million-plus cities in May were from 116 to the districts of the six larger states, namely Bihar (23.6 lakh from 32 districts), UP (17.5 lakh from 31 districts), MP (10.7 lakh from 24 districts), Rajasthan (12.1 lakh from 22 districts), Odisha (2.2 lakh from four districts) and Jharkhand (1.1 lakh from three districts).

As per the 2011 Census, over 4.1 crore daily wage earners migrated from rural to urban areas for work; the crisis, and the lockdown compounded their difficulties and diminished their motives to stay (Nair and Verma 2020). The unorganised sector and informal workers in the organised sector account for 92% of the total workforce.

Within the category of informal workers, the largest group is own-account workers (32%), followed by informal employees in the informal sector (30%) and contributing family workers (18%) (ILO 2017). This informalisation is highly pronounced in the case of female workers. In India, 94% of women are employed in the unorganised sector, involved in work that lacks dignity of labour, social security, decent and timely wages, and in some cases, even the right to be called a “worker” (Banerjee 2019). Migrant women workers who are at the bottom of the informal employment pyramid work as part-time, contract, unregistered, home-based workers, and most of whom do not have an official status. Citing the underestimation of women in the workforce, informal sector women’s work in the normal time and multifaceted miseries during the pandemic period of the lockdown remain unrecognised. The

unemployment varied significantly by gender and poverty, leading to the plight of migrant workers from larger cities and urban agglomerations to their places in the states dominating the agriculture-based economy. Adding to the precarity of the migrants losing their jobs in towns, villages do not have the employment capacity to absorb so many return migrants.

Increasing vulnerability of migrants at the place of origin in their inability to follow preventive measures is concerning. The most recent Directorate of Health Services data shows that nearly half of Indian households (49%) face overcrowding with three or more people per room used for sleeping (Singh et al 2020). Such households are in significant numbers in rural areas (51%). Highly populous states have a majority of migrant families inhabiting slums and other structures with deplorable sanitary conditions. Despite all the structural interventions, people of slums use common drinking water sources, toilets, and hence, maintaining physical distancing with so many returnees is a far-fetched dream. As per National Family Health Survey (NFHS-4) (2015–16) data, almost one in seven households did not have water available and over one in three households did not have soap or detergent at the handwashing area, a larger concentration of such households were in the primarily outmigrating states like Bihar, Chhattisgarh, Jharkhand, Odisha, Rajasthan, UP and West Bengal (IIPS and ICF 2017).

With people going back to their villages, the rural parts of the country are equally vulnerable to the virus. We have a gradual shift of COVID-19 cases from urban to rural regions. More than half of the infected cases are the migrant workers who returned from larger urban agglomerations (Barnagarwala and Rajput 2020). In Bihar, in May, one in four migrant workers were COVID-19 positive (Sheriff 2020). Odisha had exponential rise in the number of cases (Mishra 2020). On 1 May, India had 37,257 confirmed cases and 1,223 deaths, by 31 May, the numbers were 1,90,609 and 5,408, respectively (Figure 2).

The recent trend in the increasing number of COVID-19 cases portrays two

Figure 2: COVID-19 Cases and Deaths, India (1 May–31 May 2020)

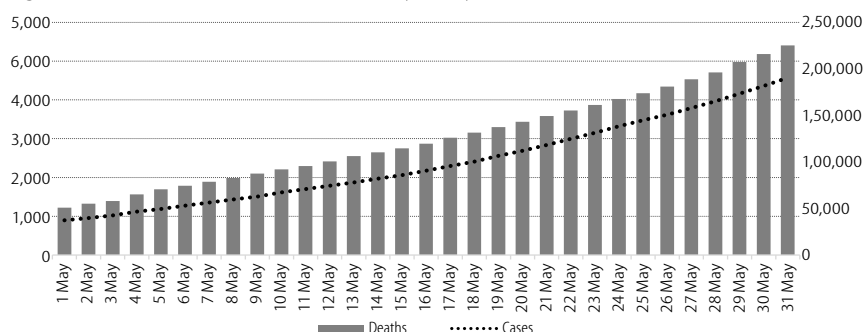
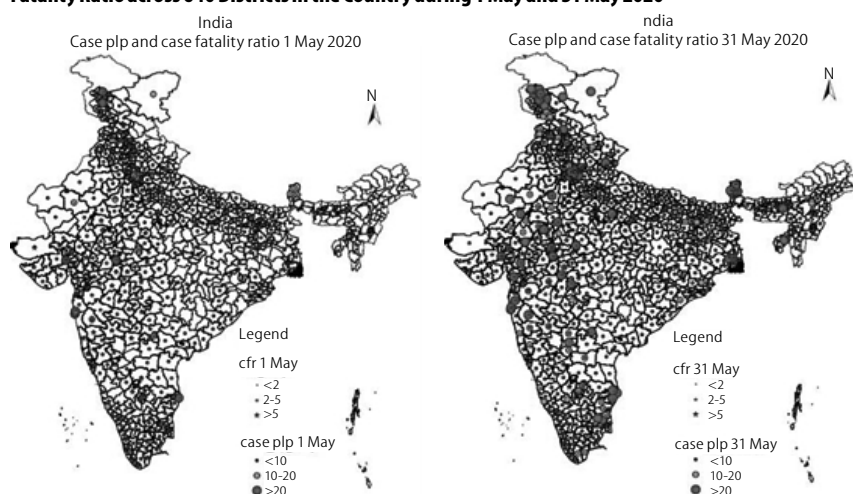


Figure 3: Spatial Heterogeneity in the Prevalence of COVID-19 Cases per 1,00,000 Population and Case Fatality Ratio across 640 Districts in the Country during 1 May and 31 May 2020



Source: COVID-19 official portal, Gol.

contrasting patterns. First, old containment zones in cities like Mumbai, Delhi, Ahmedabad, Chennai, Indore, Jaipur, Pune, Bhopal, etc, are converting into hotspots with community transmission, where those infected are not able to identify the source of infection. On the other hand, the migrant workforce receiving states/districts witnessed a sharp spurt in the total number of cases since the people have started coming back.

Figure 3 portrays a relative situation of different districts in the country in terms of the number of COVID-19 cases per 1,00,000 population and case fatality ratio. The number of districts with a prevalence of COVID-19 cases of 20 or more per 1,00,000 population (projected population for 31 March 2020) has increased from 10 on 1 May 2020, to 54 on 31 May 2020. This is over a fivefold increase in clusters of a higher number of COVID-19 cases within a short span of 30 days when migrant men–women, children and elderly people started reverse migration. The distribution of

such districts on 1 May 2020 was limited to major urban agglomerations like Mumbai, Delhi, Chennai, Ahmedabad, Indore, Bhopal, Jaipur, etc, which, on 31 May 2020, spread out across the country from north to south and east to west (Figure 3), which may be primarily due to reversal of migrant workers to those districts.

Several districts in Bihar and UP, receiving a majority of migrants workers returned from high containment zones in the states in the western and northern parts of the country, have a sudden jump in the number of COVID-19 cases per 1,00,000 population during 30 days. A significant increase was observed in Azamgarh (from 0.0 to 2.0), Agra (9.7 to 17.2), Basti (0.9 to 6.1), Jaunpur (0.2 to 3.5), Lucknow (4.0 to 7.3), Kushinagar (0.0 to 2.0), Varanasi (1.4 to 4.4). Similarly, in about 11 districts of Bihar, which are traditionally famous as out-migrating districts, the prevalence of COVID-19 cases on 1 May 2020, was less than one which increased to around 10 or more

per 1,00,000 population. Some of these districts are Arwal, Begusarai, Bhagalpur, Jehanabad, Khagaria, Madhubani, Munger, Kishanganj, etc. Similarly, there has been a substantial increase in the number of COVID-19 cases in Burhanpur (0.1 to 35.2), Khandwa (3.1 to 16.2), Indore (14.9 to 94.1), and Ujjain (6.5 to 29.8) districts of MP. In Odisha, the major increase in COVID-19 cases due to reverse migration of labourers has been reported in Ganjam (0.0 to 11.3) and Jajpur (2.1 to 14.1). Another migrant-receiving state, Jharkhand, has two districts with sudden spurts in the number of COVID-19 cases after reverse migration are Garhwa (0.2 to 4.2) and Koderma (0.1 to 5.4). The increasing number of COVID-19 cases in the rural-dominated districts are likely to increase the tremendous burden on the already suppressed health system. This is concomitant with the states facing hardships in following all the guidelines. The standards of public health facilities of these districts are questionable, without proper infrastructure facilities, vacant positions, and non-availability of medicine. Besides, the health workers in the public health facilities have not been adequately aware of the COVID-19 situation and strategies to deal with the cases. Lack of oxygen facilities and ventilators are another major challenge in those resource-poor public hospitals.

Conclusions

The existing health infrastructure in predominantly rural districts of states (where a majority of migrant labourers returned) has been inadequate in dealing with the increasing number of COVID-19 cases. Additionally, problems of household crowding, in the households of migrant workers, belonging to socially deprived and economically marginalised sections, lack of hand hygiene and loss of job and wages, are pushing returnees to a highly vulnerable position at the place of origin. On the other side, this pandemic has acted as a revelation of the vulnerability that people in our cities face in terms of livelihood, shelter, and food. The package announced by the union finance minister on 14 May 2020 as a relief from the COVID-19 impact has

importance for the rejuvenation of the economy by fiscal broadening for micro-, small- and medium-scale industries, strengthening of agriculture infrastructure and creation of COVID-19 detection centre in the civil hospitals in the rural areas. However, an urgent need is the economic well-being of migrants workers by "cash-in-hand" income support and enhancement of social sector spending, 6% of GDP for public health and 6% of GDP for education, so that children from the poor migrant families are not forced to drop out of education and as a repercussion of the pandemic, end up as child workers. It is imperative to motivate people to adopt micro-level physical distancing even within their households to as much extent as possible, developing a support system, and creating an enabling environment to practise hand hygiene to reduce their vulnerability. Further, there is an urgent need for the skill mapping of the migrant men and women workforce and register them for skill-based job opportunity, both in rural and urban areas in different states. In the process of reinstating them in the workforce, the state governments at the origin, as well as the destinations, should develop a suitable mechanism to ensure social security schemes to protect them under any socio-economic or health emergency.

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