Care of Migrant Laborers and Addressing their Public Health Needs

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Migrant laborers: Situation Analysis India

• Over 65 million inter-state migrants, 33% are workers.

• By conservative estimates, there are 12 to 18 million people who have been placed at a risk of losing their income. \(^{(1,2,3)}\)

• 29% of the population in India’s big cities is daily wagers. This is the number of people which would be logically wanting to move back to their states. \(^{(4)}\)

• Uttar Pradesh (25%) and Bihar (14%) followed by Rajasthan (6%) and Madhya Pradesh (5%) contribute to the total inter-state migrants.

• Thus estimated 600,000-900,000 migrants would want to return to Madhya Pradesh. \(^{(4)}\)

• District-wise migration data shows that the highest influx of migrants within the country is seen in city-districts such as Gurugram, Delhi and Mumbai along with Gautam Buddh Nagar (Uttar Pradesh); Indore, Bhopal (Madhya Pradesh); Bangalore (Karnataka); Thiruvallur, Chennai, Kancheepuram, Erode, Coimbatore (Tamil Nadu).

• Maharashtra, Goa and Tamil Nadu had major net in-migration, while Jharkhand and Madhya Pradesh had major net out-migration \(^{(3)}\)

Sources:
1. Census 2011
2. NSSO survey
3. Economic Survey 2017
4. A study by the Centre for the Study of Developing Societies (CSDS) and Azim Premji University in 2019
### Migrant laborer’s/ Migrant Workers (MWs): Risk Analysis

#### Basic Risks
- Loss of Livelihood- extreme poverty
- Lack of Food - hunger
- No Shelter
- Economic losses
- Protection and safety risk
- Risk of Missing children, trafficking- safety and protection issues
- More out of school children,
- Increased child labour
- Psychosocial - Concerns about the family, anxiety and fear
- Lack of access to Water Sanitation & Hygiene (WASH)
- Loss of documentation- Adhar cards, ID cards, MCP cards

#### Health Risks

**COVID 19 HEALTH RISK**
- Lack of social distancing, hygiene
- Increase risk of transmission to self and others

**NON COVID HEALTH RISK**
- Injuries, violence, accidents
- Travel exertion – Dehydration
- Heat stroke/ stress/ exhaustion
- Lack of access to treatment of general diseases
- Elderly with co-morbidity

**Women, Children & Adolescents:**
- pre-term or full term women delivering in transit
- Lack of menstrual hygiene
- Lack of access to institutional deliveries
- Lack of access to Antenatal/postnatal care, vaccination , Lack of access to sick newborn care (SNCU)/ Paediatric ICU
- Childhood illnesses- Pneumonia, diarrhea, hunger, left and drop out from vaccination
- Malnutrition, development delays, wasting, severe acute malnutrition (SAM)
- Mental Health/ Psycho-social issues, Out of Pocket expenses, Lack of access to referral transport
Introduction

• Large scale migration of laborer from urban and peri urban areas to their homes.
• It is leading to congregation of migrants at state borders and transportation sites like bus stands.
• To track these migrants and to ensure minimal risk of contacts and spread of infection

Advisory by MHA

• Migrants will remain at their work place.
• They will not be evacuated by landlord/ employer.

Health action at place of congregation

Depends on where are migrant workers at present:

1. Migrant workers who are in cities of their local residence
2. Migrant workers who are on their way
3. Migrant workers who have reached their destination
1. Health action for MW who are in cities at their local residence

Wherever there is congregation (bus stand, railway station, urban slums, or any other place)

• Record names, local and permanent address and contact numbers

• District health administration to depute surveillance officer/representatives teams

• Thermal screening by Health team

• Interview Person with fever/other COVID-19 symptoms/suggestive history of contact with suspected cases - Refer to COVID hospitals for isolation and testing

• Elderly > 60 years age with co-morbidity- Shift to quarantine facility.

• Others to be Home Quarantined

• IDSP will monitor those under home/facility quarantine
2. Migrant workers who are on their way

Establish Quarantine Centre as per Guidelines and protocols by State in adequate vicinity -

HEALTH ACTION AT QUARANTINE FACILITY

- Record names, local and permanent address and contact numbers.
- District health administration to depute surveillance officer/representatives teams
- **Thermal screening** by Health team
- Interview Person with fever/ other COVID-19 symptoms / suggestive history of contact with suspected cases - Refer to COVID hospitals for isolation and testing

ADMINISTRATIVE ACTION AT QUARANTINE FACILITY- Duration of Quarantine-14 days

- Maintain Records of all migrant workers at quarantine site- state specified formats
- Display Contact No. of administrator/ subordinate officer for grievance redressal of quarantined workers
- Ensure- adequate HR, operation logistics and finances for quarantine centers
- Ensure checklists for all basic amenities provided
- Encourage- telephonic contact of quarantined workers with family, phone charging stations
- Enforce- Access control at quarantine center.
2. Migrant workers who are on their way

TECHNICAL ACTION AT QUARANTINE FACILITY

• All quarantined persons will undergo daily medical examination/ monitoring for COVID-19
• MW will be provided triple layer medical mask and counseling for:
  – How to use and dispose off mask
  – Frequent Hand Washing
  – Following respiratory etiquette
  – Maintaining 1 meter social distancing from each other
  – To report on symptoms of fever/cough/breathing difficulty
  – Refer Symptomatic persons to Designated COVID hospital for isolation and testing
  – Close contact tracing & segregation & testing of contacts as per ICMR guideline
  – Ensure Special care for vulnerable groups including children pregnant women, elderly/ with comorbidities.
  – Health care team to ensure visit to nearest hospital for any health care need of MW
  – A psychosocial support counselors visit to address psychosocial issues
2. Migrant workers who are on their way

TECHNICAL ACTION AT QUARANTINE FACILITY

• Ensure an ambulance stationed 24x7 at quarantine center for any medical emergency
• Display appropriate IEC material at multiple sites with in quarantine center
• Provide Clean bedding & fresh linen for quarantined persons
• Ensure clean toilets and washrooms
• Disinfect all frequently touched surfaces twice daily with 1% sodium hypochlorite,
• Mop floors two times daily
• Segregate all waste & dispose as per biomedical waste management (BMW) rules 2016- yellow bins
• Agency providing biomedical waste at nearest hospital to ensure collection of BMW
• Prior to final discharge from the quarantine facility, maintain a record of the names, mobile numbers, places likely to visit in next 14 days and communicate to respective state/ district/block IDSP units for follow up

Quarantine period **shall be extended if a positive case is detected during the 14 days** of quarantine. This extension will be applicable to close contacts.
3. Migrant workers who have reached their destinations

- District administration and IDSP to identify and follow up at home
- District health administration to depute surveillance officer/ representative & Public health personnel teams
- Interview at home for contact tracing and travel details
- **In case of fever - Team to check for:**
  1. Other symptom suggestive of COVID-19
  2. History of suggestive contact with suspected/confirmed case;
  3. If person qualifies above criteria - Refer to designated COVID hospital for isolation and testing.
- Others without symptoms - to undergo risk profiling
- Those More than 60 years and/co-morbidities shifted to facility quarantine
- Others continue home quarantine for 14 day.
- IDSP will monitor those under home/facility quarantine.
Addressing Psychosocial issues / Prevent Stigma & Discrimination

- Treat with dignity, respect, empathy and compassion
- Listen to their concerns patiently and understand their problem
- Recognize specific and varied need for each person/family there is no generalization
- Reassure them that situation is transient
- Inform them about all possible sources of help
- Share encouraging stories of those who reached home and recovered from COVID-19
- Encourage activities for entertainment- singing/ etc with social distance
- Encourage- contact with family on phone
Addressing Psychosocial issues / Prevent Stigma & Discrimination

- Emphasize on importance of staying in their present location; how mass moment can adversely affect containment of virus
- Make them realise their importance in the community and appreciate their contribution for society
- Remind them that they have made their place with their own efforts, acquired the trust of their employer, sent remittance to their families and therefore deserve respect
- Reassure that even if their employer fails them, local administration and charitable institutions would extend all possible help
- If someone is afraid of getting affected, inform the condition is curable, and most recover from it
- Remind them that it is safer for their families if they themselves stay away from them
- Instead of reflecting any mercy, seek their support in the spirit of winning over the situation together
Key points as per GoMP guideline

As per order No. DHS/IDSP/2020/507 Bhopal Dated 20.04.2020

- Migrant workers shall be registered with local authority
- IF a group of migrants wish to return to their place of work within state - where they are presently located, Screen them, asymptomatic to be transported to their respective place of work
- Do not allow movement of labour outside the state from current location
- During the journey by bus, safe social distancing should be followed
- Buses used for transport shall be sanitized as per guideline of state authority
- National directives for COVID-19 management issued under the consolidated revised guideline dated 15th April 2020 shall be strictly followed
- Local authorities should also provide for food and water for the journey
Key points as per GoMP guideline

As per order No. DHS/580/2020 Bhopal dated 1.05.2020

• Besides other points discussed in above slides:

• Panchayat to help in ensuring list of migratory workers

• List of migrant workers coming from other state shall be made available to ASHA, ANM and AWW who will ensure their follow up for 14 days.

• Everyone should understand that no social taboo should be attached with the disease and person affected shall be provided with the necessary health care at the earliest.
GoMP directives for migrants

PSYCHOSOCIAL ISSUES AMONG MIGRANTS DURING COVID-19

Migrants are less familiar in their new environment in which they temporarily live. They are prone to various social, psychological and emotional trauma in such situations, emanating from fear of neglect by the local community and concerns about wellbeing and safety of their families waiting in their native places. Migrants are forced to leave their native places in search of better opportunities and earnings, sometime leaving behind their families. In many instances, the families in native places depend partially or entirely on the money sent by the migrant earning members of the family.

During outbreak of communicable diseases, such a COVID-19, and the restrictions imposed on routine activities as part of social distancing norms to prevent
GoMP – NHM, NAGAR NIGAM UNICEF IMA NSS PEOPLES UNIVERSITY - Partnership at Sukhi Sewaniya In- Transit migrants
Thanks